



The UNIVERSITY *of* OKLAHOMA

College of
Dentistry

CLINIC OPERATIONS

MANUAL

2018-2019

OUR VISION

The University of Oklahoma College of Dentistry is recognized as an innovative leader in transforming dental education and is a vibrant, stimulating place to work and learn.

OUR MISSION

The mission of The University of Oklahoma College of Dentistry is to improve the health of Oklahomans and shape the future of dentistry by developing highly qualified dental practitioners and scientists through excellence in education, patient care, research, community service, faculty and facilities.

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Section A

General Information and Clinic Guidelines

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OFFICE OF PATIENT CARE AND BUSINESS ADMINISTRATION

Management of the pre-doctoral and baccalaureate clinical program is the primary responsibility of Assistant Dean for Clinical and Pre-Clinical Education, the Assistant Dean for Quality Assurance and the Business Office, which monitors or directs the following: clinic and rotation schedules; patient assignments; clinic finances; equipment and supplies inventory/ requisition; patient questions and information; patient recordkeeping and chart audits; sterilization; infection control protocols; hazard communications training; adverse incident reports; general clinic policies; third-party insurance claims; and patient account management.

The primary purpose of the Office of Patient Care and Business Administration staff is to help the student through the educational process as smoothly and seamlessly as possible. The student is expected to treat all staff with professionalism, courtesy, and respect at all times; and the student is entitled to the same in return. If you experience a problem with any staff member the student should maintain a professional attitude and make every effort to resolve the problem. The Assistant Dean for Clinical and Pre-Clinical Education or the Assistant Dean for Quality Assurance and Compliance will address issues that cannot be resolved with the staff member or their immediate supervisor.

The major staff divisions in the Office of Patient Care and Business Operations are [1] Department of Clinic Administration, [2] Communications Center, [3] Central Business Office, [4] Central Sterilization, [5] Clinic Management (includes Dispensaries and Patient Service Coordinators), [6] Equipment Service/Maintenance and [7] Dental Informatics. Specific positions, names of current staff, and a summary of duties in these areas are as follows:

Department of Clinic Administration

Assistant Dean for Clinical and Pre-Clinical Education:

Paul Mullasseril, D.D.S., M.S Room 544

Responsibilities include the overall management of the pre-doctoral and baccalaureate clinic programs.

Assistant Dean for Quality Assurance and Compliance:

Kathryn F. Miller, R.D.H., M.Ed. Room 232

Works with the Assistant Dean for Clinical and Pre-Clinical Education in overall management of the pre-doctoral and baccalaureate clinic programs.

Senior Administrative Assistant: Sabrina Savage Room 238

Payroll coordinator for Clinic Operations, supervises the forms inventory and chart storage, invoice processor and supports the Assistant Dean for Quality Assurance and Compliance and the Assistant Dean for Clinical and Pre-Clinical Education.

OFFICE HOURS: 8:00 a.m. – 5:00 p.m.

Communications Center

Front Desk Receptionist: Jo Rumley Main Reception Front Hallway
Responsible for greeting all patients and visitors, confirms patient appointments, and prepares correspondence to be mailed to patients.

FRONT DESK HOURS: 7:30 a.m. – 4:30 p.m.

Communications Center Patient Service Representatives: Room 321

Jessica Morrow
Jeannie Patterson
Aracely Rivas

Supervisor: Mrs. Joni Jenkins

OFFICE HOURS: 8:00 a.m. – 5:00 p.m.

Central Business Office

Manager: Ms. Karen Nichols Room 321
Supervises the Central Business Office and assumes responsibility for a complex, high volume bookkeeping/accounting system for all pre-doctoral dental students, dental hygiene students, Graduate Periodontics and OU Dentistry (Faculty Practice).

Supervisor: Mr. John Schallhorn, Director of finance
Dean's Office

Patient Account Representatives: Room 321

Felita Al Qawi Team Leader
Heather Ellis
Paula Young
Sana Smith
Adam Bruce
Susan Brown
Krista Rockow
Shawn Foreman

Responsible for managing patient transactions, processing insurance claims and coordinating payments from public service agencies, refunds and collections.

Supervisor: Ms. Karen Nichols, Manager and Billing Administration

OFFICE HOURS: 8:00 a.m. – 5:00 p.m.

Central Sterilization

This area oversees the sterilization needs of the entire College, which include the pre-doctoral and baccalaureate programs, all graduate programs, and the intramural faculty practice.

Technical Supply Clerks

Diana Gorham
Lilly Moore
Rosie Merrell

Supervisor: Mrs. Kim Graziano R.D.H., MPH, Environmental Compliance Officer Room 234

Clinic Management

Clinic Manager: Joni Jenkins Room 305
Oversees operations of the student clinics, supervises Patient Services Coordinators, Inventory Associates, Communication center , maintains clinic supplies inventory.

Supervisor: Dr. Paul Mullasseril, D.D.S., M.S. Associate Dean of Clinical and Preclinical Education Room 544

Environmental Compliance Officer: Kim Graziano R.D.H., MPH Room 234
Responsible for managing all adverse incident reports, faculty/staff training in infection control and hazardous waste management, monitors training and compliance for faculty, staff, and students, liaison with OUHSC Environmental Safety, OSHA, and other regulatory agencies.

Supervisor: Mrs. Kathryn F. Miller, R.D.H., M.Ed., Assistant Dean for Quality Assurance and Compliance

Clinic Dispensaries

Each clinic is staffed by Inventory Associates who manage equipment/supplies inventory, storeroom restocking, cleaning of clinics, and student needs when clinics are in session. All clinic dispensary staff are employees of the Office of Department of Clinic Administration except those in Oral Diagnosis, Oral Surgery, the graduate programs, and the intramural faculty practice. Below are the names of the Inventory Associates and their assigned clinics:

Shillingburg Clinic	Zenoba Hines
J Dean Robertson Clinic	Arron Osborne
Miranda Clinic	Malcolm Mathers
Green Clinic	Kewin Hoang
Yellow/Orange Clinic	Michael Bogran

Supervisor: Mrs. Joni Jenkins, Clinic Manager

Room 305

CLINIC HOURS: 9:00 a.m. – 12:00 p.m. and 1:00 p.m. – 4:00 p.m.

Clinic staff must clean the clinic and inventory and stock supplies before and after clinic sessions. Please do not request clinic materials, supplies, and supplemental equipment before 8:30 a.m. and 12:30 p.m. to allow clinic personnel to make these preparations uninterrupted.

Patient Services Coordinators

Each clinic on the third floor (Shillingburg, Robertson, and Miranda) is staffed with two Patient Services Coordinators (PSC), there is one in the Pedo / Ortho Clinic and one in the Dental Hygiene Clinic. These individuals are responsible for assisting the student in appointments, scheduling, patient communications, and other general patient / student interactions in order to best accommodate delivery of dental care at OUCOD.

Each PSC is responsible for a certain number of assigned students and their patients. As you progress through the curriculum at OUCOD, you will eventually be assigned into a dental group practice and at that time you will receive the PSC to whom you are assigned. Each PSC is responsible for the scheduling of DS-2, DS-3, and DS-4 students. Below are the names of the PSCs and their assigned clinics:

Shillingburg Clinic: (Room 306)

Cathy Burns

Room 307A

Tracy King

Room 307B

Robertson Clinic (Room 330)

Erika Cheadle

Room 331A

Cheryl Wilson

Room 331B

Miranda Clinic (Room 370)

Listina Reygers

Room 371A

Athina Southerland

Room 371B

Yellow/Orange Clinic

Thelma Diaz

Room 436

Green Clinic

Rebecca Ford

Room 406

3rd Floor Checkout

Ginger Wilkes

Supervisor: Mrs. Joni Jenkins, Clinic Manager

OFFICE HOURS: 8:00 a.m. – 5:00 p.m.

Office of Equipment Service

Maintenance Specialist: Darryl Vogt Room 117
Primarily responsible for the service, maintenance, and replacement of pre-clinic laboratory equipment in Rooms 433 and 301, and clinical equipment throughout the school.

Supervisor: Ms. Elizabeth Bennie, Project Manager, Office of the Dean
OFFICE HOURS: 7:00 – 4:00 p.m.

Preclinical Laboratory: Ricci Johnson Room 433
Responsible for stocking and cleaning the preclinical simulator lab, and general areas throughout the school.

Supervisor: Ms. Christina Hirshman, Administrative Coordinator/Facilities
Room 321

OFFICE HOURS: 7:00 a.m. – 4:00 p.m.

MAIN TELEPHONE/ ROOM NUMBERS

The Front Desk Receptionist can help you locate specific faculty, staff, or areas you are seeking. Some of the more commonly requested numbers are listed below. If calling from off campus, the extensions beginning with 1 will need to be dialed as 271-xxxx, and all other extensions are reached by calling 271-8001 and entering the extension number.

AREA (ROOM NUMBER)	EXTENSION
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<u>Department of Clinic Administration:</u>	
Assistant Dean for Clinical and Pre-Clinical Education, Dr. Paul Mullasseril	46847
Associate Dean for Quality Assurance and Compliance, Ms. Kathryn F. Miller (232)	34143
Senior Administrative Assistant, Sabrina Savage (238)	34136

<u>Central Business Office (321):</u>	
Main Number	12622
Manager, Karen Nichols	46568

<u>Patient Account Representatives:</u>	
Karen Nichols, Billing Manager	46568
Felita Al Qawi- Team Leader	46580
Heather Ellis	34139
Paula Young	46589

Sana Smith	34141
Adam Bruce	46547
Susan Brown	46575
Krista Rockow	34138
Shawn Foreman	34106
<u>Communications Center Representatives (321):</u>	17744
Jessica Morrow	34145
Jeannie Patterson	34135
Aracely Rivas	34178
Jo Rumley	46601
<u>Clinics:</u>	
Manager, Joni Jenkins (305)	34131
Environmental Compliance Officer, Ms. Kim Graziano (234)	13083
Shillingburg Clinic (306) Dispensary	33413
PSC Cathy Burns	34827
PSC Tracy King	34826
J Dean Robertson Clinic (330) Dispensary	33414
PSC Erika Cheadle	30502
PSC Cheryl Wilson	33411
Miranda Clinic (370) Dispensary	30697
PSC Listina Reygers	30612
PSC Athina Southerland	30486
Green (406) Dispensary	16953
PSC Rebecca Ford	30495
Yellow/Orange - Dispensary (431)	14899
Yellow/Orange - Reception Desk (436)	12360
PSC Thelma Diaz	33250
Oral Diagnosis - Dispensary (289)	14945
Oral Diagnosis - Radiology (281)	15687
Oral Diagnosis - Reception Desk (280)	16056
Oral Surgery (206)	14079
<u>Equipment Servicing:</u>	
Darryl Vogt Submit Insight Request or contact Dean's Office	15444
<u>Information/ Reception Desk:</u>	
Jo Rumley (101)	46601
<u>Central Sterilization:</u>	15350
<u>Other:</u>	
Dean's Office (507)	15444
Dental Support Laboratory (349)	16462

Graduate Programs	
AEGD (239)	15222
Graduate Orthodontics (449)	14148
Graduate Periodontics (274)	16531
Oral Surgery (206)	14079
Student Store (133)	15560

ARRANGEMENT OF CLINICS

The pre-doctoral clinics are relatively discipline-specific. That is, the nature of services needed determine in which clinic treatment would be rendered. Located on the second, third, and fourth floors of the Dental Clinical Sciences Building (DCSB), these clinics are as follows:

FLOOR	CLINIC	DISCIPLINE
2 nd	Oral Surgery Oral Diagnosis (OD) Grad Perio AEGD	Oral Surgery Screening/Radiology/Oral Diagnosis Graduate Periodontics Advanced Education in General Dentistry (Graduate Dental Clinic)
3 rd	Shillingburg, Robertson, Miranda	Comprehensive Care Fixed Prosthodontics, Removable Prosthodontics, Operative, Periodontics, Oral Diagnosis/TPC
4 th	Yellow/Orange Green	Pediatric Dentistry/Orthodontics Endodontics/Dental Hygiene Implantology

Four graduate/residency clinical programs maintain clinical facilities in certain clinics. Graduate Periodontics, Advanced Education in General Dentistry (AEGD), and Advanced Restorative Clinic (ARC) all have the same common reception area, and their respective clinics are located on the north side of the second floor. The Oral and Maxillofacial Surgery Residency Program (also hospital based) is located on the east side of the second floor. The Graduate Orthodontics Residency is located on the fourth floor to the west of the Yellow / Orange Clinic.

Clinic Dispensaries

Each clinic has a central dispensary located in the back of the clinic staffed by one or two clinic inventory associates responsible for the distribution of instruments, supplemental equipment, anesthetic, radiographic sensors, electronic signature pads, and other materials and supplies checked out by request. There are supplies, such as masks and gloves, which are now located in each individual clinic operator chair unit. Students are not allowed in the clinic dispensaries at any time.

Each dispensary is stocked with the equipment and materials necessary for all dental procedures governed by the respective clinic discipline. Certain supplies (e.g. additional anesthetic carpules) require faculty approval before they will be dispensed. The third floor contains clinic equipment where dental supplies to support the dental procedures are maintained in the assistants' carts. For all other clinics, the supplies are available in the dispensary.

Other items (electro surgery equipment, electronic signature pads, radiographic sensors, nitrous oxide equipment, other general support equipment, etc.) will be registered under your name in that clinic. You must return all items by the end of the clinic period. If you do not, you will be charged the current replacement cost.

If you request nitrous oxide (faculty permission in axiUm is required), the inventory associate will check out a mobile unit assembly. You are required to enter accurate notes in axiUm for the Nitrous Oxide Analgesia Record.

This axiUm section must be filled out and authorized by both you and the attending faculty. If you use nitrous oxide, remember to post it as a completed treatment code under ADA procedure code #9230 (9000 in Pediatric Dentistry is no charge). NOTE: Mobile units are available in all clinics except Oral Surgery. In this clinic, nitrous oxide is piped; each operatory has quick-disconnects to the nitrous oxide and oxygen lines.

NITROUS OXIDE ANALGESIA RECORD

EXAMPLE:

The patient has been made aware of the reasons for and benefits of nitrous oxide/ oxygen sedation and the potential complications related to it's use as well as the consequences of not using nitrous oxide/ oxygen sedation. The patient's questions regarding nitrous oxide/ oxygen sedation have been answered and consent was obtained (patient signature on file for Nitrous Oxide Consent). The following is a record of the nitrous oxide/ oxygen administration for this visit.
Start Time: { * }, End Time: { * }
Flow Rate: { * }; { * }% N2O
Post-op: 100%O2 administered for { * }
Patient condition upon dismissal: { * }
Adverse reactions/ comments: { * }
Student Name: { * }

Clinic Laboratories

The main student laboratory (Room 433) is used for most pre-clinic related laboratory work. However, as you transition into the third floor clinics, each clinic has a clinic lab area associated with your assigned chair and clinic. Each area has sit-down chair spaces with air and gas outlets and quick-connects for hand pieces (tubing

required). Also available are model trimmers, vibrators, vacuum mixers, high and low speed polishing lathes, and work sinks.

Clinic laboratories are available for use Monday through Friday, 7:00am to 11:00 pm and must be accessed via your card access after 4:30 p.m. Each clinic is monitored and clinic access will be restricted if clinical areas are not maintained in an acceptable manner. In order to maintain the clinic laboratories in a presentable condition, the following rules will apply:

1. Use white lab paper (available in each clinic laboratory) on counter tops.
2. Use water with model trimmers at all times. Flush with copious amounts of water to prevent clogging. Turn off model trimmers when not in use.
3. Keep sinks free of excess stone, plaster, and impression material
4. Keep personal possessions, instrument boxes, articulators, casts, etc. to the minimum necessary to do your work.
5. Bring your own mixing bowls, spatulas, and hoses for vacuum mixers and hand pieces.
6. Do not use these areas for social gathering. Those activities should be confined to the Student Commons, Student Lounge or Atrium.
7. Please pick up after yourself.

CLINIC HOURS

Clinic sessions are 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. Every effort should be made to complete treatment, have all electronic forms/ grade forms filled out and have them authorized / signed by attending faculty. Please turn in your instruments for sterilization within the allotted clinic time as a courtesy to attending faculty and clinical staff. Organized and efficient time management builds patient confidence.

You are not permitted to provide any clinical treatment at times other than during the normal clinic periods without specific permission by a faculty member and that faculty member must be present in the clinic. Treating patients without direct faculty supervision is a serious infraction of OUCOD clinic policy that will result in the filing of a Progress Concerns Report to the Assistant Dean for Clinical and Pre-Clinical Education or the Assistant Dean for Quality Assurance and Compliance and a loss of clinic privileges for a period of no less than

1 week. This will result in a loss of all accumulated requirements for the time out of clinic.

CLINIC ATTENDANCE

Attendance in clinic is required unless the student is excused by his/her attending supervising Course Director, Group Practice Director, the Assistant Dean for Quality Assurance and Compliance or the Assistant Dean for Clinical and Pre-Clinical Education. The request for the absence must be submitted in the format requisite to the course. If not treating a patient, the student will be expected to be assisting another student, working under the direction of his/her Course Director, Group Practice Director, or assigned supervising faculty. (Source: OUCOD Student Handbook, "Attendance, Clinics")

You are expected to make use of every available clinic session and your assigned PSC will help you to maintain a consistent schedule. The minimum clinical experiences you must complete for promotion or graduation are easily attainable with regular clinic attendance. Comprehensive Care and Departmental minimum clinical experiences have been structured with the understanding that every student will experience patient cancellations or no shows. However, other unanticipated circumstances (illness, weather, etc.) may also result in some clinic sessions not being utilized; it is your responsibility to notify the proper supervising authorities, whether that be your Course Director, Supervising Faculty, or Group Practice Director.

Procedure for reporting absences

Unanticipated absences, (i.e., personal illness, family emergency, transportation problems, etc.) are to be reported:

- DS-1 Student Affairs in the Dean's Office
- DS-2 Student Affairs in the Dean's Office, all course directors
- DS-3&4 Student Affairs in the Dean's Office, all Course Directors, and your assigned Group Practice Director.

This is necessary so that your course work, pre-clinical courses, and patient care courses (patient appointments) can be addressed during your absence. However, as a caretaker, it is your responsibility to notify your assigned PSC and your supervising clinical faculty in the case of these unanticipated absences.

Anticipated absences, (i.e., family events, advanced program interviews, personal business, doctor appointments, official University business etc.) should be discussed with appropriate faculty (Course Director) and A Student Request for a Clinic Absence form (Appendix A) should be completed prior to the time of the absence so arrangements can be made for make-up work. The absence should also be reported

to the Dean's Office as soon as you are aware of the event. (Source: OUCOD Student Handbook 2011-2012, "Proper Procedure for Reporting Absences")

All absences are to be reported to the Office of the Dean for documentation; however, this does not excuse the absence; arrangements must be made with individual Course Directors, Group Practice Directors, or supervising faculty for make-up.

DRESS REGULATIONS

The doctor/patient relationship is a cornerstone of your future professional career. The confidence and trust of your patients is directly related to their assessment of your professional decorum, your habits and attitudes, and your personal appearance. Because patient care is delivered in the College of Dentistry throughout the year, it is important that all students, whether in clinic, pre-clinic, or classroom areas maintain a professional appearance at all times. Therefore this policy is in effect from 7:30 a.m. to 5:30 p.m. Monday through Friday. (Source: OUCOD Student Handbook 2011-2012, "College of Dentistry Dress Code")

General Appearance

All workforce members and students must comply with the following guidelines for professional appearance:

1. Hair should be clean and well groomed. When working with patients, hair must be kept secured away from face and front of over-gown and out of the field of operation so that it does not require handling during any dental procedure.
2. Men must be clean-shaven or beards and mustaches must be clean, neatly trimmed and well groomed.
3. Body hygiene is required so that offensive body odor is avoided.
4. Avoid strong perfumes, colognes or after-shaves.
5. Fingernails must be kept clean and well manicured.
6. Fingernail polish must be free of any chips or wear.
7. Artificial nails are strictly forbidden.
8. Jewelry should be kept out of the field of operation, e.g. dangling earrings, necklaces, etc. Watches are acceptable if worn underneath sleeve of over-gown. Rings can be worn if smooth and do not compromise the glove's integrity. No jewelry worn in facial body piercings except ear lobes.

Clinical Attire

Professional appearance should be maintained at all times by all students. Going to and from a clinic laboratory will require the appropriate clinic attire. Clinical Attire is the correct corresponding color of your class scrubs and these should be neat and clean in presentation during all of your clinical sessions.

All workforce members and students must comply with the following guidelines for clinic attire.

1. Clean, matching top and pant. Students must wear school-issued scrub tops and pants. Workforce members and students are responsible for laundering scrubs.
2. Solid color T-shirts or shirts can be worn under scrubs as long as they are tucked inside scrub pants.
4. Shoes must be clean, closed-toed, solid upper sole (no mesh or perforations), and rubber or leather-soled shoes are acceptable.
5. No outer garments are allowed in clinic (hats, sweatshirts, jackets). Clothing such as jeans, shorts, and open-toed sandals and bare ankles are not allowed in clinics.

Scrub tops and pants are required as general clinic attire; you are to wear the color assigned to your class. Scrubs are issued as part of your student kit; you are responsible for laundering them. A white short-sleeve tee shirt or a tee shirt matching the color of the scrub top may be worn under the scrub top provided no writing or design is visible and the shirt hem of the tee shirt is worn inside the scrub pants.

Shoes must be clean and in the judgment of the attending clinical faculty, appropriate for clinic. High-tops, clogs, sandals, and heels are expressly prohibited. To protect your family at home, these scrubs and shoes should not be worn as part of your normal dress.

If replacement scrubs are required, they must be purchased from the current assigned vendor (information in the office of Student Affairs) and be identical to the original issued scrubs in both manufacturer and color. They must also be monogrammed with the student's name above the pocket.

You must wear a long-sleeve protective gown (provided in each clinic) for procedures where spray with blood or saliva is likely. **Gowns may not be worn outside the patient treatment area!**

Generally Accepted Non Clinical Attire

Acceptable: Dresses, skirts of professionally appropriate length, dress slacks, casual or dress shirts with collars or blouses (long or short sleeve), polo type shirts with collars, and sweaters. Most types of footwear are acceptable as long as they are clean and presentable. Socks or hosiery must be worn when appropriate. Jeans may not be worn except for service personnel; they must be dark wash, neat and clean with no holes, tears or frayed fabric.

Unacceptable: Rubber flip-flops, shorts, T-shirts, baseball caps or other hats. Bare midriffs, exposed undergarments, and improperly fitting clothing are expressly prohibited.

Violations of this policy will be handled in the following manner:

First offense: Written warning (copy to Assistant Dean for Clinical and Non-Clinical Education and Assistant Dean for Quality Assurance and Compliance).

Second offense: Professional Concerns Report (PCR) filed (copy to Assistant Dean for Clinical and Non-Clinical Education and Assistant Dean for Quality Assurance and Compliance).

Third offense: Appearance before the appropriate Periodic Review Committee, which could result in further disciplinary action.

PAIRING OF STUDENTS

All freshman and sophomore dental students must work in pairs while in clinic. Junior and senior dental students work solo during all clinic sessions except when in the pedo/ortho clinic, where pairing is required. Additionally DS-3 students may be paired for certain courses involving patient treatment specific disciplines (check with individual departments for further clarification). For dental hygiene students, pairing is required only during the fall semester of the first year.

The Department of Periodontics determines an initial pairing of students in the freshman class, however, your clinic partner assigned for the 2nd, 3rd, and 4th year will be assigned by the Director of Comprehensive Care. The Department of Dental Hygiene pairs hygiene students. You are required to work with your designated partner at all times when pairing is required. Exceptions must be authorized by the Course Director, Group Practice Director, or the Director of Clinics as applicable. Failure to observe the clinic pairings in scheduling patients will result in clinic suspension the length of which will be at the discretion of the clinical course director. You are also expected to share available clinic sessions so that you and your partner have access to an equal amount of time for treatment of your respective patients.

Because student pairings are used in the development of rotation schedules, you may not switch partners without the approval of the Director of Comprehensive Care. For pairs wishing to change partners, all four students involved must personally inform the Director of Comprehensive Care that they agree to the switch. Even if all parties agree, the request will be postponed if there is any potential adverse impact on rotation schedules.

If your partner is absent during a clinic session when pairing is required, notify the attending faculty member in that clinic who will determine the appropriate course of action. In most instances, you will be required to find another classmate to assist you.

CLINIC SCHEDULES

A clinic schedule is published each semester that indicates the disciplines providing clinic coverage on each half-day of the week and when specific clinics are closed for cleaning and re-stocking supplies. The schedule will also indicate the student academic class (DS II, DS III, DS IV) and the maximum number of students that will schedule in each clinic session. The clinic schedule will be e-mailed to all students at the beginning of each semester.

Clinics are restricted solely to the academic classes designated on the clinic schedule. You may not use clinic at any time that your class is scheduled to be in lecture or laboratory. If one of your patients requires emergency care during a time when you do not have access to clinic, you must get written permission from [1] the course instructor to be excused from class and [2] the attending clinical faculty (Department Faculty or GPD, as applicable and the Clinic Manager) to be allowed into clinic to treat the emergency.

Block Rotations

During the third and fourth years, each dental student is required to participate in a number of clinical rotations. The Assistant Dean for Clinical and Preclinical Education develops the rotation schedules with input from the departments involved. Scheduled rotations always take precedence over regular clinic time; when you are on rotation, you must attend every assigned session. You may not treat patients in other clinics when you are on rotation without the permission of the department conducting the rotation and the department covering the clinic in which you wish to work.

Once published, rotation schedules are final. Any requested changes in the schedule will be considered only if approved by the involved department and the Director of Comprehensive Care and if such changes will not compromise the student coverage necessary to staff the rotation.

Current rotations are listed below (subject to annual change). Your personal schedule will identify which weeks of the semester you are assigned. The department involved

will determine the actual number of sessions devoted to a rotation during a given week. Unless otherwise indicated, rotations are one week in length.

FALL - 3RD YEAR

Oral Diagnosis
Oral Surgery
Pedo Screening
Pedo Emergency

SPRING – 3RD YEAR

Oral Diagnosis
Oral Surgery
Pedo Screening
Pedo Emergency
Hospital Rotation

SUMMER – 4TH YEAR

Implantology
Oral Diagnosis
Pedo Screening
Pedo Emergency

FALL - 4TH YEAR

Implantology
Oral Diagnosis
Oral Surgery
Externship (2 weeks)

SPRING - 4TH YEAR

Implantology
Oral Diagnosis
Externship (2 weeks)

Oral Diagnosis Rotation will occur in either the DS-3 spring or DS 4 summer (not both).

Implantology is a DS-4 Rotation.

The Assistant Dean of Clinical and Preclinical Education schedules all rotations except externships. Externships are scheduled and arranged by the Department of Dental Services Administration.

Required Clinical Experiences

The minimum clinical experiences in periodontics, operative dentistry, endodontics, removable prosthodontics, and fixed prosthodontics are summarized in the next few pages. Other clinical disciplines (oral diagnosis, orthodontics, pediatric dentistry, occlusion and oral surgery) also have specific expectations, however, their minimum clinical experiences are generally managed in conjunction with other departments or through clinic rotations. For specific information regarding these disciplines and their current requirements, consult with the individual departments and/or appropriate clinic manuals.

The following are the current clinical divisions:

Comprehensive Care

Endodontics

Occlusion

Operative
Oral Diagnosis
Oral Surgery
Orthodontics
Pediatric Dentistry
Periodontics
Prosthodontics
Radiology

GENERAL CLINIC PROTOCOL

During clinic appointments remove all items not related to treatment (books, backpacks, notes, etc.) and place them in your assigned locker. Reserve counter tops for instruments and supplies needed for treatment. Never seat your patient until after your armamentarium is set up and your operatory prepared.

For prosthodontic procedures done at the operatory, place white lab paper on the counter tops. Use the adjacent clinic laboratory for routine laboratory procedures; do not perform laboratory work in clinic operatories.

Refer to Section H (Health and Safety/Infection Control) for the appropriate infection control procedures to use for each clinic appointment. After your patient has been dismissed, reposition your operatory equipment as follows:

1. Return dental chair to an upright position, place rheostat on a paper towel and place on the chair seat then raise the chair to at least the length of the rheostat cord.
2. Reposition dental lamp and hand-piece unit over the center of the chair seat.
3. Return assistant cabinet to its position under the operatory counter.
4. Position operator and assistant stools next to counters.
5. Report any problems with your assigned operator unit to the Inventory Associate.

