Helping Hands of Tennessee Clinic

Policies & Procedures Manual

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## MISSION/VISION STATEMENTS

#### Our mission is to build stronger communities and improve health outcomes for West Tennessee families.

#### We envision a community where marginalized, disenfranchised, and oppressed people have equality to healthcare related served through education and direct access to care.

## PRINCIPLES OF THE DENTAL PRACTICE

* To prevent, improve, restore, and maintain the oral health of the community that is served by **Helping Hands of Tennessee Clinic.**
* To provide dental services that are accessible to everybody is needs by creating: Affordable dental services through our sliding fee scale application process.

A SLIDING FEE SCALE SC HEDULE

#### Sliding Fee Discount Scale is available for patients earning no more than 200 percent of the federal poverty rate. We are happy to help our patients regardless of their ability to pay.

EXTENDED HOURS

#### Currently, we do not offer extended hours.

INTERPRETER SERVICES

#### Spanish Interpreter Services are available

* To treat patients professionally, confidentially and without discrimination based on income, race, insurance status, religion, gender or sexual preference;
* To evaluate and treat dental emergencies via dental treatments, prescriptions, consultations or referrals;
* To decrease the incidence of caries by prescribing fluoride supplements, the application of topical fluoride treatment and the application of pit and fissure sealants when indicated;
* To educate parents and children on the appropriate oral care and the importance of a healthy nutritional program;
* To introduce children to the dental clinic as early as possible; and
* To integrate oral health with overall health.

## DENTAL SERVICES PROVIDED

This clinic offers oral, diagnostic, preventive, and restorative services, as well as emergency services.

Patients needing services not offered at **Helping Hands of Tennessee Clinic** are referred to other sources of care.

Laboratory work for the fabrication of removable and fixed prosthetics will be referred to outside laboratories based on the quality of their services and their ability to meet infection control standards established by the appropriate governing bodies.

## HOURS OF OPERATION

#### Monday – Friday, 8 am – 5 pm

## AFTER-HOURS COVERAGE

#### Patients are advised to contact 911 if they experience an after-hours emergency.

# PATIENT RIGHTS

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## POSTING OF NOTICE OF PATIENTS’ RIGHTS

POLICY

* The clinic shall have visibly posted a notice which has the heading "NOTICE OF PATIENTS' RIGHTS" which contains all the rights provided.
* The notice will be posted in at least one central area where all patients are likely to see it.

PROCE DURE

* Each patient, upon admittance to the clinic, shall be given a written document containing all the rights provided.
* “Patient Rights and Responsibilities” will be posted in the clinic area.
* “Our Commitment to Patients” will be posted in the clinic area.

## PATIENT RIGHTS AND RESPONSIBILITIES

As part of our strong commitment to quality care and customer service, the **Helping Hands of Tennessee Clinic** wants to keep you informed about your rights and responsibilities:

* You have the right to be provided with appropriate information about providers, policies and procedures;
* You have the right to be informed by your dentist regarding your diagnosis, treatment and prognosis in terms you can understand;
* You have the right to receive sufficient information from your dentist to enable you to give informed consent before beginning any dental procedure or treatment;
* You have the right to be treated with respect, dignity and with recognition of your privacy;
* You have the right to refuse treatment, drugs or other procedures recommended by [name of clinic] providers and to the extent permitted by law and to be made aware of the potential consequences of refusing recommended treatment;
* You have the right to reasonable access to dental services;
* You have the right to expect that all communications and records pertaining to your health will be handled in the most confidential manner;
* You have the right to choose a personal care dentist and to expect that he/she will provide and/or arrange for the provision of dental services;
* You have a right to obtain a copy of your dental record from **HHT** in accordance with the law.
* You have the right to express any concern with the staff of **HHT;**
* You have the responsibility to treat others with the same respect and courtesy that you expect for yourself;
* You have the responsibility to ask questions and to seek clarification in order to understand your dental condition and/or treatment;
* You have the responsibility to weigh the potential consequences of not following the advice of your dentist;
* You have the responsibility to cooperate with **HHT** so that we may administer benefits in accordance with your dental plan. Since **HHT** has many different payer sources, it is your responsibility to know what your dental plan coverage allows, the deductibles and co-insurance payments;
* You have the responsibility to keep scheduled appointments with providers or give adequate notice of cancellation to HHT**;**
* You have the responsibility to express concerns to **HHT;**
* You have the responsibility to become familiar with your dental plan benefits, policies, and procedures by reading materials distributed by the respective dental plan. For clarification, you should call the customer service department of the respective dental plan with any questions;
* You have the responsibility to provide information needed by your dentist to enable him/her to provide the most appropriate and effective care;
* You have the responsibility to meet your financial obligations in a timely fashion;
* You have the responsibility to perform visual in mouth examinations on yourself and the responsibility to follow the provider’s instructions regarding home care treatment; and
* Periodically, the **Helping Hands of Tennessee Clinic** will conduct patient surveys as part of our continuous improvement initiatives. By completing these surveys, you are part of the solution.

