

UNIVERSITY OF FLORIDA
COLLEGE OF DENTISTRY

UFCD CLINICAL PROCEDURE MANUAL

AUGUST 1977

Thirty-fourth Revision July 2018

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2018-2019**

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The Clinical Affairs and Quality Assurance Committee is grateful to all the contributing authors for their careful and generous cooperation in this new edition, and to other members of the UFCD staff who have provided significant volumes of time and labor during the critical review and collation of the 33rd Revision of the UFCD Clinic Manual.

INTRODUCTION

The purpose of this manual is to provide pre-doctoral students, faculty, and staff with information regarding clinical policies and procedures at the University of Florida, College of Dentistry (UFCD). Although the instructions are primarily directed at pre-doctoral students, the manual also provides faculty, advanced education students, and clinic staff with information they need to perform their duties.

Policies and procedures to ensure delivery of quality care in a safe environment have been approved by the Clinical Affairs and Quality Assurance Committee. These are consistent with UF Health Science Center policies as appropriate, Florida Statutes, OSHA requirements, CDC guidelines, Americans with Disabilities Act, and HIPAA requirements.

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1.0 MISSION, VISION AND VALUES OF THE COLLEGE

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1.1 Mission

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Provide innovative dental education and deliver the highest degree of patient-centered care and service, while promoting discovery and the generation of knowledge through research, with strong commitments to community engagement, diversity and inclusion.

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1.2 Vision

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To be a global leader in dental education, research, patient care and service.

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1.3 Values

We value excellence through high-quality comprehensive dental care, cutting-edge research and learner-focused education. We support a culture of dignity, respect, support and compassion fostered through a diverse and inclusive environment.

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Integrity ¶
Collaboration ¶
Courtesy ¶
Compassion ¶
Diversity ¶
Professionalism ¶

[Hyperlink to UFCD Strategic Plan 2019-2024](#)

2.0 STANDARD OF PATIENT CARE

¶ We strive to ~ ¶
Be outstanding clinicians, researchers, and educators.
Discover, disseminate and apply new knowledge.
Provide patient-centered care.
Achieve continuous improvement.
Develop inter-professional collaboration.
Foster a humanistic environment.
Focus on communication, collaboration, and wellness ¶
Maximize resources

2.1 Philosophy of Patient Care

The college philosophy of care is focused on the delivery of comprehensive patient-centered care that is evidence-based, appropriate and consistent with UFCD and American Dental Association (ADA) Standards of Care, and administered in concert with the educational and service missions of the college. Predoctoral patient care is delivered in multidisciplinary clinics within small group “team” based clinics. Post-doc or graduate level care is available for pre-doctoral student care as the patient complexity requires. All pre-doctoral and graduate level patient care within the college is delivered under the supervision of faculty members in accordance with students' abilities.

2.2 Goal of Clinical Program

The University of Florida College of Dentistry clinical program is a blend of clinical opportunities and assessment challenges designed to graduate a competent "new" dentist who is scientifically knowledgeable, technically competent, socially sensitive and committed to the highest standards of professional conduct. Attainment of “competency” shall not interfere with patient-centered care. Attitudes and behaviors inconsistent with compassionate care, refusal by the student to participate constructively in learning or patient care, derogatory attitudes or unprofessional conduct directed at patients, peers, faculty or staff, can be grounds for dismissal.

A core component of patient –centered care and commitment to high standards of comprehensive care include the development of an individualized treatment plan developed through an accurate, objective examination which addresses the patients' physical, cultural, and economic needs and concerns. Benefits and risks of treatment and non-treatment are discussed and informed consent is obtained. Care is delivered in a prescribed sequential order, in a timely fashion, and in a professional manner that protects patients' confidentiality. Equally important is student assessment of the outcomes of care and compliance with quality assurance measures and the UFCD Standards of Care document.

2.3 Standards of Care

The Standards of Care document was developed with input and consensus from the Dean, department chairs, directors, and the Clinical Affairs and Quality Assurance Committee. Students are introduced to these concepts in pre-clinical and clinical courses, and professionalism courses. Compliance with standards of care focused on treatment is reinforced by attending clinical faculty and staff and assessed by the quality assurance committees. The Standards of Care document is found in Appendix A of this manual.

2.4 Credentialing Standards for Clinical Faculty and Staff

1. CPR at BLS level
2. Annual HIPAA and Confidentiality Training
3. Annual Biosafety Training
4. [Annual Physician Billing Compliance Training](#)
5. [Biennial Compliance Training](#)
6. Continuing education requirements for dentists and registered dental hygienists equal to those required by the Florida Board of Dentistry
7. [Maintenance of state issued licenses, permits to practice within the assigned position.](#)

3.0 PROTOCOL FOR MANAGING CLINIC MEDICAL EMERGENCIES

The purpose of the protocol is to assure a prompt and appropriate response to a medical emergency in the College of Dentistry clinics.

3.1 Rules

1. Department chairs (or their designees) will be responsible for assuring that all assigned clinics are properly equipped and that all faculty and staff are properly trained according to the guidelines described herein.
2. All students, clinical faculty, and patient care staff will be current in CPR certification at the Basic Rescuer for Healthcare Provider (BLS) level.
3. Oral Surgery (OS) faculty members and residents will be responsible for providing primary and/or backup support for emergency problems as needed.
4. The Shands Code Blue Team (5-#-66) should be contacted if the seriousness of the emergency warrants.
5. Emergency phone numbers and emergency location room descriptions are placed on each phone.
6. Emergency phone number lists are posted centrally, near house phones in patient care

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3.2 Emergency Preparedness and In-Service Training

1. Unannounced emergency drills (simulated) may be held as needed, alternating among clinics. (These will not interfere with patient care procedures.)
2. At irregular intervals students will be summoned from chairside and presented with a simulated problem, such as respiratory arrest, shock, dyspnea, asthma, or cardiac arrest. Student rescuers will be selected at random. No attempt will be made to cover the entire student body.
3. Minimal requirements for students, clinical faculty, and staff will be current certification in CPR training (trained at the BLS for Healthcare Provider level), according to the College CPR Policy.
4. CPR courses are provided for students, faculty, and staff by the Director of BLS Training and Education.
5. The Director of BLS Training and Education will inform faculty, staff and students when their certification is within 60 days of expiration. Individuals must enroll in the next available class or their clinical privileges will be suspended. (Exceptions, such as extended illness, a sabbatical, or extended leave for personal emergencies, will be considered on an individual basis.)
6. The Director of BLS Training and Education will maintain CPR training records in the UFCD Tracking Database.
7. Clinical faculty, staff, and students will be required to complete the Institute of Emergency Preparedness (IMEP) on-line medical emergency scenarios and post-assessment quiz which arrive in individual email accounts every month.

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3.3 Oral Surgery Emergency Protocol for Managing Emergencies in UFCD

1. Upon observing a medical emergency, go to the nearest clinic phone and call Oral Surgery by dialing 9-413-1143. If using a cell phone or a telephone outside UFCD, dial 413-1143. This pager is reserved solely for medical emergencies.
2. This phone line is connected to pagers in Oral Surgery. The four digit room number entered will appear on each pager, and the OS team will respond.
3. As always, someone should stay with the patient and render supportive care until the OS team arrives.
4. Send someone to the main elevator on the first floor and the floor of occurrence to meet the OS responder. If the floor of occurrence is the first, second, third, or fourth floor, send someone to the OMFS Clinic door to direct the responders.
5. *This is an unexpected outcome and should be reported as a clinical occurrence using the link in axiUm to IDinc (event reporting).*

3.4 Shands Code Blue Team Emergency Protocol (Direct Dial 5-#-66)

1. To contact Shands Code Blue Team from inside the College of Dentistry, dial 5-#-66 (pause **briefly** after the 5 **and** #). Tell the operator the location is the **Dental Tower**. Provide the operator with a phone number to call back (so a number for a manned phone) and do not hang up until the operator tells you she has all the information needed. **IMPORTANT:** Inform the operator that someone will be waiting at **elevators 21 and 22 (Dental Tower front/main elevators).**

2. Simultaneously, while the Shands Code Blue team is being called by a member of the clinic team, a clinic leader (faculty or admin) will direct the following activities until either Oral Surgery responders or Code Blue responders arrive:
 - a. Direct two team members to begin life support.
 - b. Direct a team member to perform the role of “recorder”. The recorder must document the time the emergency started, and all details regarding the treatment of the emergency victim.
 - c. Assign a team member to call Oral Surgery pager 9-413-1143 and enter the four digit room location of the emergency.
 - d. Send a team member to get the medical emergency kit and emergency oxygen.
 - e. Send a team member to get the Shands Code Blue Crash Cart.
 - f. Send at least two team members to the first floor elevator banks to hold the elevator for the emergency responders and direct them to the floor of occurrence.
 - g. If above the first floor, send at least two additional team members to the elevators at the floor of occurrence so one can remain at the elevators while the other escorts the team to the emergency location.
 - h. Assign remaining team members to crowd control and arranging for the movement of non-essential persons from the area where the emergency is occurring (re-locate patients for completion of their treatment to another clinic location).
3. Following the emergency, the recorder will work with the patient’s provider to make sure the event is properly documented in the patient record.
4. The unanticipated event must be reported as a [safety event](#) using [IDinc, Event Management System](#) (easily found in axiUm under Links on the toolbar)
5. Make certain that the details of the emergency are reported to clinic administration within 24 hours of the emergency (regular business days).

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3.5 Emergency Medical Services (EMS) 911.

1. If the major cardiac event or the OMFS Team deems the event worthy of transport to the Shands ED and it occurs on the ground floor or floors four through eleven, 911 must be called. In any medical emergency on the Sun Terrace or in the Communicore, 911 must be called as neither Shands nor the UFCD OMFS Team respond to these areas.
2. In the case of a 911 call, UFCD staff should meet the emergency responders at the West Entrance of the UFCD building and guide them to the site of the emergency.

3.6 When to call the Emergency Department(s) Charge Nurse

If the patient has presented with or developed symptoms that require discontinuation of treatment and referral to the Emergency Department for further evaluation, contact contact 733-0815 to report that you are transporting a patient to the Emergency Department. Be prepared to offer a report regarding the Situation (What is the problem, duration, severity) Background (medical history) Assessment and Recommendations (what do you want the ED provider to do) this is called a SBAR handoff. Be prepared to transport the patient to the ED. This is an unexpected outcome and this patient safety event should be reported by way of a link from axiUm to IDinc (event reporting).

3.7 Policies Regarding Basic Life Support (CPR) and Emergency Training

1. Overview

UFCD is committed to providing a safe and secure environment for its employees, students, patients, and visitors. The College maintains the highest standards of care for its patients, which includes training of clinical faculty, staff, and students to recognize and appropriately manage medical emergencies.

Maintaining Basic Life Support skills (BLS) is a national standard of care in dentistry and dental hygiene, is required by many state boards for licensure, and is an accreditation standard for dental schools in the United States. Properly managing life-endangering medical emergencies that may occur within the College requires maintaining current BLS skills by all students, clinical faculty, and staff. The College must assure that all students, clinical faculty and staff maintain their BLS skills, i.e., Cardiopulmonary Resuscitation (CPR) and knowledge of medical emergency response protocols.

Healthcare Provider Course - teaches all aspects of 1- and 2-rescuer adult, child and infant CPR, obstructed airway management for the conscious and unconscious victim, use of one-way valve mask, use of bag-valve-mask, risk factors, and access to the EMS system. Instruction in the use of automatic external defibrillators (AEDs) is included. UFCD instructors are certified trainers.

2. **BLS Provider Classes**
UFCD students, faculty, and staff will receive CPR training at no cost, but supplementary materials (e.g., manuals) for personal use must be purchased by the user. Classes will be scheduled as needed to ensure compliance by all UFCD care providers.
3. **BLS Training Records**
 - a. The Director of BLS Training and Education will maintain a file of all students, clinical faculty, and clinical staff reflecting the status of their BLS skills training. This file will be automatically updated and tracked for all participants taught within the UFCD Training Site. Those who choose to renew their BLS skills outside the College will be responsible for providing the Director of BLS Training and Education with a copy of their AHA BLS course completion card. The Director of BLS Training and Education will notify non-exempt personnel who do not have current training of the need to renew their cards within 60 days or risk suspension of clinical privileges.
 - b. Students, faculty, or clinical staff who cannot complete BLS training because of physical limitations or medical conditions must submit a *written* request for exemption, stating the reason for the request. In certain cases, the Associate Dean for Clinical Affairs may request physician verification. The exemption forms will be kept on file in the Office of Clinical Administration.
 - c. Exempted personnel are encouraged to periodically attend BLS Provider classes for the information value, even though they may not be able to complete the motor skills portion of the class. A letter verifying attendance should be issued
4. **Student Policies**
Advanced education dental student applicants must present evidence of a current BLS/CPR course completion card prior to beginning their first academic year. Pre-doctoral students will be taught during the second semester of their first academic

year. Thereafter, retraining at the Healthcare Provider Level will be available as needed to maintain certification. Students who are in noncompliance or have expired cards will have their clinical privileges suspended by the Associate Dean for Clinical Affairs until they can show evidence of completing an approved course.

5. Faculty and Clinical Staff Policies

UFCD Human Resources will assure that newly-hired full- and part-time clinical faculty, dental assistant and dental hygiene staff personnel possess a current AHA or ARC Healthcare Provider course certification. If not certified upon hiring, they must register for a class or file for medical exemption prior to becoming involved in clinical patient care. The UFCD Office of Human Resources will assure that the Office for Clinical Administration receives notification of all new full- and part-time clinical faculty hired for addition to the database. Department chairs will likewise assure that all faculty undergo BLS CPR skills renewal at least every two years.

6. Non-Clinical Staff Policies

Non-clinical staff, including administrative personnel, secretaries and receptionists are encouraged to maintain BLS/CPR skills, in the event their bystander skills might be needed in non-clinical areas or in the community at large. This training can be at the Heartsaver BLS level for non-healthcare providers.

3.8 Emergency Phone Numbers: Clinical Operations

Code Blue Team*	5-#-66	NOTIFY ORAL SURGERY OF A CODE BLUE EMERGENCY IN ADDITION TO SHANDS CODE BLUE TEAMS
UFHealth Emergency Dept_(ED)	733-0815	
<u>Oral Surgery</u> Medical Emergency*	9-413-1143	
Bloodborne Pathogen Hotline (SHCC)	9-1-866-477-6824	
Shands Operator	5-5-0111	
UF Facility Services <u>(Physical Plant)</u>	392-1121	
Health Center Security	265-0109	
University Police	392-1111	
EMS or Fire	911	

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These teams (*) have been instructed to report to the floor to which they have been summoned. They should be met at the door of the UFCD main/front elevators on the first floor and the floor of occurrence and escorted to the exact location of the emergency.

3.9 Emergencies during Night and Off-Hours

1. Medical Emergencies – Call EMS – 911.
2. Other emergencies - Call 392-1121 (Facility Services) and give the location and the nature of the problem and /or your request.

3.10 General Emergency Numbers and Procedures

1. Security (UF Police)
Call 2-1111, and tell the operator the problem, giving the location, the details, and the telephone number.
2. Fire
If an alarm is heard or a fire is seen, pull the handle on a "pull box" and call 911.
3. Power Failure
Call 392-1121 (Facility Services) and give the location and the details. Emergency power will come on; but if it fails, emergency light packs have been provided for all departments.
4. Elevators
In the event of power failure, one elevator in each bank will operate on emergency power.
5. Elevator Breakdown
If riding on an elevator when it fails, follow the instructions on the control panel. An operator will answer. Give the operator the details of the problem, the elevator number, and the floor on which the elevator stopped. If a failure occurs when not on an elevator, call the Dean's Office, 273-5800, and report the details, or call 392-1121 (Facility Services). **Any elevator malfunction should be reported (with details) to the Dean's Office.**
6. Minor Emergencies in the Clinic
Notify the attending faculty and then provide supportive care, using the minor emergency kit, if needed. Contact Oral Surgery if necessary.

3.11 Accidents and Reporting

1. Management of Major (Life-Threatening) Emergencies
Provide supportive care, and identify someone to call Oral Surgery Emergency at 413-1143 and/or the Code Blue Team (from Shands, 66; from the College of Dentistry, 5-#-66). Be sure to enter the four digit room location when paging Oral Surgery, and to provide the "Dental Tower" location to the Code Blue operator. Have someone meet the emergency responders at the doors of the UFCD main elevators (front elevators) and on the floor of the emergency occurrence. **IMPORTANT:** Inform the operator that someone will be waiting at "Dental Tower" elevators (front main elevators, #21 or #22).
2. Management of Accidents
 - a. Involving visitors
 - i. When a visitor is injured or involved in an incident while inside or on the grounds of the Health Science Center, the employee witnessing or receiving the report of the incident to the Office of Clinical Administration (273-6820) who will notify the Insurance Coordinator's Office (273-7006), and then the employee should complete one copy of the Incident Report form, or report the matter as directed.
 - ii. If the visitor involved consents to emergency care, they should be taken to the Shands Emergency Dept (ED) for examination and treatment if necessary. Do not coerce the visitor to go to the ED. Do not tell the visitor that the hospital's insurance will pay for ED charges as this is not always true.

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- iii. The Emergency Dept. physician will examine the visitor to determine the nature and extent of the injury, and will note the findings on the Incident Report form and in the Emergency Room Medical Record. The Emergency Room clerk will attach the charging document to the Incident Report and route it to the Insurance Trust Fund Office.
- iv. In all cases, the Incident Report form for accidents involving visitors will be sent to Clinic Administration for tracking and reporting purposes.

b. Involving patients

These incidents will be handled in the above manner, except that examination and treatment may be done in the area in which the patient is being treated. Should the nature or extent of the injury require medical attention which is not available where the patient is being treated, the patient should be taken to the Emergency Dept for emergency services. For emergency services call 733-0815, to report that you are transporting a patient to the Emergency Department. Be prepared to offer a report regarding the Situation (What is the problem, duration, severity) Background (medical history) Assessment and Recommendations (what do you want the ED provider to do) this is called a SBAR handoff. Be prepared to transport the patient to the ED. Routine Emergency Dept administrative procedures will be carried out in such cases and the completed Incident Report form will be sent to the Office of the Associate Dean for Clinical Affairs.

Appendix B contains flow diagrams for handling medical emergencies.

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3. How to Report an Incident

- a. Incidents should be reported by phone immediately to the Associate Dean for Clinical Affairs 273-6820.
- b. When a patient or visitor is involved in an accident and declines or refuses to be transported to the Emergency Dept., an Incident Report form should be completed immediately. Forms are available in the Chart Room, D1-6 (273-6812). The involved staff is responsible for completing the Incident Report and bringing it to the Chart Room or to the Insurance Trust Fund Office within 24 hours after the incident.
- c. For incidents involving a patient of record, also complete the Patient Safety Event report in IDinc, found by way of a link from axiUm.

CAUTION: Event Reports are legal documents and are not to be placed in a hospital or dental chart. No reference to an Event Report is to be made in a patient's chart. Because reports may be subject to legal discovery, they should contain no subjective comments whatsoever. If there are any questions pertaining to Event Reports content or procedures, call the Insurance Trust Fund Office (273-7006). No unauthorized copies of Incident Reports should be made or retained.

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3.12 Emergency Kits and Supplies

1. Emergency Kits

These are checked on a scheduled basis for usage and expired supplies by a designee of the Associate Dean for Clinical Affairs. Used supplies are replaced upon notification. New supplies are ordered, as needed, upon approval by the Associate Dean for Clinical Affairs. A demonstration kit is available for in-service training.

The use of clinic kits for routine training should be avoided. Please contact the Associate Dean for Clinical Affairs to obtain a kit.

2. Location

The emergency kits are located in each clinic. Contents of emergency kits and crash carts are maintained by Clinical Administration staff.

In addition, an oxygen kit consisting of bag, mask, oxygen cannula, and "E" cylinder of oxygen is in every clinic. Seals on emergency kits, oxygen tank pressure, and equipment are checked daily by UFCD Maintenance. Deficiencies are immediately corrected. The lock on the crash cart is checked daily by UFCD Maintenance.

Maintenance will notify the Office of Clinical Administration if the crash cart has been opened. All kits are replenished immediately after use.