As health care facilities, the clinics must be kept as clean as possible and must present a desirable, safe, and professional image to the public. You are responsible for the cleanliness of the operatory assigned to you and for any clinic laboratory space you use.

Food and drink may not be taken into operatories, reception areas, dispensaries, consultation rooms, or x-ray facilities. The College and University are tobacco-free environments; the use of tobacco in any form is strictly prohibited.

No animals of any kind are allowed in the dental building (with the exception of service animals for patients).

STERILIZATION

Central Sterilization (CS) is located on the second floor and is responsible for the sterilization of all items and materials related to patient care in the College. The primary sterilization method is steam under vacuum pressure.

Routine sterilization of instruments, burs, and hand-pieces is required for safe patient care in all clinic areas. All students are responsible for sterilization of their own equipment, which is stored in Central Sterilization when not in use. Each student has a personal storage bin in the sterilization area where sterilized items are kept until requested.

A-15

You may personally check out your student-owned items at any time. CS personnel will retrieve them for you; you are not allowed in the sterilization area at any time. You may not check out any equipment, instruments, or hand-pieces belonging to another student unless you present written authorization from that student. If you wish to give another student access to your equipment, you must notify the Supervisor of Central Sterilization in writing.

The instrument delivery/pickup system in Central Sterilization is designed to minimize cross-contamination. This process is as follows:

1. Pick up sterilized burs, hand-pieces, cassettes, and other equipment from the Sterile Instrument Pickup window (Room 205).
2. Clean and package your hand-pieces. Clean your burs and any extra instruments you may have. Place in sterilization bags. Bags are provided in each clinic and at the contaminated instrument return window. Identify all bags with your name and DS I, DS II, DS III or DS IV.
3. Deposit used cassettes and bagged items in the contaminated return window on the 2nd floor, room 264. Central Sterilization has automated washers to clean and dry instruments which are in cassettes. Cassettes are then bagged and sterilized. Sterilized cassettes and bagged items are returned to student storage ins.

Please remain at the return window until you are able to hand your items directly to CS staff. If you leave your items unattended at the window, they will be logged in and sterilized; however, Central Sterilization will assume no responsibility for any reported loss, theft or damage of any items not properly logged.

Sterilization turn-around time is approximately 30-45 minutes for burs and hand-pieces and 1/2 day for prophy kits and cassettes. An initial morning load is run at 7:30am daily to accommodate morning clinic needs. Between 12:00 and 1:00pm, three loads are run to address afternoon clinic needs. All other loads are non-scheduled -- they are run when the cart is full or when there is a need for immediate sterilization.

While turn-around times are short enough to accommodate sterilization between patients, there may be a few instances when hand-pieces are needed between sterilization cycles. In such instances, use of the STATUM STERILIZER located in Central Sterilization may be requested. Unwrapped instruments can be sterilized in 6 minutes and wrapped instruments in 12 minutes. Only 3 or 4 instruments can fit into the STATUM at a time.

If necessary, loaner hand-pieces may be checked out from the Central Sterilization (room 264). Immediately after patient use, they must be cleaned, bagged for sterilization and returned to room 264.

Instrument Kits

Students will be issued instrument kits from Central Sterilization. Each student will be responsible for checking out his/her kit(s) and responsible for returning them to Central Sterilization for washing, sterilizing, and storing. Students will be responsible for any lost instruments and will be required to replace them as soon as possible. If an instrument is broken or defective it is the responsibility of the student to inform the staff member in Central Sterilization about the instrument, so that it can be replaced. Instrument kits are not opened by Central Sterilization Staff once they are packaged and submitted for sterilization.

STUDENTS ARE RESPONSIBLE FOR MAKING CERTAIN THAT ANY VISIBLE DEBRIS IS REMOVED FROM THEIR INSTRUMENTS PRIOR TO STERILIZATION. CENTRAL STERILIZATION STAFF DOES NOT CLEAN INSTRUMENTS AND WILL NOT ACCEPT INSTRUMENTS OR EQUIPMENT THAT IS VISIBLY SOILED.

Student kits/instruments provided by The College of Dentistry are as follows:

1. Exam Kit
2. Operative Kits
3. Perio Cassettes

DENTAL SUPPORT LABORATORY

The College has an in-house dental laboratory to process crowns, fixed and removable partial dentures and complete dentures for student patients; they also use outside laboratory services for additional support as needed. These services are obtained via laboratory prescription through the axiUm system only.

Support laboratory services are critical to the timeliness of patient care and hence to your attainment of minimum clinical experiences. To better ensure that your cases are expedited, be sure your submitted work authorizations are filled out properly and completely, including description of the required work, patient name, type of restoration and material required, case design, faculty and all approved authorizations in the axiUm system.

If you need a case completed sooner than the published number of days normally required (refer to laboratory service schedule), you must obtain approval from the laboratory supervisor. Do not enter the laboratory area without permission; always check in at the receiving desk first.

To submit any case to the laboratory, the Central Business Office must certify via axiUm request that the patient has paid appropriately and must have been approved in the axiUm system.

Policies/Procedures Regarding Gold

The policy for the requisition of gold for casting units may be found in the Fixed Prosthodontics Clinic Manual. This manual is available on the OU Dentistry Website.

Requisitioning Artificial Teeth

The policy for the requisition of artificial teeth for Removable Prosthodontics may be found in their department manual.

Working Time/ Service Schedule

The Dental Support Lab schedule (Appendix B) indicates the average time (in school days) necessary to complete the services listed.

PATIENT PARKING

Patients may park in the Stonewall Parking Garage, northeast of and across the street from the College. To park in the garage without being charged, the PSC or the receptionist on the third floor must validate your patient's parking ticket. All patients must be escorted to the PSC or 3rd floor receptionist for payment upon dismissal (If no

payment is due and/ or no fee is assessed, the patient must still be escorted to PSC or 3rd floor receptionist for check out).

Patients may not park in the drive in front of the building. This area is reserved for the loading/unloading of patients only. Parking in this area without proper permission may result in your patient's car being towed at his/her expense. If your patient is handicapped and has the appropriate placard, they may park in the designated handicapped parking spaces.

CLINIC GOVERNANCE

The Assistant Dean for Clinical and Pre-Clinical Education has the ultimate responsibility for clinic administration; however, advice and input is received from many clinic-related committees. Student representation on these committees that help govern clinical affairs and set clinic policy better ensures attention to student interests and concerns.

Clinic Operations Committee

The function of the Clinic Operations Committee (COC) is to set procedures and policies for the operation of the student clinics. These areas of responsibility include health and safety, quality assurance and student instruments. Recommendations that have significant budgetary or personnel implications shall be forwarded to the Faculty Board and Dean's Advisory Council for review.

The Dean for Clinical and Preclinical Education shall serve as chair. The committee shall consist of the following division heads and program directors (or their respective designees): Comprehensive Care, Dental Hygiene, Endodontics, Operative Dentistry, Orthodontics, Pediatric Dentistry, Periodontics and Prosthodontics. The committee shall also include one junior and one senior dental student, and one senior dental hygiene student selected by the committee chair and approved by the committee membership, each of whom will serve one-year terms and may be re-selected. The Dean for Quality Assurance and Compliance, Director of Compliance, Clinic Manager and Senior Billing Manager are *ex officio* members. The COC shall meet three times per year – that is, once per academic term. The Office of the Dean for Clinical and Preclinical Education shall provide administrative support to the committee.

To facilitate the mission of the Clinic Operations Committee, two subcommittees will be established: Clinical Materials and Continuous Quality Improvement.

Clinical Materials Subcommittee

The purpose of the Clinical Materials Subcommittee is to address and keep track of specialty materials used in the clinical and pre-clinical setting in order to achieve uniformity, contain costs and maintain quality. The subcommittee shall forward its

recommendations to the Clinic Operations Committee. The subcommittee is required to meet at least three times per year (i.e., once during each academic term) as set forth by the Clinic Operations Committee.

The Dean for Clinical and Preclinical Education will serve as chair. Membership of the subcommittee shall consist of two at-large members appointed by the Dean for Clinical and Preclinical Education who will serve one-year terms and may be reappointed plus the heads of the divisions of Comprehensive Care, Dental Biomaterials, Operative Dentistry, Pediatric Dentistry and Prosthodontics. The heads of these divisions may, with approval of the Dean for Clinical and Preclinical Education, select an alternate to serve as a member of this subcommittee. The Clinic Manager and Director of Compliance will serve as *ex officio* members. The subcommittee shall meet a minimum of three times per year – that is, at least once during each academic term. The Office of the Dean for Clinical and Preclinical Education shall provide administrative support to the subcommittee.

Continuous Quality Improvement Subcommittee

The Continuous Quality Improvement Subcommittee shall be responsible for establishing policies and procedures that assess the quality of patient care. The subcommittee shall monitor and ensure compliance with the patient care standards of the College of Dentistry. The subcommittee will tri-annually review data collected and prepare a report with any necessary recommendations for presentation to the Clinic Policies Committee.

The Dean for Quality Assurance and Compliance will serve as chair. Membership of the subcommittee will be composed of one faculty representative from each of the following: Comprehensive Care, Dental Hygiene, and Pediatric Dentistry. These positions are nominated by the subcommittee chair and approved by the respective department chairs. The subcommittee also includes one student nominated by the subcommittee chair and approved by the Clinic Operations Committee. Faculty members will serve three-year, staggered terms and may be reappointed. The student will serve a one-year term and may be reappointed. The subcommittee shall meet three times per year – that is, once at the end of each academic term. The Office of the Dean for Quality Assurance & Compliance shall provide administrative support to the subcommittee..

Health and Safety Subcommittee

The Health and Safety Committee shall be responsible for establishing policies and procedures regarding infection control, hazardous waste management, and employee, student, and patient safety. The committee shall ensure compliance with the various local, state, university, and federal policies that regulate these areas.

The Health and Safety Committee will meet at least annually to review and revise sections of the Clinic Operations Manual that pertain to health and safety and make recommendations to the Dean to affect change and maintain compliance.

The Dean for Quality Assurance and Compliance (or his or her designee) will serve as chair. The Dean for Quality Assurance and Compliance will nominate the committee members to be approved by their respective division heads/program directors. The committee shall be composed of the Dean for Quality Assurance and Compliance, the Director of Compliance, plus one representative each from the pre-doctoral program, dental hygiene program, post-graduate programs, and OU Dentistry Faculty Practice who will serve one-year terms and who may be reappointed. In addition, student members on the committee will be nominated by the Dean for Quality Assurance and Compliance and approved by the Dean for Clinical and PreClinical Education. The student membership will include one senior dental hygiene student to serve a one-year term and one junior dental student to serve a two-year term. The Office of the Dean for Quality Assurance and Compliance shall provide administrative support to the committee.

STUDENT REQUEST FOR A CLINIC ABSENCE

Today's Date: _____

GPD's approve clinic absences for Adult Clinics
 Dr. Lau (DS3's) and Dr. Fagan and/or Dr. Lau (DS 4's) approve clinic absences for the
 Pedo Clinic

Date of Requested Absence	Time From (Ex: 9:00 a.m.)	Time To (Ex: 4:00 p.m.)	Reason for Request

Must be completed in the following order:

Student's Name (Printed & Signed): _____

PSC Review Comments: _____

Are patients scheduled at this time? Yes No

How many clinic session absences are currently approved for this semester? _____

PSC's Name (Printed & Signed) _____ Date: _____

Approved

Unapproved

GPD's Name (Printed & Signed): _____ Date: _____

Pedo Faculty Name (Printed & Signed): _____ Date: _____

Dental Support Lab February 24, 2017

The day the case is turned in and the day the case is picked up does not count toward production lead-time. Weekends and holidays do not count.

Crown and Bridge

FGC or Gold FPD	10 days
MCR (<i>coping try in or completed</i>)	10 days
Porcelain application	10 days
Emax	10 days
Implants (<i>simple</i>)	11 days
Complex implants	will advise
Dowel core	7 days
Model and die	5 days
Burn out and cast	in by 4:00 out by 1:00 the next day
Porcelain adjustments and solder job	will advise

Dentures

Setup or reset	10 days
Process	10 days
Night guard	10 days
Treatment partial with wrought wire clasp	10 days
Repairs (<i>simple</i>)	min 2 hrs
Repairs (<i>complex</i>)	will advise

Relines must be scheduled through the lab prior to appointment day.

Day of appointment: in by 11:00 out by 1:00 the next day.

RPD

RPD framework	10 days
Flexible RPD full process	10 days
Any case with a tubes tooth or wrought wire	add a day

3:00 P.M. CUT OFF FOR OUTSOURCE CASES

All C&B cases must be Pindex, articulated and include a solid working cast.

All survey crowns must be on a full arch Pindex cast with tripod marks.

All removable cases need to be articulated on Hanau.

Missing items, incomplete or unapproved work authorization forms will delay the time in lab.

Section B

Patient Management Policies

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PATIENT SELECTION AND ASSIGNMENT

Patient Assessments

All prospective patients are required to receive a screening assessment in Oral Diagnosis to determine their suitability as patients in the clinical program. After a preliminary evaluation of the medical/dental history and status, he/she will either be accepted, rejected, or referred based on an assessment of many factors including potential value to the teaching program, ability to pay for treatment, availability for regular appointments, ability of dental students to provide necessary care, etc.

The purpose of screening assessment is to select suitable patients for treatment and to provide the student with diagnostic experiences. The student dialogue with the patient during initial screening is critical to the patient's understanding and acceptance of the program and its parameters.

Accepted patients sign the Terms of Participation Form and are placed in the unassigned patient file to await future assignment and periodic review for appropriateness in meeting the clinical experiential needs of students. The assignments are made by the Director of Comprehensive Care based on the requests of the Group Practice Directors and the Assistant Group Practice Directors.

DS II Faculty Advisor: Dr. Karen Rattan, D.D.S.
 Clinical Assistant Professor
 Department of Oral Diagnosis

DS III / DSIV Faculty Advisor: Group Practice Directors
 Division of Comprehensive Care

Blue Clinic 1 Dr. Reiger Wood
Blue Clinic 2 Dr. Abbey Onan
Blue Clinic 3 Dr. Karen Rattan

Gold Clinic 1 Dr. Barry Greenley
Gold Clinic 2 Dr. Douglas Rockwood
Gold Clinic 3 Dr. Blake Hunter

Burgundy Clinic 1 Dr. Jeanne Sutton
Burgundy Clinic 2 Dr. Ann Johnson
Burgundy Clinic 3 Dr. Kent Scoggin

Patient Assignment Process

Patients are screened in the Oral Diagnosis Clinic. This clinic is staffed by faculty and assigned students on oral diagnosis rotation (See Section A: Clinic Rotations). All patients, when completing the screening process, may be recommended for the student clinic, the Advanced Education in General Dentistry program, or may be rejected for our school programs.

Common reasons for rejection in the student clinic are that a case may be too complex for a student, or other reasons that may make it difficult to deliver the dental care required.

During the assessment examination, key factors are entered into the axiUm record to categorize the patient's dental needs. Once the examination is completed and the patient has been accepted into the program, the assessment information is provided to the Director of Comprehensive Care.

On a weekly basis, these patients are assigned to the Group Practice Directors. The Group Practice Director then assigns the patients to his/her students via the Communications Center.

If a student has an issue with any of his/her assigned patients, the student is to inform his/her assigned faculty; DSII students are to contact their assigned faculty advisor; DSIII and DSIV are to contact their Group Practice Director.

While students are on scheduled rotation in the Oral Diagnosis clinic, they may screen a patient whose needs match their clinical requirement needs. A request for specific assignment of a patient who a student has personally screened may be submitted to the Director of Comprehensive Care, however, there is no agreement that the patient will be assigned to the requested student. Students are not to make promises to any patient regarding when or to whom assignment will be made.

A student may personally screen and request assignment of family members, friends, or relatives of patients already in his/her patient family. Such assignment requests will usually be honored, provided the patient's dental needs meet the student's level of ability.

Once a patient assignment has been made by the Group Practice Director or DS II Faculty Advisor, the patient's information is referred to the Communications Center for entry of assignment and scheduling of the initial workup appointment.

PEDIATRIC/ ORTHODONTIC PATIENT MANAGEMENT

The management of pediatric/orthodontic patients is addressed through the Departments of Pediatric Dentistry and Orthodontics and is provided in their clinic manual.

DENTAL HYGIENE PATIENT MANAGEMENT

Patient Assignments

Patient assignments are entered into axiUm. Each student will be assigned several prophylaxis and/or perio maintenance patients. Additional patients will be assigned upon written request via email or mail to the Dental Hygiene Coordinator.

The student's family list cannot exceed 12 patients at any given time without the expressed permission of the Director of Dental Hygiene and the Patient Services Coordinator (PSC) (this is to ensure an equitable distribution of available patients and to ensure timely treatment of all patients).

Should a patient need to be released, the coordinator will replace that patient with another patient assignment if appropriate.

All assigned dental hygiene patients (new patients or recall) will remain in the care of the assigned dental hygiene student until transferred to another student or released from the program. Phase I patients who have been accepted for limited or complete treatment must have their information turned in to the Director of Comprehensive Care once the dental hygiene treatment has been completed for assignment to a dental student.

Types of DH Patients

- A. **DH** - These are patients whose first experience in the College of Dentistry is in the Dental Hygiene student clinic. These patients may elect to have a dentist examination in conjunction with their first round of dental hygiene treatment. They are **required** to have this exam with any subsequent rounds of dental hygiene treatment. Upon examination, there are 3 possible outcomes:

- 1.) No treatment needed
- 2.) Limited treatment needed
- 3.) Comprehensive care is needed.

If limited treatment is needed, the examining dentist will complete a limited treatment form, which will be sent to the Director of Patient Relations. If comprehensive care is needed, (4 or more procedures and comprehensive treatment planning) the examining dentist will send a message (via email) to the Director of Comprehensive Care.

- B. **Recall** – These are patients who have completed their restorative treatment at the College of Dentistry and have been placed on recall.
- C. **Comprehensive Care Clinic** – Dental students in the comp care clinic will coordinate the dental hygiene needs of a limited number of patients in conjunction with the Group Practice Directors and the PSCs.
- D. **Dental Students** - Up to two dental students may be seen as patients per semester. They may only be scheduled to fill a last minute cancellation or no show. They may not be scheduled in advance, and will not be added to your patient family. Please see your clinical instructor if you have a no show or last minute cancellation and are in need of a last minute appointment with a dental student.

Scheduling Patients

The DH Patient Services Coordinator is responsible for scheduling the dental hygiene appointments for their patients. The Patient Services Coordinator in the clinic in which the patient is seen for treatment will collect payment for services rendered and schedule subsequent appointments.

Should the patient call the student to reschedule an appointment, it will be managed by the student and communicated to the DH Patient Services Coordinator. If a patient has already had two rescheduled appointments, the Patient Services Coordinator will review the need to send the patient a pending release letter or release letter regarding scheduling difficulties.

Students along with the PSC should utilize their patient list to fill appointments that have been cancelled by other patients.

The student is responsible for managing the need for antibiotic pre-medication for his/her patients. This will not be managed by the Patient Services Coordinator (PSC).

Emergency Appointments:

If it is determined that the patient needs to be seen for urgent care (between appointments), the patient should be instructed to contact the DH Patient Services Coordinator. The PSC will review the case and consult with the Director of Patient Relations on the best course of action for managing the patient's dental situation. If a dentist has examined the area of dental concern, he/she should complete a limited treatment form and send it to the Director of Comprehensive Care in axiUm via the "running man" instead of having the patient contact the Communications Center.

During non-business hours, patients should be instructed to call 271-7744, where they will receive a recorded message with a pager number or cell phone number to contact the resident who is on call.

Referrals

Should you have a patient who needs to be referred to the Graduate Periodontics Program to be seen by a resident, please have the examining dentist complete a referral form in axiUm, and send it to the Grad Perio staff (via axiUm running man).

Personal Patients

Family members and friends may be seen as Personal Patients. Please contact the Communications Center (via email) to have a personal patient registered into axiUm. Include the patient's name, date of birth, address, email and best daytime contact number. Please make it clear that you are a dental hygiene student by placing "DH1" after your name at the end of the message. The subject line should say "DH Personal Patient Request". Once the patient has been fully registered, the student must contact the DH Coordinator to have the patient assigned to him/her. Personal patients should be utilized to fill cancellations.

STUDENT RESPONSIBILITY WITH PATIENT CASE ACCEPTANCE

The College of Dentistry, as a teaching institution, is strongly committed to providing its students with the best educational experience possible and as such makes every effort to provide patients for students that offer a wide range of clinical experiences. More importantly, the College is also committed to providing its patients comprehensive care that is patient-centered and affordable.

Patients are accepted based on their educational value and assigned to students based on the student's educational requirements. There may be instances when an assigned patient does not exactly match the assignment request made by the student; this is unavoidable as treatment needs and the patient's treatment expectations are subject to change with time.

Students are expected to act with professionalism, responsibility, and accountability in accepting patient assignments; repeated complications in the assignment process with a particular student will ultimately result in the student becoming responsible for procuring his/ her own patients for treatment.

INITIAL PATIENT CONTACT FOR DENTAL STUDENTS

After the patients have been assigned to the dental students the protocol for scheduling an appointment is as follows:

DS-2

1. The initial appointment is made by the Communication Center.
2. The subsequent appointments are made by the Communication Center by working the planner or by the PSC at the time of checkout.

DS-3

1. The initial appointment is made by the Communication Center.
2. The subsequent appointments are made by the Communication Center by working the planner or by the PSC at the time of checkout.

DS-4

1. The initial appointment is made by the Communication Center. After the first attempt, the PSC follows up to make the initial appointment.
2. Subsequent appointments are made by the PSC at check out or by working the DS4 planner.

Students are encouraged to be proactive in coordinating the scheduling of their patient family. Initial interactions with patients will determine the success or failure of all subsequent patient relations. Patient confidence and trust will be reflected in their first impressions of the student and the perception of the student's interest in their needs.

1. Students are to call the patient as soon as possible (preferably within 24 to 48 hours of assignment).
2. The student should call at reasonable hours. If the student needs to contact a patient in the evening, they should do so at least by 8:00 p.m. Calling very late at night or early in the morning is discouraged. Elderly patients should be called relatively early in the evening.
3. Texting- While texting can be very helpful in conveying urgent information with minimal disruption to the person receiving the message, it is not an advisable form of communication to engage in. Students who have depended on texting their patients have been compromising their ability to "talk" with their patient when it is important to do so for the convenience offered. Texting protected health information (PHI) is unacceptable.
4. If someone other than the patient answers the phone, the student should find out when the patient will be available and call again. It is appropriate to leave a message; however, do not assume that the message will be forwarded to the patient.
5. The student should identify him/herself once the patient is reached and state the reason for his/her call. The patient should be asked if he/she is still interested in

being treated at the College of Dentistry.

6. The student should avoid identifying his/her class status and he/she should spell his/her name if necessary; patients often call the College of Dentistry and give a distorted or garbled version of a name that can make it difficult to identify who the student is.
7. Students should remind their patients to review the information in their copy of the "Conditions of Treatment" form (required availability for appointments, payment policies, etc.) and remind them that appointments will be 2-3 hours in length.
8. The patient should be provided with two numbers at which the student may be contacted (a cell phone number and the Communications Center number at school, 271-7744) and the best times to reach you. Do not provide a home phone number. Your cell phone number should not be long distance from the Oklahoma City area.
9. All scheduled patient appointments should be confirmed by the student the evening before. This is a helpful reminder to the patient and allows the student an opportunity to contact another patient if the original patient must reschedule.
10. At the end of the clinic appointment, the student should arrange his/her patient's next appointment if possible. This is preferable to having to contact the patient again on a separate occasion and possibly having difficulty doing so.
11. If a particularly involved or complex procedure was performed, the student should call his/her patient that evening to inquire how well he/ she is doing.

IMPORTANT! Record all phone contact attempts in the electronic record, including the number called.

Contacting Patient by Phone or Electronic Devices Policy

The University of Oklahoma College of Dentistry will take all necessary steps to protect and safeguard patients' Protected Health Information (PHI). This policy is intended to provide direction to the College of Dentistry (COD) faculty, staff, and students in regard to the protection of PHI when communicating by phone and/or other electronic devices.

A. For Appointment Confirmation –

1. *Speaking Directly to Patient*- You may provide detailed information about the appointment; i.e. time, place, provider and procedure.

2. *Leaving a Message-* Identify only that you are calling from the COD and provide a return number for confirmation. DO NOT leave detailed information about the appointment.
3. *Confirmation Via Text or E-mail-* The patient must have a signed Consent for Electronic (text, e-mail) Communication in the electronic health record (EHR) before this method of contact can be used.

B. Obtain or Review Health/Dental Histories-

It is the University's policy that faculty, staff and students shall not remove documents containing PHI from the COD's premises for their own convenience. Printing portions of the PHI is acceptable only if the documents containing PHI are stored or filed in such a way as to avoid access by unauthorized persons and do not leave the COD. Photographs of any portion of the patient's record are prohibited.

1. *Faculty, Staff and Students Reviewing Health Histories Via Phone-* Telephone conversations must be conducted away from public areas if possible and voices should be quiet. Speakerphones may not be used. Ideally, conversations should take place during regular business hours. The information collected must be directly entered into the EHR (axiUm) and not recorded on paper or any portable computing devices; i.e. Word, Notes. If it is necessary to contact a patient after business hours and off campus, then only questions about the patient's health that could be a consideration for treatment can be asked; i.e. have you had a heart attack or stroke in the last six months, have you had any surgeries, been diagnosed with a disease or condition that may require special needs, etc.
2. *PHI via E-mail-* Transmitting PHI via e-mail outside the University email address system for treatment, payment, or health care operations is prohibited unless the message is encrypted between sender and recipient in a manner that complies with HIPAA and the patient has signed the Consent for Electronic Communication. Secure options include e-mailing through a secure patient portal, or using **[secure]** in the subject line. Sending e-mails that contain PHI for treatment, payment, or health care operations between ouhsc.edu or ou.edu and HCA Healthcare.com e-mail addresses is acceptable.

INFORMED CONSENT

Informed consent is an important legal concept that protects the student and the College of Dentistry against any allegation that work was performed without permission. To ensure that informed consent is fully protective, the patient must be made aware of:

1. the nature of the existing medical/dental condition to be treated
2. prognosis of the condition if left untreated
3. any and all risks involved in treatment
4. alternative methods of treatment
5. reasons for any subsequent changes in treatment.

Terms of Participation This electronic form provides the patient with information regarding patient acceptance, appointment availability, financial responsibility, follow-up care in dental hygiene recall, and eligibility for further treatment at the College of Dentistry. The consent form must be signed by the patient (or the patient's parent/guardian if a minor child) and a printed copy is given to the patient for their records. This confirms an understanding and acceptance of the responsibilities of participation in the student program at the College of Dentistry.

Consent to Treatment in the Pre-Doctoral Student Program Provides the patient with information regarding the risks and benefits of Comprehensive Care, Local Anesthesia, Periodontal Treatment, Restorative Treatment, in addition to the consequences of no treatment.

College of Dentistry Payment Policy The patient will also be required to sign the College of Dentistry's Payment Policy that outlines the financial responsibilities of the patient and a statement regarding fee reductions for pediatric patients based on income level. The patient may receive a printed copy of this form upon request for their records.

A patient accepted for emergency care or limited treatment is also required to sign a statement of understanding of the parameters under which care is being rendered. It is the responsibility of the student to ensure that all appropriate documents relating to informed consent are complete, signed, and made a permanent part of the patient's record.

These electronic documents are located in axiUm.

PATIENT EMERGENCY PROTOCOL

For Adult Emergency Patients Who Are Active In The Program:

During Clinic Sessions:

1. The patient contacts either the Communications Center or the PSC and reports his/her dental concern.
2. The dental concern is recorded in the contact notes of the patient's electronic health record.
3. The assigned student's schedule is reviewed for open appointments.

4. If the student is unavailable due to a rotation, the scheduler looks for another student in the same class and in the same group practice who has an opening.
5. If that is unsuccessful, the scheduler moves to the schedule of an adjacent group practice for an available student with whom to schedule the patient.
6. If someone other than the assigned student sees the patient, an email should be sent to the assigned student informing him/her of what transpired with the patient.