## OUR COMMITMENT TO PATIENTS

* We provide quality dental care;
* We value each patient as an individual. We take responsibility and initiative to address concerns, issues and feedback to ensure patient satisfaction;
* Our patients’ dental and personal information is treated with respect and the utmost confidentiality
* We facilitate all aspects of our patients’ dental care by informing and educating them about internal resources and guiding them through our processes; and
* We conduct ourselves in a professional manner at all times and contribute to the maintenance of a professional environment.

## HANDLING OF SUSPECTED CHILD ABUSE CASES

PURPOSE :

To provide guidelines to dental staff in the handling of cases of suspected child abuse.

POLICY:

While many dentists do not see themselves as an access site for victims of abuse, many injuries caused by abuse require dental work. Abusers may actually dismiss dentists as being attentive to this issue. Awareness of indicators and commitment to intervening may make the dental practice one of the safest access sites for a patient. Dental staff have an ethical and legal responsibility to protect the safety of children in the practice.1 In adherence to state law, mandated reporters who have reason to believe that child abuse is occurring must report this information to the appropriate authorities.

PROCE DURE :

Assess the child for indicators of neglect, physical abuse, sexual abuse or emotional abuse. The dental indicators of physical abuse are as follows:

* Knocked out teeth;
* Broken teeth;
* Malalignment problems (especially temporomandibular joint [TMJ] pain and dysfunction);
* Buccal/lingual ecchymosis;
* Attendant injuries around the mouth and face;
* Explanation of injuries inconsistent with injury;
* Follow-up after mandibular or alveolar fractures;
* Emergency visits;
* Failure to attend follow-up visits;
* Reluctance of the parent to leave the child alone with the dental provider; and

1 ADA Code of Ethics. <http://www.ada.org/~/media/ADA/About%20the%20ADA/Files/code_of_ethics_2012.ashx>

* Noncompliance with treatment regimens.

If the dental provider feels that the child is being abused, he or she must report that suspicion to the appropriate state authorities

# CONFIDENTIALITY

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## CONFIDENTIALITY

PURPOSE

To protect the confidentiality of patient information and patient medical records as required by federal and state laws.

POLICY

Information known or contained in the patient’s medical or dental record shall be treated as confidential and will be released in appropriate circumstances only with the written consent of the patient or legal guardian. All employees who have access to patient information, including temporary personnel, must review the Protocol for Release of Medical Information. In addition, the Confidentiality Agreement *(sample below)* will be signed by all employees at the time of orientation to reflect their understanding of the policy. All persons providing services at Helping Hands of Tennessee Clinic who have access to information concerning patients, including employees, staff, students and volunteers, must hold such information in strict confidence.

PROCE DURE

#### Discussions/Conversations

In the provision of quality care, dialogues involving patient care and treatment are inherent; however, discretion in public areas is very important. It is the responsibility of all employees, staff, students and volunteers to refrain from discussing patients in inappropriate places (e.g., elevators, corridors). This information should not be discussed with anyone in the clinic unless it pertains directly to their job, and then the discussion should be away from public areas. Confidential information should never be discussed with persons outside the health center.

Conversations regarding patients in elevators, corridors, or other public areas of the health center are considered a breach of patient confidentiality.

#### Medical Records

Information gathered through contact between patients and health care providers at the Health Center is privileged and confidential. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to, hard copy, photocopy, microfilm or automated/electronic form. The

information on a patient’s chart is confidential and cannot be disclosed without the patient’s knowledge and consent. There are occasions when there is a legal obligation or duty to disclose information.

Requests for patient information will be directed to the Medical Records department. Disposition of such requests will be in accordance with the Health Center’s established policy and procedures for Release of Information.

## CONFIDENTIALITY AGREEMENT

I agree that it is my responsibility to protect and preserve the confidential nature of all information concerning the patients of **Helping Hands of Tennessee Clinic**. I agree to use all information to which I may have access as an employee of the **Helping Hands of Tennessee Clinic** only in the performance of my duties as specified by my supervisors. I shall not release such information or any other confidential information concerning clients to any outside source unless specifically authorized to do so.