Location of Emergency Kits, Oxygen, Crash Carts and AED's		
1ST FLOOR:	ROOM #	DEVICE
Graduate Pros	D1-19E	Emergency Kit *AED*
Graduate Perio	D1-19F	Emergency Kit Crash cart *AED*
Undergrad Endo	D1-17 Front	Emergency Kit *AED*
Graduate Endo	D1-17 Back	Emergency Kit
Implant Clinic	D1-68	Emergency Kit
Oral Maxillofacial Surgery	D1-70	Crash cart *AED*
Student Oral Surgery	D1-104	Emergency Kit
DCRU	D1-27L	Emergency Kit
Faculty Practice	D1-14	Emergency Kit *AED*
Oral Medicine	D1-18	Emergency Kit
Orthodontics	D1-30E	Emergency Kit
Pediatric Dentistry	D1-40	Emergency Kit Crash cart *AED*
Radiology	D1-94	Oxygen Only
2ND FLOOR:		
2A Clinic	D2-19	Crash Cart Emergency Kit *AED*
2B Clinic	D2-17	Emergency Kit
D2-27 Clinic	D2-27	Emergency Kit *AED*
Fillingim Sensory Lab	D2-143	Emergency Kit
3RD FLOOR:		
Sim Lab	D3-15	*AED*

3A Clinic	D3-19	Emergency Kit
3B Clinic	D3-17	*Emergency Kit, Crash Cart, AED*
D3-40 Clinic	D3-40	Emergency Kit
All locations include oxygen delivery system.		

3.13 Shands Code Blue Team Crash Carts

The hospital Code Blue Team Crash Carts are monitored daily to insure the locks have not been broken, and weekly to check the expiry dates and test the electrical equipment. If you find that a cart or airway box lock has been broken, call clinic administration (273-6820) immediately so that a cart refresh may be initiated.

The carts are to be used for Code Blue emergencies; for example, heart attack, respiratory distress, and or stroke. Items that do not belong on the cart should never be placed on the cart (drink cups, etc.). The sharps container is for use only during a code blue type emergency and never for general clinic needle disposal. The cart must remain plugged into the electrical outlet between uses for emergencies (charging battery for suction machine).

Each cart has a manual with lists of the contents. This can also be found in the folder with the Shands Code Blue crash cart policy on the

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In the event of a Code Blue emergency, the Crash Cart is to remain with “Clean Handling” protocols, meaning with clean hands only. No gloved or contaminated hands should be laid on the cart. If it so happens that contaminated hands are used on the crash cart, the crash cart must be labeled as contaminated and the exchange protocol should be amended to prevent cross contamination with the UFHealth Central Distribution Center.

3.14 Protocol for Prevention of Aspiration/Ingestion of Foreign Bodies

1. Rationale

The University Of Florida, College Of Dentistry is committed to the highest quality of clinical care and safety for all patients. As part of ongoing quality assurance endeavors, this protocol is designed to facilitate a reduction in foreign body aspiration/ingestion events during dental treatment and to ensure appropriate patient management.

2. Prevention Protocol

a. Patient Evaluation

The clinician should review the health history of the patient to identify any neurological, psychological, systemic, and pharmacological problems that might contribute to the potential for aspiration or ingestion of an object and take measures to minimize the risk. Examples of these concerns, not intended to be all-inclusive, include the following:

- i. Neurological - seizure history, stroke, dementia
- ii. Psychological - extreme anxiety

- iii. Systemic - chronic cough, allergies, esophageal stenosis, scleroderma with restricted opening ability, trismus, GI reflux or nausea
- iv. Medications - Haldol can increase involuntary muscular activity as in tardive dyskinesia.

b. Patient Preparation

The clinician (student, resident or faculty) should review the procedure with the patient, carefully explain the risks, and elicit the patient's cooperation. For example, the patient should be instructed to stop speaking during this time and signal if they need to cough or sneeze, to prevent aspiration.

i. Dental Dam Utilization

Whenever possible, a dental dam should be used during restorative and endodontic procedures to prevent aspiration/ingestion of broken teeth, instruments, and amalgam fragments. Floss should always be tied to the dental dam clamp before placing on the tooth.

ii. Throat Pack Utilization

For all surgical procedures (e.g., extractions, periodontal surgery, implant placement and cementation procedures), a modified throat pack should be employed by placing a sterile gauze block as a barrier to block the oropharynx. Floss may be tied around a tooth in particular situations to avoid an accident with medically compromised patients.

iii. Equipment Verification

Assure that handpieces are properly maintained to prevent parts from breaking away during use. Prophylaxis cups, brushes, and latch type burs must be properly attached to prevent dislodgment of a cup or brush or instrument breakage. Ultrasonic tips must be set at the proper power level based on the tip being utilized.

iv. Provisional Restorations

All provision restorations (single units and fixed partial dentures) should be fabricated from a radiopaque material, when feasible, to facilitate radiographic identification in the event it is ingested or aspirated. Cements should also be radiopaque, when feasible.

v. Restorative/Implant Procedures

Floss should be attached to all pin wrenches and implant hardware and screwdrivers when used on a patient in a supine position.

vi. Endodontic Procedures

Dental dam isolation must be employed whenever possible. In rare instances when standard rubber dam isolation cannot be utilized, floss will be tied to all files, reamers, and broaches.

vii. Cementation Procedures

The patient should be positioned with the head tilted toward the side receiving the restoration, instead of the head positioned straight upward. This position may protect the airway and help prevent aspiration. When feasible for a fixed bridge, floss should be attached to the restoration or prostheses prior to beginning the "try-in," occlusal adjustment, cementation, and/or sectioning procedures. Floss embedded in Duralay may be beneficial when manipulating smaller castings such as onlays.

3.15 Protocol for Referral to ED of Adult Patients Suspected of Ingesting a Dental Device during a UF Dental Clinic Procedure (Dental Swallow Protocol)

Purpose: *The goal of this protocol is to improve efficiency, provide timely endoscopic procedures when indicated, and enhance patient care and satisfaction.*

Protocol: *When Dental faculty determines that (1) an item may have been ingested during a dental procedure, (2) the patient is clinically stable, and (3) the airway was not impacted, the following process will be followed:*

I. Referral to the ED for evaluation and treatment if necessary:

- A. The Dental team calls the UF Health Shands Hospital Transfer Center at 352-265-0559 and initiates the "Dental Swallow Protocol"**
- B. The Transfer Center connects the GI consult fellow (352-219-0328) or GI consult attending (if fellow not available) to the dental team for discussion of the case.**
- C. The dental team sends a generic picture of the suspected item by email or text to the GI fellow.**
- D. If the decision is made to proceed with evaluation, the Transfer Center connects the GI attending/fellow to the ED PIC to notify her/him that the patient is being sent to ED for evaluation.**
- E. The patient is escorted by the dental service to the ED.**
- F. Upon arrival at the ED, the patient is registered and triaged in accordance with standing orders for patients who are suspected of swallowing dental devices, to include.**
 - 1. Consult placed to GI**
 - 2. Order for an abdominal flat plate, upright and lateral x-ray on a STAT basis (standing order set containing the dot phrase "Ingested foreign body from dental procedure, contact GI consult fellow if photo of object is needed)**
- G. The GI team follows up on the x-ray and sees the patient in the ED and determination is made if an endoscopy is appropriate.**
 - 1. If not, the patient is provided instructions and discharged.**
 - 2. If so, the timing of the procedure is discussed and endoscopy is arranged by the GI team. The GI team will communicate this to the ED Physician. The procedure is handled as usual for ED patients needing an endoscopy. The patient is assigned a room, an iv is placed and anesthesia is contacted per routine. Discharge from the ED is anticipated after endoscopy. Note that an endoscopy order cannot be placed in EPIC unless there is a room assignment in the ED. This order activates scheduling, anesthesia, etc.**
- H. GI and the ED place notes in the patient's medical record indicating the event and actions.**

II. Other issues

- A. If the patient is unable to give procedural consent, the dental team will identify the person responsible and provide contact information to GI team.**
- B. The Dental faculty will enter a Patient Safety Report and notify SIP.**
- C. Not intended for nights, weekends, other ingestions or food impactions, pediatric patients (<18 yr)**

Pathway for Protocol Approval

Dental School: Dr. Cesar Migliorati, Assoc. Dean of Clinics and Quality Assurance of the Dental School (cmigliorati@dental.ufl.edu), and Richelle Janiec (rjaniec@dental.ufl.edu), 352-273-6820.
Gastroenterology: Ellen Zimmermann, Chris Forsmark, David Estores, and Vikas Khullar (GI fellow).
Transfer Center: Dave Hudson
Emergency Department: Wendy Swan, and Tom Payton
Radiology: Eric Thoburn
Legal: Christina Palacio

Contact Ellen Zimmermann (ezimmer2@ufl.edu or 734-358-3873 with any questions)

3.16 Protocol for Referral to ED of Pediatric Patients Suspected of Ingesting a Dental Device during a UF Dental Clinic Procedure (Dental Swallow Protocol)

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Deleted: <#>General Guidelines
<#>If a patient has possible provisional restoration, tooth restoration or restoration prophylaxis cup or brush, crown denture, or any other foreign body employed.
<#>All patients must be examined immediately upon discovery of a swallowed or aspirated, or <#>All patients will be prepared to retrieve the foreign body in the event of lack of respiratory difficulty or reassurance that the foreign body is in the lungs or bronchial tubes.
<#> Protocol
<#>Notify supervising faculty of potential aspiration or <#>If patient is an adult patient seen in a non-pediatric department, refer to the protocol found in Appendix B, Referral to ED of Adult Patients for Dental Device during a UF Dental Clinic Procedure (Dental Swallow Protocol) <#>DIRECTLY TO THE APPOINTMENT <#>Be sure to submit a final report to the Pediatric Emergency Services (D1-6, formerly D1-5) <#>Document a brief description of the appropriate referral <#>be co-signed by faculty if providing care at the time <#>Complete a patient safety form <#>can access by using the link

4.0 PATIENT INFORMATION AND PATIENT CARE

4.1 Patient Screening

The College provides an information sheet to patients at the screening appointment. Please refer to Appendix I.

4.2 Clinic Hours

1. The College of Dentistry TEAM student clinics are open from 8:30 a.m. to 4:30 p.m., Monday Tuesday, Thursday & Friday, and 8:30-11:30 on Wednesdays, except on holidays. Each care group will conduct a pre-clinic meeting or “huddle” from 8:00-8:30 am each day that the clinics are open for patient care. Students, staff, attending faculty and team leaders are required to attend the huddles.
2. Patient treatment begins at 8:30 a.m. and 2:00 p.m. The lunch break provides adequate time to prepare for the afternoon session. (This includes preparation up to the point of obtaining a start check and opening sterile instruments.)
3. Plan clinic sessions so that any procedures can be finalized by 11:15 a.m. for the morning session and by 4:15 p.m. for the afternoon session. **PATIENTS SHOULD BE OUT OF THE CLINICS BY 11:30 A.M. AND 4:30 P.M. EACH DAY.** This schedule allows ample time to clean and complete records before leaving. All students should be out of the operatory and the clinic by 11:45 am and 4:45 pm respectively. Chronic offenders will be suspended from the clinics.

4.3 Clinic Access

1. Advise patients that they cannot bring their children with them into the clinic while they are having dental treatment. The College cannot provide child care or assume responsibility for the safety of the child.
2. All minor patients and certain adult patients will require the presence of a third party or legal guardian to validate certain responses to the health questionnaire and to

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obtain informed consent. Adult patients presenting as poor historians or with evidence of inadequate decision-making capabilities should be identified during screening in order to insure that a responsible third party will be available to obtain informed consent. The third party will be needed at the initial data-gathering appointments and may be allowed in the treatment operatory for limited periods of time only for the recognized purposes listed above.

3. Also advise patients that, except for unusual circumstances (such as a recognized disability), they cannot invite their friends or family members into the dental operatory during dental treatment. This is due to OSHA and infection control regulations. If the patient has a question regarding this policy, please ask a faculty member or the Associate Dean for Clinical Affairs.

4.4 Patient Rights

The Patient Rights & Responsibilities document will be properly signed, and a copy given to every patient, at the initial appointment. Please see Appendix J to view an example of this form.

4.5 UFCD Confidentiality Policy

1. Personal Health Information (PHI): Faculty, Staff and Student Privacy Training Requirements

- a. Privacy of Information

All UFCD employees and volunteers in health care components are required to complete Privacy Training upon initial employment or volunteer date, and then annually thereafter by the end of February. The College of Dentistry requires all students (pre-doctoral, post-doctoral, and graduate) to complete the training upon entering the program and then annually. Predoctoral students who are updating their training must turn in their completed certificates to the Associate Dean for Clinical Affairs (in Office of Clinic Administration) upon recertification by February 28th of each year.

Failure to comply with the entry and annual training requirements is a Level II Privacy Violation. Repeated violations are grounds for disciplinary action, up to and including termination of employment for employees, and dismissal from the program for students.

For more information regarding privacy and the patient record please go to <http://privacy.health.ufl.edu/>

- b. Confidentiality of Personal Health Information (PHI)

- i. Faculty, staff, and students must not discuss patients or their medical conditions in hallways, elevators, eating facilities, or any public areas.
- ii. Clinic computers must not be accessible by unauthorized users. Do not walk away from a computer without first "Locking Windows" (Press Windows key and L/or Ctrl-Alt-Del at the same time and selecting "lock this computer" to lock the computer). Clinic computers will allow you to easily enter your password and return you to the most recent screen you were working in when you left the computer. Always log off the computer when finished with

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- entries, before leaving the clinical area.
- iii. Students are instructed to avoid putting patient PHI into case presentations without the patient's permission. Patient PHI must not be stored on portable electronic devices such as cell phones or laptops unless the devices are encrypted.
 - iv. Financial data contained in the electronic record in the Patient Management System, as well as the patient medical record, is sensitive in nature and should not be divulged to unauthorized individuals. Financial data should only be released to the patient as identified by the full name, address and date of birth on file. In case of minors, financial data should only be released to the custodial parent(s), after confirming the full name, address and date of birth on file.
 - v. Third party payers must not be given patient financial information. Any discussion with a third party payer must be restricted to date of service, procedure code information or description, and charge information. There is no need to provide patient payment or secondary insurance information to a third party payer.
2. PHI: Faculty, Staff and Student Required Compliance
- Medical/dental and financial information on UFCD patients is considered confidential. Patients have the right to expect that all communications and other records pertinent to their health care, including source of payment for treatment, will be treated in a confidential manner.
- a. Medical and Personal Information
 - i. All data contained in the patient record is confidential and should not be disclosed to unauthorized individuals.
 - ii. Faculty, students, and staff are not to discuss patients in a manner that could breach confidentiality policies. (Special attention should be given to common areas such as eating areas, hallways, elevators, and restrooms.)
 - iii. Any photographs or videotaping performed that may allow a patient to be identified will require written authorization from the patient prior to use for educational purposes or scientific publications. Users of the electronic medical/dental data system shall comply with the following rules to maintain security of the system and patient confidentiality.
 - Users shall access the system only with their assigned ID and password.
 - Users will not reveal or loan a password to another person.
 - Users will not leave a terminal unattended while signed on (lock Windows).
 - Users shall only use their access to perform job functions.
 - b. Financial Data
 - i. Financial data contained in the electronic record in the patient management system should not be disclosed to unauthorized individuals. This includes account balances, insurance information, and contract information.
 - ii. Financial data should only be released to the patient as identified by the full name, address and date of birth on file. In the case of minors, financial data should only be released to the custodial parent(s), again after confirming the full name, address and date of birth on file.

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- iii. Third party payers should not be given patient financial information. Any discussion with a third party payer should be restricted to date of service, procedure code, procedure description as needed (by report codes), and charge information. There is no need to provide patient payment or secondary insurance information (i.e., Ryan White) to a third party payer.
- c. Records Duplication WE NEED CONTENT RE: the protocol for adding documents forwarded from other dental/medical offices
 - i. All requests for duplication of patient records will be sent to the Chart Room for processing and copying.
 - ii. Release of any information contained in the medical record should not occur without the written consent of the patient or upon request from legal entities in the form of subpoenas and affidavits.
 - iii. Requests for records duplication from legal offices will be reviewed by the Associate Dean for Clinical Affairs or designee.
- d. Non-Compliance Policy
 - i. Pre-doctoral Students: Non-compliance with chart confidentiality policies will result in counseling by the Privacy Office, Associate Dean for Clinical Affairs and the TEAM leader, and may result in suspension from clinical activities for a period to be determined based upon review of individual cases. Repeated non-compliance will result in failure of the Professionalism course (DEN 7017 or DEN 8018) and referral to SPEC.
 - ii. Advanced Education Students: Advanced education student and resident non-compliance will result in counseling by Privacy Office, the Associate Dean for Advanced Education, and the respective program director. Repeated non-compliance will result in counseling by the Associate Dean for Advanced Education, and sanctions as determined jointly by Privacy Office, Associate Dean for Advanced Education, and the program director. This will be assessed on an individual basis.
 - iii. Faculty: Faculty non-compliance will result in counseling by the Privacy Office, Associate Dean for Clinical Affairs, and Department Chair. Appropriate sanctions will be assessed on an individual basis. Repeated non-compliance will result in discussions with the faculty member's department chair for the appropriate action.

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4.6 Student Requirements for Entering the Clinical Program

1. Before being assigned patients, students must have completed the following requirements: Completion of HIPAA, Confidentiality Statement, OSHA-Biosafety Training and Biomedical Waste (BMW)
2. Completion of Basic Life Support (BLS) Training.
3. Assignment into the TEAM Program

During the spring of the sophomore year, students will be randomly assigned to one of 8 teams. Each team will consist of one faculty Team Leader, a Treatment Coordinator, and 10-11 juniors and 10-11 seniors, for a total of no more than 22 students. The Team Leader becomes the student's academic advisor for the remainder of the program.

Each team will meet with their Treatment Coordinator and faculty TEAM leader to

determine patient scheduling, discuss patient treatment progression, and participate in educational activities such as case presentations, journal reviews, and ethical dilemma discussions. The TEAM program must be viewed as part of a pedagogical philosophy of the College, supporting the philosophy of patient-centered comprehensive care.

4.7 Assignment of Patients

1. All patient assignments must be made by the appropriate designated faculty or staff member working in conjunction with the Office of the Clinical Administration. Assignments are entered in axiUm, EHR. With the exception of rotations, it is a violation of clinic policy to treat a patient that has not been assigned or transferred. Most of the assignments made to students at the University Of Florida College Of Dentistry are for TEAM comprehensive care management. This means that the student is responsible for all the dental needs of an assigned patient--from the stage of examination, diagnosis, and treatment planning to providing sequenced care, assessing outcomes of care, and establishing supportive periodontal therapy.
2. The designated Team Leader working with the treatment coordinator will assign each student an initial family of patients. This family of patients is selected to meet, as closely as possible, the student's educational needs. As additional experiences are needed, appropriate patients are assigned through the TEAM program.
3. To expedite care, patients may be treated by another student TEAM member. All patient transfers must be approved by the TEAM leader through axiUm process.
4. **Self-recruited Patient:** A friend or acquaintance can be assigned to the student to meet certain comprehensive care educational needs through a "self-recruitment" procedure. During the initial appointment, the TEAM leader will complete a screening evaluation of the patient to assure that the prospective patient's dental needs meet the UFCD educational requirements and the student's current level of competency. The student will participate in the screening process through his attendance, exposing all appropriate radiographs (with faculty signature), and requesting the patient be assigned through their treatment coordinator. The patient will be assigned to the student in axiUm as a comprehensive care patient.
5. All comprehensive care patients treated by students in the Department of Pediatric Dentistry are assigned to the Pediatric Dentistry faculty and maintained by that department. Students may treat patients during rotations in Pediatric Dentistry, Student Oral Surgery Clinic (SOS), Endodontics, and at off-site rotations that are not assigned to the student. However, all other patients for the pre-doctoral program must be assigned to the student by their Team Leader or transferred to them via the team patient transfer process.
6. If treatment needs warrant, patients may be referred to an advanced education student (resident) or a faculty member for partial treatment if such referral is authorized by a supervising Team Leader and accepted by the new provider. These are managed on an individual case basis.

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4.8 General Pre-doctoral Clinic Policies

NEVER seat a patient in an operatory until at least one attending faculty member has arrived. Be certain that the patient's name appears on the schedule.

1. Always obtain a "Start Check" from the supervising faculty member upon review of

the medical history and recording vital signs, and case presentation by the student dentist. At the “Start Check”, the faculty supervisor must observe that your instrument pack is sterile and has not been opened.

2. Attempt to see the patient at least every 30 days (minimum). Every two weeks is preferable.
3. Failure to comply with these rules may result in loss of clinic privileges.
4. Attendance: All students are expected to be present at each assigned TEAM clinic session with their Clinic Care Group (CCG). The TEAM Leader (TL) is responsible for the attendance of each student in his/her CCG. Except for jury duty, unplanned medical leave (acute illness) or personal/family emergency, leave is a privilege and not a student right; it requires advanced coordination, planning and permission of the TL. Leave can also be granted for approved Personal Leave Days (PLDs). All leave requires completion of the *UFCD Report of Planned Leave* form submitted to the Office of Education (Student Handbook p. 34.)