After Hours:

1. The patient calls the main phone number (271-7744) and is given a pager number to call.
2. Upon receipt of being paged, the resident contacts the patient to determine the nature of the dental concern and obtains the patient's name, DOB and assigned student's name.
3. The resident provides feedback to the patient regarding the dental concern and may determine that it is appropriate to call in a prescription for the patient.
4. The resident emails the Director of Comprehensive Care to report the management of the patient including patient instructions/information, follow up care indicated and details of any prescriptions called in including drug name, dosage, quantity, and to what pharmacy it was sent including the phone number. The Director of Comprehensive Care records the information in the contact note and treatment history of the patient and provides follow up for an appointment if necessary.

Emergencies Patients who are not patients of record at the College of Dentistry:

1. The Communication Center will assign this patient to an available fourth year student with an opening in their schedule.
2. After the emergency has been taken care of, the patient is scheduled for the appropriate completion of treatment.
3. Once the emergency treatment has been completed, the patient has the option to be screened for comprehensive care.

During Intersession:

1. The patient calls the Communications Center and reports his/her dental concern.
2. The Communications Center determines the urgency of the need in relation to referring the patient to AEGD to schedule an urgent appointment or scheduling the patient with the assigned student in the first available appointment session when the student returns.

3. The Communications Center staff enters a contact note recording the patient's dental concern.
4. A referral is completed by Communications Center staff and forwarded to AEGD for scheduling.
5. The treating resident sends an email to the assigned student and the Director of Patient Relations informing him/her of what transpired with the patient.

For Pediatric Emergency Patients Who Are Active in the Program:

As for "during clinic sessions", the same protocol is followed with the exception that the student is responsible for contacting the parent to determine the nature and urgency of the emergency. (We consider this to be part of the teaching / learning experience --- discovering what is and what isn't a true dental emergency.) If the situation is such that the patient needs to be seen before the assigned student can see the patient, then said patient will be scheduled either into our emergency clinic or with another student. If circumstances dictate, a prescription may be phoned in. If the urgency/emergency can be managed without an immediate visit, the patient will be scheduled / added to the assigned students appointment list. As for "after hours" and "during intersession", the same protocol is followed as outlined for adult patients.

PATIENT RECONCILIATION

In addition to completing minimum clinical experiences for graduation consideration, the student must also reconcile all assigned patients including all those originally assigned for complete treatment, those accepted as a transfer, and those who were provided limited care. Reconciliation involves planning the process for continued care (or removal from the program) prior to graduation and is expected of every student in order to complete the graduation sign-out process. There are four methods for patient reconciliation: [1] Completion of Treatment; [2] Transfer to Another Student; [3] Patient Release; or [4] Completion of Limited Care.

Completion of patient treatment is the most desirable method of patient reconciliation and it is therefore highly recommended that students make patient assignment requests based on their ability to manage the patient's care until completed. If a student requires counseling regarding his/her ability to manage their patient family, an appointment should be made with his/her faculty advisor.

PATIENT RELEASE

Release involves removal of a patient from the program and discontinuation of treatment. This action will only be implemented for legitimate causes including (but not limited to):

- Inability to pay for treatment
- Lack of interest in the program
- Unwillingness to accept treatment recommendations

Moving out of the area
Three or more cancellations and/or failed appointments
Severe behavioral management problems
Unavailability for regular appointments
Formal referral to collection agency
Patient request to discontinue treatment
Treatment not within the scope of the program- too complex

Never confront a patient with release without justifiable cause. To request release see your Group Practice Director and PSC.

A patient should never be confronted with dismissal unless the student has sufficient evidence that a valid reason exists. Always consult with the Director of Comprehensive Care before you consider these actions and certainly before the patient is informed.

Release of patients from the pre-doctoral program must be accompanied by appropriate documentation, which should include any information that may impact the future interactions of both the student and the College of Dentistry with the patient (financial difficulties, scheduling conflicts, unwillingness to accept planned treatment, mutual agreements to defer treatment, lengthy unavailability for treatment, etc.).

Questionable patient releases require authorization by the Director of Comprehensive Care.

It is not acceptable to release a patient because of race, sex, age, or occupation. It is also not acceptable to deliberately neglect a patient whose needs do not coincide with your expectations or academic requirements. Patient neglect is a punishable offense and will be discussed in another section.

A single cancelled or missed appointment is not reasonable grounds for release. While patients must be available at least two half-days per week, students will seldom see any patient more than once a week. If a patient is only available outside the normal clinical patient expectations, this may not be grounds for dismissal provided that their schedule coincides with the current available clinic time. The student should be reasonable and flexible with their expectations.

It is extremely important that the student establish authority in regard to College of Dentistry policies early in the relationship. Therefore the student should be very familiar with the information in this manual and should be able to respond to questions regarding school policies. The student should tactfully dictate the frequency of appointments, determine treatment sequencing, and inform the patient when his/ her actions may jeopardize their status in the program (frequent cancellations/no shows, failure to pay account balance, etc.).

A patient referred to the College's collection agency is automatically released even if you have not requested this action. You will not have access to any electronic record in collections without the permission of the Central Billing Office.

A patient may request reactivation if the reasons for the original release no longer apply. Reactivation of a patient referred to a collection agency will not be allowed. The Director of Patient Relations must approve all reactivation of released patients

Infrequently patients may be notified through a letter of pending release regarding the nature of one of the above listed problems that may be cause for release if the circumstances do not change. Patients are given 2 weeks (10 business days) to appeal the release, if no response is received; the patient is processed for final release.

LIMITED CARE TREATMENT

Dental students may request assignment of a Limited Care patient at any time by electronic submission.

Limited Care Patient Requests are to be submitted electronically to the Director of Comprehensive Care. While assignment requests will be filled in the order they are received, there will be times when a request that is too specific will delay the process and other requests will be considered for assignment in the interim.

Additional considerations regarding assignment:

- Students must have a Limited Treatment request on file for assignment.
- Students will be allowed 2 (two) Limited Treatment patients in their family.
- Students will not be assigned another patient until treatment is resolved on the patients assigned to them.
- Students must complete all Limited Treatment assignments. Patients will not be re-assigned.

Once the student has accepted a Limited Care patient, they are responsible for every procedure specified on the form including any required follow-up care. Limited Care patients may be taken directly to the appropriate clinic(s) for treatment or consult as necessary; a work-up and treatment planning are not required unless requested by consulting faculty. The Workflow for Limited Treatment Patients is found in Section D.

TREATMENT ON OTHER STUDENTS

A student providing treatment to another student must follow the same policies that govern treatment rendered to traditional patients. While a fully developed treatment plan is usually not required, the student-patient must have an electronic record that includes a completed health history, appropriate radiographs, and verification of the treatment being rendered. A "Limited Care Approval" form is required for any work rendered by

one student on another and the treatment must be approved in the electronic record by the faculty overseeing the procedure.

The student-patient usually will not be assigned as a regular patient to the student providing treatment. However, if a student intends to provide comprehensive care to another student, a Master Treatment Plan will be required and the student-patient will be assigned as a regular patient.

PATIENT ABANDONMENT

The relationship between physician and patient generally continues until it is terminated by mutual consent of both parties. However, a relationship can be discontinued through dismissal of the physician by the patient, or physician withdrawal from the case, or at such time that the physician's services are no longer required. Failure to follow up on patient care after the acute stage of illness has subsided, or neglect to give patient warnings of necessary instructions, may involve the physician in serious legal difficulties. Premature termination of treatment is quite often the subject of a legal action.

Abandonment is defined as unilateral termination of the patient-physician relationship by the physician without notice to the patient.

Closely related to this type of problem is one which occurs when the physician, though not intending to end the relationship with the patient, fails to insure the patient's understanding that further treatment of the complaint is necessary.

The following elements must be present in order for a patient to recover damages for abandonment:

1. Unreasonable discontinuance of medical care.
2. Discontinuance of medical care against the patient's will: termination of the physician-patient relationship must have been brought about by a unilateral act of the physician. There can be no abandonment if the relationship is terminated by mutual consent or dismissal of the physician by the patient.
3. Physician's failure to arrange for care by another physician; refusal by a physician to enter into a physician-patient relationship by refusing to respond to a call or render treatment is not considered abandonment. A plaintiff will not recover damages unless it can be established that a physician-patient relationship has been established. (i.e., *Buttersworth v. Swint*, 186 E.E. 770 (Ga. 1936))
4. Foresight that discontinuance may result in physical harm to the patient.
5. Actual harm suffered by the patient.

The relationship between a physician and patient, once established, continues until it is ended by mutual consent of the parties, revoked by the patient's dismissal of the physician, or by the physician's withdrawal from the case, or until the physician's services are no longer needed.

A physician who decides to withdraw his services must provide the patient with reasonable notice so that the services of another physician can be obtained.

The Assistant Dean for Quality Assurance and Compliance will not tolerate willful abandonment, and has joined the Department of Pediatric Dentistry in establishing the following guidelines to aid in determining if abandonment has occurred:

1. Willful or undocumented failure to see patients with treatment needs within the semester assigned.
2. Failure to see any patient for two consecutive semesters without sufficient documentation in the record to justify such failure to see the patient.

In cases where abandonment has occurred, a grade of "F" will be given for the DSA course Clinical Record-Keeping and Patient Management for the semester during which the incident has occurred.

CLINICAL INCIDENT REPORTING FORM

The purpose of the Clinical Incident Reporting Form is to improve the quality of care at the OU College of Dentistry, enhance and promote patient safety, minimize the risk of recurrence of a similar incident, and to prepare for future litigation. This document is available in all clinic dispensary areas and should be completed in situations where clinic outcomes of treatment are less than desirable.

You may obtain this form from the Department of Clinic Administration. Each form is attached to a protocol for use of the form. Supervising faculty should assist you in completing this form and sign it prior to submission. The Director of Patient Relations will keep this document on file at the College of Dentistry.

OU COLLEGE OF DENTISTRY REFERRAL PROCESS

Referrals between the pre-doctoral program and post-graduate programs occur to enhance the continuity of care in situations where the treatment needs of the patient are beyond the limitations of the pre-doctoral program. This referral process involves the various post-graduate clinics AEGD, Grad Ortho, Grad Perio, and Oral Surgery as well as the Adult pre-doctoral program and must be initiated through a consultation with and signed by full-time faculty from the referring department. Copies of the workflow referral forms can be found in Section D.

Outside Referrals

Dental practitioners fill out the Patient Referral for Limited Treatment in Students Clinics form and send it to the Assistant Dean for Preclinics and Clinics along with the appropriate x-rays. This information is reviewed and the patient is assigned to the appropriate student. In case of endodontic treatment, this assignment is coordinated with the Chair of Endodontics. When patients that need endodontic treatment is assigned to a student, he/she will review the case with the Chair of Endodontics prior to seeing the patient in the clinic.

MANAGEMENT OF PATIENT REPORTED CONCERNS

If a patient reports a concern that they would like to have addressed by the administration, the Director of Patient Relations should be contacted to assist in reconciliation of the patient's concern.

Patient Records Policies

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THE PATIENT RECORD

Accurate and complete documentation of your patient interactions is an integral and critical part of the student's training. The electronic record and any handwritten documents are legal documents; they afford protection to the student, the patient, the faculty, and the College should any questions arise about treatment of or interaction with a patient. The patient record contains all pertinent information regarding the patient's medical, dental, emotional, and behavioral background that might impact the type/extent of treatment rendered. Without such information, the possibility of providing inappropriate care is increased. It is also the primary source of information for decisions about the patient's status in the program. Releases, reassignments, transfers, or referrals cannot be made or defended without sufficient documentation. Proper records and information management is also important for monitoring treatment sequencing, facilitating departmental interaction in the treatment decision-making process, and providing accurate data to those to whom patient referrals are made.

Electronic Records Security and Privacy

All electronic records are the property of the College. Every effort should be made to ensure the security and privacy of these records. When a user steps away from a display containing protected health information (PHI), the screen must be secured by locking the screen or logging off. Minimizing the screen is not an acceptable method to maintain security.

Encryption of Electronic Devices

Electronic devices including laptops, I-pads, tablets and cell phones must be encrypted in order to access PHI on a portable electronic device. This encryption process is established by Central Information Technology for the Health Science Center campus.

Physical Records Security and Privacy

Paper records, and any printed radiographic images are also the property of the College and should be secured at all times. **Under no circumstances is any PHI to be removed from the building.** If it has been determined that a student has removed or disclosed any patient information or supporting materials (e.g. lab work) from the building, the student is subject to losing his/her clinic privileges for a period of no less than three (2) weeks.

Study models must be stored in the provided boxes labeled with patient name and chart number, and stored in cabinets provided in the dry lab or in student lockers. Models must be maintained for seven years post dismissal or release. They should be brought to the designated area (currently Room 238) following

Any paper documents containing PHI must be secured at all times, examples: treatment plan worksheets and grade/evaluation forms. They may not be left unattended on the counters or other areas. Documents printed from the electronic health record (EHR) must be placed in a locked shred.

SOCIAL MEDIA GUIDELINES

- ∞ Protected Health Information shall not be posted on social media sites, such as Facebook or Twitter. University Personnel should keep in mind that even if a patient's name is not posted, if the patient could reasonably be identified, alone or with information obtained from other sources, the information is considered Protected Health Information.
- ∞ Do not post photos or x-rays of patients
- ∞ Do not text photos or x-rays of patients
- ∞ Sensitive or proprietary information MUST NOT be shared.
- ∞ Activity on social media should remain personal in use only
- ∞ Use personal email account for registration
- ∞ Personal social media relationships with patients, patient family member, etc. are prohibited
- ∞ Remember that content is subject to interpretation
- ∞ Report unprofessional content to the COD Assistant Dean for Compliance or the Environmental Compliance Officer
- ∞ OUHSC email policies apply to files shared over social media
- ∞ *Resources:*
 - <http://it.ouhsc.edu/policies/>
 - <http://portal.ouphysicians.com/OnlineDocuments>
 - http://www.ok.gov/cio/Policy_and_Standards/Social_Media/

ACADEMICS AND SAFEGUARDING PHI

- ∞ PHI in the Classroom
 - Remove all identifiers from materials OR
 - Get patient Authorization to use PHI OR
 - Use commercially-available slides
 - Do not take photos of instructors' Power Point presentations.
- ∞ Students are responsible for the PHI they create, collect, store, and send
 - Do not take photos of patients using your cell phone
 - Encrypted flash drives MUST be used to store any PHI (including photos and x-rays)
 - Portable Computing Devices (e.g., laptops, smart phones, tablets, flash drives) and Desktops. Employees, volunteers, and students/trainees must use extreme caution when using Portable Computing Devices and desktop computers to store PHI. PHI should not be stored on Portable

Computing Devices and desktop computers unless absolutely necessary; it should be stored on servers in a secure enterprise data center. If PHI is stored on such devices or computers, the device or computer must be encrypted pursuant to HIPAA Security policies and applicable University policies. Portable Computing Devices must never be left unattended in unsecured places. The failure to take the above security precautions will be considered a violation of these Policies, subjecting the user to sanctions.

- ∞ The University and/or the individual who breach HIPAA can be held liable
 - Student clinic suspension may be imposed
 - Fines may be imposed against the University and individuals
 - Individuals may be imprisoned for up to 10 years
- ∞ *Resource:*
 - <http://www.ouhsc.edu/hipaa>

Contacting Patient by Phone or Electronic Devices Policy

The University of Oklahoma College of Dentistry will take all necessary steps to protect and safeguard patient's Protected Health information (PHI). This policy is intended to provide direction to the College of Dentistry (COD) faculty, staff and students in regard to the protection of PHI when communicating by phone and/or other electronic devices.

A. For Appointment Confirmation –

1. *Speaking Directly to Patient* – You may provide detailed information about the appointment; i.e. time, place, provider and procedure.
2. *Leaving a Message* – Identify only that you are calling from the COD and provide a return number for confirmation. DO NOT leave detailed information about the appointment.
3. *Confirmation VIA Text or E-Mail* – The patient must have a signed Consent for Electronic (text, e-mail) Communication in the electronic health record (EHR) before this method of contact can be used.

B. Obtain or Review Health/Dental Histories –

It is the University's policy that faculty, staff and student shall not review documents containing PHI from the COD's premises for their own convenience. Printing portions of the PHI is acceptable only if the documents containing PHI are stored or filed in such a way as to avoid access by unauthorized persons and do not leave the COD. Photographs of any portion of the patient's record are prohibited.

1. Faculty, Staff and Students Reviewing Health Histories VIA Phone – Telephone conversations must be conducted away from public areas if

possible and voices should be quiet. Speakerphones may not be used. Ideally, conversations should take place during regular business hours. The information collected must be directly entered into the EHR (axiUm) and not recorded on paper or any portable computer devices; i.e. Word, Notes. If it is necessary to contact a patient after business hours and off campus, then only questions about the patient's health that could be a consideration for treatment can be asked; i.e. have you had a heart attack or stroke in the last six months, have you had any surgeries, been diagnosis with a disease or condition that may require special needs, etc.

2. PHI via E-mail – Transmitting PHI via e-mail outside the University email address system for treatment, payment, or health care operations is prohibited unless the message is encrypted between sender and recipient in a manner that complies with HIPAA and the patient has signed the Consent for Electronic Communication. Secure options include e-mailing through a secure patient portal, for using **(secure)** in the subject line. Sending e-mails that contain PHI for treatment, payment, or health care operations between ouhsc.edu or ou.edu and HCA Healthcare.com e-mail addresses is acceptable.

Required HIPAA

Training

Annual online HIPAA Privacy and Security training is required for all faculty, staff, and students.

Documents

Each electronic health record must contain a patient signed acknowledgment of receipt of privacy practices form, and a photo release form. Optional documents are electronic communication consent form and authorization of verbal release.

Requested Access of Individual Records

The student is granted access to only those patients to which they are assigned. When a patient no longer participates in the program, the student will no longer be provided access to the electronic record.

Record Assignments at the College

There are several different record assignments used at the College of Dentistry: **Emergency, Limited Treatment, Screening, Dental Hygiene and Comprehensive Care**. Comprehensive Care includes all assignments for the following clinical courses:

Adult Preventive, Patient Contact, Clinical Department Care, and Comprehensive Care.

Other areas of record assignments are: Faculty Practice, Advanced Education Graduate Program, Graduate Orthodontics Program, and Graduate Periodontics Program.

Emergency, Limited Treatment and Screening

Any student who is given this type of assignment is granted a limited time access only to the record in order to complete the treatment.

Electronic Record System (axiUm) Training

Training on the Electronic Record System (axiUm) will be provided during the early stages of your dental career. You will be informed of these sessions from the Department of Dental Informatics. Initial training begins during your first year with continued advanced training as you begin to progress through your education at the college, with the more advanced aspects of axiUm occurring during your second year.

Proper understanding and use of the axiUm system is critical to your education and dental care delivery to our patients. **The student is responsible to ensure that all supervising aspects are completed for each procedure performed and/or record entry.**

Other Required Documents, Financial and Terms of Participation

Master Treatment Plan

The Master Treatment Plan (MTP) is the document in the electronic record of all planned treatment developed after departmental routing, specialty faculty consultation, or by other authorized individuals such as Group Practice Directors. This document, in addition to the signed predoc consent to treatment (PDPC) gives consent to the treatment listed. It is also a key element in providing a finance plan for. **The Master Treatment Plan and the Patient Consent to Treatment Form require the patient's electronic signature**

Master Treatment Plans may be changed during treatment. **Every time a change is made to the master treatment plan, the patient must sign a revised treatment plan.** There are times that a master treatment plan may not be completed prior to delivery of dental care to the patient. **However, there must be a signed consent to treatment and a signed treatment plan for the procedures that will be completed prior to the completion of the master treatment plan.** Examples include delivering emergency care or starting periodontal treatment prior to the completion of the treatment plan.

Treating a patient without a signed PDPC and treatment plan is a serious recordkeeping omission.

Electronic Record Entries

Treatment History Notes make up the major portion of your required record entries. While documentation of actual clinical interactions with patients is mandatory, all interactions should be recorded. Clinical interactions are actual appointments during which treatment is planned and/or rendered. Non-clinical interactions include all other activities relevant to your patient (telephone conversations, consultations with faculty, appointment arrangements, cancellations or failed appointments, personal observations, etc.).

Treatment history notes should contain factual information and avoid the use of statements that convey judgment of the patient or his/her behavior. When appropriate you may quote the patient in the progress note to be certain that you have accurately conveyed his/her sentiment.

A template note is utilized by each student who enters the factors for each of the sections appropriate to the treatment delivered.

Any contact with the patient that involves dental care decisions or scheduling must be entered into the record.

Decisions regarding releases, transfers, referrals, etc. are often based on non-clinical activities such as cancellations, failed appointments, and telephone conversations. The assigned Patient Services Coordinator (PSC) is mostly responsible for these entries into the patient record, but you may be asked to enter any supporting information into the record to assist the PSC in addressing these non-clinical entries into the record.

Key Items that must be completed for each dental care delivery entry:

Start Check / PTP: This step is critical to delivery of care for your patient. This acknowledges that you have received authorization to begin treatment on the patient. This authorization is time-coded, and must be authorized by the supervising faculty. Any student that begins any treatment without this authorization will be subject to a minimum of one-week suspension from clinic.

Start Check Notes / Items:

- 1) Patient Presents For: (planned or proposed treatment)**
- 2) Review of Medical Status**

- 3) **Current Blood Pressure, Pulse, and Respiration Reading (see end of Section C for blood pressure guidelines)**
- 4) **Chief Concern**
- 5) **Contraindications to Treatment**
- 6) **Request for Permission to Proceed (PTP)**
- 7) **Additional Comments**

Treatment Note: Upon completion of treatment, the appropriate template note must be completed.

At The Conclusion of Treatment: Always escort your patient to meet with the Patient Services Coordinator (PSC). Prior to checkout, you must have all your records completed and authorized by the supervising faculty, and the next planned appointment must be in the record in order to schedule the patient for the next appointment. If the patient does not have any remaining treatment, then a prophylaxis or maintenance appointment must be planned.

PATIENT RECORDS AUDITS

An integral part of the student's education in delivering patient care is learning to properly and completely document all interactions along with demonstrating consistent continual dental care for all your assigned patients. Proper management of records is important for a number of reasons. The patient record is a legal document; it affords liability protection to the patient, to the student delivering the care, the faculty supervising the care, and the College of Dentistry should any questions arise about treatment rendered.

The patient record also contains all pertinent information regarding the patient's medical, dental, emotional and behavioral background that may have an impact on the type and extent of treatment provided to the patient. Providing dental care without this important information increases the likelihood for errors and inefficiency in treatment. The patient record is also the primary source of information for institutional decisions about the patient's treatment status within the teaching program. Issues regarding the transfer, reassignment, division of care or referral cannot be defended without proper documentation in the patient record.

The accuracy and completeness of patient records are also important aspects of the College of Dentistry's accreditation process through the American Dental Association. Evaluating the student's capabilities in these areas is accomplished through participation in an auditing process of his/her patient records. Beginning in the fall semester of the junior year, each student will be evaluated during audits of all assigned patient records once each semester. The audit includes a review of all records, an

identification of deficiencies as per criteria published in the syllabus, and the assignment of a grade in the fall and spring semesters.

The Group Practice Director performs the audits on the patient records of their respective DS-4 students. The Assistant Dean for Quality Assurance and Compliance, the Assistant Dean for Clinical and Pre-Clinical Education, and the Director of Compliance perform the audits on the patients records of all DS-3 students.

The Patient Records Audits comprise the basis of **Patient Management Courses I-IV, 8105, 8505, 9105, and 9505** respectively. The Assistant Dean for Quality Assurance and Compliance will provide the necessary forms and items that must be completed prior to your assigned audit with the Assistant Dean or the Group Practice Director.

Records Audit
 Course: 8105 Fall DS 3, 8305 Spring DS 3
 Course: 9105 Fall DS 4, 9505 Spring DS 4

Fall Spring Calendar Year: _____

Student Name: _____ Auditor Name: _____ Date Audit Completed: _____ Audit Score: _____

Using the reference chart below, please enter the point value earned by the student in the respective field. Any uncorrected items from last audit will result in a zero grade in all categories for that record. There is a 5-point overall deduction if patient names are not listed in alphabetical order. A self-assessment that is submitted after the deadline will result in a zero grade in ALL Accuracy of Self-assessment fields.

Area of Evaluation	Excellent No Errors	Satisfactory 1-2 Errors	Needs Improvement 3-5 Errors	Unacceptable More than 5 errors
Perio Charting	10	7.5	5	0
Dental Charting	10	7.5	5	0
Dx Findings Forms	15	10	5	0
Medical History	10	7.5	5	0
Treatment Plan	20	13	6	0
Consent to Treatment	10	N/A	N/A	0
Progression of Care (including Perio)	15	10	5	0
Unapproved Items	5	4	3	0
Self-Assessment	5	4	3	0

Auditor Comments are on the back of this page.

Patient Name/Chart no.	Current & Approved Perio Charting (10 pts)	Current, Accurate, and Approved Dental Charting (10 pts.)	Current & Approved Dx Findings Forms (15 pts)	Current, Signed & Approved Medical Hx (10 pts)	Signed Tx Plan Present (including case complete and RPD follow-up codes) (20 pts)	Signed Consent to Tx Present (PDPC) (10 pts)	Timely Progression of Care (including Perio care) (15 pts.)	Number of Unapproved Items (including x-rays) (5 pts)	Accuracy of Self-Assessment (5 pts.)	Total Points Earned for each patient record

Total Score = Total Points Earned _____ divided by the total number of patient records audited _____ = _____

Records Audit Self-Assessment
 Course: 8105 Fall DS 3, 8305 Spring DS 3
 Course: 9105 Fall DS 4, 9505 Spring DS 4

Fall Spring Calendar Year: _____

Student Name: _____ Date Self-Assessment Completed: _____

Please complete the following information as accurately as possible as you will be graded on the accuracy of your self-assessment. Some of the answers require you to answer Yes or No (type answers as either Yes or No for those respective columns; do not circle or highlight one of the answers) and some are fill in the blank. You are required to submit comments on a separate Word document that help explain information that may be perceived as unacceptable. You are encouraged to correct any deficiencies prior to the completion of your self-assessment to ensure the highest level of success. Submit your typed completed self-assessment and comments document to your auditor prior to 5:00 p.m. on the last day of your self-assessment date range. It is important to include all patients assigned to you effective with the first day of your self-assessment date range.

Comments are required to be documented on a separate Word document.

Patient Name	Chart no.	Last Prophylaxis/Perio Date	Date When Next Perio Appt. is Due	Current & Approved Perio Charting		Current, Accurate & Approved Dental Charting		Current & Approved Dx Findings Forms (Occl form must be signed)		Current, Signed & Approved Medical Hx		Signed Tx Plan Present (must include Case complete & RPD follow-up codes)		Signed Consent to Tx Present (PDPC)		Timely Progression of Care (including Perio)		Number of Unapproved Items	Next Appt. Date
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		

Chart Audit Student Workflow

1. In your planner, go to the Assigned Pts. Tab. In the upper right corner of the screen, enter the first date of the chart review week (self-assessment date range) into the Date From and the Date To fields Clinic on the search icon (magnifying glass) in the upper left corner. Review the patient names list in your planner and type only the **adult** names and chart numbers onto the chart audit self-assessment form.
2. Go to your planner and run the chart audit report:
 - a. Click on the Chart Audit tab in the far right of the upper row of tabs
 - b. Enter the date of the last chart audit (for the first DS 3 audit in the fall semester, enter June 1 of your DS 2 year) in the "form" field. Enter today's date in the "to" field. Click OK It takes three minutes to run the report.
 - c. For each patient (one per page) review each category for PASS and FAIL. Progression of Care will be PASSED or FAILED based on monthly visits and the progression of Perio care will be PASSED or FAILED based on recalls due being in the future. Some Perio recall FAILS may be because the patient is a new patient and has no perio recalls yet. This report will make your self-assessment more efficient.
3. For each individual adult patient perform the following check steps:
 - a. Enter the chart number in the search field on the rolodex; press the enter/return key.
 - b. Clinic on the Perio module icon in the left hand column of icons (appears as a tooth with red, blue & green horizontal stripes).
 - i. Clinic on the blue clock and verify that there is a current approved perio charting (and that all previous perio charts have been approved – that were done by you).
 - c. Click on the EHR icon in the left hand column of icons (appears as a tooth with a blue hula hoop)
 - i. In the EHR, confirm that the odontogram has been completed and is accurate. View the radiographs to confirm that all radiographic findings have been charted on the odontogram.
 - ii. Go to the forms tab and confirm that all of the Dx findings forms/tabs have been completed and approved and are current.
 - iii. While in the forms tab clinic on OUCOD Med. Hx. Confirm that it is current (fully updated in the past year), approved and signed by the patient.
 - iv. Go to the Tx Plan tab to review the treatment plans in the Treatment Plan Module. Review the tx plans to ensure that all treatment is included. Also ensure that case complete codes are present as well as RPD follow up codes. It should be approved by faculty and signed by patient unless treatment planning is still in process.
 - v. If needed, go to the attachments tab and clinic on the Business Office section and then the tx estimate tab to confirm there is a signed treatment plan that is appropriate for the tx that has been rendered and will be rendered (there should be limited situations in which the treatment estimate is signed instead of a plan in the tx plan module).
 - vi. If it is a limited treatment patient, go to the forms tab and open the limited treatment form to confirm the patient has signed it.
 - vii. Go to the attachments tab and click on the Consents section and then the General tab to confirm there is a signed Consent for treatment (PDPC).
 - d. Click on the patient's name at the bottom of the screen to view the patient card, which has all the appointments listed at the bottom half of the screen. Review appointments to determine that the patient's treatment is progressing in a timely manner (at least once/month).
 - i. Review your last noted perio appt. and make sure perio care is up to date.
 - ii. Consideration should be given if all restorative treatment has been completed and the patient's next visit is not until their next recall. Review the recall card to view the recall interval i.e. 3 MCR.
 - e. Review the unapproved items listed in the planner and determine if the ones there are acceptable or have not been managed well and need to be taken care of. Make sure that all radiographs are approved.
4. Type your answers into the self-assessment word document and create a separate word document for your comments about the patient cases.