Therefore,

* We should be very careful where we collaborate. No discussions should ever take place in elevators, corridors, the staff lounge, etc.
* We should not, under any circumstances, discuss patients with family, friends or acquaintances inside or outside of the clinic; and
* Except in situations where a patient is discussed on a professional-to-professional basis, patient permission must be obtained before interdepartmental discussions regarding their cases may take place.

I understand that if I violate this agreement, such violation may be considered grounds for disciplinary action, up to and including termination of service and may reflect on any further references given by **HHT.**

Print Name

Signature Date

## RELEASE OF INFORMATION

PURPOSE

To define the policy of HHT, in accordance with applicable law, regarding the release of medical record information.

POLICY

All information contained in the medical record is confidential and shall be disclosed only to authorized persons in accordance with this policy. All requests for copies of information shall be handled by the Medical Records Department **or dental department.**

This policy shall in no way interfere with the appropriate exchange of information between Health Center departments. However, all Health Center staff should be aware of the patient’s right to privacy and the Health Center’s (and therefore Health Center employees’) obligation to maintain the confidentiality of patient medical records and to act accordingly when responding to requests for information.

Judgments about what, when, and how to release confidential medical information must be made with the following considerations:

* Protection of the patient’s right to privacy; and
* Pertinent statutes, regulations and legal rulings.

PROCE DURE

A properly signed Authorization for the Release of Medical Information form is required before information can be released to anyone other than the subject of the medical record. This includes but is not limited to requests from the following:

* Attorneys;
* Governmental agencies (Social Security Administration, Veterans Administration, etc.);
* Relatives (including spouse) and friends;
* Private insurance companies; and
* Physicians, if not the attending or a member of the Health Center medical staff who requires the record for patient care.

A signed release of information is usually not required in the following situations:

* Review by a third party payer;
* Review by Medicare if the request is made in connection with a claim;
* Review by Medicaid;
* Inspection upon order by authorized representatives of the Department of Public Health;
* Release to a medical staff member who attended the patient;
* Release to organized Health Center committees (e.g., Medical Records, Quality Assurance, etc.)
* Response to subpoenas; and
* At the request of reviewers from the Joint Commission of the Accreditation of Healthcare Organizations.

THE PATIENT’S RIGHT TO HIS/HER MEDICAL RECORD

Although the medical record is the property of the Health Center, the patient has the right of access to information contained within the medical record. If the patient requests copies of his/her medical record, the Medical Records Department shall be notified and upon presentation of a signed patient authorization and proper identification, the Medical Records Department will process the request for the nominal fee of zero dollars.

#### Content of the Authorization

To be valid, a patient’s authorization to release medical information must:

* Identify the patient;
* Generally describe the health care information to be disclosed;
* Identify the person or entity to whom the health care information is to be disclosed;
* Be given by one of the following means:
  + In writing, dated and signed by the patient or the authorized patient representative, or
  + In electronic form, dated and authenticated by the patient or patient representative using a unique identifier, and
* Not have been revoked by the patient or the patient’s legal representative, either of whom may revoke their authorization at any time upon proper notice to the Health Center, provided that the Health Center has not already acted in reliance on the authorization.

All authorizations must be permanently retained within the medical record.

#### Verbal Requests

All requests for medical record information should be in writing. The only exception is a request from another health care provider currently treating the patient. In such a situation, the medical record information may be read over the telephone to the physician treating the patient after Medical Records has verified the identification of the requesting party and the fact that the patient is receiving treatment from that party. A written authorization from the patient should be requested after the fact.

When medical record information is disclosed verbally, it must be documented within the medical record. Documentation should include the name of the requesting party, the date and time the information was released, generally describe the information disclosed over the telephone and the method of verification.

## SAMPLE AUTHORIZATION TO RELEASE PATIENT RECORDS

Patient Name: Date of Birth: Phone number:

I **authorize** HHT **to transfer my dental records to:**

#### Through the following methods (circle and describe all those that apply):

|  |
| --- |
| **Mail**  *provide address records will be sent within 2 weeks* |
| **In-person pick-up** |
| **Email** |

Date

Employee Signature

Print Name

## INFORMED CONSENT

PURPOSE

To ensure that any patient receiving dental surgery or procedures that involve risk will be fully informed as to all risks, benefits and alternatives prior to giving consent.