Process to Inform Clinic Care Group of Unplanned Illness Affecting Scheduled Patients

- a. If unplanned absence is determined the during closed clinic time, such as the night before a morning appointment, weekend/holiday before a morning appointment, then the student provider must:
 - i. Contact the patient to inform the patient of the need to cancel the appointment.
 - ii. Inform the patient the treatment coordinator (scheduler) will contact the patient to reschedule the appointment.
 - iii. Enter a contact noted in the patient
 - iv. Call the treatment coordinator to inform of unplanned absence and report steps taken to inform the patient.
- b. If unplanned absence is determined in the AM for a PM appointment, call the treatment coordinator to report the absence.

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4.9 Appointing the Patient

1. Initial Contact

Using the personal planner in axiUm, the student may open a list of their assigned patients by selecting “assigned patients” and the search button to populate the list. The list is an active page in the patient management system allowing the student to select the patient record directly from the list. The student will also be notified of patient assignments by the messenger module in axiUm (Patient Management System) and must treatment plan the patient within four weeks of assignment, however, two weeks is preferable. Be sure to advise the patient that children/ visitors are not allowed in the clinic due to safety concerns. The College cannot provide child care or take the responsibility for child welfare.

Also advise the patient that, except for unusual circumstances such as a recognized disability, friends or family members are not permitted in the dental operatory during dental treatment. This is due to OSHA and infection control regulations. If the

student or the patient has a question regarding this policy, please ask a faculty member or the Associate Dean for Clinical Affairs.

When contacting the patient by phone, always make sure to verify the patient's date of birth and/or phone number/address before communicating PHI with the patient. Document all telephone conversations or other contacts in the contact notes (located in the patient card in axiUm) on the date contacted, or as soon as possible thereafter

2. Treatment Planning

The first appointment with a new patient will usually be for the start of treatment planning. Following the steps below will minimize confusion for the student and the patient:

- a. Obtain and review the new patient's record. Note previously reported health problems which may have been noted in the forms tab on the screening assessment or in the Contact notes, a history of "no-shows," or financial problems.
- b. If radiographs appear adequate and current, complete a radiographic interpretation. This must be done before presenting a diagnostic work-up. If additional radiographs are necessary, they can be scheduled and obtained during the initial appointment. Prior to completing a treatment plan, an interpretation of all new radiographs is to be completed.
- c. The patient will be scheduled for the first appointment with the assigned student dentist for a comprehensive examination, diagnosis and tentative treatment planning. This consists of a thorough review of the patient's medical/dental history, a comprehensive extra/intra oral examination (including periodontal evaluation), an oral health risk assessment, caries risk assessment, and endodontic consultation, followed by the development of a properly sequenced problem list, diagnosis list, and proposed initial disease control (UFCD Phase I) treatment plan.
- d. When you call the patient to introduce yourself prior to the initial appointment, inform the patient that a medication history must be recorded. Therefore, remind the patient to bring all medications (labeled medicine bottles) or to bring a complete list of medications to the appointment. Also inform the patient that he /she will need to bring the Medicaid card, if appropriate, and the name and telephone number of their physician(s).
- e. Inquire as to whether or not the patient is in pain and establish any needed appointments in the Student Oral Surgery Clinic prior to initiating the examination/diagnosis/treatment planning appointment. Confirm the length of time of the appointment (approximately 3 hours) so that the patient can plan accordingly. Remind the patient of the anticipated fee. Since diagnostic casts will be required, plan on taking dental impressions on the first visit. Often, supplemental consults can be obtained in the patient's absence with quality casts, current radiographs, and the patient's record. The need for consults (other than Radiology) will be directed by the attending faculty at the initial appointment.

- f. The attending faculty's review (with approvals) is required on the medical history, extra/intra oral head and neck exam, caries risk assessment, oral health risk assessment, odontogram (dentition chart), periodontal health evaluation, and treatment plan before therapy can be initiated.
 - g. Failure by the student to keep a scheduled appointment at the appointed time or to cancel an appointment without informing the treatment coordinator may result in a diminished grade (at the discretion of the faculty).
3. Treatment Planning - Disease Control (Phase I) Evaluation
Upon completion of ALL initial phase operative treatment and periodontal therapy that includes scaling and root planning, every comprehensive care patient must receive a Phase I Operative and a Phase I Periodontal Re-evaluation. These are now integrated into a Phase I or Disease Control Post-treatment Assessment. This assessment is required prior to moving to the definitive Phase II treatment. The re-evaluation should include a thorough review of the Disease Control Treatment Plan and validation of the completion of those treatments at a satisfactory level. The instructor may discuss the treatment rationale, antimicrobial treatment, future plans for outcomes assessment (bacteriological culture), and health maintenance with the student and the patient as part of this evaluation. When completing the Periodontal Post initial Therapy evaluation, the corresponding template note must be attached to treatment code D4380, and the faculty must approve this note and completed treatment in axiUm. These evaluations must be entered into the treatment notes for the student to proceed with any further treatment.
 4. Patient Communication - Form Letters
The treatment coordinators will have computer-generated form letters for use in routine communication with patients. A copy of all correspondence with a patient will be maintained in the patient's record and notations must be made in the contact notes. Faculty or a treatment coordinator must sign all written patient correspondence.
 5. Cancellations and Broken Appointments
Conversations or other contact actions (left message on voice mail) with the patient regarding cancellations and broken appointments must be recorded in the contact notes in the electronic record. If a patient calls any time before the appointment hour and explains inability to keep the appointment, an event is called a "cancellation." If a patient fails to call before the appointment hour or calls after the time for the appointment, this is a "broken appointment". An explanation for a broken or cancelled appointment should be documented in the contact notes. Before leaving the clinic, advise the treatment coordinator that the patient failed to keep the appointment.

Student failure to keep a scheduled appointment or a "student no-show" will adversely affect clinical performance and could result in the loss of clinic privileges.

4.10 Limited Care Patients

1. Limited Care Endodontics
Some patients (who are not Comprehensive Care, or otherwise assigned for care) may initially present to the Student Oral Surgery Clinic and receive a secondary

referral for stabilization of a tooth by the Endodontic Clinic. The Endodontic Clinic may accept the patient by referral and initiate endodontic treatment to relieve pain and retain a tooth. If a patient is accepted for limited care by the Department of Endodontics, the following guidelines will apply:

- a. At the beginning of the endodontic procedure, a determination of tooth restorability must be made in the progress notes using the endodontic evaluation form. Prosthodontic and periodontal consultations should be obtained to confirm that the tooth is restorable.
 - b. The patient is to be told (and will sign an appropriate release) that following the completion of the endodontic part of the treatment, the tooth should have a final restoration or the tooth may be lost due to fracture.
 - c. Upon completion of the endodontic therapy, the tooth must be temporized so as to be reasonably stable and maintained for a period of at least 3-4 months.
 - d. The patient is informed regarding the need for definitive restoration.
2. Low Needs Self-Recruit Patients
 The “Limited Care Self-Recruit” patient designation described in this policy is restricted to patients in the pre-doctoral program. Patients must receive/complete the standard registration forms: Certification and Authorization, HIPAA, and Patient Rights and Responsibilities form. Team leaders must approve the designation of a “Low Needs Self-Recruit” patient by the end of the first appointment.
- a. If accepted as Limited Care Self-Recruit, so assigned.
 - b. If needs to be a comprehensive care patient, so assigned.
 - c. If they do not wish to become a comprehensive care patient, they will be charged only for the imaging and made “inactive”. They can request that an electronic copy of their images be sent to their dentist.

Minimal Documentation Requirements	axiUm Process
<u>Current Medical History</u>	<u>OSHHX or DMDHX</u>
<u>Oral Cancer Evaluation Findings</u>	<u>TxNote, Diagnostic Codes</u>
<u>Intraoral Exam Findings</u>	<u>Odontogram, PerioTab and TxNote</u>
<u>Radiographic Request and Findings</u>	<u>RADREQ, RADINT/TxNote</u>
<u>Signed Treatment Plan</u>	<u>TxPLan Module</u>

4.11 Special Needs Patients

Health care professionals are responsible for providing comprehensive oral health care to all people; children (6-21 years), adults, (over 21 years), medically-compromised and disabled. People with special needs are defined as individuals who have medical disorders, physical limitations, intellectual impairments, or psychological/social conditions that impact the delivery of oral health care. People with special health care needs, including those aged 0-5 years, often require more time, effort and accommodation by the dental team. In addition, the dental team may need to modify their routine treatment procedures in order to provide care that is appropriate for the needs of the individual. Dental students at the University of Florida provide comprehensive oral health care to people with special health care needs which include

Deleted: <#>Required Proc
 Recruit” Patients
 <#> 1. OMS Medical Hist
 <#> 2. Oral Cancer Exam
 <#> 3. Appropriate Intrao
 <#> 4. Appropriate Radio
 <#> 5. Signed Treatment l

the following disorders or conditions. Any of the following would meet the definition of “special needs” in the UFCD pre-doctoral program.

- Developmentally Disabled
 - Disability occurred before the age of 22
 - Impairment of general intellectual functioning
 - Can be the result of cerebral palsy, seizure disorder, autism, or other neurological conditions
- Physically disabled
 - Long term loss of physical function that substantially limits one or more major life activities. This includes impairments of the sensory functions, neurological, skeletal cardiovascular, respiratory and endocrine systems.
 - Examples include vision loss, deafness, spina bifida, speech disorders and others
- Mentally disabled
 - A mental or behavioral pattern or anomaly that causes impaired ability to function in ordinary life, which is not developmentally or socially normative.
 - Includes anxiety, major depression, bipolar disorder, schizophrenia, OCD, eating disorders and others

- Complex Medical Problems

Any condition which is included in the aXiUm electronic health record, as a “medical alert”*

A summary by category follows.

- Allergies to medications, medical dyes, dental materials
- Alcohol abuse
- Bisphosphonates – IV or oral
- Cardiovascular – (Congenital Heart Disease, Cardiac transplant, Prosthetic cardiac valve, Previous Infective Endocarditis)
- Cancer/Malignancy
- Endocrine disorder
- GI disorder
- Hematologic disorders /bleeding disorders
- Hepatitis C - Active or chronic
- Hepatitis B - Active or chronic
- History of radiation therapy to head and neck area
- Immune suppression (medication induced, chemotherapy, autoimmune condition, HIV/AIDS)
- Premedication necessary for Cardiovascular issues or Prosthetic Joint Replacements
- Prosthetic joints
- Pulmonary /Severe COPD
- Recreational drug abuse
- Severe dementia
- Unstable angina
- Uncontrolled asthma
- Uncontrolled seizure disorder

- Language deficient – Requires translator or similar assistance

4.12 Patient Discharge

Complete a Patient Discharge Summary form for all patients who have completed their treatment plan or who are being discharged for any reason. If for some reason a patient refuses to continue treatment, a registered letter must be sent to the patient with a return receipt requested in the following situations:

1. Patient has provisional restoration(s).
2. Patient is mid-treatment in an endodontic procedure.
3. Patient has been advised to have a biopsy procedure.

Patient discharges can be made only through the office of the Associate Dean for Clinical Affairs by the Patient Advocate. Discharge of all "routine" patients must be cleared as described above. Patient Discharge Summary forms are available through the treatment coordinator. The form must be filled out completely and approved by the team leader.

Patients whose recommended treatment has been completed, and therefore are ready for discharge or maintenance, **must** be seen by faculty in the TEAM Clinic for a discharge post-treatment assessment case completion exam. At this exam, with the student present, the patient will be evaluated to determine that the planned treatment was delivered, that the delivered treatment meets College standards, that the patient is satisfied with his care, and that no further treatment is necessary. Only then will the patient be discharged from the student dentist.

4.13 Urgent Care Needs of Comprehensive Care Patients

1. Patients that are actively assigned for care by a Student Dentist (SD) will be provided with contact information for the SD's Treatment Coordinator (TC).
 - a. Patients who call the Clinic Administration number (273-6820) will have their call forwarded to the appropriate TC.
 - b. Patients who present at the Patient Registration window with urgent issues will be asked to take a seat while the attendant locates the appropriate TC.
 - c. During regular clinic hours the patient will be routed to the SDs Team/ Care Group (CG) for urgent care needs. If the SD is available, he/she will attend to the patient's urgent needs. If the SD is not available, then the Team Leader will assign another SD within the CG to attend to the patient's urgent needs.
 - d. During Clinic Breaks: The patient will contact either Clinic Administration or the TC. If the TC for the SD is present she/he will coordinate with the Team on duty for the appropriate plan of care for the day; otherwise, the TC for the Team on duty for urgent care will handle the arrangements. Patients needing to be seen on these days will be scheduled in the pre-doctoral dental emergency schedule and attended to by the supervising faculty dentist and the dental students hired to help cover team patients' emergencies during the break
 - e. If it is determined that the patient may require an extraction, then the TC will coordinate with the Student Oral Surgery (SOS) front office to schedule the patient for care in the SOS clinic.

2. In the case of the patient who was screened and accepted to be a SD patient but has not yet been assigned for comprehensive care: Calls from this person for urgent needs will be routed to the Student Oral Surgery (SOS) clinic, where he/she will be informed how to become a patient by participation in the lottery. This person should be present at the SOS clinic by no later than 6:45 AM on the days that SOS is open.
 - a. SOS is generally open M-F, but the caller should be encouraged to check with SOS either by going online to our website, or by calling the clinic.
 - b. During breaks, SOS is generally open only Tuesday-Thursday. An exception will be when a holiday falls within these days, or relatively close to these days.
 - c. Persons who call the college of dentistry after hours for emergencies that cannot wait until the next day will be encouraged to seek emergency care at the local Emergency Department. If the emergency is life threatening, then the caller will be instructed to hang up and dial 9-1-1; otherwise, he/she will be encouraged to call back during office hours to coordinate urgent dental care needs with an appointment coordinator (in the SD clinics it will be the TC).

4.14 Appointment Scheduling in Student Dental Clinics

1. Student Dentistry patient appointments are to be set by the Treatment Coordinator (TC) for each Team in the Care Group (or an approved designee). The student may assist the TC with calling patients to set appointments only after he/she has attained a short list of dates the TC determines are available for the student to see the patient. Students should use the provided clinic phones to contact patients, and provide the patients with the call back information for the TC.
2. The student dentist must enter planned appointments into axiUm from the approved and signed treatment plan in order for the Treatment Coordinator to be able to schedule appointments for the patient with the student.
3. Endodontic referral patients: The student dentist names will be maintained on an active rotational list in the Pre-Doctoral Endodontic List. As referrals from outside clinics come into the Endodontic Clinic, the student will be contacted to pick up an orange appointment slip and take it to his/her Treatment Coordinator (TC) to try to schedule the patient with the student.
 - a. When the student retrieves the orange appointment slip from the Pre-Doctoral Endodontic Clinic, his/her name will be removed and added to the end of the list.
 - b. If the patient fails to make an appointment, then the student's name will return to the top of the list, and he/she will be in line for the next referral.
 - c. If the patient presents for the appointment and is not treated (i.e. tooth gets extracted, pt. refuses treatment, etc.), the student's name will return to the top of the list.

4.15 Patient Care Procedures for Students Approaching Graduation

The treatment philosophy for the predoctoral program at the College of Dentistry is that of patient-centered comprehensive care. Consistent with that philosophy, students are strongly encouraged to complete all care for each assigned comprehensive care patient. Equally important is maintenance of continuity of care. As graduation approaches, transfer of care within the TEAM family is facilitated. One of the advantages of the TEAM care concept is seamless transfer of patients, with the approval of the TEAM leader.

Transfers are allowed, with the approval of the student's TEAM Leader, under the following circumstances:

1. The date of assignment is so close to the student's projected graduation date that the student could not complete the care specified by the treatment plan.
2. Care was interrupted by the patient's medical concerns.
3. The original plan was subsequently changed to a more complex plan (requiring additional appointments) which exceed the student's remaining time in school.
4. There was an unavoidable delay in some phase of treatment not under the student's control, e.g., orthodontic treatment or substantial delay in healing.
5. Transfers will be approved when the timeliness and continuity of care are enhanced.

The TEAM leader or the Associate Dean for Clinical Affairs will review the proposed transfer of a patient. These individuals will determine if the patient's care should be completed by the student who wishes to transfer the patient. If the decision is made that the student should complete the care, no transfer will be allowed and the student must complete the case to meet graduation requirements. If the graduating student has not completed care for reasons beyond his control, the TEAM leader will review the progress and attempt to reassign the patient to another TEAM member.

Graduating students should have a final disposition completed for each patient prior to two weeks before graduation, and only a few patients should require an additional disposition during that final two-week period.

Post-Treatment Assessment- Case Completion reviews are conducted prior to discharge for patients with completed care. In the event this cannot be arranged, the record shall be reviewed by the Director of Clinic Operations and Quality Assurance. The patient should be reassigned to a rising 3DN to complete the Post Treatment Assessment- Case Completion assessment. If that is not possible, the Director will review the case prior to patient discharge.

The student who receives the newly transferred patient must review the health history and head/neck exam, obtain appropriate departmental consultation and, if indicated, review and/or formulate a new treatment plan with the attending TEAM leader prior to commencing with additional patient care.

4.16 Treatment and Contact Notes

1. Treatment notes must only be used for treatment or assessments. Contact notes are available in the patient card, and are to be used for notes regarding contact with the patient.
2. Treatment notes must include specific information about the patient's status before the procedure was initiated, health history review and vital signs, medications and materials used, steps of the procedures performed, and the patient's condition at the termination of the appointment. The following criteria for progress notes have been established. For a more complete description, refer to the Clinical Continuous Quality Improvement and Compliance Manual.
 - a. Treatment note entries must use College of Dentistry accepted abbreviations as listed in the Clinic Manual (Appendix F).

- b. Treatment note entries using a general note format must follow the accepted SOAP format for initial appointments and for continuing care appointments. Update the health history and blood pressure for continuing appointments.
 - S - Subjective (what the patient tells you)
 - O - Objective (tests, exams, BP, pulse)
 - A - Assessment (direction to pursue/diagnosis)
 - P - Plan /Procedure
 - NV- Next Visit
- c. A brief medical history review/update must be the initial entry for all clinical procedures.
- d. Treatment note entries must list all materials used in a clinical procedure.
- e. Medications, anesthetics and their dosages and sites/routes of administration must be recorded.
- f. Entries of prescription information must use the “prescriptions” tab in the electronic health record in axiUm and will include the following:
 - (1) Name of drug, dose form, and amount
 - (2) Directions to the pharmacist
 - (3) Directions to the patient
 - (4) Refill instructions, labeling information, and permission for substitution
- g. All student dentist entries into the treatment record must be approved by supervising faculty.
- h. Treatment plan revisions must be recorded in the treatment notes as well as result in an updated treatment plan signed by the patient.
- i. Unexpected outcomes must be recorded in the treatment notes. The Clinical Occurrence Form (COF) should be completed as appropriate. The COF may be completed via link to the infopath form or via paper and submitted to the Office for Clinic Administration, to the attention of the Patient Advocate. The COF does not belong in the patient record.

4.17 Record Audits

- 1. Patient records are audited in all programs by individuals designated by the Associate Dean for Clinical Affairs and the Quality Assurance and Compliance Director.
 - a. Pre-doctoral program - Chart reviews are conducted on all assigned active patients twice per year, fall and spring semester, by the TEAM program.
 - b. Advanced education programs - Chart audits are conducted by the Associate Dean for Advanced Education or designee (Program Director)
- 2. Random patient record audits may be conducted by the Director of Clinical Operations and Quality Assurance in all programs on a routine basis. Focused audits are conducted on students’ charts upon request of TEAM leaders or the Associate Dean for Clinical Affairs. Focused chart audits may be conducted by the Director of Clinical Operations and Quality Assurance if a routine audit suggests a concern that merits further review.

4.18 Informed Consent

1. Obtaining informed consent is a process whereby the patient is informed of the treatment proposed, the need for the treatment, risks of the procedure, alternative treatments, and the consequences of no treatment. This is an extremely important process which must be explained to the patient in words and language understandable to the patient. This should be performed by the assigned student who will perform the procedure(s), and re-enforced by the attending faculty. If staff initially provides the "consent form" to the patient for his review, it should be reviewed by the doctor performing the procedure to allow the patient the opportunity to ask questions of the doctor.
2. All patients receiving treatment must give informed consent in writing. Informed consents must be appropriately signed, dated, and witnessed. They must be obtained from individuals legally authorized to give consent.
3. For more information regarding obtaining proper consent refer to Appendix N.

4.19 Persons Who May Consent to Non-Routine Medical/Surgical Treatment and Sign the Permit

1. Patients 18 years of age or older or legally emancipated, are considered able to make their own decisions regarding health-care, and therefore no other consent is required (Florida Statute 743.07[1]).
2. The following individuals under 18 years of age may give consent if they are:
 - a. Under 18 and ever married (Florida Statute 743.01).
 - b. Under 18, female, and consenting for care or service related to her pregnancy or her child (Florida Statute 743.065 [2]).
 - c. Under 18 and consenting to care for a sexually transmitted disease, alcohol, or drug dependency.