June 2018

Section D

Reporting Protocols for Treatment Delivery

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Section D: Reporting Protocols for Treatment Delivery

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Case Complete Appointment Protocol

1. Review and update MedHx.
2. Expose BWX's and selected PA's as deemed necessary relative to current radiographic exposure guidelines and to follow up on treatment that has been provided.
3. Perform extra-intraoral examination.
4. Update dental charting on the odontogram. Be sure to add the new conditions/findings discovered during the case complete exam.
5. Measure and record all probe depths.
6. Perform prophylaxis/perio maintenance if interval is due at this time (or overdue).
7. Using the Periodic Oral Eval template note, document clinical examination and radiographic findings specifying any additional treatment needed or specifying that treatment is complete and no additional treatment is needed at this time. Be sure to document if additional treatment is recommended and the patient declines the treatment.
8. If the patient meets the following criteria, he/she may be considered for placement in the DH Recall program:
 - a. No outstanding account balance
 - b. Good appointment attendance
 - c. Perio Maintenance case
 - d. Implant patient
 - e. Special needs patient (may be a prophylaxis case)
 - f. Adolescent patient (may be a prophylaxis case)
9. If the patient is eligible for the DH recall program, and has a desire to participate in this program, the Case Complete Information Form should be read and signed by the patient and a copy provided to the patient. Access form via the Forms tab and "create a new record" to select Case Complete Patient Information (CCPI). Double click on CASE COMPLETE and click on the "yes" radio button. Then select the appropriate letter from the selection list "Case Complete, referred to Hygiene Recall Program" and click OK. Select the printer icon, click on the downward triangle to the right of "custom report" to select the appropriate letter (Case Complete to Hygiene Program) and then select preview for the patient to read the letter. Go back to the forms screen to have the patient sign (click on the pink Sig Required at the bottom) and then print a copy for the patient.
10. The student must inform the PSC if the patient is being placed in the recall program.

11. If the patient is not eligible for the DH recall program or chooses not to participate in this program, the Case Complete Information Form should be read and signed by the patient and a copy provided to the patient. Access form via the Forms tab and “create a new record” to select Case Complete Patient Information (CCPI). Double click on CASE COMPLETE and click on the “yes” radio button. Then select the appropriate letter from the selection list “Case Complete, released” and click OK. Select the printer icon, click on the downward triangle to the right of “custom report” to select the appropriate letter (Case Complete & Release) and then select preview for the patient to read the letter. Go back to the forms screen to have the patient sign (click on the pink Sig Required at the bottom) and then print a copy for the patient.
12. If the patient is NOT being placed in the DH recall program, the student must inform the PSC that the patient needs to be released as case complete.
13. Document services provided and complete appropriate codes.
Example: D0120C – case complete examination, D0274C – BWX, D1110C – prophylaxis
14. Complete the OD grade sheet (available on the clipboard in the OD Clinic). OD grade sheets are completed by DS 3’s and RVU sheets are completed by DS 4’s.
15. Complete the Case Complete Assessment Form (available on the clipboard in the OD Clinic). Be sure to include the number of restorations (operative, FPD & RPD) completed at OUCOD and the number that are clinically acceptable. Also, be sure and select the reason if a procedure was not clinically acceptable. See example on back.
16. Have the patient complete the Patient Satisfaction Survey (available on the clipboard in the OD Clinic).
17. There are no Case Completes “pending” delivery of a partial, delivery of an implant, etc. If there is restorative work that is discovered at your Case Complete examination, you will be responsible for completing those procedures unless the Director of Patient Relations approves of another plan.

Workflow for Emergency Patients Seen in Comprehensive Care Clinic
(this protocol is for patients who are not patients of record)

1. Pt checks in at the 3rd floor reception or Group Practice reception and pre-pays the \$61.00 exam and x-ray fee. At this time the patient also signs the HIPAA document, the Photo Release Consent, the Electronic Communications Consent, and the Emergency Adult Clinic consent form (EMERGC). The patient must complete the Emergency Patient Demographic Form which will be scanned in after all of the data has been entered into the axiUm record. The photo ID should be scanned in, insurance information entered, and photo taken.
2. Pt proceeds to the appropriate treatment clinic.
3. Refer to the Contact Note in the patient card for information collected by the Communications Center staff.
4. An OD Emergency PTP template note is completed by the student and approved by the GPD. Access this note as you do your template notes except that this note is in the OD "bundle". Abbreviated patient medical history is completed in the OD Emergency PTP note.
5. Any necessary radiographs are exposed (the D0220 for a PA and D0270 for a BWX have already been entered for you). Faculty needs to approve the radiographic images. Note: Additional radiographs needed should be coded and charged at the scheduled fee i.e. D0230 (additional PA) - \$11.00
6. Appropriate treatment codes are entered as planned once a diagnosis has been formulated and treatment has been planned.
7. Appropriate treatment is rendered after patient is informed of treatment needed, costs, risks, and benefits and has signed a treatment estimate/plan. If a pulpectomy is performed, the fee for the root canal (D3310, D3320 or D3330) must be collected PRIOR to starting the procedure. In addition, an Endo Consent must be signed by the pt. Also, a post-op radiograph must be taken. Please refer to Endo Approval Protocol in the clinic protocol notebook for requesting limited treatment assignment to the case.
8. The OD Emergency Treatment Template Note (SOAP note) is completed and approved by the GPD. Be sure to include the tooth number or area in the "site" field.
9. The exam code (D0140ER), radiograph code(s), and treatment code(s) are changed to COMPLETED by the student and approved by the faculty.

10. Pt checks out and pays for treatment services.
11. An RVU form must be completed with the following information:
 - a. Documentation of the D0140ER code
 - b. Documentation of the treatment completed
 - c. The box for "Emergency Patient" in the OD section needs to be checked
 - d. Faculty, please print your name next to your signature

Endo Approval Protocol for **Emergency Patients**

(Recently accepted & not yet assigned and patients not of record)

1. Patient is seen and it is determined that endo tx is indicated for the tooth.
2. Diagnostic findings **MUST** be recorded in the tx history of the EHR. The GPD should state that this student (or another student) will be approved to provide the treatment.
3. After the pulpectomy is performed, a required post-op radiograph must be taken for Dr. Goldbeck or Dr. Clement to review.
4. The student enters the appropriate codes for endodontic therapy and access closure and has these codes approved by his/her GPD. When the student completes the pulpectomy, the endo code is placed "in-process". The fee for the root canal must be collected **prior** to beginning the pulpectomy.
5. The student seeks a consult with Dr. Goldbeck or Dr. Clement who then attaches a note to the approved endo code stating approved or the reason why if it is not approved.
6. Dr. Goldbeck/Dr. Clement emails Dean Miller to confirm the need for a limited tx assignment.
7. Dean Miller reviews the case to ensure proper documentation and approvals, completes the limited tx form and forwards it to the PSC for scheduling of the endo appointment.
8. These patients are not eligible for a crown unless they are screened and accepted for the program after the endo has been completed.

NOTE: If the pulpectomy is not performed at the first emergency visit, the patient must be rescheduled with the student in the Comprehensive Care Clinic to perform the pulpectomy, not in the Endo clinic.

Endo Approval Protocol for **Comp Care Patients**

1. Patient is seen and it is determined that endo tx is indicated for the tooth/teeth.
2. Diagnostic findings **MUST** be recorded in the tx history of the EHR.
3. The student enters the appropriate codes for endodontic therapy and access closure and has these codes approved by his/her GPD.

4. The student seeks a consult with Dr. Goldbeck or Dr. Clement who then attaches a note to the approved endo code stating that it is approved or the reason why if it is not approved.
5. The student then plans the appt for the endo procedure.

Workflow for Completing the Graduate Periodontics Referral Form

Current Director of Graduate Periodontics: Dr. Eros Chaves

1. In the Electronic Health Record (EHR) treatment history, select the Forms tab and click on the add icon (gold folder with green plus sign in the lower right section of the screen)
2. Click on the downward triangle to the right of the highlighted field (Form) and select OUCOD Referral Form (REFERL) from the drop-down selection list, click OK
3. Click on each item and enter the appropriate information
4. Assigned Provider: Type in the dental student's first and last name
5. Referred From: Select "Adult" from the drop down selection list
6. Referring Dentist: "Clinic Operations"
7. Consulting Faculty:
 - a. Click on the Yes radio button (circle)
 - b. Enter the name of the faculty member performing the consultation with the student, click OK
8. Referred To: Select "Grad Perio" from the drop down selection list
9. Double-click on **Reason for referral**, select "Beyond the Pre-Doctoral Program to Treat" and click OK
10. Emergency? – select the appropriate answer in the drop down selection list
11. Treatment Requested – opens box to type in the treatment that is being requested to be provided in the residency program (example: evaluation and consultation for persistent deep pockets and attachment loss in UR quad.)
12. Date of patient's last visit: Type the date and nature of the last dental appointment
13. Double-click on **It is our request that you:**, select "Charge and Bill this Patient your Normal Fees" and click OK
14. Faculty then approves
15. Click on the "Running Man", click on the downward triangle to the right of status field and select "Initial Contact"
16. To select the receiving message group, click on the ellipsis (...), scroll down until you see "Grad Perio Staff", double click on "Grad Perio Staff", click OK

Workflow for Limited Treatment Patients

1. A limited treatment form is completed in response to one of the following:
 - a. Recall examination for dental hygiene patient (performed by either a faculty DDS, rotating DS 4, or an AEGD resident).
 - b. A dental hygiene program patient calls in with a report of a dental concern.
2. Dr. Nan Shadid running mans the limited treatment form to the PSC for procedure code entry, assignment, and scheduling with a student.
3. The student and supervising faculty member should review the limited treatment form located in the forms tab to view the examination findings and the prescribed treatment. The student should also review the examination notes or patient call-in information in the tx history.
4. Upon examination, the prescribed treatment should either be confirmed or modified as needed. If the prescribed procedure needs to be modified, the patient needs to be informed of the procedure to be performed and the costs involved and needs to sign a treatment estimate for the procedures to be performed BEFORE being performed. If the procedure performed is consistent with what was prescribed on the limited treatment form, the student should ensure that the patient is aware of the cost of the procedures and has signed the limited treatment form BEFORE the procedure is performed. **Treatment should never be rendered without a signed treatment form or estimate.**
5. The student does not have access to plan new treatment on a limited treatment patient, so the student will need to see his/her PSC to keep her informed of the change in treatment to be performed so that proper guidance can be provided for planning that procedure in the treatment history. If additional treatment is determined to be needed on other teeth, Dr. Shadid should be contacted to determine if the patient will be converted to comp care status or remain as limited treatment. The clinical note should reflect that, upon examination, additional treatment procedures were prescribed and that the patient was informed. The patient needs to sign a treatment estimate inclusive of all prescribed procedures.
6. If it is determined that the patient needs additional radiographs, be sure to inform the patient of the costs of additional radiographs. If the patient is from the DH recall program, they have had an FMX in the past with the student who performed the case complete examination. All PSC's have access to the previous clinic management software and can look up when the patient's last FMX was exposed.

7. Please remember that **not** all restorations originally placed at the COD are replaced at no charge. It must be verified that the original restoration had a compromise in integrity in order to provide a replacement at no charge.
8. Once treatment is completed for that session, have the patient check out with the PSC and pay for services rendered. Have the PSC schedule any remaining treatment for which an appointment has been planned.

Oral Surgery Protocol for Consultations, Treatment Planning, and Referrals

1. The student completes the work-up.
2. If there are teeth that need to be extracted, alveoplasty that needs to be performed, or any pre-prosthetic procedures required, a note should be entered by the student in the clinical notes specifying the treatment needed and a reference for the need to have this treatment performed in the Oral Surgery Department. Specific teeth and/or areas must be specified in the note. It may be appropriate to enter this note at the completion of the work-up and have the note approved by OD faculty; or it may be more appropriate to have this entered after the Perio tx planning has been completed; or it may be more appropriate at the restorative tx planning stage (this is all dependent on that particular patient's case).
3. Once the note of requested treatment is entered, the student will have a verbal consult with one of the Oral Surgeons on the student clinic side of the Oral Surgery Department. The Oral Surgeon will then determine if the tx can be rendered in the student clinic or must be referred to the residency clinic.
4. If the procedures are to be performed in the student Oral Surgery clinic, the codes for the procedures should be entered into axiUm and approved by OD, Perio, or Restorative faculty or by one of the Oral Surgeons. If the procedures are to be performed in the residency clinic, those procedures codes should not be included in the student's treatment plan since the resident will plan those procedure codes.
5. If it is determined that the procedures are to be performed in the residency clinic, a referral form is completed by the student and faculty and a paper copy provided to the staff in OMS.

Revised to be effective June 1, 2014, revised January 2018

Workflow for Completing the Oral Surgery Referral Form

Current Director of Oral Surgery: Dr. Steven Sullivan

1. In the Electronic Health Record (EHR), select the Forms tab and click on the add icon (gold folder with green plus sign in the lower right section of the screen)
2. Click on the downward triangle to the right of the highlighted field (Form) and select OUCOD Referral Form (REFERL) from the drop-down selection list.
3. Click on each item and enter the appropriate information
4. Assigned Provider: Type in the dental student's first and last name
5. Referred From: Select "Adult" from the drop down selection list
6. Referring Dentist: Either enter Clinic Operations or a specific dentist name from the pre-doctoral clinic if indicated
7. Consulting Faculty:
 - a. Click on the Yes radio button (circle)
 - b. Enter the name of the Oral Surgeon performing the consultation with the student, click OK
8. Referred To: Select "Oral Surgery" from the drop down selection list
9. Double-click on **Reason for referral**, select the appropriate reason(s) and click OK
10. If this is an Emergency, select the appropriate answer in the drop down selection list
11. Treatment Requested – type in the treatment that is being requested to be provided in the residency program
12. Date of patient's last visit: Type the date and nature of the last dental appointment
13. Double-click on **It is our request that you:**, select the appropriate option and click OK

Protocol for Coding/Charging for Dispensing of Antibiotic

When a patient presents for an appointment with an indication for antibiotic pre-medication and the patient has not taken the antibiotic as prescribed, there is the option of dispensing the antibiotic on-site through the Oral Diagnosis (OD) Department rather than rescheduling the patient. Any antibiotic dispensation must be authorized by supervising faculty. Before the student goes to OD, the supervising dental faculty member must write a short general note in axiUm containing the drug name, dosage, number of pills/caps and instructions such as "take all four capsules immediately" (for dental hygiene patients, this will be entered by OD dental faculty). The student should see the Clinic Coordinator in the OD Clinic to request the antibiotic. You must comply with the recommended waiting period of one hour before initiating invasive procedures. Also, please remember that there should be a minimum of 10 days between appointments for which antibiotic premedication is required. If a procedure must be scheduled within the 10 day interval, an antibiotic of another class on the regimen should be selected. If pre-medication is indicated and the patient and student doctor/faculty forget or unanticipated bleeding occurs, the antibiotic may be given up to 2 hours following the completion of the procedure.

Effective July 1, 2014, in the student program, we are charging for the dispensing of antibiotics for pre-medication. On-site dispensing of antibiotic pre-medication is not a replacement for providing the patient with a prescription that they should fill at their pharmacy. On-site dispensing is for those times when a patient forgot to take the antibiotic before coming or they did not take the full dosage. There are also instances in which the patient presents for urgent care and is unaware that they need to be pre-medicated. Ideally, pre-planning should occur and a prescription written or called in for the patient in advance of the appointment.

The following codes and associated costs are below:

Code R9600 – Amoxicillin - \$6.00

Code R9601 – Clindamycin - \$6.00

All Procedures are Subject To Change per Clinic Period as Directed by Covering Faculty

RD 9265

Diagnostic Services			Removable Prosthodontics			Fixed Prosthodontics		
Code	Procedure	RVU	Code	Procedure	RVU	Code	Procedure	RVU
D0120	Periodic Oral Evaluation	1	D5110	Denture - Maxillary Complete	5.5	D2543	Onlay / Metal 3 surface	6
D0140	Limited Oral Evaluation	1	D5120	Denture - Mandibular Complete	5.5	D2544	Onlay / Metal 4 surface	6
D0150	Comprehensive Oral Evaluation	2	D5820	Interim Partial- Maxillary	3	D2643	Onlay/ Porcelain 3 surface	6
D0170	Re-Evaluation, Limited Area	1	D5821	Interim Partial- Mandibular	3	D2644	Onlay/ Porcelain 4 surface	6
D0191	Assessment of a Patient	1	D5213	Partial Denture - Maxillary Cast	5.5	D2740	Ceramic Unit / Full Porcelain	6
D0210	FMX Full Series	1	D5214	Partial Denture - Mandibular Cast	5.5	D2750	MCR High Noble Metal	6
D0220	Periapical Image - Single	.25*	D5130	Immediate Denture - Maxillary	5.5	D2752	MCR Semi-Precious Metal	6
D0230	Periapical Image - Additional	.25*	D5140	Immediate Denture - Mandibular	5.5	D2790	FGC, Full Gold Unit	6
D0270	Bitewings - one (1) Radiograph	.5*	D5640	Replace Broken Partial Tooth - Each	1	D2792	Crown, Semi Precious Unit All Metal	6
D0272	Bitewings - two (2) Radiographs	.5*	D5750	Reline Maxillary Denture	2	D2962	Veneer Porcelain Lab Unit	6
D0273	Bitewings - three (3) radiographic	.5*	D5751	Reline Mandibular Denture	2	D6740	Abutment - All Ceramic	6
D0274	Bitewings - 4 Radiographs	.75*	D5520	Replace Broken Denture Tooth	1	D6750	Abutment - Porcelain to High Noble	6
D0330	Panographic Image	.75*	D5421	Adjust Partial Denture - Maxillary	0.5	D6752	Abutment Porcelain to Semi Precious	6
D0110	Consultation	1	D5422	Adjust Partial Denture - Mandibular	0.5	D6790	Abutment - FGC	6
Preventive and Periodontal Services			D5410	Denture Adjustment, Maxillary	0.5	D6792	Abutment - High Noble Metal	6
			D5510	Repair Complete Denture Base	1	D6793	Abutment Provisional Restoration	2
			D5650	Partial Denture - Add To Existing	1	D6210	Pontic FGC Unit	5
			D5411	Denture Adjustment, Mandibular	0.5	D6212	Pontic Semi-Precious	5
			D5750	Reline Maxillary Denture Lab	2	D6240	Pontic Porcelain to High Noble	5
			D5751	Reline Mandibular Denture Lab	2	D6242	Pontic Porcelain to Semi Precious	5
			D5660	Add Clasp To Existing Partial	1	D6245	Pontic All Ceramic	5
			D5850	Tissue Conditioning, Maxillary	1	D6253	Pontic Provisional Restoration	1
			D5851	Tissue Conditioning, Mandibular	1	D2799	Provisional Crown / Further Treat	2
			Post Delivery Appt		1	D2920	Recementation of Crown	1
			LAB*	Custom Trays / Student Completed	0.5*	D2940	Protective Restoration / Any Material	2
			LAB*	Record Bases / Student Completed	0.5*	D2952	Post / Core In addition to Crown	3
			LAB*	Set Teeth Arch / Student Completed	1*	D2954	Post / Core Prefabricated	2
			Implantology			D2980	Crown Repair/ Material Failure	2
			Code	Procedure	RVU	D6930	Reseat Bridge	2
			D8051	Interim Abutment	1	LAB*	Lab Work / Student Per Unit	2*
			D6056	Prefabricated Abutment	1	Miscellaneous		
			D6057	Custom Abutment	1	Code	Procedure	RVU
			D6061	Abutment Supported MCR	6	D9630	Drugs and/or Medicaments, Other	-
			D6062	Abutment Supported FGC	6	D9940	Occlusal Guard by Report	3
			D6071	Abutment Supported Retainer MCR	6	D9941	Fabricaton of Athletic Guard	1
			D6072	Abutment Supported Retainer FGC	6	D9951	Occlusal Adjustment Limited	1
			D6091	Replace Semi-per or Percision Attachment	1	D9952	Occlusal Adjustment Complete	2
			D6092	Re-Cement	1	D9972	Bleaching External Per Arch	1
			D6093	Re-Cement Implant/abutment Partial	1	Oral Surgery / Emergency Procedures		
			D6110	Implant/Abutment Supported MAX denture	5.5	D9230	N2O/O2 Nitrous Oxide	
			D6111	Implant/Abutment Suppcted MAND denture	5.5			
			D6112	Implant/ Abutment Sup. MAX RPD	5.5	Code	Procedure	RVU
			D6113	Implant/Abutment Sup M/Implant/Abutment S	5.5	D7111	Extraction, Coronal Remnants	1
			D6114	Implant/abutment Sup.MAX Fixed Denture	5.5	D7140	Extraction, Simple Erupted Tooth	1
			D6115	Implant/Abutment Sup MAND Fixed Denture	5.5	D3221	Pulpectomy Therapeutic	3
			D6116	Implant /Abutment Sup MAX Fixed Partial	5.5			
			D6117	Implant/Abutment Sup MAND Fixed Partial	5.5			
Operative Dentistry								
Code	Procedure	RVU						
D2140	Amalgam - 1 Surface	1						
D2150	Amalgam 2 Surface	1.5						
D2160	Amalgam 3 Surface	2						
D2161	Amalgam 4 Surface	3						
D2330	Resin Anterior 1 Surface	1						
D2331	Resin Anterior 2 Surface	1.5						
D2332	Resin Anterior 3 Surface	2						
D2335	Resin Anterior 4 Surface	2.5						
D2391	Resin Posterior 1 Surface	1						
D2392	Resin Posterior 2 Surface	1.5						
D2393	Resin Posterior 3 Surface	2						
D2394	Resin Posterior 4 Surface	3						
D1352	Preventive Resin Restoration	0.5						
D2950	Core buildup, including pins	2.5						
D2952	Post / Core In addition to Crown	2						
D2951	Pin Retention Per Tooth	0.5						
D3110	Pulp Cap - Direct							
D3120	Pulp Cap - Indirect							
D3221	Therapeutic Pulpectomy	3						

TAR Form Instructions

1. While in the Electronic Health Record (EHR), go to the forms tab.
2. Click on “add new” (on the right side of the screen).
3. Click on the downward triangle, which reveals the drop down list.
4. Go to the bottom and select OUCOD Treatment Adjust Request.
5. Click OK.
6. On the first question, use the drop down list to select "open".
7. Click (may require a double click) in the field to the right of each "topic/question" after that and answer in free text.
8. A clinical adjustment would include the need to change a code and a financial adjustment would include the need to alter a fee.
9. For provider name and number, the student provider's name and number should be entered.

When finished with the above steps, go to the approve button just to the upper right of the "form" and approve the form (this will not be necessary if the faculty member is working in the form under his/her own log-in).

Click on the “running man” in the list of icons on the right portion of the screen (towards the bottom).

Click on the downward triangle next to the Status field and select "BMGR". Go to the lower area and click on the ellipsis for message group and select BMGR (To Billing Manager). Click OK

Protocol for WREB Patients

Screening personally recruited WREB patients in Comp Care/Dental Hygiene Clinics:

Students who have recruited potential WREB patients will make an appointment for screening in the Comp Care clinic (DS 4's) or the Dental Hygiene Clinic (DH 2's) through their assigned PSC during regular clinic hours. These patients must have an appointment scheduled in axiUm prior to arrival. Provide the following information to your PSC for assignment and scheduling:

- ∞ Patient Name
- ∞ Phone Number
- ∞ Address
- ∞ Date of Birth
- ∞ Date and time of the appointment

No fees will be charged for the screening exam or for the radiographs taken to determine eligibility for WREB. The fewest number of exposures should be made as the images taken can be enhanced through MIPACS prior to submission. (See the information in the WREB Candidate guide - subject "Digital Radiographs")

The patient will fill out the first page of information on the WREB screening form upon arrival (this is a PAPER form not found in axiUm) and sign the Acknowledgement of Receipt of Privacy Practices on the signature pad. The patient's parking ticket should be validated.

STUDENTS:

- ∞ DO NOT enter any Medical History or charting on the odontogram in axiUm for the screening.
- ∞ A PTP note will not be entered; a general summary note will be entered.
- ∞ Charting must be done using the paper screening form ONLY.
- ∞ If you are taking an FMX for the perio portion of the exam, you will need to add the "FMX for WREB" code (D0210.1) to the Treatment History as "Planned Treatment" and have this approved by a faculty member and schedule in Radiology.
- ∞ Once a lesion(s) or a quadrant of scaling and root planing for a perio patient has been identified for WREB and there is sufficient radiographic evidence available for submission as a potential patient for the exam, the student will add the lesion or quadrants for scaling/ root planing as "Planned Treatment" (which adds the planned restorative procedure to the odontogram) and have it approved by faculty.
- ∞ Upon completion of the appointment, the student will
 - "Complete" the WREB screening code (D0191W, no charge code)
 - Enter a general note (including vital signs) in axiUm

- Give the PSC the screening form to scan into axiUm as an attachment in the “Scanned Items” section under the “Clinical” tab.
- ∞ In instances where first time patients require treatment prior to being eligible for WREB such as temporization of large lesions, extractions, amalgam cores, etc., additional codes for these procedures will also be added as “Planned Treatment” in axiUm and the patient will be charged the appropriate fees for these procedures. Whether the student agrees to cover these costs for the patient or not is his/ her decision.
- ∞ The patient will also need to complete a “WREB Consent to Additional Treatment” form (on paper) and have it signed by faculty prior to appointing the patient for such treatment. The form will also need to be scanned into axiUm as an attachment.
- ∞ Students must use “Add Planned Appointment” to re-appoint the patient for the treatment needed prior to WREB.

Screening WREB patients during Screening Events:

Patients interested in being screened for WREB will contact the Communications Center staff and will be asked a series of questions to determine if they are an eligible candidate for WREB screening. If the patient is eligible, staff will assign dates and times based on designated days for the screening clinic and the patient will be told to report to the third floor of the College of Dentistry.

Patients will check in at the third-floor reception area where they will be registered as a WREB screening patient.

- ∞ The patient will then fill out the first page of information on the WREB screening form upon arrival (this is a PAPER form not found in axiUm, DO NOT enter any Medical History or charting on the odontogram in axiUm for the screening).
- ∞ Charting must be done using the paper screening form ONLY.
- ∞ If you are taking an FMX for the perio portion of the exam, you will need to add the “FMX for WREB” code (D0210.1) to the Treatment History as “Planned Treatment” and have this approved by a faculty member and schedule in Radiology.
- ∞ Once a lesion(s) or a quadrant of scaling and root planing for a perio patient has been identified for WREB and there is sufficient radiographic evidence available for submission as a potential patient for the exam, the student will add the planned restorative procedure or quadrants for scaling/ root planing as "Planned Treatment" (which adds the planned procedure to the odontogram) and have it approved by faculty.
- ∞ Upon completion of the appointment, the student will
 - “Complete” the WREB screening code (D0191W, no charge code)
 - Enter a general note (including vital signs) in axiUm
 - Give the PSC the screening form to scan into axiUm as an attachment in the “Scanned Items” section under the “Clinical” tab.
- ∞ The PSC will give the screening forms to Ms. Eikmeier.

Reserving Lesions on Unassigned Screening Patients:

- ∞ If a student identifies a potential WREB lesion(s) on a patient being screened in Oral Diagnosis while they are on rotation, the student **must** enter the procedure code(s) as “Planned Treatment” with their provider number. The OD faculty must approve the planned procedure(s).
- ∞ Additionally, a note must be entered in the “Treatment History” stating that these lesions are reserved for that student.
- ∞ OD staff will assign the patient and the lesions to the requesting student (granting the student access to the electronic record for that patient).
- ∞ The maximum number of lesions allowed to be reserved is three (3) per patient. Respectful consideration needs to be given to the potential student to be assigned to the patient and not reserve all operative procedures resulting in the assigned student having no restorative learning experience.
- ∞ Screening students may NOT reserve lesions on patients who have been recruited by another student and are screened as personal patients. The DS 4 screening student may talk with the assigned student of the personal patient and discuss options for WREB lesions being completed by the DS 4.
- ∞ NO perio quadrants may be reserved. However, if the student thinks the patient would be a good WREB perio patient, a summary should be noted describing the probe depths and calculus present for assignment consideration by Dr. Shadid.

Access to Patient Information:

Unassigned: Students requesting access to screening records that are unassigned must have Dean Miller’s permission to be given access to review the electronic record for WREB.

During WREB: Students will NOT be accessing the patient’s electronic health record during the exam. The examiners will only be viewing exported radiographs on the chairside monitors. Treatment that is performed as a result of WREB should be documented in that patient’s electronic health record upon completion of the exam. This note should reflect that the tooth was restored during WREB and include the tooth #, surface, local anesthetic used, and materials placed. DO NOT “Complete” the treatment performed for WREB. Delete the “Planned Treatment” and add the restoration as an existing restoration instead.

Post-WREB Follow-Up Care: Dr. Mullasseril and Dr. Shadid will be signing the “Follow-Up Care Agreement” for patients of record here at the College of Dentistry and scanning these forms into axiUm as an attachment. A private practice dentist must sign the “Follow-Up Care Agreement” for patients not of record at the College of Dentistry. If the patient does not have a private practice dentist, the form will be signed by either Dr. Mullasseril or Dr. Shadid. These documents **MUST** be copied and the copy **MUST** be turned in to Dr. Shadid.

A final word on WREB:

While the staff and faculty will assist you in every way possible in preparing for WREB, please keep in mind that finding appropriate WREB patients is ultimately your responsibility. You should feel comfortable and confident about the selection of the patient that the success of your exam will depend on.

Section E

Financial Policies

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CLINIC FEE SCHEDULE

The clinic fee schedule lists the fees charged for dental procedures provided by students in the pre-doctoral program and the dental hygiene baccalaureate program. It is reviewed and revised periodically. A copy of the schedule is located in the axiUm drop down menu.

Fees charged are approximately 1/3rd the cost of those in private practice. Since clinic fees provide a substantial part of our operating funds, the faculty, staff, and students' close attention to and strict application of published fees will be upheld. Deviation from the clinic fee schedule requires authorization from faculty and is entered into the axiUm system via a TAR (Treatment Adjustment Request) form adjustment. Information and method of use is located in Section D, "TAR Form Instructions".

There is a fee charged for all dental treatment provided at the OU College of Dentistry.

A 5-digit procedure code number identifies each procedure in the fee schedule and in the axiUm system. This code is important to identify the diagnosis, nature of treatment, determine the appropriate fee to charge, and facilitate the insurance filing process.

The first digit identifies the health profession - dentistry is designated "D". The second digit identifies the discipline (restorative dentistry codes begin with "2", endodontic codes begin with "3" and periodontics codes begin with "4", etc.). The last three digits identify the specific procedure. Each major code section ends with a "999" code to be used for any procedure that cannot be identified by a specific descriptive code. The "999" codes are **not** to be used for no charge or follow up visit codes and must have a narrative. All codes are current via the CDT current approved codes book, normally updated and published each year.

Some codes in the axiUm schedule are presented in slightly different formats. Codes with the letter "D" are ADA- recognized codes. Codes that contain a ".1, .2", etc., or any other numerical code or letter after the period, are for tracking.

Only the ADA codes with no additions to the end of the code are used to create a charged procedure, file insurance claims, or any other method of reporting a procedure for which a charge is made.

Fees listed are based on the nature and complexity of the procedure. The schedule also contains explanatory notes under some code descriptions to help determine when the use of a particular code is appropriate. If unsure which code to use or what fee to assess, consult with your Group Practice Director, assigned faculty, Patient Services Coordinator, or the Clinic Manager.

PATIENT FEE REDUCTIONS/ REFUNDS

Although published fees are standard for a given procedure, a fee reduction, waiver, or refund may be warranted on occasion. Only authorized faculty can approve these reductions or refunds or a designated administrative staff member appointed by the Assistant Dean for Clinical and Pre-Clinical Education.

The amount of the reduction, waiver or refund must be entered via a TAR form in axiUm (Treatment Adjustment Request; please see Section D “Reporting Protocols for Treatment Delivery”) and approved by the attending faculty.

Unless circumstances warrant otherwise, partial or full refunds on Prosthodontics or other work involving laboratory charges will not be allowed. The Assistant Dean for Clinical and Pre-Clinical Education or assigned administrative staff, must approve all fee reductions, waivers, and refunds.

COLLECTION OF FEES

Patients are expected to pay for services when rendered unless financial arrangements have been made with the Patient Services Coordinator and the Central Business Office. All services that are rendered are charged to the patient account at the start of the procedure.

For general information, all payments, except as noted below, may be made by cash, personal check, or approved credit card/debit card. Payments can be made to the assigned Patient Services Coordinator in each clinic or the Patient Account Representative located in the south hall near the main service elevators on the third floor. Screening fees must be paid in cash or by credit/ debit card. Patients who are not patients of record but who present for treatment (walk-in emergencies, extractions, etc.) are also required to pay in cash or by credit/debit card for services rendered of the procedure to be performed.

Patients who have delinquent financial plan payments or a delinquent account balance will be suspended from further treatment (and subject to release from the pre-doctoral program) until their account balance is satisfied. No new services will be scheduled until the outstanding account balance is satisfied. When the financial plan is current or the account balance is \$0.00 treatment can be continued.

MANAGEMENT OF DELINQUENT ACCOUNTS

If there is no payment activity on an account, a 30-day balance reminder letter of delinquency is sent to the patient. If payment is still not received, a 60-day balance reminder is sent to the patient. The patient will be given 15 days to respond, and if no payment is received within the next 15 days, the account is

turned over to collections and the patient is automatically released from the program. Reinstatement is considered only if the patient agrees to [1] pay the total amount outstanding on the account, and [2] maintains a zero balance during the remainder of treatment. Only the Director of Patient Relations can approve reinstatement. If there is a planned appointment, the PSC will be notified via the axiUm mail system when a delinquency letter is sent to one of that group practice's patients.

TREATMENT OF STUDENT FAMILY MEMBERS AND STAFF

Discounts are no longer available to student family members, College of Dentistry staff, and staff family members screened for patient care in the pre-doctoral program.

DENTAL INSURANCE

Many of the patients seen at the college have dental insurance. The Patient Services Coordinator assigned to each clinic receives the necessary information to file claims on the patient's behalf.

A general note on insurance: pre-authorization is required for many large claims. Your Patient Services Coordinator can provide you with additional information in these situations.

A proposed treatment plan (with estimated costs) must be provided to the patient via the axiUm system. While the college files the necessary insurance claims, the patient is still responsible for the payment of the account. As a note of interest for the insured patient, very few procedures are paid in full with many companies limiting the number of these procedures during a specific time period. Most insurance carriers have deductibles ranging from \$25-\$100 and maximum reimbursements ranging from \$1000-\$1500 per calendar year.

Patients are expected to pay for treatment when rendered. If a patient has insurance, his/her co-payment/co-insurance is expected at the time of service. Your Patient Services Coordinator will provide any additional information as needed.

Many insurance carriers for which the College of Dentistry is a non-participating provider pay the patient directly. In many cases, even though the patient has dental insurance coverage, the patient may not have any benefits if a non-participating provider provides services. Clarification can be requested from your Patient Services Coordinator.

All insurance claims are filed automatically once the procedure has been completed via the axiUm system.

Complete information must be in the axiUm record for proper filing of the insurance claim. The Patient Services Coordinator will request any further information that is required for the claim to be filed. Please keep in mind insurance carriers may need some additional information, such as the initial placement of full coronal restorations or a filling. If dentures or partials are replaced, insurance carriers require the original date the dentures or partials were placed, as well as the date and tooth numbers originally extracted.

INDIGENT CARE PROGRAM

Program Overview

Delta Dental of Oklahoma's Charitable Foundation (DDOK) sponsors funding for our indigent care patients. Funding is available for the spring and fall semester to those patients who have incomes 100%, 150% and 200% above the federal poverty level until the funds are depleted for each semester. An income matrix is used to determine the maximum funding amounts of \$375, \$750, or \$1500 to be applied towards the patient's comprehensive treatment plan based on the current poverty levels. An assigned patient will be provided the required application process as needed for the process. Detailed criteria for covered and non-covered services can be obtained from your Patient Services Coordinator. In general, any esthetic treatment is not covered by charitable funds.

The college from time to time will engage in other charitable funds programs. You will receive information at the appropriate time if these programs are in place.

OTHER FINANCIAL POLICIES

As mentioned, patients are expected to pay in full for services when rendered (initial appointment). For fixed prosthodontic treatment, 50% of the fee must be paid when the procedure is initiated and the other half before delivery or cementation. For single crowns and bridges, the business office must have approved via axiUm before the Support Laboratory will issue any gold for casting procedures. Complete and partial dentures must be paid in full prior to sending the case to the lab for processing.

Please note that the metal issued to you for preclinical usage is not acceptable metal for intra-oral use. This metal is for teaching purposes only.

For dental services that span multiple appointments (fixed/removable prostheses, scaling/root planing, complex endodontics, etc.), the total fee will be charged at the initial appointment. If a patient terminates his/her association with the College, a refund for the credit balance (if applicable) will be issued.

When the Master Treatment Plan is completed, the patient will sign the treatment plan, which is an estimate of the total fees involved in performing the recommended treatment, and a copy will be provided if requested. This is a treatment plan estimate only; quoted fees may change if treatment is modified during the course of care.

Fee increases that occur during a patient's treatment plan are normally honored for the initial treatment plan fees, if the patient is currently in treatment. For any patient that has not had continual treatment for 90 days, the treatment plan will be charged at the new fee schedule.

Section F

Ionizing Radiation Guidelines

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IONIZING RADIATION GUIDELINES

Purpose

The appropriateness of dental care is intimately related to the accuracy of diagnosis. Dental radiographic images constitute a vital diagnostic tool in dental practice. While the risks of ionizing radiation to patients and operators are not fully understood, statistical estimations of risk must be weighed against specific benefits. Risk analysis is usually based on the biological effects seen in laboratory studies and at higher doses. These data are then extrapolated and inferences made about the hazards to human beings exposed to x-radiation. It is generally accepted that diagnostic levels of x-radiation have the potential to cause harmful effects. This concern alone demands that professional judgment always be used when handling ionizing radiation.

The purpose of this document is to establish guidelines that will govern the use of ionizing radiation within the College of Dentistry. The intent is for patients to receive the minimal amount of radiation necessary for the purposes of diagnosis and treatment. The decision to expose any patient to radiation for diagnostic purposes should take into account that any exposure to ionizing radiation is potentially harmful. The policy statements in this document apply to all patients who are treated or evaluated within the College of Dentistry. The only exceptions are consenting patients who are participating in research protocols approved by the OUHSC Institutional Review Board.

The ionizing radiation guidelines in this section are reviewed annually and revised as necessary. They incorporate those procedures and protocols that improve the risk-benefit ratio by maximizing the diagnostic yield from radiography and minimizing exposure to unnecessary radiation. Staff, faculty and students are expected to be thoroughly familiar with these guidelines and to apply them in every instance of ionizing radiation use.

Policy Administration

The College's ionizing radiation guidelines comply with the Federal Radiation Control for Health and Safety Act, the Consumer-Patient Radiation Health and Safety Act, the Oklahoma Department of Health Rules and Regulations, the Oklahoma State Dental Practice Act and with the recommendations of the American Dental Association. The Director of Oral Radiology shall serve as the College's Radiation Protection Representative (RPR) with advice and input from the Clinic Policies Committee.

1. The RPR is responsible for establishing, implementing, and monitoring policies on radiographic practices for all diagnostic radiation sources in the College. He/she will also work in cooperation with established university radiation standards and radiation protection programs to coordinate, monitor, and control the use of x-ray and other imaging equipment.

2. Only faculty, students, and staff certified by training will acquire radiographic images. Students will perform the radiographic procedures under the supervision of dental faculty and trained staff. Dental faculty and the student will establish a need for the diagnostic radiographic images by tentative diagnoses and faculty will prescribe the appropriate radiographic procedures.
3. If a student is judged to lack required technical skills, he/she will be required to complete a competency review in technique and knowledge of radiation protection principles with the Director of Radiology.
4. The RPR will conduct periodic continuing education programs for all staff operating x-ray generating and processing equipment. All such staff must be thoroughly conversant with all materials regarding radiation hazards, safety practices, and state and federal radiation rules and regulations.
5. Radiographic images made as part of a diagnostic workup should be confined to the Oral Radiology clinic whenever possible. Reasonable exceptions are radiographic images made as part of treatment in other clinics, off-site training programs, and student externships.
6. The RPR is responsible for implementing and monitoring a facility-wide radiographic quality assurance program. The Radiation Protection Representative and the Clinic Policies Committee are responsible for controlling the use of ionizing radiation and for ensuring the consistent application of this policy by all clinical departments and programs. Every entity with radiographic capacities is expected to monitor daily compliance with this policy. Applicable portions of this policy must be posted or otherwise available in each satellite area. All actions taken to maintain safety and quality must be documented with quality assurance activities in each department.

Criteria for Radiographic Exposures

To minimize radiation exposure to faculty, staff, students, and patients, the making of all radiographic images must be strictly governed according to the following protocols:

1. The prescription for all radiographic images must be added in the patient's record and authorized by the licensed attending dental faculty member. Prior radiographic images, if available, should be evaluated before new radiographic images are ordered. Only those additional views needed for complete diagnosis/treatment planning will be exposed. This does not preclude making a new intraoral full mouth survey if it is appropriate to the diagnosis.
2. The need for all radiographic images, as established through history and clinical examination, is based on the professional judgment of dental faculty.

3. Radiographic images ordered on a routine basis, without patient's need, are prohibited. Screening radiographic images will be kept to the number needed to determine the acceptance of a patient for treatment and will become part of any subsequent diagnostic radiograph series in the patient's record.
4. When a need for radiographic images is established, students will be required to produce a minimum number of radiographic images consistent with an adequate diagnosis of disease.
5. Radiographic images should only be made on patients capable of compliance. Non-compliant patients may be referred for the procedure to be done under appropriate sedation.
6. The need for radiographic images during and/or after treatment, and the frequency of recall radiographs, will be based on the patient's needs and the professional judgment of the attending dental faculty.
7. Radiographic images will not be made only for administrative or research purposes (including insurance claims or legal proceedings). However, diagnostic radiographic images may be used for administrative purposes. Radiographic images of patients will also not be made only for the purpose of training or demonstration. Radiographic images may be taken for research purposes only with the approval by the Institutional Review Board (OUHSC).
8. Students must demonstrate technical proficiency in radiographic technique on mannequins before being allowed to make radiographic images on the patients.
9. Students shall be assisted with all patients requiring three or more retake radiographic images.
10. Radiographic surveys shall demonstrate region of interest including but not limited to crown of teeth, root apex, surrounding periapical bone, and each crown with minimum overlapping.

Licensing Examination Patients

Since all state/regional licensing boards require radiographic evidence of specific types of lesions, there is a potential for abuse of this policy as students prepare for these examinations. Radiographic images made for, or as a part of, any board examination must be made in compliance with this policy. All requests for radiographic images on board patients must be approved and added to the patient's record by a dental faculty member. There must be a need for radiographic images based on clinical indication and professional judgment; they must contribute to the proper diagnosis and treatment of the patient. Radiographic images may not be made for testing purposes alone.

Procedures for Radiographic Exposures for the Operator

All exposed radiographic images must be made according to the following guidelines. Any technical deviations must be approved by the attending dental faculty or trained staff.

1. To minimize risks associated with radiation exposure, use the fastest imaging system appropriate to the diagnostic need. At OUCOD digital image receptors of three different sizes are used.
2. Make periapical and bitewing radiographic images with circular or rectangular collimation that limits the beam to a diameter of 2.75 inches or less at the patient's face. Use open-ended, shielded beam-indicating devices (BID/cones) only.
3. Ensure that target-to-skin distance for intraoral radiography is no less than 8 inches. Long BID length is preferred.
4. Ensure that total filtration is not less than 1.5 mm aluminum equivalent at 70 kVp or less and not less than 2.5 mm on machines operating above 70 kVp.
5. Use image receptor holding devices during standard intraoral techniques. Digital retention of intraoral image receptor is not recommended.
6. Use of protective body aprons and thyroid shields is mandatory for all intraoral radiographic imaging. Use of protective body aprons during all extraoral radiographic images is mandatory. During extraoral imaging, the thyroid shield should be used if it will not interfere with the field of view.
7. Do not hold patients or image receptors during the radiograph exposures. If assistance is required for children or disabled patients, an adult member of the patient's family or other non-radiation staff may help. If need arises, the operator must wear a protective apron when stabilizing the patient or image receptor and must stay out of the primary x-ray beam.
8. Do not stabilize wall-mounted x-ray tube head by hand during exposures. Do not hold the tube head during the exposure. During each exposure, stand out of the primary beam and stand behind an adequate protective barrier that permits observation of and communication with the patient. The tube head must not vibrate or drift during exposure.
9. For fixed wall-mounted tube heads, the exposure button must be located behind the barrier or at a safe distance. Operator must apply continuous pressure on the exposure button throughout the exposure time until the exposure cycle has been completed.

10. Portable mobile x-ray generators and hand-held devices such as Nomad must be used with proper precautions.
11. Fixed wall-mounted x-ray generators shall have a posted list of “average” exposure factors that are appropriate for the views taken with that machine.
12. All x-ray generators must meet federal requirements for collimation and filtration.
13. If a malfunction is detected in an x-ray generating unit, do not use the unit unless the necessary corrections have been made and the equipment recalibrated. Report the malfunction to the Director of Radiology.
14. For extraoral radiography, restrict radiographic images to the area in question and with the beam collimated equal to or smaller than the size of the image receptor. Use the fastest extraoral digital image receptors appropriate to the diagnostic need. The patient must wear protective aprons. Patients may also wear the thyroid shields during extraoral radiography when diagnostic yield is not reduced.

Infection Control

The College of Dentistry will follow standard/universal precautions during all patient care. The following infection control practices are required by for the operator before, during, and after all radiographic exposures:

1. Wash hands thoroughly using soap and water.
2. If not already done, put on clean gloves for decontamination of the dental unit.
3. Clean and disinfect dental unit using the “wipe-discard-wipe” technique with EPA approved disinfectant.
4. Remove contaminated gloves and use hand sanitizer or wash hands. Place plastic disposable barriers on work surfaces.
5. Obtain all supplies needed for digital imaging.
 - a. Sensor
 - b. Barriers
 - c. Sterilized XCP
 - d. Edge-eze (if needed)
 - e. Cotton rolls
6. Place plastic disposable barriers on:
 - a. Digital sensors (double barriers)
 - b. Control panels

- c. Exposure buttons
 - d. Chair adjustment buttons
 - e. Position-indicating devices (BID/cones),
 - f. Chair
 - g. Tube heads.
 - h. Computer key board and mouse.
7. Seat the patient in radiology chair
 8. Wash hands or use hand sanitizer.
 9. Put on personal protective equipment (PPE) before making the radiograph exposures:
 - a. Mask
 - b. Eyewear
 - c. Gloves
 10. Expose desired images. Avoid cross-contamination.
 11. Remove the contaminated PPE.
 12. Evaluate the images for diagnostic quality according to the criteria. Images taken by the students will be evaluated and approved by the instructor.
 13. Dismiss the patient.
 14. Wear clean gloves, wrap XCPs in paper towel and carry the instruments to a plastic tub with water and soap located in an assigned room for soaking. After soaking, XCPs will be washed, dried and bagged for sterilization by the radiology staff
 15. Disinfect the unit and all working surfaces.
 16. Remove PPE and wash hands.

Infection Control for Sensors

1. With clean gloves; place transparent plastic sleeve over the sensor.
2. Next, slide rubber finger cot (latex-free barrier) over the transparent sleeve and sensor.
3. Take the images with XCP and sensor.

4. Using clean gloves, remove all barriers from the sensor.
5. Disinfect the sensors with PDI wipes.

6. Place the sensor at the storage location.

Portable X-ray Machines

Portable x-ray equipment is defined as an x-ray machine mounted on a permanent base with wheels and/or casters for moving while completely assembled. Below are additional requirements for portable x-ray equipment (in addition to the requirements for wall mounted x-ray units):

1. Before using a new machine, approval from the Director of Radiology will be obtained for specific location(s) and procedures to ensure compliance with x-ray permits. Machine will be tested by Radiology staff before use.
2. During the exposure the operator:
 - a. Must be positioned so that his/her exposure is as low as reasonably achievable (ALARA).
 - b. Should never be in line with the direct/primary x-ray beam.
3. Operator and bystanders (other than the patient) should be at least 6 feet away from the x-ray machine when energized or have suitable shielding utilized.
4. The tube housing should not be held by the operator during an exposure.
5. Infection control guidelines must be followed.

Protocol for Use of NOMAD: A Hand Held X-ray Unit

NOMAD is a FDA 510(k) approved hand-held x-ray unit that has demonstrated substantial equivalence to a portable intraoral x-ray system designed for field use. The patients scheduled for routine intraoral radiographs at the College of Dentistry will continue to be imaged using fixed wall-mounted or mobile x-ray machines. It is recommended that the NOMAD unit be used in clinic in limited cases. Radiology department will provide training for the safe use of NOMAD to the staff, faculty and students. Dental and hygiene students will be introduced to the fundamentals of using the NOMAD x-ray device during the pre-clinical radiology courses. Training sessions will be offered periodically for the staff and faculty as well. On day-to-day basis, attending clinical faculty or the clinic dispensary staff will be responsible for offering a follow-up demonstration on the safe handling of the hand-held unit prior to its usage, as needed. Help should be sought from Radiology as needed.

Below is a summary of guidelines for NOMAD (hand-held X-ray generator):

1. The NOMAD must be checked out by the operator from the clinic dispensary or staff office.
2. Students using the NOMAD will be under the supervision of the attending faculty. Standard radiation protection procedures must be followed; the only exception being that the operator of the NOMAD is physically present in the operatory with the patient during the x-ray procedure.
3. The NOMAD's circular protective shield must always be in place, at the recommended position.
4. Image receptor holding devices (XCP or tabs) should be used with the Nomad. For best images, hold the unit at the proper angle and as close to the target as possible.
5. Operator must use both hands to hold the Nomad unit to ensure steady support during the procedure.
6. Nomad must be returned back to dispensary personnel upon completion of the x-ray procedures.
7. According to the recommendation by the medical physicist, both the operator and the patient must use protective body apron during the imaging.
8. All the patients must also wear the thyroid shield during this procedure.
9. Operator must make sure that the Nomad and the patient will not move during the procedure.
10. Operator must keep all others at least 6 feet away from the primary source of radiation.
11. The NOMAD can only be used in approved locations. For example, general waiting areas are not approved locations.
12. To prevent the spread of infections, the NOMAD should be disinfected after every patient.
13. Persons (students, staff and faculty) using the Nomad machine will be responsible for controlling the immediate area in which the device is used.
14. In situations such as research studies, where one operator may be taking extreme numbers of images, a radiation-monitoring device may be required.

Quality Control

1. The staff in the main radiology clinic will be responsible for the quality control checks in the clinics and implementing whatever corrective measures are necessary to maintain the quality of the radiographic images.
2. All machines capable of producing ionizing radiation and processing units are under the auspices of the Director of Oral Radiology. Annual inspection of all x-ray equipment will be done to maintain performance standards by a qualified radiation physicist. Inspection reports will be kept in a logbook.
3. Any irregularity or malfunction in an x-ray generator will necessitate that it be turned off until a determination has been made, by a qualified radiation expert, that it is safe to operate.
4. An x-ray generator should not be operated by any student or staff in such a fashion that would endanger either the operator or patient. Failure to observe this will result in discontinuation of radiology privileges.

Radiation Monitoring

All radiation workers should receive as little radiation as reasonably possible (ALARA). Thermoluminescent personnel monitoring devices must be worn during working hours by all faculty and staff who regularly use x-ray equipment.

Radiation workers: No employee (radiation worker/occupationally exposed worker) should receive more than 5 rems (5,000 mrem or 0.05 sievert) whole-body radiation exposure each year. This is the radiation protection guide value. For added precaution, quarterly readings above 10 percent of the radiation protection guide (0.5 mSv, or 50 mrem) should be investigated. Dosimetry reports must be kept as a permanent record on each employee and be made available for inspection by the employee.

Declared pregnant radiation worker: The worker's dose limit remains at 5000 mrem per year regardless of her declaration of pregnancy. The Declaration of Pregnancy initiates the dose limit to the fetus. The dose limit to the fetus is 500 mrem for the entire pregnancy. If, upon declaration of her pregnancy, the fetal dose is determined to already be 450 mrem or more, the worker's dose limit for the remainder of her pregnancy is 50 rem.

The Radiation Safety Officer (RSO) must receive written notification of pregnancy from the pregnant individual. It is recommended that a pregnant radiation worker declare her pregnancy so that her occupational radiation exposure potential can be evaluated to ensure that the dose to the unborn child does not exceed 500 mrem (0.5 rem) over the duration of the pregnancy. Following are the NRC regulations (nrc.gov):
§ 20.1208 Dose equivalent to an embryo/fetus.

- (a) The licensee shall ensure that the dose equivalent to the embryo/fetus during the entire pregnancy, due to the occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv). (For recordkeeping requirements, see § 20.2106.)
- (b) The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section.
- (c) The dose equivalent to the embryo/fetus is the sum of--
 - (1) The deep-dose equivalent to the declared pregnant woman; and
 - (2) The dose equivalent to the embryo/fetus resulting from radionuclides in the embryo/fetus and radionuclides in the declared pregnant woman.
- (d) If the dose equivalent to the embryo/fetus is found to have exceeded 0.5 rem (5 mSv), or is within 0.05 rem (0.5 mSv) of this dose, by the time the woman declares the pregnancy to the licensee, the licensee shall be deemed to be in compliance with paragraph (a) of this section if the additional dose equivalent to the embryo/fetus does not exceed 0.05 rem (0.5 mSv) during the remainder of the pregnancy.

General public: The limit to members of the general public (including employees not involved in working with sources of ionizing radiation) is 100 mrem (1 mSv) per year resulting from licensed or registered activities at this institution.

Records

All radiation exposures for each patient must be included in the patient's record.

Instructional Support

The Director of Oral Radiology must have advanced training in radiation physics, radiation biology, radiation protection, radiographic techniques, and levels of radiographic interpretation appropriate for the group being instructed. All non-dental faculty and teaching staff that supervise student clinical radiology activities must have credentials signifying their qualifications and good standing within their disciplines. Students must be under the supervision of the teaching staff and faculty during all radiographic procedures.

Further information can be found at <http://compliance.ouhsc.edu>.

FORM LETTER FOR DECLARING PREGNANCY

This form letter is provided for your convenience. To make your written declaration of pregnancy, you may fill in the blanks in this form letter, you may use a form letter the licensee has provided to you, or you may write your own letter.

DECLARATION OF PREGNANCY

To: _____

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need to be provided).