NOTE: An unmarried male parent under 18 may not give consent for himself. He must have consent from a parent/guardian.

3. For minors under age 18, who cannot consent as described above, the following may consent:
 - a. Either parent
 - b. A court appointed guardian
 - c. A person specifically designated in a court order as having capacity to consent to non-routine medical care
 - d. A relative who has been awarded an Order for Temporary Custody by Extended Family
 - e. HRS, but only if the child is permanently committed as a ward of the state (i.e., all parental rights have been terminated)

NOTE: A grandparent or other relative who has custody of the child due to an informal arrangement or who has power of attorney from an absent parent may not consent to

surgery or general anesthesia.

4. Consent shall not be obtained from a patient who is not competent, and the health care provider responsible for obtaining consent shall determine if the patient is competent to consent. If the patient is not competent to consent, document such in the medical record and obtain an opinion regarding competency from a second provider or the primary care physician.
5. For an adult patient (except a developmentally disabled adult), when two providers document that the patient is not competent to grant consent, others may consent on his behalf in the following descending priority:
 - a. A court appointed guardian, authorized to consent to non-routine medical/surgical care, after presentation of valid guardianship papers
 - b. A Health Care Surrogate designated by the patient prior to his incompetence
 - c. If the patient has no guardian and did not designate a health care surrogate prior to his incompetence, consent may be granted by the following individuals. (A note must be made in the chart, by the physician, indicating that the selected individual is acting as the patient's proxy, willing, and available to consent.)
 - (1) The patient's spouse
 - (2) An adult child of the patient or, if the patient has more than one child, a majority of the adult children who are reasonably available for consultation, or a parent of the patient
 - (3) An adult sibling of the patient, or if the patient has more than one sibling, a majority of the adult siblings who are reasonably available for consultation
 - (4) An adult relative or friend of the patient who has exhibited special care and concern for the patient and has signed a Close Friend Affidavit
 - (5) For a developmentally disabled adult who is not capable of consenting for himself, only a court appointed guardian or guardian advocate may consent.
 - (6) A patient or patient's representative who is unable to write shall make a "mark" as his/her signature. The witness(es) to the signing shall use full signature.
 - (7) In an emergency, when the patient is unable or an appropriate individual is not available to consent, two attending providers must document in the medical record (after independent examinations) the existence of the emergency and that the proposed procedure is necessary to preserve the life or health of the patient. Written notification of an appropriate individual shall be accomplished as soon as possible, and a signed written authorization for treatment will be requested.
 - (8) In the case of a dental emergency, parental/guardian consent by telephone is permissible if witnessed by at least two college faculty or staff members. The conversation should be documented in the dental record and signed by the witnesses.

4.20 Patients with Disabilities

Every effort will be made to accommodate patients with disabilities. If a student or patient has questions or needs assistance (for example, to provide "signing" for a hearing impaired patient), contact the Office for Clinical Affairs at 352-273-6820.

1. Hearing Impaired Patients

- a. UFCD recognizes that patients with hearing impairment have the right to emergency and elective dental treatment, and that this right may require UFCD to provide necessary assistance to the patient.
- b. UFCD will make every reasonable effort to provide patient assistance for emergency dental treatment. However, assistance may not always be available on short notice.
- c. To arrange for patient assistance, the dental student or faculty member providing treatment for the patient must contact the Patient Advocate in the office for Clinical Affairs as soon as possible before the appointment. Assistance can be assured only with at least a two week notice.
- d. When assistance is requested, Social Work Support Staff will be contacted. Patient assistance will then be coordinated through the Social Work office.
- e. UFCD will be billed \$25 per hour, two-hour minimum, plus mileage and a parking fee, for patient assistance. These fees are subject to change upon notice from the Social Work Support office.
- f. The person providing the patient assistance will be given the name of the dentist or student, the location of treatment, and the patient name. This information will be available through the Office for Clinical Affairs if needed.

2. Adult Protective Services Act (Elder Abuse - "Vulnerable Adult" Fl statute 415.1034
<http://www.flsenate.gov/Laws/Statutes/2012/415.1034>

The Legislature recognizes that there are many persons in this state who, because of age or disability, are in need of protective services. Such services should allow such an individual the same rights as other citizens and, at the same time, protect the individual from abuse, neglect, and exploitation. It is the intent of the Legislature to provide for the detection and correction of abuse, neglect, and exploitation through social services and criminal investigations and to establish a program of protective services for all vulnerable adults in need of them. It is intended that the mandatory reporting of such cases will cause the protective services of the state to be brought to bear in an effort to prevent further abuse, neglect, and exploitation of vulnerable adults. In taking this action, the Legislature intends to place the fewest possible restrictions on personal liberty and the exercise of constitutional rights, consistent with due process and protection from abuse, neglect, and exploitation. Further, the Legislature intends to encourage the constructive involvement of families in the care and protection of vulnerable adults.

A health professional who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion.

Management of patients who are suspected to be victims of abuse according to the Florida Adult Protective Services Act should be discussed with the Associate Dean for Academic Affairs and the Chief Executive Officer.

Any person 60 years of age or older who is suffering from the infirmities of aging or other physical, mental, or emotional dysfunction to the extent that the person is impaired in his/her ability to adequately provide for his own care or protection is eligible for these services.

A person 18 years of age or older who suffers from a condition of physical or mental

incapacitation due to a developmental disability, organic brain damage, or mental illness, or who has one or more physical or mental limitations which restrict his ability to perform the normal activities of daily living is eligible for these services.

Florida Statutes mandate any person who knows or has reasonable cause to suspect that an aged person or disabled adult is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Registry on the state toll free telephone number: 1-800-96-ABUSE.

Adult protective services investigations will begin within 24 hours of receipt of a report of possible abuse. At the completion of its investigations, reports will be classified as Unfounded, Closed Without Classification, or Proposed Confirmed.

Referrals will be made to criminal justice agencies, the state attorney, the Human Rights Advocacy Committee, Long Term Care Ombudsman Council, and the Office of Licensure and Certification as appropriate.

Adult Protective Services staff will evaluate and assess the need for ongoing protective social services, emergency removal, protective placement, and other necessary social service supports as deemed necessary and appropriate in each individual situation.

Any person required by Florida statute to report a case of known or suspected abuse, neglect or exploitation of an aged person or disabled adult who knowingly and willfully fails to do so or who knowingly and willfully prevents another person from doing so is guilty of a misdemeanor of the second degree.

3. Children Abuse: Fl statute 39.201

<http://www.flsenate.gov/Laws/Statutes/2011/39.201>

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4. Service Animals in Practice:

POLICY NUMBER: UFCD 6.18

CATEGORY: Operations

DATE: January, 2015

POLICY: Service Animals will be permitted to accompany disabled patients in ambulatory care areas provided the animal is not disruptive and does not present a risk to other patients.

APPROVING AUTHORITY: Dean, University of Florida College of Dentistry

CUSTODIAN: Associate Dean for Clinical Affairs

DEFINITION/S: Service animal refers to any guide dog, signal dog, or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items.

REFERENCE/S:

- Americans with Disabilities Act (ADA): www.ADA.gov

- The Department of Justice published revised final regulations implementing the Americans with Disabilities Act (ADA) for title II (State and local government services) and title III (public accommodations and commercial facilities) on September 15, 2010, in the Federal Register
http://www.ada.gov/service_animals_2010.htm
http://www.ehs.ufl.edu/programs/ada/services/service_animals/

PROCEDURE/S:

- Employee's hands shall be washed before and after contact with a service animal.
- Clean up of the service animal is the responsibility of the handler. Service animal wastes may be discarded by flushing down a toilet or hopper. Housekeeping will be contacted for additional cleaning.
- The Clinic Manager, in conjunction with the provider may determine the appropriateness of the presence of other animals in the clinic, in accordance with ADA guidelines.
- Service animals must be on a leash, wear a harness, or be in a carrier while in the clinic.
- The care and supervision of a service animal is solely the responsibility of his/her owner.
- Staff is not required to supervise or care for a service animal in accordance with the ADA guidelines (Sec.36.302 (c) (2)).
- The facility is not required to provide care, food, or a special location for the animal.
- Service animals may not enter areas where invasive procedures are being performed.
- A service animal may be removed from a clinic if that animal's behavior poses a direct threat to the health and safety of others.
- Non-service animals are not allowed in clinic for the protection of patients and staff.

4.21 Reporting of Injuries Resulting From Acts of Violence

The attending faculty directly involved in the discovery and treatment of the patient with injuries resulting from acts of violence shall immediately contact the Associate Dean for Clinical Affairs. Unless otherwise required or authorized by law, the reporting of injuries to law enforcement without patient consent may be considered a breach of patient confidentiality. The Associate Dean for Clinical Affairs will coordinate reporting with Legal Services.

790.24 Report of medical treatment of certain wounds; penalty for failure to report.— Any physician, nurse, or employee thereof and any employee of a hospital, sanitarium, clinic, or nursing home knowingly treating any person suffering from a gunshot wound or life-threatening injury indicating an act of violence, or receiving a request for such treatment, shall report the same immediately to the sheriff's department of the county in which said treatment is administered or request therefor received. This section does not affect any requirement that a person has to report abuse pursuant to chapter 39 or chapter 415. Any such person willfully failing to report such treatment or request therefor is guilty of a misdemeanor of the first degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

1. In accordance with Florida law, 790.24, the following injuries must be reported to the appropriate authority, the county Sheriff's Department:
 - a. Gunshot wounds and other wounds indicating violence must be reported to the appropriate law enforcement agency.

- b. Incidents of domestic violence should only be reported if otherwise reportable as a gunshot wound or other wound indicating violence, or if the victim consents.
 - c. Any such person willfully failing to report such treatment or request therefore is guilty of a misdemeanor of the first degree.
 - d. Sexual assaults of adults, other than sexual abuse of elderly or disabled adults, must not be reported without the consent of the victim.
 - e. Injuries suspected to be a result of abuse or neglect of a minor or disabled or elderly person should be referred to the Department of Patient and Family Services (352-265-0224) for reporting to the Abuse Registry.
 - f. In case the injury to be reported occurs on Shands or UFCD premises, the Shands charge nurse or the Associate Dean for Clinical Affairs, respectively, shall notify the Risk Management office (352-273-7006 or the Department of Legal Services (352-265-8051).
2. Procedures for handling foreign objects removed from patients that indicate an act of violence.
- a. Foreign objects, bullets, pellets, slugs, and wadding from firearms shall be placed in a sealable container. Reasonable care shall be taken not to destroy or alter the item being removed.
 - b. Each container shall be labeled with the patient's name, medical record number, doctor's name, date, time, and signature of witness.
 - c. Security shall be notified to take custody of the objects. Security shall label and place the objects in a security container and shall transport them to the security valuables room. Security shall sign the container and record the time of custody.
 - d. Custody shall be maintained until disposition of the case is determined or the evidence is turned over to the appropriate law enforcement agency.
 - e. Social Work Services can be contacted through the UF Department of Patient and Family Resources at 265-0224 during regular business hours or on the Shands at UF beeper (265-6966), evenings, weekends, or holidays.

4.22 Medication Prescribing/Dispensing Protocol for Antibiotic Prophylaxis and other Medications

- 1. If a patient has forgotten to take his antibiotic premedication, the options are as follows:
 - a. The attending faculty may write a prescription and send the patient to Shands Outpatient Pharmacy or any pharmacy of the patient's choosing. After taking the medication and waiting the appropriate time, treatment can proceed.
 - b. The patient may be reappointed.
 - c. An individual department may wish to provide antibiotics for the premedication for that single appointment, following the appropriate guidelines.
- 2. In the event that a faculty member decides antibiotic prophylaxis is necessary after a procedure has been initiated or completed in a susceptible patient, the faculty member must obtain appropriate medication to be administered within the two-hour window recommended by the American Heart Association.

3. The attending faculty in each clinical area is responsible for prescribing medications for their respective patients.
4. All medications must be prescribed by a properly credentialed faculty and must be recorded in the electronic record and chart and in the medication log present in each clinic (Appendix K).
5. The medication container/envelope must also bear the following information: practitioner's name, patient's name, date dispensed, name and strength of the drug, and directions for use.
6. Medications dispensed according to these guidelines must be dispensed at "no charge" to the patient.

4.23 Management of Hypertensive Patients Requesting Elective Care

1. Patients presenting for elective dental care with a blood pressure reading $\geq 160/94$ mm. require a medical consult and/or physician referral prior to continuing treatment. The blood pressure reading should be verified via two accurate recordings with the proper cuff and at least 10 minutes apart. (In general, "rushing" to an appointment will primarily increase the systolic blood pressure but have much less effect on the diastolic pressure.)
2. Any patient with a diastolic reading >110 mm. should be immediately referred to their physician with a medical consultation as appropriate.
3. Any patient with a diastolic reading >120 mm. should be referred to Shands Emergency Department (ED). The attending dental faculty should contact the ADTC nurse in the ED (5-5-0930) and request the nurse evaluate the patient for possible transport to the ED. An entry should be placed in the dental chart stating that patient was sent to the ED "stat". A medical consultation request form must be completed and signed by the attending faculty to determine status, and all elective dental procedures are suspended until the physician consult request form is returned to the College.

4.24 Guidelines for Management of Pregnant Patients Requesting Elective Care

A pregnant patient, while not considered medically compromised, poses a unique set of management considerations for the dentist. Dental care must be provided for the mother without adversely affecting the developing fetus. The first trimester (first three months) is when organogenesis occurs. The fetus is most susceptible to malformations during this period. The goal of dental care is to minimize the risk of exposure or avoid it whenever possible.

The reference to Pregnancy Risk Factor (PRF) and the letter A, B, C, D, or X immediately following, signifies the Food and Drug Administration Pregnancy categories. (Refer to the list below for a summary of the categories.)

The recommendations listed below are only guidelines and may not always apply. Treatment decisions must be made based on the status and needs of the individual patient in consultation with her obstetrician as appropriate.

Commented [JG19]: Wait
ADCA and OS faculty

1. Treatment During Pregnancy Based on Trimesters

a. First trimester

- (1) OHI
- (2) Plaque control
- (3) Avoid elective treatment.
- (4) Urgent care, but the dentist must do whatever is necessary to relieve pain and infection. (Febrile illness and sepsis have been associated with miscarriage early in pregnancy.)
- (5) Local anesthesia: lidocaine, PRF B is acceptable.
- (6) As mepivacaine (Carbocaine) is PRF C, consider carefully.
- (7) Analgesics: Tylenol or Tylenol with codeine. Avoid aspirin and NSAIDs.
- (8) Imaging: All films necessary to establish the diagnosis should be exposed with appropriate shielding.
- (9) Antibiotics: Penicillin and clindamycin are acceptable to use as both are PRF B.
- (10) Avoid tetracycline as it is PRF D.
- (11) Avoid metronidazole in the first trimester, due to carcinogenicity in rats.
- (12) Avoid benzodiazepines as they are PRF D. (Risk for clefts)
- (13) Avoiding nitrous oxide sedation during pregnancy is suggested.

b. Second Trimester

- (1) Emergency care
- (2) OHI, Scale, polish
- (3) Routine dental care – unless pregnancy has complications. Always monitor blood pressure.

c. Third Trimester

- (1) Emergency care
- (2) OHI, Supragingival scaling
- (3) Routine care is provided for the first 2-3 weeks of the third trimester. Beyond that, routine care is usually deferred until the baby is delivered. This is primarily for the comfort of the mother. This will avoid inferior vena cava syndrome, or supine hypotensive syndrome.

d. FDA Pregnancy Categories (Pregnancy Risk Factor)

Reference: *Drug Information Handbook for Dentistry*, Lexi-Comp, Inc. 2013-14

- A Controlled studies in pregnant women fail to demonstrate a risk to the fetus in the first trimester with no evidence of risk in later trimesters. The possibility of fetal harm appears remote.
- B Either animal reproduction studies have not demonstrated a fetal risk but there are no controlled studies in pregnant women, or animal-reproduction studies have shown an adverse effect (other than a decrease in fertility) that

was not confirmed in controlled studies in women in the first trimester and there is no evidence of a risk in later trimesters.

- C Either studies in animals have revealed adverse effects on the fetus (teratogenic or embryocidal effects or other) and there are no controlled studies in women, or studies in women and animals are not available. Drugs should be given only if the potential benefits justify the potential risk to the fetus.
- D There is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).
- X Studies in animals or human beings have demonstrated fetal abnormalities or there is evidence of fetal risk based on human experience, or both. The risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

IMPORTANT: These are only guidelines and do not always apply. Treatment decisions must be made based on the status and needs of the individual patient in consultation with her obstetrician.

4.25 Biopsy Specimens and Cytologic Smears

When patient history, clinical examination, or appropriate diagnostic tests indicate a need for microscopic examination of abnormal tissue, the tissue must be removed and submitted for histopathologic examination. The decision to submit tissue for histopathologic examination is done according to the *UFCD Guidelines for Removal of Human Tissue*. All tissue which is submitted to the UFCD Oral Pathology Laboratory Service must be accompanied by a completed biopsy/cytology request form and signed by the attending faculty member.

Following microscopic examination, the original histopathologic report will be scanned into the patient's aXiUm record. It is the responsibility of the submitting student dentist to notify the patient personally of the results of the histopathologic examination for patients of the pre-doctoral program. If the patient does not return for follow-up or cannot be contacted by telephone, the student dentist must send a registered letter to the patient's home address advising them to contact the student dentist to discuss the results of the biopsy procedure. Florida statutes prohibit the mailing of biopsy results directly to the patient. All attempts to contact the patient and all discussions with the patient concerning the biopsy results must be documented in the patient record. Inform the patient that he will receive a separate bill from the Biopsy Service at UF for reading the pathology specimen. Pathology services are usually covered under medical insurance.

4.26 UFCD Guidelines for Removal of Human Tissue

Submission of tissue removed from patients for microscopic analysis is the established standard of care to ensure accurate diagnosis and optimal patient care. It also provides written documentation and confirmation of diagnosis, which may be important for risk management and medicolegal considerations.

The following guidelines represent the accepted management parameters for UFCD patients:

1. Informed consent must be obtained prior to removing tissues from a patient. (The exception would be dentin and enamel removal during routine restorative procedures; dentin removed during endodontic preparation; and dentin, cementum, and associated pocket epithelium removed during periodontal scaling and root planning.)
2. Other than the tissues exempted in (1.) above, all patients will be given the option of submission of their tissue for histopathologic examination. (The patient will also be informed of the associated oral pathology lab fee.)
3. All tissues removed for the following indications must be submitted for histopathologic examination.*
 - a. All procedures identified as hard or soft tissue biopsies
 - b. Radiographic alterations or lesions in bone where tissue removal is indicated to determine or confirm the diagnosis includes but is not limited to:
 - (1) All hard or mixed hard and soft tissue removal
 - (2) All apical or periradicular surgical procedures
 - c. Soft and/or hard tissue alterations
 - (1) Where tissue removal is indicated to determine or confirm the diagnosis
 - (2) When there is no response or resolution after conservative treatment to establish adequacy of surgical margins

**Tissues removed by UFCD faculty while treating UFCD patients must be submitted to the UFCD Oral and Maxillofacial Pathology Biopsy service or to the Shands Hospital Surgical Pathology service as appropriate.*

- d. In defined situations, at the discretion of the attending faculty, alterations to this policy could be applied.
 - (1) Extirpation of pulp tissue removed during non-surgical endodontic procedures.

At a minimum, the tissue will receive a gross visual examination. If the tissue appears grossly consistent with the clinical diagnosis (e.g., irreversible pulpitis or pulpal necrosis), and the attending faculty determines submission for histopathologic examination is not indicated (will not alter diagnosis, treatment or prognosis), or the patient is offered but declines microscopic analysis, the attending faculty will so designate in the progress note and sign.
 - (2) Extraction of Teeth

At a minimum, extracted teeth (without soft tissue attached) should be described in the progress note to include tooth number, and diagnosis or reason for removal. The progress note should state that gross examination is consistent with the clinical diagnosis (e.g., non-restorable due to advanced caries).

 - (a) If extraction is associated with orthodontic procedures, the progress note should indicate that the teeth were unremarkable in appearance.

- (b) If a periapical or periradicular radiographic lesion is associated with the extracted tooth, and/or if soft tissue remains on the tooth when delivered, appropriate tissue should be submitted for histopathologic examination. If the patient declines tissue submission, the gross visual description and the patient declination should be recorded in the progress notes and signed by the attending faculty.
- (3) Soft/hard tissue removal associated with periodontal surgical procedures including gingivectomy and/or gingivoplasty, tissue debulking and recontouring, clinical crown lengthening procedures to facilitate impression making or excessive donor tissue from grafting procedures may not require submission for histopathologic examination in the absence of signs or symptoms of pathology. If the patient declines, at a minimum, gross visual inspection confirming the tissue is consistent with the clinical diagnosis should be so noted in the chart and signed by the attending faculty.
- 4) Pre-prosthetic surgery (e.g., alveoloplasty, tori removal)
Tissues removed during pre-prosthetic surgery may receive histopathologic examination. If the patient declines, at a minimum, gross visual inspection verifying tissue was unremarkable in appearance should be entered in the progress notes and signed by the attending faculty.