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

(Your signature)

(Your name printed)

(Date)

8.13-8.13-11

Section G

Management of Patient/ Visitor Emergencies And Patient Safety

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SECTION 1

**EMERGENCY
MANAGEMENT**

EMERGENCY MANAGEMENT

Emergency phone numbers are posted by each clinic and laboratory telephone.

Dial 911 and OUHSC Police Department will dispatch emergency medical services (EMS).

Emergency Phone Numbers

Campus Police	405-271-4911
Campus Police Non-emergency	405-271-4300
Radiation Safety Office	405-271-6121
Student Health and Wellness	405-271-2577
Employee Health	405-271-9675
Poison Control	405-271-5454
Environmental Health and Safety	405-271-3000
Weather Line	405-271-6499

Medical Emergencies:

There is always the possibility, however slight, that a medical emergency may arise. The following constitutes a standard protocol for the initial management of all medical emergencies:

1. Position the patient properly (varies with the type of emergency) and make sure he/she is breathing. Insure that airway and circulation are adequate. Be prepared to administer basic life support and cardiopulmonary resuscitation (CPR) as necessary.
2. Dial 911, monitor vital signs (pulse, respiratory rate and blood pressure); assess level of consciousness.
3. Notify both attending faculty and the ECO. The supervising clinic faculty must remain with the person needing emergency treatment, as they are responsible for the life support of the person until appropriate help arrives.
4. Obtain medical emergency cart.
5. Complete Emergency Treatment Record form (Appendix A) located in emergency cart.

Life Threatening Emergency:

1. If you suspect the visitor/patient is having a cardiac arrest (not breathing and/or no pulse), CPR should be instituted immediately and a bystander should retrieve the Automatic External Defibrillator (AED) from the nearest location (South hallway on 1st floor and north hallway on floors 2-5). Notify the clinic faculty.
2. The student/resident will Call 911, Campus Police will ask the following questions:
 - a. Nature of emergency
 - b. Identify the College
 - c. The floor number
 - d. The room/clinic number
3. Remain on the telephone until the EMS arrives.
4. Send someone to the 1st floor main entrance to meet the EMS.
5. Inform the ECO at 1-3083 or 405-473-6064 as soon as possible.
6. Document the specifics of the emergency and the actions taken in the patient's electronic health record (EHR). Document all medications dispensed, dosage, route and time on the Emergency Treatment Record (Appendix A) located in the medical emergency cart. Give a copy to EMS when they arrive and keep a copy for our records. This will be scanned into the EHR.
7. Following proper disposition of the emergency, the healthcare provider (student, staff, resident or faculty), and the attending faculty member must prepare a detailed report of the incident including names, dates, times, circumstances of occurrence, treatment rendered, condition of the patient, and final disposition of the case on a Clinical Incident Reporting Form (Appendix B). Provide this report to the Director of Patient Relations and ECO. A copy of the report will be forwarded to the Dean's Office.
8. If a patient reports an adverse incident to the healthcare provider or the patient service coordinator (PSC) by telephone during off-hours, it needs to be documented in the patient's EHR and reported to the ECO the following business day.
9. Neither the healthcare provider nor the faculty involved should make any statements to the patient regarding the final disposition of any medical, ambulance, and treatment fees. All documentation will be forwarded to the OUHSC Office of Risk Management, who will assist the visitor with any additional questions.

Accidents/Incidents - Not During Patient Care

Report all accidents or medical events, whether emergency or non-emergency in nature. Call 911, if necessary and report incident to the Environmental Compliance Officer (ECO), Mrs. Kimberly Graziano, R.D.H., MPH at 271-3083 (Room 234)

If an accident (example; falling down the stairs, or falling in or around the building) occurs to a visitor or patient not involved in dental treatment, contact the ECO and/or the Campus Police 271-4911 to investigate.

Accidents/Incidents - During Patient Care

1. Examples of an accident/incident while providing treatment are:
 - a. Cutting patient lip/tongue
 - b. Wrong site surgery/procedure
2. Procedures to follow are:
 - a. Alert your supervisor
 - b. Call Kim Graziano for assistance, ext. 1-3083
 - c. Call Director of Patient Relations, Mrs. Kathy Miller, Ext. 34143
3. Document on Clinical Incident Reporting Form.
4. Form goes to Director of Patient Relations Office only.
5. ECO will assist in providing appropriate emergency care in the event that the patient needs it.

The Director of Patient Relations will assist in providing appropriate administrative response to the incident.

INGESTION OF A FOREIGN BODY

Student Clinics

If a patient swallows a foreign body (gold casting, broken instrument, rubber dam clamp, etc.) during treatment, immediately notify the supervising faculty and the ECO (1-3083 or 405-473-6064). Evaluate the patient for airway obstruction and ensure the airway is not compromised. If airway obstruction has occurred, proceed with CPR techniques for airway obstruction and call 911. If the patient does not present with clinical signs of airway obstruction, explain the situation to the patient and initiate an immediate referral (with escort) to the designated medical facility for appropriate radiographs and determination of required medical action. Follow-up care is mandatory, regardless of

how well the patient looks or feels. If possible, take a similar object with you to help with radiographic identification of the object.

For patients who do not present clinical signs of airway obstruction, the ECO and the student will escort the patient to Student Health Services. The clinic radiologist will advise the student about any further course of action.

The faculty and student will complete a Clinical Incident Reporting Form and enter a full description of the event in the treatment notes located in the EHR. A copy of the reports will be turned in to the Patient Advocate and ECO. The ECO will report the incident to the OUHSC Office of Risk Management.

Resident Or Faculty Clinics

If a patient swallows a foreign body (gold casting, broken instrument, rubber dam clamp, etc.) during treatment, evaluate the patient for airway obstruction and ensure the airway is not compromised. If airway obstruction has occurred, proceed with CPR techniques for airway obstruction and call 911. Immediately notify the ECO (1-3083 or 405-473-6064). If the patient does not present with clinical signs of airway obstruction, explain to the patient the situation and an immediate referral (with escort) to the designated medical facility for appropriate radiographs and determination of required medical action. Follow-up care is mandatory, regardless of how well the patient looks or feels. If possible, take a similar object with you to help with radiographic identification of the object.

Call Occupational Medicine at 271-9675 to notify them you are bringing a patient for evaluation and x-rays. The practitioner or a staff member will escort the patient to OU Physicians building, Occupational Health Clinic suite 2C. Enter a full description of the event in the treatment notes located in the electronic health record. The ECO will report the incident to the OUHSC Office of Risk Management

BASIC LIFE SUPPORT (BLS/CPR) REQUIREMENTS

1. All workforce members with direct provision of patient care are required to have successfully completed the Health Care Provider Level of Basic Life Support (BLS) course. The College requires that re-training is certified every two years, consistent with protocol from the American Heart Association (AHA). Online CPR training is accepted only if there is a practical component to the certification.
2. All student records of training are maintained electronically and physical copies are stored in the Environmental Compliance Office. The Environmental Compliance Officer is responsible for recertification notifications.
3. All faculty and staff in charge in the provision of patient care are required to maintain a current Health Care Provider Level Basic Life Support certification. All employee records of training are maintained electronically and physical copies are located with their respective departments and in the Environmental Compliance Office.
4. Current AHA policy will not allow BLS certification to any person who is unable to physically perform the procedures in BLS and they are issued a Heart Saver Card only. Faculty that falls in this category are not allowed to supervise any clinical operations unless other faculty with the full certification is present.

EMERGENCY EQUIPMENT AND SUPPLIES

Automatic External Defibrillators (AEDs)

1. The College of Dentistry has a Cardiac Science Model # 9300E-001 AEDs located on each floor.
2. The first floor AED contains both adult and pediatric sensors and is located on the southwest brick wall.
3. The AEDs on the 2nd, 3rd and 5th floors contain adult sensors only and are located on north hallway.
4. The AED on the 4th floor contains both adult and pediatric sensors and is located on the north hallway.
5. The ECO is responsible for testing and maintenance of the AEDs.

Emergency Carts

Red Emergency Carts are available in every student clinic. The Inventory Associates and/or Clinic Assistants complete a Monthly Emergency Cart Checklist (Appendix C). The purpose is to identify expired or missing medications, supplies and replenish oxygen tanks. Each clinic's checklist is turned into the ECO for record keeping. The ECO maintains all emergency cart contents for replacement when expired. All expired medications are disposed of according to OUHSC hazardous waste disposal protocol. The emergency carts are equipped with the following items:

Emergency Cart Contents

Ammonia Inhalant
Albuterol Inhaler
Aspirin 81mg
Diphenhydramine 25mg tablets
Diphenhydramine 50mg/mL – 1mL vial IM injectable
Epi-Pen Adult and/or Child
Epinephrine 1:1,000 1mg/mL
Nitro-lingual tablets
Insta-Glucose
Glucometer, test strips and lancets
Sphygmomanometer and stethoscope
Adult and child airways
Microshield
22-gauge needle
3cc syringe
Pocket mask
Scissors
Tonsil Suction
Alcohol prep pads
Latex free tourniquet
Infrared thermometer
Tongue blades
Flash light
Positive and passive pressure O₂ mask
Oxygen tank

University of Oklahoma College of Dentistry
Evacuation Plan

Building Coordinators: Diana Stone and Kim Graziano

Ensure that all persons in their respective departments know how to exit the building in the event of a fire or other emergency. Identify and educate floor representatives and department coordinators in the COD about the Fire and Weather evacuation plans. Ensure all individuals in each area have taken the Fire Safety Training, coordinated through the Environmental Health and Safety Office.

Floor Representatives

Ensure individuals in each area or building know the location of all fire extinguishers, fire exits, evacuation routes and alarm systems and how to use them. Assist all persons on the floor exit the building using the stairwells, help everyone stay calm and not panic. Be sure all persons have evacuated the floor.

Location	Representative	Back-up Rep.
5 th Floor	Diana Stone	Julie Mowdy
4 th Floor	Heather Gibson	Sherri Eleby-Lewis
3 rd Floor	Neil Clark	Karen Nichols
2 nd Floor	Kim Graziano	Joni Jenkins
1 st Floor	Jo Rumley	Darryl Vogt

Department Coordinators

Responsible for maintaining a current head count of persons in your department. Once at the assigned Muster Point, account for all persons in your department and relay that information to the Building Coordinators.

Department	Coordinator	Co-Coordinator	Muster/Meeting Point
Administration/Deans office	Diana Stone	Julie Mowdy	Library Stairs North side
AEGD	Sara Driver		Allied Health Front Lawn
Clinic Operations	Joni Jenkins	Debbie Black	Allied Health Front Lawn
Clinical Support- CBO, Comm. Center		Karen Nichols	Allied Health Front Lawn

Department	Coordinator	Co-Coordinator	Muster/Meeting Point
Community Dentistry	Janet Powell	Dr. Cumby	Allied Health Front Lawn
Dental Hygiene	Kristy Jurko	Tammie Vargo	Allied Health Front Lawn
Dental Materials/Research	Luellen Chenoweth	Dr. Khajotia	Fountain
Endodontics	Dr. Goldbeck		Fountain
Information Tech	Neil Clark	Jason Jones	Fountain
Fixed Prosthodontics	Julie Hall	Dr. Siler	Fountain
Operative Dentistry/ Restorative Dentistry	Suzan Stone	Dr. Fruits	Fountain
Oral Diagnosis	Stephanie Quaid	Dr. Settle	Fountain
Oral Implantology	Jana Williams		Allied Health Front Lawn
Oral Pathology	Karen Lassiter	Dr. Lewis	Library Stairs North side
Oral Surgery		Lisa Nichols	Library Stairs North side
Orthodontics/Grad Ortho	Terrie Birdsong	Donna Bentley	Fountain
Pediatric Dentistry	Irene Quintero		Allied Health Front lawn
Periodontics/Grad Perio	Kelly McCown	Denise Smith	Fountain
Removable Prosthodontics	Dr. Fairchild	Sharon Ingram	Allied Health Front Lawn
Storeroom	Jack Dever		Allied Health Front Lawn
OU Dentistry	Sherri Eleby- Lewis		Library Stairs North side

Department	Coordinator	Co-Coordinator	Muster/Meeting Point
Student Store	Darla Hall		Allied Health Front Lawn
Support Lab	David Dembinski	Charlene Boyd	Library Stairs North side
Dental Hygiene Students DH I & II's	Class Presidents	Class Vice-Presidents	Allied Health Front Lawn
Dental Students DS 1 & 2 (during class or lab)	Class Presidents	Class Vice-Presidents	Library Stairs North side
Dental Students DS 3 & 4 (during class or lab)	Class Presidents	Class Vice Presidents	Fountain
OD clinic/radiology	Supervising faculty	Supervising faculty	Library Stairs North side
Oral Surgery Pre-doc clinic	Supervising faculty	Supervising faculty	Library Stairs North side
ARC clinic	Supervising faculty	Supervising faculty	Allied Health Front Lawn
Blue clinic	Supervising faculty	Supervising faculty	Allied Health Front Lawn
Burgundy clinic	Supervising faculty	Supervising faculty	Allied Health Front Lawn
Gold clinic	Supervising faculty	Supervising faculty	Library Stairs North side
Green clinic/Implantology	Supervising faculty	Supervising faculty	Allied Health Front Lawn
Pedo/Ortho clinic	Supervising faculty	Supervising faculty	Allied Health Front Lawn

Evacuation Plan *

Ouhsc procedures requires that buildings and vehicles shall be evacuated upon discovery of a fire and that only those persons who have received proper training in the use of portable fire extinguishers should attempt to extinguish the fire in its early stages. If a fire cannot be extinguished, activate the fire alarm or call 911 immediately. Interior fires in the workplace pose a greater hazard to personnel. These fires can produce greater exposure to quantities of smoke, toxic gases, and heat because of the capability of a building or structure to contain or entrap these combustion products. Treat all fire alarms as actual emergencies and follow the steps for evacuation. Do not assume an alarm is due to a drill or a spurious condition just because there is no visible flame or smoke in your area. Do not call the campus police and ask if a fire alarm is "real".

When the fire alarm sounds, evacuate the building. The fire alarm in this building is a ringing bell.

The building coordinator will schedule fire drills with assistance from the campus Fire Marshal's Office and the Biomedical Electronics Shop. The building coordinators will notify all department coordinators via email prior to a drill. Notification of a drill can also be given over the facility public address system.

- ∞ When the fire alarm is sounded all personnel must begin to exit the building going to the closest marked EXIT, all exits are marked on the evacuation maps located next to each elevator. **DO NOT USE ELEVATORS.** Hall Fire doors will automatically close when fire alarm is sounded.
- ∞ Campus police are automatically notified when the fire alarm is activated. It is not necessary to contact the campus police if the fire alarm is sounding.
- ∞ Floor Representatives will assist everyone to the closest exits and ensure everyone has evacuated their assigned floor.
- ∞ Faculty, Students and Staff who are providing care to a patient will be responsible for the evacuation of that patient. You will stay with your patient at all times and take them to **your** designated Muster/Meeting Point.
- ∞ **Supervising clinical faculty** will be responsible for the safe evacuation of the students and patients under their supervision. Faculty will then direct everyone to the assigned muster/meeting point of that individual clinic.
- ∞ All lit Bunsen burners and handheld torches shall be extinguished before evacuating
- ∞ Health care providers and floor representatives will assist patients that are sedated down the stairs. Wheelchairs are available on the 1st floor near the main entrance for patients who need them.
- ∞ Do not re-enter the building until a campus police officer or the building coordinator has given approval.

Severe Weather Plan

The weather forecasts for Oklahoma during this time of year may result in a need to seek shelter. Should this occur while you are in the building, the following will be important to remember:

- ∞ The Dean's Office will monitor weather forecasts during severe weather.
- ∞ The sirens will sound if there is a tornado warning within of the Oklahoma City area.
- ∞ Should there be a need to seek shelter, an announcement will be made over the intercom system.
- ∞ In addition, the HSC Emergency Communication System [ECS] will send an alert as well. If you have updated your information with the ECS system*, you will receive a text message, email, and/or voicemail.
- ∞ Students, residents, faculty and staff should assist patients and visitors in seeking shelter in the areas mentioned below.

Shelter locations for the COD *

- ∞ The north hallway on the first floor between the two inner hallway doors. The hallway doors are solid doors with magnetic holds. The doors should be manually pulled shut on both ends of the hallway (the magnetic locks only release when a fire alarm is sounded).
- ∞ The northwest and northeast inner stairwells from the first floor to the second floor. Shelter should not be sought above the second floor in these stairwells.
- ∞ First floor interior locker room (room 161). Doors leading to hallway at both entrance/exit locations must be manually closed.
- ∞ **Oral Surgery and Graduate Perio** are to stay on the second floor between the fire doors located in the north hallway. This is to avoid transporting patients that maybe sedated down to the 1st floor shelter area.
- ∞ Only if it is safe to do so, you may seek shelter in the basement of the Basic Sciences Education Building (located on the west side of the dental school)

FIRE EXTINGUISHER LOCATIONS:

Total Extinguishers:

76

1 ST FLOOR	Correct Location	Comments
North Side Outdoor		
By Room 104		
By Room 117		
By NE Elevator		
Room 128 North		
By Room 129B		
Room 135		
Room 137		
Room 138		
By NW Elevator		
Room 146		

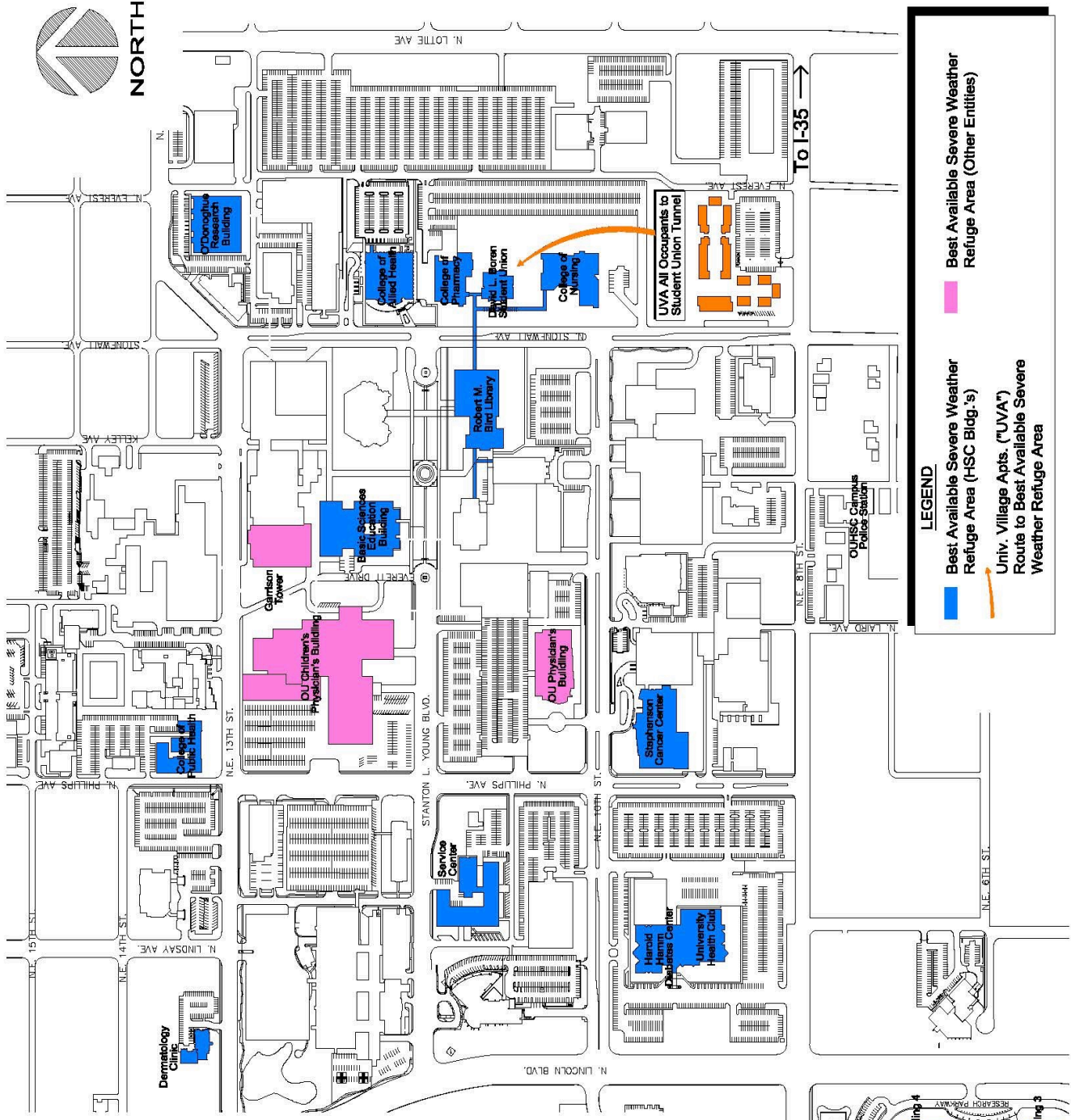
By Room 147		
Room 153		
Room 156 South		
Stairway 162		
2ND FLOOR		
By SE Elevators		
By Room 222B		
Room 230		
By NE Elevator		
Room 244 East		
Room 253 (By Room 253A)		Graduate Periodontics
By NW Elevator		
By Room 281M		Radiology
Room 290 West		Oral Diagnosis
Stairway 292		
3RD FLOOR		
By SE Elevators		
Room 301		
Room 301A		
Room 316 (By Room 309)		Blue Clinic
Room 318		Blue Clinic
By NE Elevator		
Room 332 East (By Room 325A)		Burgundy Clinic
Room 333		Burgundy Clinic
Room 342 West		Burgundy Clinic

Room 346		
Room 351		
Room 351A		
By NW Elevator		
Room 373		Gold Clinic
Room 378 East		Gold Clinic
4TH FLOOR		
Stairway 384		
By SE Elevators		
Room 409		Green Clinic
Room 416		Green Clinic
Room 418 (By Room 419)		Green Clinic
By NE Elevator		
		Yellow/Orange Clinic
Room 426 North (By Room 428)		
Room 433 NE		
Room 433 SE		
Room 433 West		
Room 442 North		Graduate Orthodontics Clinic
Room 447		Graduate Orthodontics Clinic
By NW Elevator		
Room 488		Faculty Practice
By Room 488		Faculty Practice
Room 493		Faculty Practice
Stairway 498		
5TH FLOOR		
By SE Elevator		

Room 514C		
By NE Elevator		
Room 523		
Room 524		
Room 526		
Room 535E		
By Room 544		
Room 544G		
By NW Elevator		
By Room 556		
Stairway 588		

Rev. 7/2015

*** See College of Dentistry Building Map and Campus Map for Exits, Designated Shelter areas and Muster Points below.**



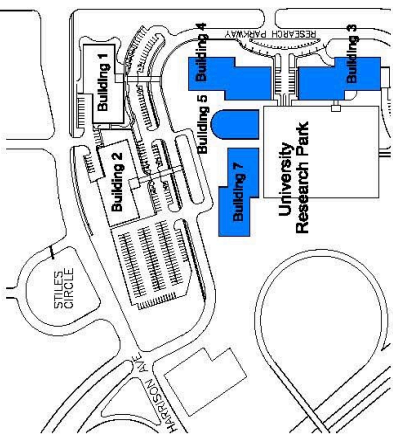
IN CASE OF A TORNADO WARNING

- "GET INDOORS, GET DOWN, COVER UP" Immediately move to the place identified in your building's tornado plan.
- If you are unclear where that is, seek an interior space in the lowest available level of the building away from windows, with as many walls between you and the storm.
- After a tornado warning is issued it may be too late to seek the Best Available Severe Weather Refuge Area

IN CASE OF ADVANCED NOTICE BEFORE A TORNADO WARNING IS ISSUED:

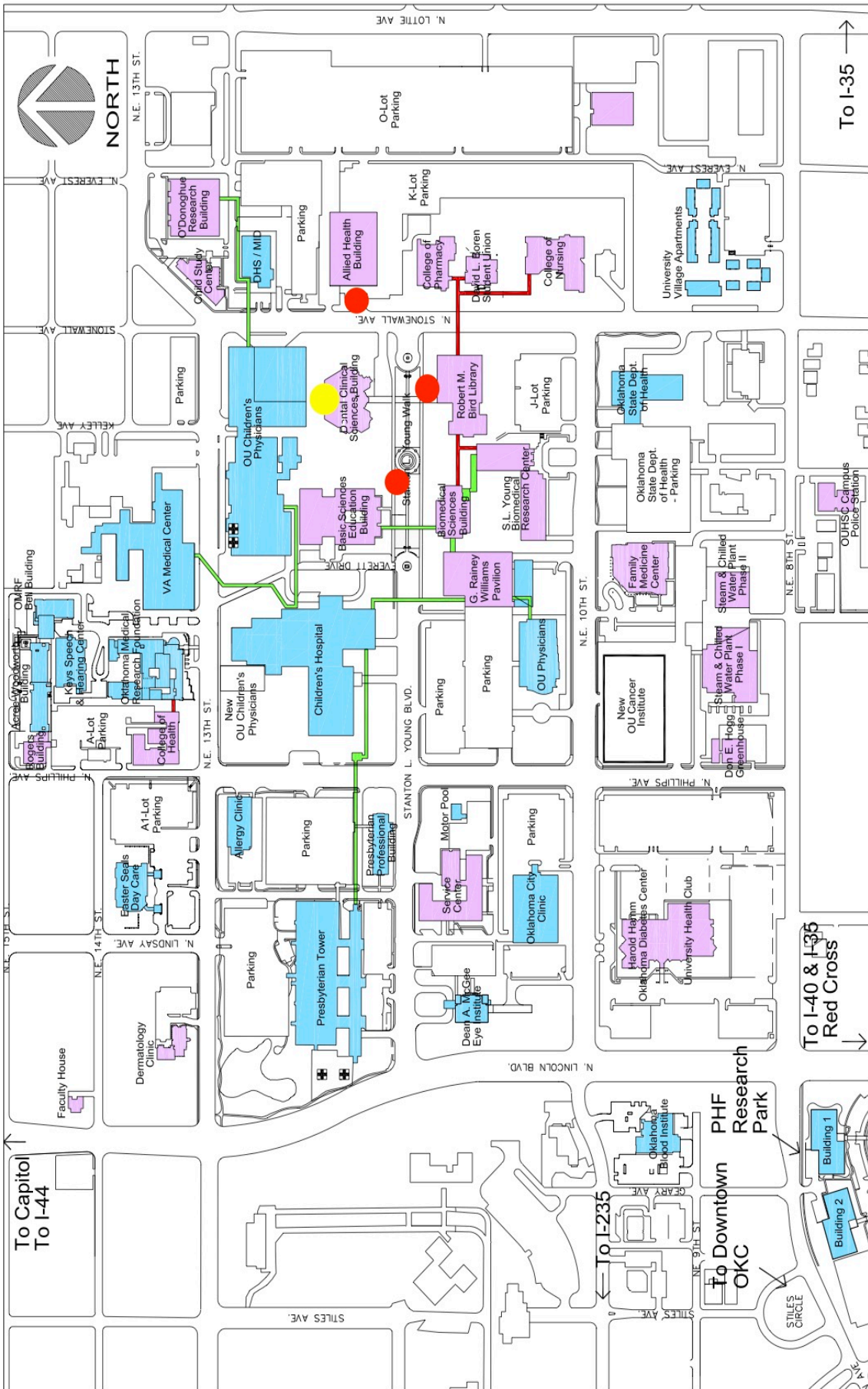
- There may be days identified by the National Weather Service as a "Potentially Dangerous Situation" where the potential for tornadoes is highly likely OJHSC may take precaution on these days in advance of a tornado warning and close operations to allow people to seek Best Available Severe Weather Refuge Areas.
- The attached map shows the route from your building to the Best Available Severe Weather Refuge Area.
- Do not wait until a tornado warning is issued to move. After a tornado warning is issued it may be too late to seek the Best Available Severe Weather Refuge Area.

* Map provided by:
Emergency Management Operations
Contact: 271-69963



LEGEND

- Best Available Severe Weather Refuge Area (HSC Bldg.'s)
- Univ. Village Apts. ("UVA") Route to Best Available Severe Weather Refuge Area
- Best Available Severe Weather Refuge Area (Other Entities)



- Pedestrian Overhead Walkway
- Pedestrian Underground Tunnel
- OUHSC Buildings
- Other Health Care Buildings
- Parking
- Muster Points
- College Of Dentistry

Map provided by Facilities Management and Capital Planning, OUHSC

March 2009

SECTION 2

PATIENT SAFETY

University of Oklahoma College of Dentistry
Guidelines for Treatment of Patients with Hypertension

The American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines for blood pressure targets and treatment recommendations November, 2017.