NOTE: In instances where microscopic examination of tissue is offered and recommended to a patient but the patient declines such service, the record should document that fact and the patient should co-sign the entry.

Appropriate patient care is our primary concern. If the attending faculty determines a specimen should be submitted for histopathologic examination to confirm the diagnosis of a serious systemic disorder, a neoplasm, or a malignant condition, the specimen must be submitted regardless of the patient's financial status. In these rare situations, the College will assume financial responsibility for this service.

4.27 Guidelines For Revmoval of Restorative Hardware

- 1. Offer removed restorative hardware to patient
- 2. Patient accepts removed restorative hardware
 - a. Render removed restorative hardware non-biohazardouse by following CDC/Florida Statutes-Guidelines (decontaminate)
 - b. Turn removed restorative hardward over to patient before departure (same day)
- 3. Patient declines removed restorative hardware
 - a. Render removed restorative hardware non-biohazardous by following CDC/Florida Statutes guidelines (decontaminate)
 - b. Turn removed restorative hardware over to Clinic Administration (same day)

All "non-metal" restorative hardware is to be disposed of by following CDC/Florida Statues guidelines

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5.0 FEES AND COLLECTIONS

5.1 Establishing Appropriate Fees

All students must adhere to the charges listed at all times. Any deviation from the listed fees may be challenged and corrected by a faculty member.

5.2 Patient Accounts and Student Collection Policy

1. Patients acceptable for student treatment must have a screening examination before assignment. These patients' accounts are verified with the Business Office or the treatment coordinator prior to assignment to ensure the balance is zero.
2. The student, with support from the treatment coordinator, is responsible for assuring the patient account is either current or treatment discontinued. Differences between student financial records and patient accounting reports must be reviewed and verified. Questions or problems concerning patient accounts and/or patient account reports should be directed to the Business Office located in D2-6.
3. All balances, regardless of the clinic where the services are rendered, should be collected. This is the responsibility of the treating student dentist. Patients are scheduled with no balance and if they do not pay after the first appointment a balance will develop. The patient should not be rescheduled unless the balance is paid prior to the next treatment. All efforts should be exhausted to collect first time balances, including phone calls and balance letters to the patient. Student dentists are responsible for any balance incurred after the first nonpayment procedure. (For example: if you have completed scaling and root planing on quadrants I and IV on June 1st and the patient does not pay, and you continue treatment (i.e. more scaling and root planing) you will be responsible for paying all charges since you added to the balance without having the patient pay for the previous balance.)
4. Correct fees and codes are in the patient management system. Review with the patient the plan, fees, and payment procedure. Ask the patient to confirm his understanding by printing a copy of the proposed treatment plan. Stress to patients that the fees quoted are estimates only and variations may occur if it becomes necessary to alter the treatment plan. If changes do occur, the patient must sign and be provided with a revised version of the treatment plan.
5. The patient is responsible for paying the appropriate fees for dental care. The student is responsible for collecting patient fees. Make all patient charges and collections on the day of treatment. When treatment is completed, escort the patient to Patient Services (in the lobby). The cashier will accept payment from the patient based on the amount recorded on the gold routing slip/or in the patient management system.
 - a. Under no circumstances can the student accept payment from the patient for dental services performed. If the cashier's office on the first floor is closed, take the patient to the Business Office on the second floor.
 - b. If a patient plans to pay at the next appointment, document this agreement. No patient paying on a "cash basis" should be allowed to continue treatment if fees from the last appointment have not been collected by the next appointment date.

- c. Bring patient payment problems or other special circumstances to the immediate attention of the TEAM leader, treatment coordinator, patient care coordinator, the Business Office, patient advocate or the Associate Dean for Clinical Affairs.
6. **NOTE:** Written approval from the Associate Dean for Clinical Affairs or his/her designee must be obtained before agreeing to personally pay for the dental care of a patient. As a general rule, this practice is not condoned. If a case should arise in which a patient requests that a student remunerate the patient for a particular procedure, or request that the student pay for the dental work, the Associate Dean for Clinical Affairs should be immediately informed.
- a. Charges associated with multiple visit procedures (prosthodontics) should be submitted in full when treatment is initiated. This will not affect any payment arrangement established with a patient. At subsequent appointments, when making payments against these particular fees, a N/C (no charge) entry should be used in the patient management system.
 - b. Patients will not be formally discharged from responsibility until the account balance has been verified as zero, without special approval from the Associate Dean for Clinical Affairs. Before graduation, all patient accounts must be verified as zero.
 - c. The student is responsible for ensuring that current patient information, including address, phone numbers, and copy of state identification card, is on file for each patient. Any changes should be submitted to the patient care coordinator or the Chart Room front desk in Patient Services.

5.3 Third Party Guarantors

If a patient is being sponsored by a social service agency or other third party, the student is still responsible for ensuring that payment will be collected. Before beginning treatment on a patient with Medicaid, verify the patient's eligibility (**this applies to every visit**). Medicaid has multiple managed care plans, and each is slightly different regarding covered services, pre-authorization requirements, and frequency limitations. The specific plan should be selected during registration in axiUm and the Business Office will assist with prior authorization approval after treatment needs are determined. Eligibility can be verified online at the [Florida Medicaid website](#), as well as the various Medicaid managed care web sites. If the patient is not eligible, students **MUST** inform the patient and make other payment arrangements before beginning treatment. Patients may be unaware that they are no longer covered and it is the student dentist's responsibility to verify this. If the patient loses coverage mid-treatment, students must make the patient aware. The patient will be responsible for non-covered charges, as long as a Non-Covered Services form is completed and signed by the patient prior to rendering the services. Omitting this step may result in the student dentist being responsible for the balance. **Assuring eligibility is the student's responsibility at every appointment.** If you have any concerns or questions you need to bring them to the attention of the Business Office, (273-5380).

5.4 Insurance

The insurances accepted in the pre-doctoral program are Medicaid and the Medicaid managed care plans: DentaQuest, MCNA, and Liberty. The plans Dental Health & Wellness and Dental Benefits Providers, Inc. (United) are currently still in the contracting process. Any

other insurances are not accepted as a form of payment in the pre-doctoral program. The student is responsible for collecting fees from his/her patients. However, the patient may be assisted in submitting their insurance claim and receiving reimbursement from their insurance provider once the services have been paid for in full and completed in axiUm. The patient must bring their insurance company's approved claim form for completion. The patient must complete the patient information section of the form. The student or patient must bring the form to the Business Office for completion. The Financial Assistance Counselor will complete and mail the form to the insurance company.

5.5 Contract Policy

Subject: *University of Florida College of Dentistry Title: Policy for Establishing a Financial Contract in the Clinical Care Groups*

Date: August 18, 2008

Approving Authority: . Associate Dean for Clinical Affairs and Quality.

Custodian: Associate Dean for Clinical Affairs and Quality, 273-6820

Purpose:

Financial assistance is needed for many of our patients to continue their treatment in our student clinics. Once a treatment plan is established, many of our patients find themselves unable to afford the lump sum payment for treatment that has been established. This also affects our students and their progression through our clinical curriculum by decreasing the number of patients that will seek treatment. The purpose of this policy is to set up a mechanism for the patient to enter into a financial contract with the University of Florida, College of Dentistry to pay for planned treatment.

Policy:

The University of Florida, College of Dentistry will offer patients the option to pay for services through a contract establishing a payment plan with an appropriate down payment.

Procedure:

- A. *Guidelines to establish a Financial Contract with a Clinical Care Group:*
- Two distinct levels of contracts can be established based on the total cost for the treatment that is planned.*
1. *When the treatment planned is, or will be, billed from \$400.00 - \$600.00 dollars:*
 - a) *At the time the contract is accepted, a minimal down payment of 1/2 of the total amount being billed will be collected. The balance is to be paid in monthly installments.*
 - b) *The contract will be for a set amount of time not to exceed six months. (Minimal payment in this level will be \$35.00/month)*
 - c) *There will be an administrative charge of \$50.00 for contracts between \$400.00 - \$600.00. This fee will be added to the down payment.*
 2. *When the treatment exceeds \$600.00 dollars and up to a maximum of \$3,000.00:*

- a) *At the time the contract is accepted, a minimal down payment of 1/3 of the total amount being billed will be collected. The balance will be paid in monthly installments.*
 - b) *The contract will be for a set amount of time not to exceed 12 months. (Minimal payment in this level will be \$50.00/month.)*
 - c) *There will be an administrative charge of \$75.00 for contracts of \$601.00 and up. This fee will be added to the down payment.*
- B. *To establish a contract, the Budget Payment Form must be completed and approved by a Team Leader. Once approved, the form is sent to the Patient Accounting Office in order for the budget payment to be established in axiUm.*
- 1. *Contracts can be renegotiated if the treatment plan changes during the course of treatment.*
 - 2. *Any treatment provided in a Graduate, Endodontic, Orthodontic, or Oral Surgery clinic will not be covered under the Clinical Care Group contract. These charges must be paid directly to the respective program. No contract will be written if there is an existing balance from another clinic.*
 - 3. *Payments must be current in order for appointments to be scheduled.*
 - 4. *The payment plan will be considered in default if one monthly payment is missed. The entire balance becomes due and is subject to collection after 120 days*
 - 5. *Other options for paying for treatment charges:*
 - 6. *Credit Card (VISA, MasterCard, & American Express).*

3.8 TEAMS Payment Contract Process (per the Business Office)

- 1. Dental student completes the payment contract form, gets it approved in their clinic, and scans the document into axiUm.
- 2. The same day, the dental student brings the patient to the Business Office (D2-6) along with a copy of the patient's treatment plan. NOTE: The required down payment must be made before the payment plan can be set up in axiUm. If the patient is paying with cash, they must make the payment at the first floor cashier window before coming to the Business Office. Any other form of payment can be processed by the Business Office staff in D2-6.
- 3. The dental student will remain with the patient in the Business Office while the Business Office staff verifies that all procedures and correct charge amounts are on the patient's account.
 - a. Any necessary corrections will be communicated to the dental student at this time.
- 4. After the payment contract has been set up in axiUm by the Business Office staff, the patient will then sign the original Budget Payment Agreement form and the axiUm printed contract.
 - a. The Business Office staff will provide the student with 1 copy of the signed forms to be scanned into the patient chart.
 - b. The Business Office staff will provide the patient with a copy of the signed forms.

5. The patient then pays the appropriate down-payment amount.
 - a. Check and / or Credit Card payments will be processed in the Business Office by the Business Office Staff setting up the payment contract and a receipt will be provided to the patient.
 - b. If the patient is paying by cash, they will be directed to the first floor cashiers accompanied by their dental student to make the appropriate down-payment and receive a receipt.
 - i. Patient will bring their copy of the payment contract to the first floor cashier, along with the appropriate documented down-payment amount to be paid.
 - ii. Cashier will attach the patient's receipt to the patient's copy of the payment contract.

NOTE: Any / all additional services performed outside of the contracted procedures must be paid in full at the time of service.

5.7 Voiding Charges

If a procedure/charge is entered in the patient management system that is incorrect for some reason, a faculty member must authorize an adjustment form. The "ADJST" form must be initiated in axiUm for an adjustment.

All patient visits must generate a treatment code entry in the patient management record whether a fee is charged or not. If the fee is to be waived, an adjustment form MUST be submitted with a rationale supporting the reason for the adjustment.

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5.8 Missing Charges Policy

The College of Dentistry has the potential to lose many thousands of dollars in revenue each year if charges are not properly processed in the patient management system. **At any given time, there should be no missing charges over 24 hours in the patient management system.**

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5.9 Treatment of Fellow Dental Students

Dental students are allowed to be treated by other dental students for one-half the normal student patient fee except for prosthodontics and implant procedures. For prosthodontic procedures, consult with the chair of the Department of Restorative Dental Sciences and/or division director of prosthodontics, regarding the appropriate fee. For castings in operative, consult with the division head of operative dentistry. This provision is strictly for student dentists being treated by student dentists in the teams clinics and does not extend to family members, dental assistants, Santa Fe College (SFC) dental hygiene students, or SFC dental assisting students, who must pay standard fees.

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6.0 GENERAL CLINIC PROTOCOL

6.1 Sterilization

UFCD is committed to the highest quality of care and patient safety. All procedures outlined in the Infection Control Document, consistent with UF, state, and federal policies are followed. Students will be instructed in those policies and non-compliance will not be tolerated.

1. Central Sterilization is responsible for cleaning, disinfecting, packaging and sterilizing instruments and handpieces from the student leasing program and select post-doctoral clinics. The methods of sterilization utilized at UFCD are steam autoclaving. All sterilizer units are tested weekly using UFCD's in-house biological monitoring service. Additionally, all loads which contain an implantable device are tested utilizing 3M rapid readout biological monitors. The test results are logged and records maintained for three years. The UFCD Sterilization Manual is maintained in Central Sterilization. The manual outlines the procedures and policies which ensure the efficacy of processing, sterilizing, transport and storage of all critical items. Students are to check out leased instruments from Central Sterilization (D1-28; D2-44 or D3-28).

2. Start-check Procedure

As part of the start-check procedure in clinics, a faculty member will verify that the instruments to be used have been through a sterilization procedure. To accomplish this, the faculty member must see the unopened package of instruments before the dental procedure is started.

3. Sharps Management

NOTE: ALL USED NEEDLES AND SURGICAL BLADES MUST BE DEPOSITED IN SHARP BOXES IN EACH CLINIC OR OPERATORY. FAILURE TO COMPLY will result in counseling and Professional Clinical Variance, leading to a grade reduction in Professionalism. Repeat non-compliance may result in clinic suspension.

6.2 Use of Portable Nitrous Oxide Machines

To use a portable nitrous oxide/oxygen machine, the student must have a statement of approval from the attending faculty member responsible for the student and the patient during that period. This statement must be in the Treatment Notes and signed by the specific faculty member, who has the required qualifications for the use of nitrous oxide/oxygen.

Under NO circumstances may a student leave a patient unsupervised who is under nitrous oxide/oxygen inhalation.

6.3 Predoctoral Implant Protocol

1. Implant Screening: Screening for dental implant treatment in the student program is done by appointment. If the student identifies a potential implant patient, the Treatment Coordinator will schedule the implant consult appointment. Currently, implant consults are available on most Monday through Thursday mornings and Monday afternoons. Consults are available in three clinics: Center for Implant Dentistry, Graduate Periodontics, and Graduate Prosthodontics. For partially edentulous patients, we are providing posterior tooth replacement (i.e. molar or premolar) only. For edentulous patients, we are providing two-implant mandibular overdentures only.

Note: We do not provide care for patients who present with implants placed outside

- of the College of Dentistry. These patients must be referred to Graduate Prosthodontics for evaluation for treatment by a prosthodontic resident.
2. Radiographic/Surgical guides: Once the patient is approved for treatment in the student program, the student dentist will need to work with the assigned resident to make a radiographic guide and a surgical guide. The student will need to expose a periapical radiograph (or panoramic) with the radiographic guide which shows the roots of the adjacent teeth prior to making the surgical guide. Alternatively, the surgeon may request a sectional or full arch CBCT in radiology.
 3. Surgery Appointments: Once the student dentist has completed the surgical guide, he/she may schedule the implant surgery. The student dentist should then go to the receptionist of the clinic where the implant consult was completed to make the surgical appointment. The student dentist must plan on being present for the patient's surgery and show the surgical guide to the surgeon in advance of the appointment.
 4. Restorative Appointments: Restoration of implants is completed in the TEAMS clinics, after a suitable healing period, which is usually a minimum of 8 to 12 weeks, as indicated by the surgeon. Once the surgeon has cleared the patient for restorative treatment, the student will contact the Director of Predoctoral Implant Dentistry to order the restorative components at least two weeks prior to the appointment. Implant restorative kits for the Straumann and Astra implant systems are available through Central Sterilization. Prosthodontic faculty and TEAM leaders are available to supervise the restorative treatment. When removing healing abutments, use a throat pack and tie off any wrenches with dental floss prior to their use in the mouth.
 5. Additional information: To learn more about the clinical procedures, refer to ECO for DEN 7411 Overview of Implant Dentistry. In the "Documents" section, look for the implant lectures entitled "7&8 Fixed Rest Options (implant level) and "13&14 Treatment of the edentulous patient." For additional information on the radiographic and surgical guides, in the "Documents" section, look for the implant lectures entitled "'3&4 Guides."

6.4 Laboratory Utilization

The simulation lab will be available for all scheduled courses and activities. The simulation lab will be available for scheduled and unscheduled practice as described below. Follow the Simulation Lab Scheduled posted outside the Simulation Laboratory doors.

1. Monday through Friday (8:00 a.m. to 5:00 p.m.), students may not practice during a scheduled laboratory session.
2. Monday through Friday (8:00 a.m. to 5:00 p.m.), students may practice when no class is scheduled, All students must be out of the lab 15 minutes prior to any scheduled activity even if it is for their own class. This is to allow cleaning, stocking, and dispensing of materials
3. Course activities or practice sessions with tutors after 5:00 p.m. on weekdays or during the weekends will require scheduling through the Office of Education.
4. The lab is available for "walk-in" practice after hours and on week-ends when not reserved for scheduled activities from 6:00am until 11:00 pm. While locked, students will use their ID card and "swipe" for entrance. For safety reasons, video cameras will monitor the lab.

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5. The lab will be available for UFCD continuing education activities at times that do not conflict with the UFCD curricular requirements. Scheduling of the simulator lab for continuing education activities will be coordinated through the Office of Continuing Education, Office of Clinical Administration, and Office of Education. The lab must be monitored by an individual trained in simulator usage and maintenance and also skilled in the operation of the computer technology.

6.5 Student Responsibilities for Simulation Lab Equipment

Students are responsible for certain aspects related to the care and function of the assigned simulators. These are described below. Students are assigned to one simulator for their entire pre-clinical curriculum. The student's name will be affixed to the assigned station. Each student will be loaned a numbered key to correspond to his numbered drawer. Misplaced or lost keys should be immediately reported to the education resource manager. The replacement fee is \$44.00.

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- A. White butcher paper should be placed on the work bench prior to any lab work.
- B. Students are not to use another student's simulator or station for assigned lab sessions or interchange any parts with another simulator unless reassigned by the educational resource manager or faculty, due to maintenance issues.
- C. Students should inspect their simulator and station at the beginning of each lab period to verify that the units are functional and that the torso or other components have not been damaged or defaced. If damage is noted, the student should report this to the attending faculty and educational resource manager. (Refer to section on "Reporting Damage.")
- D. Students are given a shroud "rubber face" for simulator use and are responsible for replacement at their own cost if lost or damaged beyond use.
- E. Facemasks are removed, cleansed, dried and locked in the assigned drawer at the close of each session. If replacement becomes necessary, the fee is \$80.00.
- F. If a student finds any equipment at their unit that does not belong to them, it is to be immediately turned in to the educational resource manager or the instrument leasing manager.

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6.6 Reporting Damaged Simulator Components

If damage is noted, it should be immediately reported to the education resource manager. If the unit is still functional, the student may proceed with the lab exercise after appropriate reporting has been completed.

If the unit is not functional or the repairs cannot be made within 10-15 minutes, the student will be assigned to another unit, preferably an unassigned simulator. The problem will be reviewed and the student who previously used the unit will be contacted. Follow up steps will be taken as appropriate. Students are ethically and financially responsible for damage or defacement of the simulator torso.

6.7 Student Responsibilities for Simulation Lab Maintenance

The Simulation Lab will be closed and locked at the scheduled time for the class to end.

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The following steps must be completed prior to leaving the lab.

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- A. Stop working 10-15 minutes before the close of the session to allow ample time to clean the area.
- B. Remove the dentiform from the jaw assembly.
- C. Remove, clean, dry, and store the face mask in the locked simulator drawer.
- D. Clean the simulator torso and jaws with wet paper towels. If necessary, use hand soap and water and rinse well.
- E. Do **NOT** use commercial cleansers, abrasives or solvents on the components. These could cause irreversible damage for which students would be responsible.
- F. Clean and dry jaw assembly and place on the simulator base. Turn off the simulator power switch (green), the water pressure valve (up is off), the bench light, the composite curing light, and the computer monitor and help light.
- G. Place the hoses on their proper holder.
- H. Fill the water container (white liter jug) with fresh distilled water.
- I. If the white collection tank is over 3/4 full, decant the water into the sink drain in the wet lab (D3-16), making certain the amalgam stays in the trap and does not go down the drain. (Allowing amalgam to go down the drain is a violation of federal hazardous waste disposal regulations.)
- J. Leave the torso in a folded forward position, stored under the bench top.
- K. Properly dispose of trash, and remove waste and debris from the bench top.
- L. Leave the bench and work area neat, dry, and clean.
- M. Push the stool under the bench upon leaving.
- N. No student is permitted to remove any equipment or material, (i.e.; dentiform jaws and plates, curing lights or any material from the supply table) from the Sim Lab without explicit permission from the educational resource manager, instrument leasing manager, office of education, or clinic administration.

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6.8 Contact Individuals for Assistance

For Scheduling

Office of Education – 273-5950

Continuing Dental Education – 273-8480

For Computer/AV Support

AV Equipment Operator (D3-43) – 273-~~5711~~

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For Simulator Maintenance

Dental Maintenance – 273-8001

6.9 Faculty and Staff Responsibilities for Simulation Lab Maintenance

- A. Faculty using the lab will be issued keys so they may become more familiar with the computer technology and to allow them to set up lab activities at their convenience.
- B. The lab will be opened at least 10 minutes before scheduled activities. (This will vary with individual faculty preference.)
- C. At the beginning of each session, faculty will report any concerns, such as a lack of cleanliness or equipment malfunctions.
- D. Faculty will conclude the class with 10-15 minutes remaining to allow students ample

time for maintenance procedures.

- E. When the educational resource manager is not available at the end of a scheduled course, the last attending faculty to leave the area, or the course director will close the door.
- F. At the conclusion of each session, the areas will be checked for student compliance with the maintenance protocols. Action regarding non-compliance will be initiated as appropriate and consistent with the severity of the incident.
- G. Counseling and suggestions to manage initial acts of non-compliance and promote improvement may be offered by the Associate Dean for Clinical Affairs.
- H. Continued violations and/or serious violations with the intent of misleading faculty or inflicting intentional damage to equipment may result in a lowered performance evaluation in the category of asepsis, patient management, or professionalism (as appropriate). Variance reports will be submitted as required.
- I. In addition, a letter of reprimand from the Associate Dean for Clinical Affairs will be included in the student's permanent academic file.

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6.10 Junior/ Senior Lab Utilization

- A. The Junior/Senior lab will be available for authorized users from 7:00 a.m. to 11:00 p.m. daily (Monday – Sunday), unless reserved for special purposes such as state boards, mock boards, lectures, lab exercises, continuing education, or maintenance work. Advance notice (at least seven workdays) will be given regarding closures and reservations.
- B. All efforts will be made to save some sections of the lab for clinical patient care when clinics are scheduled.
- C. The lab doors will be locked when unoccupied during evenings, on weekends, and holidays. For security and safety, students and staff are to call UF Security if persons enter the lab without authorization or proper identification.
- D. Food and drinks are not allowed in the lab.
- E. No clinical procedures can be performed in the clinical lab, D3-31 (i.e., alginate impressions, face bows).
- F. Sound or music systems may be used in the laboratory provided their volume, content, and use does not detract from the normal operation of the lab and its surrounding clinics.
- G. Scheduling of the lab for continuing education activities will be coordinated through the Clinical Administration Office, activities will not be allowed to adversely impact patient care.

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6.11 Lab Safety

The laboratories are considered hazardous work areas. The risk of injury from chemical, gas, heat, electrical sources, air-driven tools and mechanical equipment in this confined limited space must be understood by everyone. For these reasons, all users must:

- A. Know the location of the telephone and emergency numbers in the lab (wall-mounted on the northeast corner, near the double doors). Know the location of fire extinguishers and exit doors and stairways from the lab.

- B. Know the location of the three emergency eyewash stations in the lab (one on the SE corner next to the single door and two on the model pouring and trimming station in the middle of the lab)
- C. Wear eye protection in the lab at all times.
- D. Know the location of the First Aid box in the lab (mounted on the second column, next to station number 32).
- E. Dispose of broken glass, sharps, and instruments in the sharps container located in the middle of the lab. Large broken glass items must be disposed of separately in a box that is legibly marked “broken glass” and placed near trash receptacles.
- F. Obtain proper training and instructions from faculty or staff members prior to operating or using any unfamiliar or never-used lab equipment.
- G. Report any broken equipment, exposed electrical components, loose or missing parts, gas, air, or water leaks to the [educational resources manager, leasing manager, dental maintenance \(273-8001\) and/or clinic administration.](#)
- H. Report any inappropriate behavior or actions by others that could lead to unsafe conditions to attending staff, faculty, or the Office of Education.

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6.12 Student Dentist Responsibilities for the Clinical Lab Equipment and Stations

Student dentists are responsible for certain aspects related to the care and operation of the lab. A degree of pride and ownership is expected from each assigned student so that the laboratory remains in good condition for continuous use. These responsibilities are described below:

- A. Two student dentists (a Junior and a Senior) are assigned a working station with adjacent storage bins for their tackle boxes. In the event that both students would need to use their assigned station at the same time, a “first-come, first-serve” rule will be followed, with latecomers expected to use another station that may be vacant at that time. Staff members may move students to other stations at any time as various situations warrant.
- B. Prior to working at their stations, students must lay down brown paper on the counter to prevent dirt and debris from accumulating on the work stations. In case of spills, splatters, wax, or acrylic deposits on work station surfaces, students must wipe, scrape, or remove such deposits immediately to avoid build-up.
- C. Each student dentist is responsible for collecting and depositing trash that he has generated in trash containers located throughout the lab.
- D. Student dentists must know the proper care, operation, use, and settings of lab equipment. Contact the attending faculty or staff member for instructions and guidance prior to operating any equipment. Lab equipment is to be used for specified laboratory procedures only. Improper use could render the equipment unsafe for the next user. Use of lab equipment other than for its intended purposes constitutes misuse of state property and may result in follow-up disciplinary sanctions.
- E. All lab equipment is to remain in D3-31.
- F. When using gas or alcohol burners, ensure sufficient distance is maintained from nearby items to prevent accidental melting or burning. Do not place burners directly underneath lamps, shelves, or hoses.

- G. Seal or cap all containers that could spill or leak fumes or chemicals in the air or working surfaces. To ensure efficient vacuum operation at student workstations, avoid suctioning moisture or moist items into suction units.
- H. Casts and prosthesis must be dried prior to grinding or trimming with suction vents on.
- I. Clean suction vents and shields after grinding or trimming.
- J. Report occasions when “Check filter” indicator light comes on to the staff member or make an entry in the Repair Log.
- K. Prior to leaving the lab, students must follow the checklist below. Make sure:
 1. All lathes, desk lamps, burners, and other equipment have been turned off.
 2. Gas and air valves are closed.
 3. Equipment and parts are returned or mounted in their original positions.
 4. Chairs are rolled back into their respective stations.
 5. Tackle boxes are locked and stored only in your assigned stations. No personal equipment or items are allowed on shelves, drawers, counters, and floors.
 6. If the collection drawer was used, all debris must be removed and drawers must be wiped clean.
 7. All work station trash is collected and deposited in trash containers located throughout the lab.

6.13 Laboratory Infection Control

In consonance with the Infection Control Document procedures outlined under Section 9.0 of this Manual, the following guidelines will be followed when working on prostheses that come from patient care clinics:

- A. Polishing or the use of pumice and polishing compounds is not allowed in D3-31.
- B. To polish prostheses, use the Polishing Lab in the predoctoral teams clinics and follow protocol. Since the Polishing Lab is open only during clinic hours, students must plan on polishing their prosthesis according to these hours.
- C. Upon entering D3-31 with disinfected prosthesis, always wear full P.P.E. protection before doing any laboratory procedure. P.P.E. supplies are located within the student dentist’s team clinic.
- D. Rinse prosthesis again prior to performing any procedure. Dispose of transfer bag(s) and exposed paper towels in trash containers.
- E. Disinfect all instruments with approved surface disinfectant prior to leaving the pouring station.
- F. Dispose of gloves, masks, and gowns in trash containers.
- G. Follow other laboratory disinfection and decontamination procedures outlined in Section 9.0 Infection Control.

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6.14 Supervision of Maintenance and Cleanliness of Student Laboratories

Student dentists are responsible for cleaning and maintaining the Junior/Senior Student Laboratory (D3-31). The activity will be supervised by UFCD staff designated by the Associate Dean for Clinical Affairs. If the laboratories are not properly cleaned and maintained, the responsible students will be suspended from the clinics for up to one week. Failure to maintain the third floor clinical laboratory properly can also result in the closure of this laboratory to student use for any period of time deemed proper by the administration. To keep the laboratories in the best usable condition, each person must exercise a professional

“clean as you go” practice as they work in the Lab.

6.15 Student Responsibilities for Polishing Laboratory (in the TEAM clinics)

Wear gown, mask, eye protection (student’s own), and gloves before working in the Polishing Laboratory.

Ensure every prosthesis has been properly rinsed and decontaminated prior to entering the lab. To minimize cross contamination, keep each case in a separate sealed denture bag or cup issued by Clinical Staff dental assistants.

Collect polishing supplies and material prior to opening the bag containing the prosthesis. The use of a unit dose system is important to minimize cross-contamination and waste. Polishing supplies may include:

- A. Buffing wheels
- B. Polishing brushes
- C. Pre-packaged pumice
- D. Scrub denture brushes
- E. Foam tray
- F. Clear plastic bag (24” x 24”)

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Cover the black rubber polishing tray with a clear plastic bag before polishing. Open and lay down supplies on the foam tray to avoid touching other items when polishing. If using an ultrasonic cleaner, place the prosthesis in a separate re-sealable bag using appropriate cleaning solution before placing it in the ultrasonic tray. Refer to posted charts on the wall for the correct cleaning solutions and time settings. Allow sufficient vibrating time prior to removing the bag, and dispose of the cleaning solution immediately in the sink. Dispose of the bag immediately in the trash receptacle.

When finished with the polishing, collect all used material and dispose as follows:

- A. Rinse used brushes and buffing wheels in the sink. Pat brushes and buffing wheels dry with paper towels. Turn these items in to the Clinical Staff for sterilization.
- B. Dispose of the foam tray and plastic cover containing used pumice and paper towels in the trash receptacle.

Place the prosthesis in a new zip-lock bag and seal it tight. Spray approved disinfectant on the sealed bag, all countertops, and equipment surfaces used during polishing. Wipe with paper towels. Spray the approved disinfectant again; leave the second spray to dry (“Spray-Wipe-Spray”). De-glove and wash hands prior to using marking supplies. Report any equipment needing repair or servicing on the maintenance sheet posted on the wall or to the designated staff. Write down needed supplies on the supply request form next to the maintenance sheet.

6.16 Faculty and Staff Responsibilities for D3-31

Faculty will inform the staff responsible for the laboratories of the scheduled courses and lab exams requiring special needs. Faculty will conclude the class with 10 minutes remaining to allow students ample time for clean-up procedures. Faculty will remind students to clean their areas before leaving the lab.

6.17 Checklist for Clinic Maintenance

- A. Operatories (Expectations after use of clinic operatory)

1. Counters and sinks should be clean.
2. Cabinet fronts should be clean
3. Operator's chair, dental assistant's chair, and the dental chair should be clean.
4. No calendars or cartoons should be pasted on walls.
5. Suction tips should be removed from the unit.
6. Saliva ejector tubing should be in place on the unit, without the disposable tip. Tubing should be free of debris.
7. Trash bag should be deposited in clinic trash.
8. Place individual small red bag containing any regulated waste (blood or saliva soaked gauze or cotton rolls) into the "red bag" trash.
9. Paper towels should be in the dispenser.
10. Only approved hand soap, hand sanitizer, and surface disinfectant is permitted near sink area.

B. General

1. Instrument trays, laboratory trays, and other equipment and supplies checked out or borrowed from sterilization must be returned at the end of each clinic session.
2. No linens, magazines, or other materials should be on the tops of the walls separating the cubicles.
3. The oxygen tanks and masks are checked daily and replenished as needed.
4. Emergency kit locks are checked daily. Emergency kit supplies are replaced immediately if used, or replenished when expired.

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C. Maintenance

To ensure the saliva ejector and high volume evacuator (HVE) systems are properly maintained and continue to operate with maximum efficiency, the following care and maintenance shall be performed as indicated:

1. After each patient, suction hoses (saliva ejector and HVE) shall have a cup of water drawn through each line that requires their use. After the water rinse, draw air through the system for a few seconds to clear water from the tubing (student responsibility).
2. At least once each week, but more often if required by usage, all vacuum hoses (saliva ejector and HVE) shall be cleaned, deodorized, and sanitized by suctioning a quart of cleaner (i.e., OR-EVAC from Henry Schein Dental Supplies or PUREVAK from Sultan) prepared according to the manufacturer's instructions, through each hose (dental assistant responsibility).
3. Each week, disposable solid traps shall be replaced. The proper protocol is to be followed for the disposal of the used trap. If suction is weak after the trap replacement, contact Dental Maintenance for assistance. (dental assistant responsibility)

6.18 Handpiece Maintenance and Sterilization Handpieces are among the most frequently used instruments in the dental operatory, thus making them highly susceptible to viral and bacterial contamination. Handpieces represent a considerable economic investment, and because they contain delicate parts and are used from patient-to-patient, handpieces have been described as the "weak link" in infection control. Air/turbine handpieces and electric handpieces leased by students are maintained and sterilized by Central Sterilization. All users should follow the sterilization guidelines found in this document for proper management of

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handpiece sterility. Laboratory handpieces must be maintained by the student and oiled after each use as recommended by the manufacturer.

6.19 Dental Maintenance Service Request

The procedure for reporting maintenance problems on all dental operating equipment is as follows:

- A. Each clinical area has a clipboard with a Maintenance Request log sheet. If any item requires maintenance, list it on the log sheet. Maintenance personnel check this sheet daily and make the necessary repairs.
- B. Report emergency maintenance requests by telephone (273-8001) or email (DN-Maint@dental.ufl.edu).
- C. Any mechanical defect noted in an operatory must be reported to maintenance the same day, whether or not it is your assigned operatory.
- D. Report any major physical maintenance problem immediately to the dental maintenance supervisor (273-8001 or beeper 413-5880) for correction.

6.20 Dress Code

Professional Attire (students, faculty and staff):

During normal school hours, all male faculty members and students must wear a clean, collared dress shirt and tie or college-approved scrub top with dress slacks, or a scrub top and bottom. Shorts and denim jean slacks are unacceptable attire. With the approval of the Department Chair, male faculty members may wear alternative shirt styles.

Male students may wear a standard short/medium white clinic coat over the scrubs. Clinic jackets or lab coats are to be worn buttoned, clean and unstained at all times and should be changed as frequently as necessary to maintain cleanliness. Wearing a clean white lab coat over scrubs while outside the preclinical or clinical area, such as going to the cafeteria, dining facilities, or patient reception areas, is encouraged. While working chairside in the clinics, faculty and students are required to wear the appropriate PPE, including a cover gown (which should replace the white lab coat in this event), when aerosol, splatter, or spray may be anticipated. In the Simulation Lab, or while in any clinic performing pre-clinical procedures, protective eyewear is required.

Skirts and dresses are **not allowed** in the clinical setting as proper ergonomics cannot be effectively achieved, and bare skin may be exposed to aerosol, splatter, or spray. Shorts, divided short skirts, capris, and denim jean slacks are unacceptable attire. Plain or printed T-shirts will not be an acceptable substitute for a blouse. Blouses must be designed to preclude inappropriate chest or cleavage exposure during procedures.

Female students may wear a standard short, medium, or long white clinic coat. Clinic coats must be buttoned and clean. Wearing a clean white lab coat over scrubs while outside the preclinical or clinical area, such as going to the cafeteria, dining facilities, or patient reception areas, is encouraged. While working chairside in the clinics, faculty and students are required to wear the appropriate PPE, including a disposable cover gown (which should replace the white lab coat in this event), when aerosol, splatter, or spray may be anticipated. In the

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Simulation Lab, or while in any clinic performing pre-clinical procedures, protective eyewear is required.

Professional students must wear properly fitting garments and maintain seams and hems appropriately. For example, by the fourth year, the seam may become stressed and expose skin, or the hem may become frayed and present a less than professional appearance. In addition, it increases the possibility of accidentally tripping on the garment. Be aware of the fit of garments when positioned in operator and assisting stools, maintain coverage of skin and do not expose undergarments.

Shoes must be clean and in good repair. Appropriate business shoes would be expected with business attire. Clean tennis shoes of vinyl or leather are acceptable with scrubs. Leather tennis shoes should be predominately white or black, devoid of fluorescent or bright colorings. To avoid occupational exposures, solid and closed toed shoes are required. Shoes must cover the top portion of the foot when in the clinic setting. However, work boots or hiking boots are inappropriate footwear. Open-toed shoes, thongs, sandals or “croc” with holes are unacceptable attire. Everyone should wear appropriate socks so legs are covered by scrubs or socks during seated clinical procedures

Hair must be neatly groomed at all times. In the clinical setting, hair should not touch the patient during procedures, nor should it fall in the field of the operator. Hair should be tightly secured, or contained in a bonnet, so the operator is not inclined to move it out of the way during a procedure with the gloved hand. Usage of hair covers is at the discretion of the department chair and faculty as these are procedure dependent.

Male facial hair should be contained by surgical masks.

Baseball caps and similar athletic headwear are inappropriate attire. Exceptions are made if the attire is for medical reasons, such as chemotherapy.

Fingernails should be clean and trimmed to avoid excessive extension beyond the fingertips. Acrylic nails and nail polish harbor pathogens and are not allowed during the provision of clinical care.

Personal Hygiene:

Dental professionals work in close proximity to the patient’s face and hence must maintain awareness of how personal hygiene affects the patient experience. Use of strong fragrances such as with perfumes, colognes and perfumed body lotions should be avoided when scheduled to care for patients. We enjoy living in a sub-tropical climate, but we need to remain mindful of the effects of this weather on our bodies, and be prepared to minimize its effects upon arrival to clinic. Likewise, consumption of some foods and spices may produce strong body odors and must be avoided prior to providing care to patients. Additionally, professional attire must be clean, tidy and odor free. Daily maintenance of personal hygiene combined with the use of commercially available fragrance free and odor reducing laundry detergents is recommended to help the dental professional practice patient centered care. [Link to: Sensitivity Laundry Detergent Options](#)

Hand-Hygiene: Fingernails must be kept short, clean and neatly trimmed. Fingernail polish, artificial nails (acrylic or gel) and hand jewelry may harbor pathogens and are not acceptable when delivering patient care. Providers should report breaks in skin (hands) that may affect the safety of the healthcare provider or patient. Hands must be effectively washed at the start and

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end of each patient care session. Use of hand sanitizer between hand washing is permitted so long as there is no visible debris on the hands. Hand hygiene procedures are to be performed before donning gloves for patient care, and immediately after removing gloves following patient care.

Hair Maintenance: For safe delivery of patient centered care, long hair must be restrained; and, facial hair must be neatly trimmed and contained within face-masks, otherwise surgical masks.

Clinic Scrubs Policy:

This policy allows students the option of wearing full scrubs along with the existing dress code options with the following guidelines:

- A. The scrubs will be ceil blue in color (top and bottom) for all of the pre-doctoral classes. No other color of top or bottom is permitted for pre-doctoral students, with the exception of hospital call rotations.
- B. The cost of scrubs is the responsibility of the student.
- C. When outside clinical treatment areas, a white lab jacket should be worn over the scrubs. This includes the Communicore, COD hallways, and all dining areas.
- D. Scrubs are considered as “street clothes” and are to be laundered by the student as regular clothing. They should be clean, neat, and well maintained. Scrub tops can be worn untucked but torso and undergarments may not be exposed (for example, when chairside).
- E. For any aerosol or splatter-producing procedure in patient care clinics, a disposable covergown must be worn in addition to the scrub or business attire. The covergown will be disposed of at the end of each clinic session. The white lab coat is not permitted to be worn during procedures involving aerosol, splatter, or spray, unless it is underneath a disposable covergown or will be put in laundry at the end of the session.
- F. For aerosol or splatter-producing procedures involving non-sterile, but disinfected extracted teeth in the simulation exercises, a disposable covergown is required.
- G. For aerosol or splatter-producing procedures involving plastic dentoform teeth in the simulation exercises, a disposable covergown is optional.
- H. For reasons of modesty and/or warmth, solid white (short- or long- sleeved) T-shirts may be worn under the scrub top. This practice is encouraged if inappropriate exposure of the chest area is in question. White T-shirts must be tucked in at the waist.