Blood Pressure Scheme for Adults:

- | | |
|------------------------|---|
| □ Normal | Systolic BP < 120 and Diastolic BP < 80 |
| □ Elevated | Systolic BP 120 - 129 or Diastolic BP < 80 |
| □ Stage 1 Hypertension | Systolic BP 130 - 139 or Diastolic BP 80 - 89 |
| □ Stage 2 Hypertension | Systolic BP \geq 140 or Diastolic \geq 90 |

Medical treatment goals:

18-60 years: <130/80

>60 years: <150/90

For patients of all ages with diabetes or chronic kidney disease: <140/90

- Students are required to measure vital signs at the initial appointment and use critical thinking skills to determine the need to measure vital signs at subsequent appoints.
- Blood pressure should be measured using a sphygmomanometer and stethoscope. Electronic BP measuring devices may only be used in extenuating circumstances determined by faculty.
- Vital signs are always measured prior to requesting PTP for the administration of local anesthetic.

Pressure Range

OUCOD Dental Therapy Considerations

<120
< 80

Routine dental management, recheck every recall.

120 - 129
80 - 89

Routine dental management. Recheck on subsequent visits. Refer to physician if in this range for 3 consecutive appointments.

140 – 159
90 - 99

Recheck in 5 minutes. If still elevated, other factors (age, apparent health, apprehension, history of hypertension, etc.) will determine if dental treatment is possible at this time or medical referral is necessary.

160 – 180
100 - 110

Recheck in 5 minutes. If still elevated medical consult prior to dental treatment is indicated. After medical clearance, routine dental care with indicated stress reduction.

>180
>110
Medical clearance

Considered Hypertensive emergency. Dismiss patient and recommend immediate medical treatment.

Endocarditis Antibiotic Prophylaxis For Cardiac Conditions

The following is a summary of the 2007 American Heart Association revisions for recommendations for endocarditis antibiotic prophylaxis.

Endocarditis Antibiotic Prophylaxis IS Indicated for the Following Cardiac Conditions

- ∞ Prosthetic cardiac valves
- ∞ Previous infective endocarditis
 - Congenital heart disease (CHD)* Unrepaired cyanotic CHD, including palliative shunts and conduits.
 - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure.‡
 - Repaired CHD with residual effects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibits endothelialization).
- ∞ Cardiac transplantation recipients who develop cardiac valvulopathy.

*Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.

‡Prophylaxis is recommended because endothelialization of prosthetic material occurs within six months after the procedure.

✚ For patients who have a left ventricular assist device (LVAD): a medical consultation is required.

Dental Procedures for Which Endocarditis Prophylaxis IS Indicated

All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa*.
(See Below)

Dental Procedures That Do Not Require Endocarditis Prophylaxis

*The following procedures and events do not need prophylaxis: routine anesthetic injections through non-infected tissue, taking dental radiographs, placement of removable prosthodontics or orthodontic appliances, adjustment of orthodontic appliances, placement of orthodontic brackets, shedding of primary teeth, and bleeding from trauma to the lips or oral mucosa.

Antibiotic Regimens for Endocarditis Prophylaxis			
Situation	Agent	Regimen: Single Dose 30 - 60 minutes Before Procedure	
		Adults	Children
Oral	Amoxicillin	2 grams	50 milligrams/ kilogram
Unable to Take Oral Medication	Ampicillin OR	2 g IM* or IV+	50 mg/kg IM or IV
	Cefazolin OR ceftriaxone [§]	1g IM or IV	50 mg/ kg IM or IV
Allergic to Penicillins or Ampicillin Oral	Cephalexin [‡] OR Clindamycin OR Azithromycin or Clarithromycin	2g	50 mg/ kg
		600mg	20 mg/ kg
		500mg	15 mg/ kg
Allergic to Penicillins or Ampicillin and Unable to Take Oral Medication	Cefazolin or ceftriaxone [§] OR Clindamycin	1 g IM or IV	50 mg/ kg IM or IV
		600 mg IM or IV	20 mg/ kg IM or IV
<p>* IM: Intramuscular + IV: Intravenous [‡] Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosage [§] Cephalosporins should not be used in a person with a history of anaphylaxis, angioedema, or urticaria or ampicillin.</p>			

Antibiotic Prophylaxis For Patients With Prosthetic Joints

The College of Dentistry's policy regarding antibiotic prophylaxis for patients with prosthetic joints acknowledges the evidence-based clinical practice guideline (CPG) published in the *Journal of the American Dental Association* in January, 2015.¹ This CPG is intended to clarify the joint guideline published in December, 2012 by the American Academy of Orthopaedic Surgeons (AAOS) and the American Dental Association (ADA).² The policy will be reviewed annually or on an as-needed basis to reflect changes in evidence levels for the practice of antibiotic prophylaxis for patients with prosthetic joints.

Recommendation 1: There is no need for dental practitioners to routinely administer prophylactic antibiotics prior to dental procedures to prevent infection in patients with orthopedic implants. This recommendation is based upon the most current evidence-based science.

Recommendation 2: Dental practitioners should consider premedication under the following circumstances where the patients may be at increased risk for joint infection:

- ∞ Previous prosthetic joint infections
- ∞ Immunocompromised/immunosuppressed patients:
 - ∞ Inflammatory arthropathies such as rheumatoid arthritis, systemic lupus erythematosus, etc.
 - ∞ Chemotherapy or radiation-induced immunosuppression secondary to malignancies
 - ∞ AIDS
- ∞ Type I or poorly controlled Type II diabetes
- ∞ Hemophilia

For patients referred to in Recommendation 2, the patient's physician (preferably orthopedic surgeon) should provide input regarding patient management. If the physician desires the patient to receive prophylactic antibiotics the physician should provide the patient with a prescription for the antibiotic of the physician's choice.

The dental practitioner should not write the prescription.

¹ Sollecito T, Abt E, Lockhart P, et al. The use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints. *JADA*. 2015;146(1):11-16.

² American Academy of Orthopaedic Surgeons; American Dental Association. Prevention of orthopaedic implant infection In patients undergoing dental procedures: evidence-based guideline and evidence report. Rosemont, IL: American Academy of Orthopaedic Surgeons;2012. Available at:www.aaos.org/research/guidelines/PUDP/PUDP_guideline.pdf

This policy approved by the Ad Hoc Committee on Prosthetic Joint Premedication, July 27, 2015.
It is pending approval by the Clinic Policies Committee



Immune Suppressed Patient Guidelines

∞ Critical Lab test values:

- Not greater than 6 months old
- White Blood cell $\leq 2,000$ consider premedication with AHA regimen for invasive procedures or delay elective procedures
- Absolute neutrophil (ANC) ≥ 750 - $< 1,000$ /cc-consider premed for invasive procedures to prevent any infection with AHA regimen.
- Platelets: $\geq 50,000$ no contraindications, $> 20,000$ - $< 50,000$ minor treatment including endodontic and restorative treatment, $\leq 20,000$ NO TX!
- Hemoglobin ≥ 8 g/dL
- Blood Glucose ≤ 200 mg/dL

∞ CD4 count – Considerations:

- A normal CD4 count ranges from 500–1,500 cells/mm³.
- Conventional wisdom says there is no level which dental care cannot be done.

∞ Viral Load- Considerations:

- Does not have an impact on dental treatment planning, modifications would be based on the critical lab values.
- The viral load trends and is usually checked at 3-6 month intervals unless the patient is introduced to a new medication then 2-8 weeks post initial therapy.
- Viral load and CD4 count have a strong association, as one goes up the other goes down.

∞ INR- International Normalized Ratio (prothrombin time):

- As with any patient taking blood thinners. INR of 2.5-3.5 is ideal for most dental treatment. Full mouth extractions, perio surgery etc.. ~ 3.0 or physician consult.
- If planning an invasive procedure INR should be checked within 24 hours prior to procedure.

∞ **Dental Device Considerations:**

- HIV/AIDS- ultrasonic scalers that generate aerosols are okay to use excluding no other respiratory complications i.e. COPD, TB, uncontrolled asthma. Evidence shows a reduced risk of potential exposure to the health care worker with an ultrasonic scaler VS traditional hand instruments that have blades. HIV/AIDS must have blood component for transmission.
- Lasers and electro surge- Contraindicated with patients who present with herpes simplex virus in vesicular stage (HSV) and human papillomavirus (HPV). No evidence exists with aerosolization or inhalation with HIV or HBV. Follow all recommended precautions with lasers.

∞ **Follow Standard Precautions:**

- Use standard precautions when working with any patient- everyone is treated exactly the same.
- PPE - All required PPE used with blood and OPIM's for treatment, gown, mask, eyewear and gloves

Good clinical judgment-

Use the above recommendations as general guidelines. This will insure their safest and most efficient dental care.

References:

Maria Flores, DDS and Peter L. Jacobsen, Ph.D., DDS; *Pacific Protocols for the Dental Management of Patients with HIV Disease, 2007*

Little, James W, Falace, Donald A.; *Dental Management of the Medically Compromised Patient 8th edition*

www.hivdent.org

www.cdc.org

UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY
CLINICAL INCIDENT REPORTING FORM

This report is a privileged document, subject to the work product, attorney-client, and peer review privileges.
DO NOT PHOTOCOPY, FAX OR PLACE IN DENTAL RECORD

Department _____ Clinic _____ Chair # _____ Date _____ Time _____

Patient Name _____ Chart Number _____

Supervising Faculty _____ Student Provider _____

Procedure _____ Informed Consent? Y N Written Verbal

I. OCCURRENCE: (Include FACTS ONLY) may be continued on reverse side

Brief Description of Incident- _____

II. DISCOVERY:

Incident Acknowledged by (check all that apply)

Supervising Faculty _____
Student Provider _____

Other Faculty _____
Patient _____

Incident Acknowledged to: Patient _____ Family _____ Other _____

Brief Description of Information Given- _____

Long-term Prognosis: Good Fair Poor Undetermined

Recommended Follow-Up Care- _____

	None	Somewhat	Complete
Perceived level of Patient Understanding of Incident:	1	2	3
Perceived level of Patient Satisfaction with Explanation for Incident:	1	2	3

Resolution Proposed? Y N If Yes...

Brief description of terms discussed- _____

III. RESOLUTION:

Type of resolution offered to the patient? Verbal Recognition by: Faculty Student Other Reimbursement: Remake Replace Other _____

If reimbursement, requested by: Supervising Faculty Student Patient Clinic Operations Approval- _____

	None	Somewhat	Complete
Perceived level of Patient Satisfaction with Resolution/Reimbursement Offered:	1	2	3

Perceived Disposition of Patient upon Appointment Dismissal: Worried/Angered Mild Concern/Responsive Unchanged

Patient Comments (in patient's own words)- _____

Arrangements made for resolution, including reimbursement- _____

Attach copy of Clinical Notes and submit to Mrs. Kathy Miller, Asst. Dean for Quality Assurance and Compliance and
Director of Patient Relations, Room 23

Additional Concerns- _____

Protocol for Use of the OUCOD Clinical Incident Reporting Form

NOTICE:

This report is **confidential and is protected by the work product and peer review privilege**. This report is intended to record an incident that may expose the OU College of Dentistry to a liability. This report is prepared in anticipation of litigation and may be discoverable in any future litigation. To protect this privilege, please:

1. Disclose this report only to the following persons authorized to review:
Ms. Kathy Miller , Assistant Dean for Quality Assurance and Compliance,
Director of Patient Relations
Dr. Paul Mullasseril, Assistant Dean for Clinical and Pre-Clinical Education
2. Do not disclose this document to unauthorized persons (including patients).
3. Do not mention or place it in the dental record.
4. Do not photocopy, fax or duplicate in any form the completed report.

This document will be kept on file at the College of Dentistry by Ms. Kathy Miller, Assistant Dean for Quality Assurance and Compliance, Director of Patient Relations, in Room 232.

PURPOSE:

The purpose of the Clinical Incident Reporting Form is to improve the quality of care at the OU College of Dentistry, enhance and promote patient safety, minimize the risk of recurrence of a similar incident, and to prepare for future litigation.

INSTRUCTIONS FOR COMPLETING THE CLINICAL INCIDENT REPORTING FORM

A student or faculty member shall complete this report when an incident that causes a negative response by a patient or family member occurs or is suspected to occur. All sections should be completed as applicable.

Demographic information: Please include ALL information regarding the patient record, those persons involved, and the clinic in which the incident took place. Indicate whether or not informed consent was obtained in either written or verbal form.

I. Occurrence: Include a concise description of the incident and the names of any other individuals who witnessed the incident, if additional space is needed the back of the form may be used. All written reports should contain factual information only and will not include opinions, conclusions or judgments.

II. Discovery: Indicate all individuals that acknowledged the incident, including the patient, family members of the patient, or a person escorting the patient. Provide a description of the information given to this person(s) and indicate whether a prognosis and any follow-up care were discussed. Be certain to indicate the patient's understanding of the explanation for the cause of the incident and their satisfaction with that explanation. If a resolution was proposed to the patient include a description of the terms discussed.

III. Resolution: Indicate who INITIALLY offered the reimbursement to the patient. Supervising clinic faculty should indicate who is requesting the reimbursement for approval by Clinic Operations (either Supervising Faculty or the Department Chair). Be certain to indicate in the "Patient's Comments" any questions or remarks made by the patient in response to the terms of reimbursement. Additionally a description of any arrangements such as remakes, special arrangements for treatment in other clinics, etc. should be included in the section on "Arrangements Made...". "Additional Comments" should include a brief discussion of the patients concerns regarding how the situation was managed and any remarks that may be the result of a conversation with a family member or person escorting the patient.

BOTH FACULTY AND STUDENT MUST SIGN THE REPORT AND DATE OF COMPLETION

Attach a copy of the treatment progress notes from the patient's dental chart to this form and return it in an envelope marked CONFIDENTIAL to Ms. Kathy Miller, Assistant Dean for Quality Assurance and Compliance, Director of Patient Relations in Room 232.

This form will be available in all clinic faculty offices and should be completed immediately following the incident.

Upon receipt, the Assistant Dean for Quality Assurance and Compliance, Director of Patient Relations will review this form with the appropriate departmental faculty to determine a course of action and to prevent future recurrence of the incident. Students and faculty should refer any further communication from the patient regarding the incident to Ms. Miller. This report shall be shared with OUHSC Office of Legal Counsel and the OUHSC Campus Risk Management Office.



Emergency Treatment Record

Patient Name: _____ Date: _____ Time: _____

Allergies: _____

List of meds. taken prior to emergency: _____

Time	Blood Pressure	Pulse	Resp	Oxygen Saturation	Oxygen Flow L/min	Meds. Dispensed	Med. Dosage	Route, iM, PO

Called EMS -911 at what time: _____

EMS arrived (time): _____

EMS called by: _____

Patient taken to: _____

Condition of patient at time of transport: _____

People present: _____

Signature of person recording event: _____

** Make a copy: Give one to EMS and one to Kim Graziano, room 234

Clinic: _____

Monthly Emergency Cart Check List

Completed By: _____

Date: MM/DD/YYYY _____

Products	Expiration Date	Expiration Date	Expiration Date	Comments
Ammonia Inhalant				
Albuterol Inhaler				
Aspirin 81mg				
Diphenhydramine 25mg tab				
Diphenhydramine or Chlorpheniramine IM				
Epi-Pen Adult				
Epi-Pen Child- Pedo clinic only				
Epinephrine 1:1000				
Nitrolingual Spray/Tablets				
Glucose				
Blood Glucose Test Strips				Blood Glucose Meters are located in each clinic dispensary
Blood Glucose Lancets	Qty:	Order when down to 10 lancets		
Products	Circle One:	Oxygen Tank Testing		
Airway Adult	Yes / No			
Airway Child	Yes / No	Check for the oxygen tank and mask. Check the oxygen tank by turning on the tank. While the tank is on, check the pressure and ensure that there are no leaks in the tank. Pressure gauge range should be 500-2000 psi		
Alcohol Prep Pad Qty 3	Yes / No			
2 x 2's in a pouch	Yes / No	Pressure Gauge Reading:		
Blood Pressure Cuff/Stethoscope	Yes / No			
Coban wrap	Yes / No	Tank Expiration Date:		
Flashlight	Working Yes / No			
Latex Free Tourniquet	Yes / No	Inspection Completed By: Signature		
Microshield	Yes / No			
Notepad/Pencil	Yes / No			
22 Gauge Needles	Yes / No			
3 cc Syringe	Yes / No			
Pocket Mask	Yes / No			
Scissors	Yes / No			
Infrared Thermometer	Working Yes / No			
Tongue Blades	Yes / No			
Tonsil Suction	Yes / No			
Treatment Record	Yes / No	If you have any questions regarding the emergency carts or any suggestions. Please email or call Kim Graziano at kim-graziano@ouhsc.edu or 271-3083.		

* replace items 1 month prior to expiration

Section H

Health and Safety/ Infection Control Policy

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Section 1

Health and Safety

HEALTH AND SAFETY

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Facility Name: The University of Oklahoma College of Dentistry

In accordance with the Occupational Safety and Health Administration (OSHA), the following exposure control plan has been developed:

Purpose of Exposure Control Plan

Eliminate or minimize workforce members' (faculty, residents, staff and students) occupational exposure to blood or other potentially infectious materials (OPIMs).

Implementation to Prevent Exposure to Bloodborne Pathogens

1. Universal/Standard Precautions - The College of Dentistry follows the Centers for Disease Control and Prevention (CDC), Organization for Safety and Asepsis Procedures (OSAP), OSHA, and the University of Oklahoma Health Sciences Center (OUHSC) Infectious Disease Policy (<https://www.ouhsc.edu/ehso/>) recommendations and guidelines for infection control to ensure patient and workforce member safety.
2. Standard/Universal precautions for infection control will be utilized for all patient care.

Engineering Controls

The following engineering controls will be used to eliminate or minimize workforce member exposure to bloodborne pathogens or OPIMs:

1. Autoclaves will be used to sterilize reusable sharp instruments in clinical settings.
2. Dental dams will be used in patient procedures when necessary to reduce aerosolization to workforce member.
3. Hand washing and hand sanitizing facilities will be available to all workforce members who have the potential for bloodborne pathogen exposures. Facilities are available at each operatory, in all clinics, dispensaries and laboratories.
4. High-volume evacuation (HVE), dental dam utilization and proper patient positioning will be used to reduce exposure to blood or OPIM droplets.
5. Instrument cassettes are completely enclosed, therefore reducing handling of reusable contaminated sharps. Workforce members are responsible for securing instruments inside the cassettes prior to turning them in to Central Sterilization for decontamination.

6. Sharps containers are available at each operatory and are to be used for all disposable sharps which includes but is not limited to needles, scalpels, files and anesthetic carpules.
7. Instrument washer/disinfector and ultrasonic cleaners will be used to reduce workforce members from handling contaminated sharp instruments. Dispensary and Central Sterilization personnel are responsible for monitoring effectiveness of the equipment and reporting problems as needed.

Work Practice Controls

In addition to the above engineering controls, the following work practice controls will be used:

1. Disposable barriers will be placed whenever possible to cover contact surfaces. This will include: light handles, light switches, chair controls, chair handles, patient chairs, slow-speed suction, air/water syringes, HVE, keyboards, mouse, and x-ray equipment. Barriers include plastic wrap, bags, adhesive wrap and other moisture impervious material. Use personal protective equipment (PPE) when disposing of contaminated barriers.
2. A debris bag should be available at each dental unit to discard all medical waste. Waste that was generated which has significant amounts of blood or saliva (drips when squeezed) must be disposed of in the waste receptacle labeled with a RED biohazard sticker, provided in each clinic.
3. Contaminated needles and sharps will never be sheared or purposely broken. Needles must be recapped after each use. Workforce members are to use the one-handed scoop technique or a protector card for recapping used dental needles.
4. Disinfect using the wipe-discard-wipe technique using the Environmental Protection Agency (EPA) registered intermediate-level hospital disinfectant on all patient contact surfaces that do not have a barrier in place. If the barrier becomes compromised, then use the wipe-discard-wipe technique. Allow the disinfectant to sit on the surfaces for the manufacturer's recommended time, usually 3 minutes. Non-sterilizable equipment used during procedures (e.g. amalgamators, torches,) must be disinfected between patients. Curing lights need to be disinfected or have a barrier put in place.
5. Flush air/water lines, ultrasonic scaler lines and hand piece lines for 30 seconds at the beginning of each appointment. Wear PPE during flushing procedure.
6. Dental unit waterlines are treated to control biofilm and reduce microbacterial count in operatory aerosol and spatter. All dental units have self-contained water systems. When refilling the unit water bottle, clean gloves must be worn. Use ICX® treated water from designated water source. The ICX® tablet maintains water quality for up to two weeks.

7. Disinfect impressions and alginates with Dispatch® disinfectant for recommended contact time (8 minutes) before transporting or working with them in the clinical laboratory.
8. Extracted teeth without amalgam are considered biohazardous and are placed into the biohazard trash. Extracted teeth with amalgam are to be placed into the amalgam waste container for proper disposal.
9. For clinical lab safety, wear proper PPE when performing laboratory procedures. Hair and loose clothing need to be secured to minimize the potential for cross-contamination and injury. Always use fresh pumice, a clean disposable tray and a sterile rag wheel when using the polishing lathe.
10. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in areas where there is a reasonable likelihood of exposure to blood or OPIMs . Food and beverages are not to be kept in refrigerators or freezers where patient products, blood or OPIMs are stored.
11. Hair should be secured off of the face in such a way that it does not interfere with or become contaminated during procedures.
12. Workforce members must adhere to good hand hygiene practices following CDC recommendations. Hand washing with soap and water for 40-60 seconds must occur prior to donning gloves at the beginning of the day. Workforce members must wash hands (if visibly soiled) or use hand sanitizers immediately after removing contaminated gloves and prior to donning another pair of gloves.
13. Use overgloves or remove gloves when leaving the operatory to prevent cross-contamination.
14. All instruments must be sterilized between patients including high-speed hand pieces, slow-speed attachments, dental hygiene prophylaxis angles, ultrasonic tips and ultrasonic hand pieces. Each morning Central Sterilization (CS) performs a Bowie Dick test on the autoclaves. Every load from CS utilizes a challenge pack and is checked prior to releasing the load for patient use. The CS autoclaves undergo biological monitoring once weekly. Each clinic's autoclave undergoes weekly biological monitoring.
15. All contaminated reusable instruments or equipment is to be turned in to the dirty instrument tubs located in each clinic. The CS staff will retrieve the tubs in a closed case cart preventing cross-contamination. Uncovered contaminated equipment is not allowed outside of clinical areas.

Personal Protective Equipment (PPE)

All personal protective equipment used at this facility will be provided without cost to workforce members. All personal protective equipment will be the correct size, be clean and in good repair, and fit properly. PPE is designed to protect the skin and mucous membranes of the eyes, nose and mouth from blood or OPIM. Spray and aerosol from

hand pieces and air-water syringes, patient's cough and other activities in the operatory are possible sources of pathogens. PPE required includes:

1. Eye protection devices, such as goggles or glasses with solid side shields or chin length face shields, are to be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye contamination can be reasonably anticipated. Eyewear must be cleaned and disinfected between patients. Protective eyewear is required for the patient to protect their eyes from debris.
2. Masks that cover both nose and mouth are required to be worn whenever there is reasonable anticipation of the production of aerosols or splatter of microorganisms. Masks are to be changed if wet or visibly soiled and between patients. Do not wear masks under the chin or dangling around the neck. DO NOT wear masks outside the clinic area.
3. Long-sleeve disposable over-gowns will be worn for all clinical procedures. Gowns should be changed if torn or visibly soiled. Gowns should be removed before leaving the treatment areas and under no circumstances will be worn outside of the clinic area, including waiting room and patient check out offices. Street clothes, work clothes, or scrubs worn without over-gowns are not considered PPE.
4. Single-use disposable gloves will be worn for all clinical procedures. Patient exam gloves are worn for non-surgical procedures. Sterile surgical gloves will be worn for all surgical procedures (e.g. periodontal surgery, oral surgery and implant placement). If you leave the operatory during patient care, gloves must be removed and discarded (or protected with overgloves).
5. Removed PPE should be placed in a designated container for disposal. PPE that is soaked with blood or OPIMs should be placed in designated container labeled biohazard trash.

Clinic Attire

All workforce members must comply with the following guidelines for clinic attire:

1. Clean, matching top and pants. Students must wear school-issued scrub tops and pants. Workforce members are responsible for laundering scrubs.
2. Solid color T-shirts or shirts can be worn under scrubs as long as they are tucked inside scrub pants.
3. Socks that cover the ankles are required.
4. Shoes must be clean, closed-toed, solid upper sole (no mesh or perforations), and rubber or leather-soled shoes are acceptable.
5. No outer garments are allowed in clinic (hats, sweatshirts, jackets).

Regulated Waste Disposal

1. Disposable Sharps

- a. Contaminated sharps shall be immediately discarded in containers that are puncture resistant, sealable, leak proof and properly labeled as SHARPS.
- b. Each dental unit is supplied with a sharps container. They should be maintained in the upright position and checked periodically to prevent overflow.
- c. Once full, clinic staff is responsible for securing the lid, transporting to CS, and placing into shipping container for weekly biohazard pick up.

2. Non-Sharps Regulated Waste

- a. Other regulated waste (saturated gauze, extracted teeth) should be placed in biohazard container (located in each clinic). The container is labeled biohazard trash only, is closable and constructed to contain all contents.
- b. Do not place red bags in regular trash.
- c. Red bag trash is removed, sealed, transported to CS and placed into shipping container for weekly biohazard pick up.
- d. Surgical suction containing liquid biohazardous waste is disposed of in a container that is labeled biohazard trash only.

Waste generated during the procedure that is not regulated (e.g. air/water syringe, patient napkins) is placed in plastic bags, sealed and disposed of in regular trash.

Housekeeping and Spill Cleanup

Workforce members should ensure clinical areas are maintained in a clean and sanitary manner. All equipment and patient contact surfaces shall be decontaminated as soon as possible after contact with blood or OPIMs

The following procedures should be taken in the event of spills:

1. Standard/Universal precautions must be observed. Cleaning of spills must be limited to those persons who are trained for the task.
2. Only disposable towels should be used to avoid difficulties involved with laundering.
3. Blood or OPIM spills:
 - a. Alert people in immediate area of spill

- b. Put on PPE – mask, eyewear, gloves and over-gown
- c. Cover spill with paper towels or absorbent materials
- d. Carefully pour EPA registered disinfectant on surface and begin to clean up the spill
- e. Allow disinfectant to be in contact with surface for the manufacturer's recommended contact time
- f. Discard all materials into a biohazard red bag for disposal

Eyewash stations are available in every clinic and laboratory following ANSI and OSHA standards for workplace exposures.

Hepatitis B Vaccine

Employees with reasonable anticipation of occupational exposure to blood or OPIMs shall be offered, at no cost to the employee, the opportunity to receive the hepatitis B vaccination series from the appropriate Employee Health office. Employees may decline the vaccination series and must indicate so on the appropriate Vaccine History Form. Employees may request the vaccination series at a later date if they so desire. Students with the potential for exposure to blood or other OPIMs are encouraged to receive the hepatitis B vaccination series, which may be obtained from the appropriate campus student health service.

All application, immunization schedules, vaccine doses, etc., should follow the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report.

BLOODBORNE PATHOGEN POST-EXPOSURE PROTOCOL

Post Exposure Evaluation

If an employee or student sustains an exposure incident (such as a stick with a contaminated needle/scalpel/dental wire or a splash of potentially infectious material in the eye, mouth, mucous membrane, or non-intact skin), the exposed person should immediately:

1. Clean wound with soap and water; flush mucous membranes with water or normal saline solution.
2. Notify his/her supervisor or supervising faculty.
3. Contact Environmental Compliance Officer (ECO) at 405-271-3083.
4. Notify source patient, if known.

5. Proceed for treatment as soon as possible, preferably within 1-2 hours of exposure following CDC guidelines.
6. Document exposure on the required forms.