Personal Protective Equipment (PPE):

The purpose of the personal protective equipment listed below is to protect skin, eyes, nose, and mouth from any possible splashes, spray, spatter, or droplets of blood or saliva produced during simulation exercises or patient contact or treatment. The final decision as to the protective equipment required rests with the faculty in the individual clinic or lab as long as adequate protection is provided in accordance with Florida Statutes, CDC, and OSHA requirements. OSHA Rule 29 CFR 1910.1030

http://www.osha.gov/pls/oshaweb/owadis.show_document?p_table=STANDARDS&p_id=

Guidance as to protective equipment (PPE) usage is available from the Associate Dean for Clinical Affairs, the Department Chair, and the Clinical Affairs Committee. Instructions for the proper donning and removal of PPE are available in Appendix L.

NOTE: Food and drink are not allowed in the simulation lab, clinics, or clinical labs.

A. General:

1. Fingernails shall be kept short and well groomed. Acrylic nails and nail polish harbor pathogens and are not allowed during the provision of clinical care.
2. Hand or wrist jewelry should be removed prior to hand hygiene and donning the protective cover gown and gloves.
3. Hair must be neatly groomed at all times. In the clinical setting, hair should not touch the patient during procedures, nor should it fall in the field of the operator. Hair should be tightly secured, or contained in a bonnet, so the operator is not inclined to move it out of the way during a procedure with the gloved hand. Usage of hair covers is at the discretion of the department chair and faculty as these are procedure dependent.
4. Facial hair shall be covered by a face mask or shield.

B. Disposable Protective Cover Gowns:

1. When entering the clinic you will be dressed as described by the general dress codes described above. Before beginning any procedure which may produce contaminated aerosols, or involve any patient contact which could result in exposure to patient blood or saliva, you must don a protective cover gown.
2. The same cover gown will be worn for the entire clinical procedure unless fluid or blood permeates the cover gown. At that time, the gown shall be changed. Cover gowns may be changed at any time when in the opinion of the person wearing the gown, or the faculty, that change is necessary. Neckties may need to be removed to avoid exposure to contaminated fluids.
3. Disposable protective gowns worn by faculty while covering student clinic do not have to be changed by faculty between patients unless visible contamination occurs.
4. Disposable protective gowns must be removed and properly disposed of prior to leaving a clinic. The gowns must not be worn in hallways or other public areas. When leaving a clinic, place the cover gown in the clear plastic bag for disposal.

C. Gloves:

1. Disposable exam gloves shall be worn for any patient contact or procedure which could result in exposure to patient blood or saliva. Gloves will be pulled over the wrist so as to cover the cuffs of the disposable protective cover gown.
2. Hand hygiene is to be performed (hands shall be washed with soap and water when visibly contaminated, otherwise an alcohol based hand rub may be used) prior to donning gloves and immediately after removing gloves
3. Gloves shall be changed if torn or contaminated.
4. Gloves are to be removed and hand hygiene is to be performed when leaving the dental cubicle to use equipment (telephone, laboratory equipment, etc.). Hand hygiene is performed and new gloves are donned prior to returning to patient care
5. Gloves shall be removed and hand hygiene must be performed prior to handling

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6. Upon leaving the clinic, gloves are to be removed and hand hygiene must be performed.

D. Eyewear:

1. Protective eyewear must be worn by students, faculty, staff, and patients for any patient contact or procedure which could result in exposure to patient blood or saliva.
2. Eyewear in the form of glasses or goggles must have solid side shields. Prescription eyeglasses are acceptable only if they include solid side shields.
3. Chin length face shields may be substituted for glasses or goggles, and must be worn along with a face mask.
4. Eyewear shall be disinfected between patients following the guidelines and materials detailed in the Infection Control Document and in accordance with manufacturer's recommendations.

E. Masks:

1. Disposable masks must be used with the above eyewear even if chin-length face shields are used.
2. Masks must be changed if they become torn, saturated with operator saliva, or otherwise contaminated.
3. Masks are not to be worn outside of the clinic.
4. Masks must fully cover from the bridge of the nose down under the chin.

F. Persons passing through clinics are not required to don clinic attire so long as they do not enter a dental cubicle or treatment room during patient treatment.

- G. A translator or necessary adjunct individual, who remains in the operatory during a procedure, must don the appropriate PPE.

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Identification Badges/Nametags:

- A. Students, faculty, and staff are required to wear their UF picture ID's at all times.
- B. Vendors, visitors and volunteer observers are required to check-in (and out) with clinic administration, where they will be provided with an identification badge to be worn at all time while present in the clinics.
- C. Shands volunteers must be wearing their name badge at all times when volunteering in the dental clinics.

Compliance:

A violation of the UFCD dress code will result in one of the following sanctions pending the type and frequency of non-compliant behavior:

- A. Counseling or dismissal from a lecture, seminar, or exam by the presenter
- B. Counseling or dismissal from a clinic session by attending clinical faculty
- C. Generation of a Professional Variance
- D. Reduction in "professionalism" portion of clinical assessment
- E. Dismissal from clinic by the attending faculty or department chair
- F. Counseling by the Associate Dean for Clinical Affairs for repeated non-compliance.
- G. Suspension from clinical activities for a period to be determined by the appropriate faculty in conjunction with the Associate Dean for Clinical Affairs.

Students should use discretion and present a professional image. If uncertainty exists, the lecturer, or attending clinical faculty should be consulted.

7.0 GUIDELINES AND POLICY REGARDING THE USE OF IONIZING RADIATION

7.1 Introduction

The following guidelines and policy regarding the use of ionizing radiation are to insure maximum radiologic yield of benefit to both the patient and diagnostician while reducing to a minimum the potential risk to the operator (faculty, students, and staff), patient and/or non-occupational personnel in adjoining areas.

7.2 General Policy Statement

The policy of the University of Florida College of Dentistry regarding the use of ionizing radiation will be that endorsed by the American Dental Association, American Dental Education Association, American Academy of Oral and Maxillofacial Radiology, American Board of Oral and Maxillofacial Radiology, the National Center for Devices and Radiological Health (NCDRH), and the State of Florida Department of Health and Rehabilitative Services, Office of Radiation Control. The College of Dentistry will therefore adopt and disseminate any policy changes these organizations may initiate in the future. The College of Dentistry adheres to the philosophy that every effort should be made to keep the dose to all individuals As Low As Reasonably Achievable (ALARA). If procedures are done that require exceeding ALARA recommendation, sufficient justification must be provided that needs to be approved prior to the procedure by the attending radiologist.

7.3 Radiation Safety Program Responsibility

The Director of the Division of Oral and Maxillofacial Radiology is responsible for UFCD policy development and oversight. This includes responsibility for the proper adherence to ADA/FDA patient selection criteria protocol, monitoring the use of ionizing radiation, equipment selection, purchase and calibration, annual inspections, and technical quality assurance. The Director serves as a consultant to all departments and communicates policy and compliance requirements to department chairs. The Director and University Radiation Control have oversight authority for radiation safety compliance in the central radiology area and in all clinical areas outside central radiology where ionizing radiation is used.

7.4 Training/Certification

Students are trained in the safe use of ionizing radiation via didactic and clinical courses, experiences and one competency conducted by the Division of Oral and Maxillofacial Radiology. (Refer to the Clinical Courses Syllabus for detailed course descriptions of DEN 7762L: Clinical Radiography - Radiographic Technique and Interpretation.)

On- the-job-trained dental assisting staff who wish to expose digital sensors are required to take a 1.5 day state mandated training course to expose films and digital sensors, which includes information on the safe use of ionizing radiation. Dental hygienists and certified

dental assistants are qualified by virtue of their training. Diplomas and certificates of completion are kept on file in the Quality Assurance Office.

7.5 Physical Facilities

- A. All existing radiographic facilities and equipment which are used for patients, or for any experimental or research application, must comply with all federal, state University and College regulations.
- B. Radiographic facilities shall be designed or modified to provide student/operator/patient protection from unnecessary exposure to ionizing radiation.
- C. No facilities or equipment used for the production of ionizing radiation shall be constructed, removed or altered without first notifying the Division of Environmental Health and Safety, Department of Radiation Control and Radiological Services (Radiation Control), and faculty in the Division of Oral and Maxillofacial Radiology (Radiology). No x-ray equipment shall be purchased, obtained, installed or used in The College without approval from Radiology and Radiation Control and the Radiation Safety Officer.
- D. A complete inventory of all x-ray generators within the College of Dentistry will be kept on file in Radiation Control and in Radiology.
- E. All x-ray generators will be annually registered with the State of Florida, Department of Health and Rehabilitative Services, as administered by the Department of Radiation Control and Radiological Services. All UFCD generators will be annually inspected. The State of Florida will inspect all generators every five years as per state law.
- F. Image Processing: Image processing shall be monitored on a regular basis (daily if possible) by the radiology technicians in all radiology areas at the time of image capture and before archiving to ensure optimal image quality.

- G. Digital sensors shall be monitored daily for defects, replaced if defective and cleaned once a month. Computer monitors shall be accessed for defects/functionality by Information Technology every six months.

7.6 Criteria for Radiographic Exposure

The following criteria will be required throughout the College of Dentistry:

- A. All patients will be clinically examined and their medical and dental histories obtained prior to diagnostic radiation exposure. A faculty member (dentist) will prescribe the appropriate radiographs utilizing the ADA/FDA Guidelines for Patient Selection Criteria.
- B. College of Dentistry patients will have appropriate x-ray examinations made based on the ADA/FDA's "The Selection of Patients for Dental Radiographic Examinations," Revision 2004, and NCRP Report No. 145, "Radiation Protection in Dentistry", 2003. New patients to the College will be encouraged to bring any recent x-rays, duplicates, or digital image CDs with them during their first visit.
- C. The needs of each patient for diagnosis will determine the frequency of x-ray examinations and not the period of time elapsed since the last visit.

D. Digital sensors must be dispensed to students. Boxes PSP sensors or CCD/CMOS sensors will not be left out for students' unauthorized use. Sensors will not be dispensed to students unless radiographs are ordered in axiUm by attending faculty. Faculty computer entry will certify that requested images are appropriate for the diagnostic need(s) being addressed.

E. Students may remake a radiograph once after consulting with faculty or trained staff. If additional remakes are needed, however, they must be performed under direct supervision of faculty or trained staff.

7.7 Pregnant Patients

Primarily for reduction of potential anxiety, elective radiography on pregnant patients at the College of Dentistry is recommended to be delayed until after at least the first trimester. Emergency radiographs are recommended when the dental risk to the patient outweighs the health and psychological benefit of waiting. Appropriate radiographs should be made as needed to diagnose an oral emergency problem.

As a general rule until 1987, elective exposures of pregnant women to routine x-ray examinations, particularly in the first trimester, were postponed until after delivery. In 1987, the Center for Devices and Radiological Health (FDA) concluded that arbitrarily avoiding elective dental radiography was not necessary. The concept of avoiding radiography during pregnancy generally applies to procedures in which a fetus or embryo would be in or near the primary x-ray beam (as in some medical procedures). For dental radiography, the primary beam is limited to the head and neck region.

Generally, the only radiation that a fetus or embryo could be exposed to is secondary radiation. Uterine doses for full-mouth intraoral radiography have been shown to be less than 1[μ Sv] (without a leaded apron). On the other hand, the uterine dose from naturally occurring background radiation during the 9 months of pregnancy can be expected to be about 75 mrem in view of average background doses on the order of 100 mrem per year. Accordingly, there appears to be no rationale to preclude a properly justified dental radiographic examination because of pregnancy. In some cases radiography may be arbitrarily deferred during pregnancy for purely psychological reasons (FDA Pub. No 88-8273).

Additionally, NCRP Report No. 145, page 67, B2.2: Exposure to the Embryo and Fetus in Dental X-Ray Procedures: "There is always concern when exposure of a female who is pregnant, but not aware of it, occurs. Such exposure happens occasionally during very early, unrecognized pregnancy. The absorbed dose to the embryo or fetus from a dental [radiograph] is small, similar to a gonadal absorbed dose and well below the threshold for deterministic effects. If x-ray exposure is required for adequate diagnosis and treatment for a pregnant person, then the Radiologic procedure should be conducted so as to minimize the radiation dose to the pelvic region. If dental care is to be delayed until after delivery, then exposure should also be delayed. Common dental projections rarely, if ever, deliver a measurable absorbed dose to the embryo or fetus."

7.8 Administrative Radiography

Administrative radiographs will **not** be acquired. These radiographs include those authorized or required by a third party for reasons other than diagnosis, treatment planning, or preventive services. Administrative radiographs are generally unrelated to professional problem solving, to specific oral and dental treatment needs, or to preventive needs of patients. Thus administrative radiographs often result in unnecessary exposure of patients to ionizing radiation as they do not provide a direct health care benefit to the patient.

NCRP Report No. 145, page 16, 3.1.1.3: “Administrative use of radiation to provide information not related to the health of the patient shall not be permitted. Students shall not be permitted to perform radiographic exposures of patients, other students, or volunteers solely for purposes of their education or licensure.”

In accessing the use of administrative radiographs, attention must be directed to **guard against the exclusive use of radiographs for the following purposes:**

- A. Requirements of third-party carriers: To monitor or to verify reimbursement claims for treatment.
- B. Requirements of Dental Specialty Boards: To provide comprehensive and complete documentation of cases treated, including periodic radiographic examination(s) obtained during the course of treatment, which exceed diagnostic/treatment needs of the patient.
- C. Providing training and clinical experiences: Requirements for a specific number of radiographic examinations to ensure the competence of students regardless of the need of the individual patient for such examinations.
- D. Certifying competence: Each student must be competent in the use of ionizing radiation prior to graduation as outlined in DEN 7762L.
- E. Academic reasons: Repeat radiographic exposures must not be obtained for the exclusive purpose of demonstrating technical competence. Patients must not be exposed solely for the purpose of obtaining radiographs that are technically acceptable or perfect if other radiographs cover the area in question adequately and acceptably. “Routine examinations” will not be used on new patients to determine their acceptability as a patient, but will be decided on an individual basis.
- F. Radiographic examinations must not be used **routinely** for the purpose of checking the adequacy of restorative, extraction, orthodontic or other procedures when clinical observations alone will suffice. Post-treatment radiographs are a necessary part of endodontic therapy, implant placement and restoration, and follow-up of treatment as dictated by need.
- G. Exposure to ionizing radiation must not be used solely to develop or maintain departmental case records, to serve as a means for developing visual aids for teaching purposes or to conduct case studies. If patients are to be exposed to ionizing radiation for research purposes, or for clinical studies, the study has to be approved by the "University's Human Use of Radioisotopes and Radiation Committee."

7.9 Radiation Protection

Radiation exposure data is available in the patient’s electronic health record. Calculation of effective dose is possible if required, using information contained therein that includes the clinic where exposure was made, equipment used, exposure parameters, number of exposures, including remakes, collimation employed, sensor used and any patient related factors. Intraoral

and extraoral exposures of patients do not mandate the use of a lead apron when appropriate radiation protection guidelines are followed, unless it is a pediatric patient up to 18yrs of age, or an expectant mother. Appropriate protection using lead aprons while acquiring cone beam CT studies. In addition, for cone beam CT procedures, it is imperative that lower-dose protocols programmed in the units by patient size and gender must be carefully selected to reduce the field of view, and employ exposure parameters that do not compromise image quality while lowering dose significantly.

NCRP Report No. 145, page 26, 3.1.8: “*Leaded aprons for patients were first recommended in dentistry many years ago when dental X-ray equipment was much less sophisticated and films much slower than current standards. They provided a quick fix for the poorly collimated and unfiltered dental x-ray beams of the era. Gonadal (or whole-body) doses from these early full-mouth examinations, reported as large as 50 mGy (Budowsky et al., 1956), could be reduced substantially by leaded aprons. Gonadal doses from current panoramic or full-mouth intraoral examination using state-of-the-art technology and procedures do not exceed 5 microGy (White, 1992). A significant portion of this gonadal dose results from scattered radiation arising within the patient’s body. Leaded aprons do not significantly reduce these doses. Technological and procedural improvements have eliminated the requirement for the leaded apron, provided all other recommendations of this Report are rigorously followed (NCPB, 2001????). However, some patients have come to expect the apron and may request that it be used. Its use remains a prudent but not essential practice.*”

Patient protection will be used in accordance with NCRP Report No. 145 recommendations. All exposures will be performed using the posted appropriate kVp, mA, and time settings. Digital images should be obtained utilizing the manufacturer’s recommendations whereby the highest signal-to-noise ratio is achieved with the optimum contrast resolution. Users of x-ray generating equipment will follow good radiation hygiene practices. During exposures, users will stand in appropriate safe areas, will not hold sensors for patients, and will observe patients so that no unnecessary remakes occur as the result of tube, film, or patient movement. All radiology faculty, x-ray technicians and other departments’ faculty and staff who routinely use ionizing radiation (>3 exposures per week) will wear radiation monitors that are provided by the Department of Radiation Control and Radiological Services. This department will maintain personnel records of exposure and will act accordingly if excessive exposure levels occur.

All supporting technical staff shall be certified in the State of Florida to use x-ray equipment. Radiology faculty should possess appropriate education in oral and maxillofacial radiology. Students shall be closely supervised by faculty or staff during all clinical radiographic procedures conducted on patients. Students shall not make radiographs on patients until they have shown competency in the pre-clinical course in radiology.

All College of Dentistry x-ray generators will be annually tested by the Department of Radiation Control and Radiological Services and every five years by the State of Florida Department of Health and Rehabilitative Services, Office of Radiation Control. These surveys will be kept on record in Radiology and in Radiation Control. Evaluations will include beam quality, geometry, exposure rates, and output. Each department in the College of Dentistry will receive approval from Radiology and Radiation Control and the radiation safety officer prior to the purchase or relocation of equipment.

X-ray beams for intraoral generators will be collimated to the smallest diameter (not greater

than 2.75 inches in diameter) compatible with the techniques used. Long target-to-receptor distances (at least 8 inches; long “cone” technique using 12-16 inch target-to-film distances is preferable) are to be utilized when possible. Extraoral x-ray generators should be collimated so the beam size does not exceed the film by more than 2%. Minimum total filtration shall not be less than 1.5 mm aluminum equivalent for beams produced below 70 kVp, and 2.5 mm aluminum equivalent for beams above 70 kVp.

Use of rectangular collimation will be employed for intraoral radiographic procedures with the exception of occlusal radiographs using #4 size sensor.

All lead aprons and cervical shields must be visually inspected annually for cracks or defects and the results reported to Radiology. Aprons and shields will not be folded but rather hung or draped when not in use. These will be checked by the Quality Assurance Division. Departments will be notified if defective protective equipment is found that requires replacement.

Ultimately, the use of ionizing radiation should directly benefit patients. Its judicious use as a diagnostic tool is invaluable. This policy statement is designed to put the proper use of ionizing radiation into perspective. It is the responsibility of the Division of Oral and Maxillofacial Radiology. Radiology will monitor the use of ionizing radiation, ensure equipment is properly calibrated and tested, and provide technical consultation and assistance to all departments where appropriate.

7.10 Radiology Clinic Protocol

Because of potential problems associated with the misuse of ionizing radiation in diagnostic services, the following procedures will be employed for x radiation used for dental radiographs. Universal compliance is expected.

7.11 Ordering Radiographs

- A. A clinical exam of oral tissues must be performed prior to any initial baseline radiographs (new patients). A health history must be completed, reviewed and signed by faculty prior to exposing any radiographs on new predoctoral patients. An updated signed health history will be necessary for all other patients of record. A radiographic request form (RADREQ in axiUm) must be initiated in axiUm using the forms tab in the patient electronic health record.
- B. Radiographs are to be ordered based solely on diagnostic need. The expected information that will be gained from ordered radiographs must be expected to affect the patient's treatment plan. **Ordering radiographs based solely on time intervals is not considered a diagnostic need.** *NCRP Report No. 145, page 80: “No routine time-based formula for obtaining radiographs will be applicable to all patients in a dental practice. Thus, judgments made for the care of a specific patient, including radiographic examination, can be made only by using training and experience to integrate data into a comprehensive understanding of that patient’s needs.”*

7.12 Operator Preparation

- A. After being dispensed film/sensors, the operator should identify an x-ray operator for use. Before seating a patient, the operator should first cover (plastic bag and stick-on plastic sheets) all surfaces, knobs, and buttons as described by the Infection

Control Policy. An excerpt from this document pertaining to radiology is included in this section.* Supplies are available on a cart in the hallway.

- B. Collect any instruments, cotton rolls, etc., that will be necessary for the procedure. Place them on a patient napkin. Instruments should never come in direct contact with a counter surface.
- C. Place a large plastic utility bag over both the headrest, chair back, and chair controls as a barrier.
- D. Seat the patient and offer the patient the use of an apron. If elected, place the lead apron on the lap and chest. Utilize a thyroid collar when appropriate (18 years of age or less). This is particularly important in the Pediatric Dentistry Clinic. Lead aprons should be offered to all patients. They are recommended, not required, as stated in this document.
- E. Use appropriate barrier techniques and personal protective equipment (PPE), including gloves and masks (as needed), during radiography procedures.
- F. Begin the procedure. Exposed films/PSP sensors should be dried with a paper towel and collected in a "dirty" paper/plastic cup. The outer surface of the collection cup should not be touched by gloved contaminated hands. Sensors, exposed or unexposed, should never be placed in an operator's pocket.
- G. After exposing sensors, return the patient to the waiting area. Before going to the darkroom or the digital scanning area with exposed films/sensors, the instruments and any uncovered operatory surfaces or controls should be cleaned/disinfected as outlined in the Infection Control Policy.

7.13 Processing

See the Infection Control Policy for additional guidance on film development protocol.

- A. PSP Plates: Before going to the scanning area with exposed sensors, the black plastic over-wraps should be removed carefully in the darkened operatory, being careful not to contaminate the sensors with either saliva or white light. Sensors are placed in a carry box and then transported to the scanners where they are handled by bare hands for final processing, mounting, and archiving.
- B. For CMOS or CCD based sensors, a sealed, disposable sleeve must be used for each patient, taking care to inspect it for tears between exposures. This will then be removed post image acquisition.

7.14 Recording of Exposures

After exposure(s), the x-ray unit operator will note any changes in the prescribed technique or number of images acquired in the electronic patient record as applicable. The operator should also indicate the date the images were exposed. Note that the radiology prescription form captures all of this information and can be closed by the operator post image acquisition, once such notes are entered and approved by the attending faculty or radiology certified staff. No images may be deleted from the patient record. With the exception of sensors exposed for endodontic therapy, the radiology procedure information will be maintained in the patient records (including Santa Fe Hygiene Program) in the manner described above. Endodontic faculty will record each exposure made during the course of endodontic therapy of a specific

tooth. When therapy is completed, a total radiation exposure history for that tooth may be entered as one item in the patient's chart, especially if several remakes are made or excessive images are acquired for purposes of completing treatment, with appropriate justification. No images may be deleted.

7.15 Remakes

- A. All requests for remakes of original exposures must be approved by radiology faculty or radiology staff in central radiology and/or by attending faculty in predoctoral clinics. Remakes are not to be made until the student identifies the error(s) on the original exposure and what steps will be taken to correct them. Second remakes will not be done without direct student supervision.
- B. All remake images will be documented in the chart just as original exposures are recorded.

7.16 Patients with Known or Suspected Infectious Diseases

Patients with a known or suspected infectious disease will be treated the same as any other patient, using the normal and proper barrier techniques and appropriate medical consultations as detailed in this section. It is the policy of the Health Science Center and its clinics that students, faculty, and staff participate in the treatment of all patients. Refusal will result in expulsion of students (whether pre-doctoral or advanced education) from the academic program) or termination of employment.

7.17 Use of Radiography Operatories

- A. Extraoral Radiographic Procedures
 - 1. Students, faculty and staff, hereafter referred to as operators, will employ barrier techniques at all times.
 - 2. When available, powder-free gloves should be used for all radiographic procedures.
 - 3. When applicable, operators shall cover with plastic (bags or stick-on sheets) those areas of the chin rest, head restraint apparatus, cassette holder, controls, tubehead and any other areas where contaminated gloved hands will be in contact during patient positioning and exposures.
 - 4. After each extraoral study with PSP or CCD/CMOS, the patient is returned to the waiting area. With gloves still on, all coverings are then removed, being careful not to touch any surfaces. Additionally, after each panoramic procedure, the operator, with gloves on, shall remove and dispose of the incisal positioning pin. Gloves are then removed.
 - 5. All operators should employ barrier techniques at all times. Staff will occupy shielded control room during acquisition to monitor the acquisition process, the patient, and to ensure operator protection from radiation. This will be applicable to cone beam CT and all other extraoral procedures. A member of the public will not be allowed into the acquisition area, without prior consent of the attending radiologist, and that too only if a by-stander is required for a pediatric patient. In such circumstances, the by-stander will be required to adhere to recommended safety protocols including use of appropriate lead aprons, under direct supervision of the attending or technologist.

6. No contrast-enhanced studies are to be performed in the clinics. (What about sialography?) Do we do this procedure? If we do, please describe.
NOTE: For direct digital systems, the patient is released before breakdown, disinfection and finalization of image(s) prior to final archiving.
- B. Intraoral Radiographic Procedure
 1. Operators will employ barrier techniques at all times.
 2. When available, powder-free gloves should be used for all radiographic procedures.
 3. To minimize contamination in a radiographic operator, the following steps shall be taken:
 - a. Before seating the patient, the counter top where instruments and cotton rolls will be placed shall be covered with an opened patient napkin. Instruments should never come in contact with a bare counter.
 - b. Cover the chair headrest, chair back, and side controls with a large plastic utility bag. If large bags are not available, use an individual headrest cover and stick-on plastic sheet to cover the chair controls.
 - c. Cover the yoke and tube head with a large plastic utility bag. Use tape to keep the excess plastic from hanging down from the cone. If bags are not available then pre & post procedure wipes (utilizing an appropriately approved disinfectant) for disinfection shall be used.
 - d. Use stick-on plastic sheets to cover all controls including the exposure button, kVp knob, and timer.
 - e. Once the patient is seated with lead apron in place, mask and gloves are put on. After the procedure has started, contaminated gloved hands shall only come in contact with covered surfaces. If by accident an uncovered area is contaminated, that area shall be wiped with disinfectant soaked gauze.
 - f. All exposed PSP sensors shall be dried with a paper towel and placed in a "dirty" paper/plastic cup. Do not touch the outside of the cup with contaminated gloved hands.
 - g. After the completion of the procedure, have the patient remove and rehang the lead apron on the wall or leave it on the chair seat. Then dismiss the patient back to the waiting area..
 - h. With hands still gloved, all film holding devices shall be disassembled and washed with a brush, soap and water. They should be individually dried and placed in sterilization bags that are provided in each operator. Sealed bags containing instruments are then placed in a collection box located in the hallway.
 - i. Once instruments have been cleaned and bagged, carefully remove all coverings so as not to touch any uncontaminated surfaces. Wipe any areas that are accidentally touched with disinfectant.
 - j. De-glove and carry the "clean" cup holding unwrapped ClinAsept films to the darkroom bare-handed. No darkroom infection control procedures will be needed.
 - k. Before going to the scanner with the exposed PSP sensors, the following protocol should be followed to remove the PSP plastic outer covers:
 - i. After sensors have been exposed, each having been dried and

- ii. dropped in a cup, the "dirty" cup is placed on a patient napkin. The plastic covering of each sensor is opened gently, letting each uncovered "clean" sensor fall into a "clean" carry box which is next to (but not on) the patient napkin. Wrappers are collected on the "dirty" patient napkin. The napkin/"dirty cup" wrappers are then thrown into the trash case.
- iii. The carry box of sensors are taken into the digital scanning area bare-handed and opened bare-handed. No new gloves need to be worn.

Sources:

NCRP Report No. 145, "Radiation Protection in Dentistry," 2003. National Council on Radiation Protection and Measurements.

The Selection of Patients for Dental Radiographic Examinations, Revised 2004. American Dental Association, Council on Dental Benefits Programs, Council on Dental Practice, Council on Scientific Affairs, U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration.

An Update on Radiographic Practices: Information and Recommendations, JADA, Vol. 132, 234-238, February 2001.

8.0 COLLEGE OF DENTISTRY POLICY FOR PROFESSIONAL VARIANCES, SUSPENSION FROM CLINICAL ACTIVITIES AND CLEARANCE FOR GRADUATION

8.1 Professional Behavior

The College of Dentistry expects all dental students to behave as professionals in their dealings with patients, colleagues, faculty and staff and to exhibit caring and compassionate attitudes. These and other qualities will be evaluated during patient contacts and in other relevant settings. The behavior of a dental student reflects on a student's qualification and potential to become a competent dentist. Attitudes and behaviors inconsistent with compassionate care, refusal by or inability of the student to participate constructively in learning or patient care, derogatory attitudes or inappropriate behavior directed at patient groups, peers, faculty or staff, or other unprofessional conduct can be grounds for dismissal.

In conferring the DMD degree, the University of Florida certifies that the student is competent to undertake a career as a dentist. It also certifies that in addition to competency in dental knowledge and skills, the graduate possesses those personal traits essential to the profession of dentistry. Professionalism encompasses altruism, accountability, compassion, duty, excellence and respect for others.

8.2 Monitoring, Reporting and Disciplining Variance in Student Professional Behavior

On occasion, a student may vary from the positive expression of the college's core values by displaying unprofessional behavior. Their actions may be directed not only to individuals but also to property. On such occasions, these variances need to be reported, documented, feedback needs to be given to the student and action may be taken by the College.

8.3 Professional Variance Forms:

A form is available at the college website for reporting variances in student professional behavior: <http://dental.ufl.edu/education/dmd-program/forms-publications/>
This form can be used to document and provide feedback for variances in professional behavior both in clinical and academic settings.

- A. A faculty or staff member observing student deviating from expected behavior must complete the form.
- B. Once the form is completed, the faculty/staff member must meet with the student to discuss the observed behavior and more appropriate alternative behaviors.
- C. The student has the opportunity to respond as indicated on the form if s/he so desires.
- D. Both the student and the faculty/staff sign the form.
- E. Copies of the signed form are given to the student, faculty/staff, and Office of Education.

Forms are maintained the student conduct files in the Office of Education.

All variances are cumulative over the entire course of enrollment in the DMD program.

8.4 Counseling and Disciplinary Action

First offense: The student and faculty or staff member completing the form must meet to discuss the incident and sign the form. The copy of the form distributed to the student will serve as a written warning and self-corrective action is anticipated. A copy of the first variance is placed in the student conduct file in the Office of Education. A neutral third party, as a department chair, Team leader, course director, clinical or education representative should also be part of this meeting.

Second offense: A counseling appointment is completed by the Asst Dean for Student & Multicultural Affairs and appropriate faculty, including TEAM leader, or others as appropriate. At this meeting, the student, faculty or staff member and Asst Dean for Student and Multicultural Affairs complete the form, discuss the incident and sign the form. A plan for corrective action is discussed with student and documented. Record of second variance is placed in the student conduct file in the Office of Education.

Third offense: A counseling appointment is completed by the Associate Dean for Education/Associate Dean for Clinical Affairs and Asst Dean for Student & Multicultural Affairs and appropriate faculty, including TEAM leader, or others as appropriate. At this meeting, the student, faculty or staff member and Asst Dean & Associate Deans complete the form, discuss the incident and sign the form. A plan for corrective action is discussed with student and documented. Record of third variance is placed in the student conduct file in the Office of Education. A suspension from school may be issued at the discretion of the appropriate Associate Dean (see above) or the Associate Dean may elect to issue a "U" grade in the enrolled Professionalism course. Student is referred to SPEC.

Any future variances will result in immediate referral to SPEC.

Some types of behavior may be so egregious as to justify immediate suspension or dismissal of a student. Such behavior might include criminal acts, persistent substance abuse, blatant disregard for patient safety or flagrant academic dishonesty.

8.5 Off-Hour Use of Physical Facilities

Off-hour access to secured areas, such as clinics and classrooms, is prohibited except in dire emergencies. In those emergencies, contact the security guard. Security will record the caller's name, phone number, reason for access, and the room. If there is any question, security will contact the Associate Dean for Clinical Affairs for authorization. These records are maintained for future review. Access to the dental lab, D3-39 (Junior/Senior Lab), is permitted to juniors and seniors 24 hours per day, with the exceptions of special scheduled activities. After-hours access to the simulation lab is available through scheduled sessions with lab monitors providing oversight.

8.6 College of Dentistry Graduation Clearance

All UFCD students must obtain signatures from the various departments and all administrative units to be documented as cleared for graduation.

9.0 INFECTIOUS DISEASE POLICY

10.0 STERILIZATION, DISINFECTION, AND HAZARDOUS WASTES

10.1 Central Sterilization

All instruments and burs used for patient care are leased to the students. Cleaning, packaging, sterilizing, biological monitoring, inventory control and maintenance/replacement of all instruments, burs and handpieces fall under the purview of Central Sterilization in cooperation with the Leasing Manager.

Central Sterilization locations and hours are as follows:

2nd floor D2-44 pick-up /7:30 AM - 5:00 PM Monday – Friday

2nd floor D2-28 drop-off/ 7:30 AM - 5:30 PM Monday – Friday

3rd floor D3-26 pick-up/ 7:30 AM - 12:00 PM & 1:00 PM - 5:00 PM Monday – Friday

3rd floor D3-28 drop-off/ 7:30 AM – 12:00PM & 1:00 PM - 5:00 PM Monday – Friday

To check out and check in instruments from sterilization:

A. Present and swipe Gator1 card.

1. Instruments will not be checked out without the Gator 1 card
2. Students without Gator1 cards must see Leasing Manager immediately
3. All items checked out by students are their responsibility
4. All routine patient care items must be returned on a daily basis

B. Check trays and handpieces after obtaining start check from faculty.

1. If an instrument is broken or missing from a tray, return the tray to sterilization. Notify sterilization staff of broken or missing item(s) and check out another tray. If you do not immediately return the tray, notify the staff when the tray is checked back in
2. If a handpiece does not work, the entire cassette (all components) must be returned to sterilization before receiving another handpiece
- C. When returning items to sterilization, it is best practice to wait for staff to confirm that all returned items are present and removed from dispensary report
 1. Ensure that all components are in handpiece cassette
 2. Be sure all other items are back in appropriate trays
 3. Ensure that all items are in instrument bin
 4. Instrument bin must be disinfected for transport- gloves are not to be worn during transport from operator to sterilization
 5. Do not leave either clean or contaminated instruments in the clinic for any reason

NOTE: Failure to return instruments in a timely manner will result in a Professional Variance
- D. If a patient does not show for an appointment, please return all items to sterilization immediately. Do not keep instruments for a different patient that may be treated later in the day.

10.2 Attire

Clinical personal protective equipment (PPE) such as cover gowns, or gloves must not be worn out of the clinics. If this is worn when retrieving instruments from central sterilization, the clinician will be instructed to remove PPE and perform hand hygiene before being served.

10.3 Instrument Processing

Student dentists must assure extra items and materials are removed from instrument trays. Examples include but are not limited to: gauze, tofflemire matrix bands, Mylar matrix strips, used steam indicators, bend-a brush, dental floss, and paper products (i.e., cotton rolls, cotton pellets, and paper towels).

- A. All disposable blades and sharps must be removed from the cassette tray and properly disposed of in the sharps container located in the operator, prior to returning any tray to sterilization. Failure to do so will result in a Professional Variance.
- B. Burs must be removed from handpieces before being returned to sterilization. Failure to do so will result in a Professional Variance.
- C. Students should be certain all instruments are securely locked in place so they will not poke out the sides and confirm that trays are closed on ALL sides.
- D. Scissors and hemostats that are kept in trays should be open and placed in the clips.
- E. Students are responsible for returning the items they have checked out. Do not give them to someone else to turn in.

10.4 Sterilization

Central sterilization has been used in the predoctoral program for many years. The development of the student instrument leasing program in conjunction with the central sterilization program ensures that all instruments are sterilized before patient care. The Clinical Manual describes the detailed procedures

students must follow to obtain and return their instruments. Instrument processing is done by the Central Sterilization technicians.

10.5 Disinfectants

The following guidelines should be considered in selecting a disinfectant:

- A. The disinfectant should be capable of rapidly killing pathogenic organisms, including tubercle bacillus, and be ADA and EPA or FDA approved as appropriate.
- B. The disinfectant should not be toxic to human tissues.
- C. The disinfectant should not be destructive to items to be disinfected.
- D. The disinfectant should be simple and uncomplicated to use effectively.
- E. The disinfectant should be appropriate for the intended purpose.
- F. The disinfectant should be reasonably priced.

<u>Chemical</u>	<u>Dilution</u>	<u>Contact Time</u>	<u>Activity Level</u>	<u>Shelf Life</u>
<u>Cavicide</u>	<u>none</u>	<u>5 minutes</u>	<u>intermediate</u>	<u>1 year</u>
<u>Opti-cide 3</u>	<u>none</u>	<u>3 minutes</u>	<u>intermediate</u>	<u>1 year</u>
<u>Sodium hypochlorite</u>	<u>1:5</u>	<u>10 minutes</u>	<u>intermediate</u>	<u>1 week</u>

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10.6 Hazardous Waste Storage and Removal

A. Amalgam

Amalgam capsules and scrap amalgam shall be stored in empty and clean alginate containers (with original label removed) labeled "Scrap Amalgam and Amalgam Capsules Only." A yellow Hazardous Waste sticker must also be affixed to the container. Extracted teeth containing amalgam must be placed into a Ziploc bag and disinfected using an EPA- registered disinfectant (such as Opticide) then placed into the white amalgam bucket. The buckets and hazardous waste stickers are available free-of-charge from UF Environmental Health and Safety: 392-8400. They are checked by the Infection Control and Hazardous Waste Compliance Officer monthly. When full, pick-up and subsequent disposal is arranged through UF Environmental Health and Safety Hazardous Material Handling. On-line pick up requests are available at <https://connect.ufl.edu/ehs/HMM/Pages/ChemWaste.aspx>.

B. Lead Foil

Lead foil shall be stored in five gallon buckets labeled "Lead Foil Only" and affixed with a yellow Hazardous Waste sticker. The buckets and hazardous waste stickers are available free-of-charge from UF Environmental Health and Safety: 392-8400. They are checked monthly by the Infection Control and Hazardous Waste Compliance Officer. When full, the buckets are stored in UFCD's Hazardous Waste Satellite Location, D3-23. Pick-up and subsequent disposal is arranged through UF Environmental Health and Safety Hazardous Materials Handling. Online pick-up requests are available at www.ehs.ufl.edu/HMM/pickups/chempick.asp.

C. Hazardous Waste (expired and /or unused supplies and medications)

Examples: nitroglycerin tablets, epinephrine, isopropyl alcohol, acid etchant

Commented [G25]: Should removed?

These products cannot be simply thrown away. They must be stored in a storage container labeled with a yellow Hazardous Waste sticker in a location that patients cannot easily access. Contact Clinic Administration at (352) 273-6820 when chemical products need to be picked up for disposal. Pick-up and subsequent disposal is arranged through UF Environmental Health and Safety Hazardous Materials Handling. Online pick-up requests are available at <https://connect.ufl.edu/ehs/HMM/Pages/ChemWaste.aspx>.

10.7 Dental Mercury Protocol: The primary means by which mercury is absorbed by dental personnel is via inhalation of the vapor from ambient room air. Amalgam scrap and accidental mercury spills in the dental treatment room are sources of potential vapor releases. Other sources in the dental environment include:

- A. Removing/polishing amalgam restoration
- B. Leaking amalgam capsule
- C. Faulty amalgamators
- D. Capsules with residual mercury and amalgam
- E. Improperly stored mercury and/or amalgam scrap
- F. Exposure of mercury or amalgam to heat sources (sterilizers) or warm air

To reduce mercury vapor to the lowest possible levels, the following procedures shall be used:

- A. Use high volume evacuation and water spray when cutting amalgam, removing old amalgam, or adjusting restorations. The rubber dam is to be placed whenever possible.
- B. The amalgamator shall have an enclosure for the capsule and be periodically disassembled to look for and remove accumulated mercury. This will be done by dental assistants and dental maintenance personnel approximately every six months.
- C. After dispensing the amalgam, the pestle and empty mercury “pillow” shall be replaced in the capsule and the capsule halves rejoined (closed). The closed capsule shall then be placed in a scrap amalgam container which consists of a white plastic container labeled “Scrap Amalgam and Amalgam Capsules Only”.
- D. All instrument trays shall be thoroughly cleaned and checked for amalgam scrap before sterilization.
- E. Accidental spills shall be immediately reported to Dental Maintenance (273-8001). A commercially available spill kit is to be used, or a bottle of sulfur or zinc powder is to be spread immediately over any spilled mercury. The residue should be placed in the scrap amalgam container.
- F. Always wear gloves, face mask, disposable cover gown, and proper eye protection when working with amalgam.
- G. Amalgam carving scrap shall be collected and placed in the scrap amalgam container.
- H. Suction traps are to be replaced weekly by dental assistants in each clinic. The used suction traps are to be placed into a Ziploc bag and disinfected with an EPA-registered disinfectant (such as Opticide) then sealed and placed into the amalgam bucket.
- I. Containers shall be stored in each clinic.

Please review Appendix C.: Dental Mercury Hygiene Recommendations, ADA Council on Scientific Affairs (JADA, Vol. 134, November 2003) for additional guidance on the safe handling of mercury and dental amalgam, office engineering considerations for preparation and placement of dental amalgam.

for mercury spill management, and for best practices to reduce mercury release into the dental environment.