Workforce members and source patient will proceed to Occupational Medicine Clinic (405-271-9675) or Student Health (405-271-2577) located at 825 N.E. 10th Street, Suite 2C, during regular business hours; 8:00 am- 5:00 pm. After hours, proceed to nearest hospital emergency room.

Tests performed on source patient are:

1. 30-40 minute rapid HIV
2. HBV and HCV

Results of the source individual's testing shall be made available to the exposed workforce member; he/she shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Post Exposure Follow-Up

Following an exposure incident, a confidential examination and follow-up shall be made available to the workforce member to address such infectious diseases as HBV, HCV and HIV. This shall include confidential post-exposure prophylaxis and counseling in accordance with current CDC protocol.

Documentation made of incident, route of exposure, circumstances of incident, and prevention of further exposures (safer devices, see Appendix A).

HAZARD COMMUNICATION PROGRAM

In order to comply with federal, and state regulations, the College of Dentistry has made a commitment to provide information about safe work procedures and chemical hazards, as well as other potential hazards, to its workforce members. This commitment will be met by instituting a documented policy of employee training that fully explains job hazards and safe work procedures prior to job assignment. To ensure that safe work procedures are followed, the Environmental Compliance Officer, the Assistant Dean of Quality Assurance and Compliance or the OUHSC Environmental Health and Safety Office will conduct unannounced laboratory and/or clinic inspections. Training guidelines are as follows:

1. Every employee at the College of Dentistry is required to complete annual health and safety online training.
2. Every student receives hazard training throughout his/ her tenure as a student.

3. A copy of the OUHSC Environmental Health and Safety policies and lab manual is available online at <https://www.ouhsc.edu/ehso/>

Communication Program Documents

Safety Data Sheets (SDS) can readily be obtained online 24 hours a day from any computer at the following web sites:

1. <https://www.ouhsc.edu/ehso/>
2. <http://dentistry.ouhsc.edu/FacultyandStaff/MaterialSafetyDataSheets.aspx>

Hard copies of SDS sheets are maintained in the Shipping and Receiving office at the College of Dentistry, however it is recommended using the Internet, as the information is more easily accessible.

Workforce members are to look at labels for warnings such as flammable and toxic. The label contains information on proper PPE to be worn during handling as well as proper procedures for spill clean up and emergency measures.

Hazardous Material Labeling

If a substance is transferred from the original manufacturer's container and placed in a secondary container, the container must be labeled with contents and hazard warnings. Small quantities transferred to secondary container and not labeled are for immediate use.

AMALGAM WASTE PROCEDURES

Amalgam waste generated in the clinics is to be disposed of in a container labeled "amalgam waste". All unused amalgam, scrap amalgam and empty amalgam capsules are to be placed in a properly labeled container provided in the amalgam procedure tub. Specifically:

1. Extracted teeth with amalgam are to be placed in a container labeled amalgam waste for hazardous waste disposal.
2. Using the HVE to suction waste amalgam from equipment, floors or counters is prohibited.
3. Amalgam waste generated during pre-clinical laboratory exercises must be disposed of in provided containers labeled "amalgam waste".

4. All hazardous waste is logged, labeled and packaged by the ECO. The OUHSC EHSO hazardous materials staff is responsible for disposal of the hazardous material following federal and state laws.

OSHA NEEDLE SAFETY REQUIREMENTS

In an effort to ensure that employee's concerns regarding needle sticks and other sharp injuries are addressed; the EHSO asks that they complete a Safer Needle Device Questionnaire on an annual basis (Appendix A)

TUBERCULOSIS EXPOSURE CONTROL PLAN

It is the intention of the OUHSC to adhere to current guidelines established by the CDC for preventing the transmission of tuberculosis (TB) in health-care facilities. This will be accomplished through the OUHSC Tuberculosis Infection Control Program, which shall incorporate the fundamental elements identified in the CDC guidelines, and which shall be in compliance with local, state, and federal law. Adherence to the procedures outlined in this infection control program should greatly reduce the risk to persons in these settings. The College of Dentistry complies with the OUHSC Infections Disease Policy and Program found at <https://www.ouhsc.edu/ehso/>

Surveillance of Workforce Members

1. All workforce members at the College of Dentistry are required to participate in the TB surveillance program regardless of their participation in patient care.
2. The TB surveillance program for students is provided at no additional charge by the Student Health and Wellness Clinic.
3. The TB surveillance program for employees is provided at no charge to the employee by The College of Dentistry.
4. Monitoring compliance for participation of all workforce members is the responsibility of the ECO. The ECO maintains a confidential database and physical copies of all workforce members TB surveillance information.
5. The ECO schedules mass TB surveillance for employees and students with their prospective testing agency.
6. Respiratory Protection Program is available for persons who have potential for exposure to TB in settings, such as TB isolation rooms. They will be fit tested for an N95 respirator by the EHSO.

Identification of Patients Who May Have Active TB

Patients with a medical history or symptoms suggestive of active TB should be referred promptly to the local City/County Health Department for medical evaluation of possible infectiousness. Such patients should not remain in the dental care facility any longer than required to arrange a referral. While in the dental care facility, they should wear

surgical masks and should be instructed to cover their mouths and noses when coughing or sneezing.

Patients suspected or confirmed to have active TB should be considered infective and will not be treated at the College of Dentistry until cleared by physician as no longer contagious. Elective dental treatment should be deferred until a physician confirms that the patient does not have infectious TB.

Patients with a persistent cough should be asked the following questions prior to seating in the clinic area:

1. Have you had a cough for more than three weeks?
2. Do you currently have a cough of any duration, plus one of these symptoms: cough up blood, weight loss, night sweats or fever?

If the patient responds “yes” to any of the above questions the following must occur:

1. Give patient a surgical mask and ask them to keep it on.
2. Refer them promptly to the local City/County Health Department for medical evaluation.
3. Reschedule the patient for a time when they are not infectious or medically cleared of active TB.

Section 2

Infection Control Protocol

INFECTION CONTROL PROTOCOL

Infection Control Concepts

The College of Dentistry follows the Centers for Disease Control and Prevention (CDC), Organization for Safety and Asepsis Procedures (OSAP), Occupational Safety and Health Administration (OSHA), and the University of Oklahoma Health Science Center (OUHSC) Infectious Disease Policy (<https://www.ouhsc.edu/ehso/>) recommendations and guidelines for infection control to ensure patient and workforce member safety.

The infection control guidelines are intended to foster an awareness of concepts and methods when performing required patient care procedures. For your safety and the safety of others, the general principles of cleanliness in the workplace, the use of protective attire, the separation of uncontaminated and contaminated items and work areas, and a constant consideration of the potential for cross-contamination should be observed.

For all dental procedures, students will be observed and graded accordingly for compliance with infection control and patient safety.

Clinical monitoring by the ECO and the Dean of Compliance for compliance in infection control (see Appendix B) is performed on a frequent basis.

Gross negligence in infection control standards may result in the generation of a Professionalism Concerns Report (Appendix C) and up to a two-week suspension from clinic.

Professional Appearance/Attire

1. Professional appearance - All workforce members must comply with the following guidelines for professional appearance:
 - a. Hair should be clean and well groomed. When working with patients, hair must be kept secured away from face and front of over-gown and out of the field of operation so that it does not require handling during any dental procedure.
 - b. Men must be clean-shaven or beards and mustaches must be clean, neatly trimmed and well groomed.
 - c. Body hygiene is required so that offensive body odor is avoided.
 - d. Avoid strong perfumes, colognes or after-shaves.
 - e. Fingernails must be kept clean and well manicured.

- f. Fingernail polish must be free of any chips or wear.
 - g. Artificial nails are strictly forbidden.
 - h. Jewelry should be kept out of the field of operation (e.g. dangling earrings, necklaces). Watches are acceptable if worn underneath sleeve of over-gown. Rings can be worn if smooth and do not compromise the glove's integrity. No jewelry worn in facial body piercings except ear lobes.
2. Clinic Attire - All workforce members must comply with the following guidelines for clinic attire:
- a. Clean, matching top and pant. Students must wear school-issued scrub tops and pants. Workforce members are responsible for laundering scrubs.
 - b. Solid color T-shirts or shirts can be worn under scrubs as long as they are tucked inside scrub pants.
 - c. Socks that cover the ankles are required.
 - d. Shoes must be clean, closed-toed, solid upper sole (no mesh or perforations), and rubber or leather-soled shoes are acceptable.
 - e. No outer garments are allowed in clinic (hats, sweatshirts, jackets).

Clinic Policy on Use of Personal Protective Equipment (PPE)

All personal protective equipment will be the correct size, be clean and in good repair, and fit properly. PPE is designed to protect the skin and mucous membranes of the eyes, nose and mouth from blood or OPIM. Spray and aerosol from hand pieces and air-water syringe, patient's cough and other activities in the operatory are possible sources of pathogens. PPE required includes:

1. Eye protection devices, such as goggles or glasses with solid side shields or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye contamination can be reasonably anticipated. Eyewear must be cleaned and disinfected between patients. Protective eyewear is required for the patient to protect his/her eyes from debris.
2. Masks that cover both nose and mouth are required to be worn whenever reasonable anticipation of the production of aerosols or splatter of microorganisms exists. Masks are to be changed if wet or visibly soiled and between patients. Do not wear masks under the chin or dangling around the neck. DO NOT wear masks outside the clinic area.
3. Long-sleeve disposable over-gowns will be worn for all clinical procedures. Gowns should be changed if torn or visibly soiled. Gowns should be removed before leaving the treatment areas and under no circumstances will be worn

outside of the clinic area, including waiting room and patient check out offices. Street clothes, work clothes, or scrubs worn under over-gowns are not considered personal protective equipment.

4. Single-use disposable gloves will be worn for all clinical procedures. Patient exam gloves are worn for non-surgical procedures. Sterile surgical gloves will be worn for all surgical procedures e.g. periodontal surgery, oral surgery and implant placement. If you leave the operatory during patient care, gloves must be removed and discarded (or protected with overgloves).
5. Removed PPE should be placed in a designated container for disposal. PPE that is soaked with blood or OPIMs should be placed in designated container labeled biohazard trash.

Infection Control for Clinic Procedures – Standard Precautions

Infection control protocols for all patients:

1. Take the time to plan your procedure and set up properly. This will save you time and reduce the risk for cross-contamination.
2. Begin each clinic session with a 40-60 second hand wash.
3. Put on PPE for unit disinfection:
 - a. Mask
 - b. Eyewear
 - c. Gloves
 - d.
4. Perform unit disinfection using the following procedure:

1. After performing 40-60 hand wash, put on PPE for unit disinfect
2. Position chairs, light, cart, rheostat
3. Check water bottle's volume. Fill with ICX treated distilled water from lab and reinsert into unit (as needed) being sure not to touch plastic tubing.
4. Flush evacuation system using a pitcher filled with water for 1 minute using saliva ejector and HVE suction. Flush all water lines for 30 seconds
5. CLEAN SOFT SURFACES WITH SILKY SOFT SOLUTION
6. Patient chair, Operator's chair, Assistant's chair. If blood present use disinfectant
7. DISINFECT HARD SURFACES WITH DISINFECTANT *see exception below Use the "modified wipe/discard/wipe" technique
8. Dental light's switches and handles (clean light cover with disinfectant only if contaminated with blood or OPIM)
9. Operator's tray and accessories (arm brake handle, A/W syringe, connectors, holders and hoses)
10. Discard wipe
11. Operator's and assistant's chair (levers and knobs only)
12. Back of operator's chair (hard surface only)
13. Assistant's cart, swivel arm and accessories (A/W syringe, connectors, holders and hoses)
14. Discard wipe
15. Countertops, paper towel holder, soap dispenser, sink rim
16. Discard wipe
17. Remove gloves, discard into round opening next to sink
18. Wash hands or use hand sanitizer- gather supplies (See list of supplies below)
19. Place chair cover, place barrier tape on arm rests, light handles and switch, arm brake handles & master touch pads, operator chair levers, asst's chair levers & knob (if used)
20. Cover operator's tray and assistant's cart with a patient napkin
21. Place instrument cassette on operator's tray
22. Insert saliva ejector and A/W syringe tip and cover with plastic sleeves; connect slow speed handpiece
23. Hang small white bag from arm brake. Place plastic cover over computer keyboard and display. Tape overgloves to control top under operator's tray or another convenient place, (if used)
24. FOLLOWING PATIENT TX: DISMISS PATIENT / BREAKDOWN PROCEDURE
25. Use hand sanitizer or wash hands. Put on PPE; protective eyewear, mask and gloves
26. Close instrument cassette securely. Put in plastic container on cart to return to Central Sterilization
27. Place all disposables in small white bag; then place small white bag in proper receptacle. Only blood soaked items are to be disposed of in red biohazard receptacle;
28. Remove contaminated gloves into container. Wash hands or use hand sanitizer and reglove
29. Flush all air/water lines used (A/W syringes, high speed hose, ultrasonic scaler) for 30 seconds
30. Flush evacuation lines used during clinic with water following standard procedures
31. Clean and disinfect unit using standard procedures
32. Return equipment to its original position (Put rheostat on a paper towel in the chair)
33. Disinfect eye wear (both operator's & patient's)
34. Remove gloves
35. Remove eyewear, gown and mask, discard
36. Use hand sanitizer or wash hands if visibly soiled

5. During dental procedures, always be aware of possible cross-contamination.

6. Remove gloves:

- a. Any time you leave the dental unit
- b. Go to the dispensary

- c. Go into an uncontaminated area (faculty office)
7. Dental dams are to be utilized when possible during operative procedures to reduce aerosols and for patient safety.
8. Provide every patient with safety eyewear.

Infection Control Procedures for Impressions and Lab

All alginate, polyvinyl siloxane and polysulfide impression material should be handled in the following manner after removal from the mouth:

1. Rinse the impression by filling with water and dumping the water.
2. Spray liberally with the disinfectant solution presently in use and place in a sealed baggie for at least 8 minutes.
3. Rinse the impression again.
4. Alginate should be gently dried and the casts poured as soon as possible.
5. Polyvinyl siloxane and polysulfide impressions should be gently dried and the casts poured according to the manufacturer's directions.

Clinical Lab Safety

1. Wear proper PPE when performing laboratory procedures. Eyewear is a MUST when using any rotating equipment.
2. Hair and loose clothing need to be secured to minimize the potential for cross-contamination and injury.
3. Always use fresh pumice, a clean disposable tray and a sterile rag wheel when using the polishing lathe.

Care of Instruments

1. Wipe instruments carefully with a damp gauze during the course of treatment to eliminate debris from drying.
2. Make sure all instruments are secure inside cassette.
3. Place instrument cassettes in tubs provided in each clinic.
4. All contaminated equipment must be turned in to the dirty tubs provided for disinfection or sterilization.

5. All student cassettes will be transported to Central Sterilization in a closed instrument case cart by Central Sterilization staff.
6. Open transportation of contaminated cassettes to Central Sterilization is prohibited.

Management of Sharps

1. Contaminated sharps shall be immediately discarded in containers that are puncture resistant, sealable, leak proof and properly labeled as SHARPS.
2. Each dental unit is supplied with a sharps container. They should be maintained in the upright position and checked periodically to prevent overflow.
3. Contaminated Needles and Sharps shall not be sheared or purposely broken. Needles must be recapped after each use. Recapping of needles is allowed for procedures requiring more than one administration of anesthesia. In such cases, a one-handed scoop technique or Protector card is required.
4. Sharps include the following:
 - a. Dental needles
 - b. Anesthetic carpules
 - c. Broken glass
 - d. Lab blades
 - e. Surgical blades
 - f. Endodontic files
 - g. Burs
 - h. Gates-glidden or any other endodontic preparatory instruments

Hand pieces

All high-speed hand pieces must be sterilized between uses. Disinfect the motor using the wipe-discard-wipe technique.

1. Star hand pieces do not require lubrication prior to sterilization.
2. NSK hand pieces require cleaning and lubrication in the I-care station prior to sterilization.

All slow-speed attachments must be sterilized between uses. Disinfect the motor using the wipe-discard-wipe technique.

Dental hygiene prophylaxis angles must be sterilized between uses. Lubrication is required prior to sterilization, following manufacturers instructions.

Dental Unit Waterlines

The College of Dentistry uses ADEC®¹ closed water system dental units.

1. Each day before use, flush dental unit water lines for 30 seconds.
2. Flush the ultrasonic scaler unit water line for 30 seconds prior to placing insert.
3. Refill water bottles with deionized water treated with ICX® tablets to prevent biofilm in the lines. Treated water can be found in each clinic in a 20 L bottles labeled “ ICX® Treated Water”.
4. When refilling water bottles on the units, do not touch inner tubing with hands or gloves.

Infection Control for Radiographs

The College of Dentistry will follow standard/universal precautions during all patient care. The operator is required to adhere to the following infection control practices before, during, and after all radiographic exposures:

1. Wash hands for 40-60 seconds using soap and water.
2. Put on required PPE for decontamination of the dental unit:
 - a. Mask
 - b. Eyewear
 - c. Gloves
3. Clean and disinfect dental unit using the wipe discard wipe technique with EPA registered hospital disinfectant.
4. Remove contaminated gloves and other PPE, use hand sanitizer or wash hands if visibly soiled.
5. Obtain all supplies needed for digital imaging.
 - a. Sensor
 - b. Barriers
 - c. XCP-sterilized
 - d. Edge-ez (if needed)
 - e. Cotton rolls
6. Place plastic disposable barriers on:
 - a. Digital sensors- double barrier following instructions below
 - b. Control panels

¹ ADEC is a dental manufacturer of equipment that meets the required criterions of asepsis standards.

- c. Exposure buttons
 - d. Chair adjustment buttons
 - e. Position-indicating devices (cones)
 - f. Chair
 - g. Tube heads
7. Seat patient.
 8. Wash hands or use hand sanitizer.
 9. Put on PPE for radiograph exposures:
 - a. Mask
 - b. Eyewear
 - c. Gloves
 10. Expose desired images avoiding cross-contamination.
 11. Remove PPE following CDC recommendations.
 12. Dismiss patient.
 13. Repeat steps b and c
 14. Place XCPs in sink located in your assigned room. Dry XCPs with paper towels. Place XCP metal bar in sterilization pouch, place ring and all bite blocks in a separate larger sterilization pouch. Make sure you seal both pouches at crease so that there is no overlapping. Place both pouches in tub marked "used XCPs".
 15. Remove PPE and wash hands or use hand sanitizer.

Infection Control For Sensors

1. With clean gloves; place transparent plastic sleeve over sensor using outer sleeve to cover activation switch.
2. Next, slide finger cot (nitrile barrier) over the transparent sleeve and sensor.
3. Take images.
4. Remove contaminated gloves. Using clean gloves remove all barriers.
5. Disinfect cord only with PDI wipes.
6. DO NOT DISINFECT SENSOR. Only if a breach has occurred (saliva contamination), disinfect sensor with wipe (PDI wipes).
7. Hang on wall or place into sensor case.

Sterilization Procedures

All reusable critical and semi-critical items that are heat tolerant undergo heat sterilization. Semi-critical items that are not heat tolerant will undergo high-level disinfection or are disposed. If a high-level disinfectant is used it will be tested for efficacy prior to placing items. Currently we use a hydrogen peroxide high-level disinfectant (Resert XL® by Steris). It is a solution of a concentration of hydrogen peroxide (2.0%) and a blend of inert ingredients that help achieve rapid microbial efficacy (8 minute contact time). Prior to use, the solution must be checked with monitoring strips for efficacy.

Single use items will never be re-used.

All cassettes that are not prepackaged or water resistant go through the washers prior to sterilization. Each washer is tested daily for chemical effectiveness. The test strips are kept in a logbook maintained by CS staff.

Methods of Heat Sterilization:

Type	Time	Temperature
Gravity Displacement	30 min	121oC / 250oF
Pre-vacuum	5 min	132oC / 270oF
Dry Heat	60-150 min	170oC-190oC / 340oF – 375oF

Heat Sterilization Monitoring Gravity Displacement

Each clinic's tabletop (gravity displacement) sterilizer (Statum) undergoes a weekly spore test inoculated with Geobacillus using the following procedure:

1. The spore tests are brought to CS for processing.
2. The results are kept on each sterilizer in a logbook maintained by the CS staff.
3. If results are positive, repeat spore test and examine procedure to ensure that sterilizer is loaded properly (not overfilled), the pack is not too large, and manufacturer's instructions have been followed.
4. If results are again positive, do not use sterilizer until it has been inspected or repaired. Using another sterilizer, reprocess any items sterilized since the last negative spore test.

Pre-vacuum Sterilization Monitoring

Central Sterilization uses pre-vacuum sterilization. Each sterilizer undergoes a weekly spore test inoculated with Geobacillus.

1. The results are kept on each sterilizer in a logbook maintained by the Central Sterilization staff.
2. If results are positive, repeat spore test and examine procedure to ensure that sterilizer is loaded properly (not overfilled), the pack is not too large, and manufacturer's instructions have been followed.
3. If results are again positive, do not use sterilizer until it has been inspected or repaired. Using another sterilizer, reprocess any items sterilized since the last negative spore test.
4. A challenge pack is placed in every load prior to sterilization.
5. The load cannot be released for use until the challenge pack has been verified for all parameters of sterilization.
6. The challenge packs are kept in a log book for reference.
7. Each item placed in the sterilizer is load number and date stamped for tracking purposes.
8. Class V indicators are placed inside sterilization bags that have been packaged in CS.

Extracted Teeth

Extracted teeth used for the education of Dental Health Care Workers (DHCW) should be considered infective and classified as clinical specimens because they contain blood. All persons who collect, transport, or manipulate extracted teeth should handle them with the same precautions as for biopsy specimens.

1. Standard precautions should be adhered to whenever handling extracted teeth.
2. Because pre-clinical educational exercises simulate clinical experiences, students should adhere to standard precautions in both settings.
3. All persons who handle extracted teeth in educational settings should receive the hepatitis B vaccine.

Before extracted teeth are manipulated, the teeth first should be cleaned of adherent material by scrubbing with detergent and water or by using an ultrasonic cleaner. For sterilization of teeth, place in a jar with a lid, name and graduation year and turn in to CS.

Teeth without amalgam will be heat sterilized using a liquid autoclave cycle for 40 minutes.

Teeth with amalgam will be immersed in a 10% formalin solution for 14 days.

APPENDIX

SAFER NEEDLE DEVICE QUESTIONNAIRE

In an effort to ensure that your concerns regarding needlesticks and other sharps injuries are addressed, we ask that you complete this questionnaire and return it to your clinic manager by _____ (date).

Clinic Manager:

Address:

Are there any tasks you perform using a needle or other sharp for which you feel there is an elevated risk of injury?

Yes No

1. If you answered yes to question 1., please describe the task(s):

3. If you answered yes to question 1., do you believe a safer needle device or other device would reduce the risk of injury?

Yes, I would like to try (indicate as much information as you know about the make, model, manufacturer, vendor, catalog number, etc.):

Yes, I would like someone to suggest a device.

No, I don't think a device will help, but I do think a change in work practices could help as follows:

You may submit this form anonymously, but if you do we will not be able to contact you for input. If you would like us to contact you to help select a safer needle device or implement your ideas about how to reduce the risk of injury, please complete the following information:

Name:

Clinic:

Phone Number:



CLINIC MONITORING FORM

CLINIC/LAB/CHAIR:

EVALUATED BY:

Date:

Time:

STUDENT NAME/CLASSIFICATION

Questions	YES	NO	N/A	COMMENTS	ACTION TAKEN:	CORRECTIVE MEASURES			
						N/A	VERBAL	WRITTEN	OTHER
Proper Clinic attire: Shoes, hair, jewelry, scrubs									
Followed proper hand washing/ hand sanitizing techniques									
Water lines and suction lines flushed for recommended times									
Disinfection of the dental unit performed									
All Barriers placed: light, switches, suction, air/water, control levers, chairs, monitors, keyboards and mouse									
Patient bibs on assistant cart and tray table									
PPE donned in CDC recommended order									
Was patient eye protection provided?									
Was PPE worn properly?									
Did student make an effort to avoid cross contamination?									
Were hazardous materials handled and disposed of properly?									
Were sharps handled and disposed of properly?									

COLLEGE OF DENTISTRY
The University of Oklahoma Health Sciences Center
PROFESSIONALISM CONCERNS REPORT

Please type or print all entries.

Student Name	Course (Name & Course Number)*or Incident Site
Name of Course Coordinator, Program Director or Associate Dean filing the form (type/print legibly)	Date of Incident(s):
Signature of Course Coordinator, Program Director or Associate Dean filing the form (required) Date:	Date Discussed with Student:

*If applicable

This report is prepared when a student exhibits behavior not consistent with the OUHSC Student Professional Behavior in an Academic Program Policy. It is intended to assist the student in meeting professionalism expectations in academic, professional or administrative settings. Improvement in the area(s) noted below is needed in order to meet the standards of professionalism inherent in being a dentist or dental hygienist.

Check the appropriate category(ies). Comments are required.

Integrity & Honesty

- The student provided false information in an academic, professional or administrative setting. [[ref policy: AMC or AA](#)]
 - The student acted outside the scope of his/her role in an academic, professional or administrative setting.
 - The student presented the work of others as his/her own. [[ref policy: AMC](#)]
 - The student used his/her professional position for personal advantage.
 - The student used the physical or intellectual property of others without permission or attribution. [[ref policy: AMC or Ethics in Research](#)]
 - Other behavior that demonstrated lack of integrity:
-

Patient-Centered Care & Patient-Safety

- The student did not act in the best interest of the patient.
 - The student did not demonstrate sensitivity to the needs, values or perspectives of patients, family members or caregivers.
 - The student did not establish appropriate rapport with patients, family members or caregivers.
 - The student did not demonstrate openness/responsiveness to the patient's ethnic and cultural background.
 - The student did not respond to patient needs in a timely, safe or effective manner.
 - Other unprofessional behavior related to Patient Centered Care:
-

Respect

- The student did not demonstrate respect for the rights of others in academic or professional settings.
 - The student did not demonstrate respect in interactions with others.
 - The student did not establish or maintain appropriate boundaries with patients, family members, fellow students, faculty or staff.
 - The student did not demonstrate equal respect for all persons, regardless of, race, gender, religion, sexual orientation, age, disability or socioeconomic status. [[ref policy: Title IX or EEO Office](#)]
 - The student did not demonstrate respect for the confidentiality rights of patients, research participants or others. [[ref policy: Compliance/HIPAA](#)]
 - Other behavior that demonstrated lack of respect:
-

Service & Working within the Team

- The student did not function, collaboratively within the healthcare team.
- The student did not demonstrate sensitivity to the requests of the healthcare team.

- The student did not demonstrate the ability to collaborate with students, faculty and staff in a learning environment.
 - Other behavior that impeded collaboration:
-

Responsibility

- The student was tardy, absent, and/or misses deadlines/appointments.
 - The student was disruptive or rude.
 - The student needed continual reminders in the fulfillment of responsibilities.
 - The student did not accept responsibility for his/her actions, recommendations or errors.
 - The student could not be relied upon to complete his/her responsibilities in a timely manner.
 - The student did not adhere to policies, procedures and/or instructions. [[ref policy: Compliance/HIPAA](#)]
 - The student did not dress in attire appropriate for the setting.
 - The student failed to follow, and/or manipulated clinic policies, including those for patient assignment and management.
 - The student failed to adhere to protective equipment and/or infection control guidelines.
 - Other irresponsible behavior:
-

Responsiveness, Adaptability & Self-Improvement

- The student was resistant or defensive when provided with constructive feedback.
 - The student did not demonstrate awareness of his/her own limitations and/or willingness to seek help.
 - The student resisted adopting recommendations from faculty or others to improve learning or performance.
 - The student did not demonstrate adaptability in a patient care, classroom or laboratory environment.
 - The student did not correct his/her errors when were brought to his/her attention.
 - Other behavior that impeded self-improvement:
-

Comments: Briefly describe the specifics of the incident – who, what, when, where. Attach additional information as needed.

To remedy the professionalism concerns listed on this report this student needs further education or assistance with the following:

----- This section is to be completed by the student (optional) -----

Comments (use back or attach additional information if desired)

I have read this evaluation and discussed it with the Course Director/Program Director/Associate Dean.

Student signature

Date

Your signature indicates that you have read the report, and it has been discussed with you. It does not represent your agreement or disagreement with the PCR. If you disagree or want to comment, you are encouraged to comment in the space above. The PCR will be sent to the Dean's office. A copy will be placed in the student's file.