POLICY

Patients undergoing any dental surgery or procedures that are invasive (e.g., extractions) will be given full information as to the risks, benefits and alternatives of the procedure by a person knowledgeable and experienced about the procedure or surgery. Appropriate informed consent will be obtained in all cases. If the patient is a minor or not competent to make such decisions, such information will be given to and consent obtained from the parent or legally appointed guardian. The consent form must be documented in the patient’s medical record. A patient may withdraw consent at any time prior to treatment regardless of whether a consent form has been signed.

PROCE DURE

The dental staff will obtain a signed consent form for all dental surgical or other procedures that involve risk to the patient before the procedure is begun. All patients will be informed of the risks, benefits and alternatives by the provider performing the procedure or a qualified designee who is knowledgeable about the procedure. The patient (or legal guardian) may sign the form after being informed about the procedure. The signed informed consent

form will become part of the patient’s permanent medical record.

## INTERPRETER SERVICES

PURPOSE

To serve the needs of hearing-impaired patients or those with a limited ability to speak English, interpreting services are offered to patients.

POLICY

The role of the interpreter is to provide accurate and impartial interpretation to enable the provider and patient to communicate as if there were no language barrier, thus ensuring the quality of care.

PROCE DURE

#### We have interpreter services at our dental location.

## PATIENT COMPLAINTS/INCIDENTS

PURPOSE

To ensure that all serious complaints and incidents involving patients are investigated and resolved. A serious complaint is defined as one involving violation of federal, state, and/or local laws, standards of care for dentistry or ethical standards.

POLICY

The clinic has developed a formal process that assures prompt and complete investigations of all serious complaints that are filed against employees of the clinic or members of its professional staff. The process shall include, at a minimum, the following provisions:

* The Dental Director will be the person responsible for overseeing the investigation of serious complaints lodged against an employee or member of the professional staff.
* A reporting procedure will be established which assures that the Dental Director will receive within one day from clinic staff, in writing, reports of serious complaints.
* The Dental Director will develop a written process of investigation which shall include the following:
* A fact-gathering process that will be utilized, including provision for interviewing of a patient complainant
* Creation of a complaint file that includes the original report of complaint, progress reports as the investigation is carried out and the outcome of investigation including action taken, if any;
* Notification of the complainant of the outcome of the investigation.
* The serious complaint files are kept in a locked cabinet in the Dental Director’s office. They will be made available at the request of the appropriate agents.

PROCE DURE

**HHT** prides itself in providing service and care that meets or exceeds the standard of care for the dental profession as well as maintaining compliance with all applicable federal, state and local laws and regulations. Failure to meet these standards is a serious matter. Staff members are required to report any serious complaints to the Dental Director within one day of the occurrence of the incident. This is necessary to ensure that corrective action can be taken and will be facilitated by the following process:

* The Dental Director has oversight in the investigation of serious complaints lodged against an employee or member of the professional staff.
* All individuals (professional staff, administrative staff, patients and guests of the clinic) are encouraged to report such serious matters since they can have a significant impact on patients and team members. Resolving complaints is in the best interest of the patients we serve.
* Reports should be in writing and either mailed, faxed or emailed to:

#### Sabrina Blue, 1408 North Highland Avenue, Suite 102, Jackson, Tennessee 38301

* Upon receipt of serious complaints, the Dental Director will immediately create a file and begin a process of investigation. The process includes:
  + Gathering of facts, including interviewing the complainant. All efforts will be made to arrange for a time and place convenient for the complainant. Confidentiality will be assured so that only those individuals with a need to know will be informed about the complaint.
  + The file will contain at a minimum, the original report of complaint, progress reports as the investigation is carried out and the outcome of the investigation, including actions taken.
  + Serious complaints will be processed as expeditiously as possible, and all attempts will be made to complete the process within 15 days.
  + Upon completion of the investigation, the complainant will be informed about the outcome of the investigation.
  + The clinic pledges not to make retribution against person(s) filing the complaint.

SERIOUS INCIDENTS

PURPOSE

To establish a process for the investigation and response to serious incidents involving patients of Helping Hands of Tennessee Clinic.

POLICY

The clinic shall file a written report with the appropriate authorities of any serious incident occurring on the premises covered by its license and which seriously affects the health and safety of its patients. This written report shall be filed within one week of the occurrence of the incident; provided however, that the clinic also immediately reports by telephone to the appropriate authorities any of the following which occurs on premises covered by its license:

* Fire;
* Suicide;
* Serious criminal acts; or
* Pending or actual strike action by its employees, and contingency plans for operation of the clinic.

PROCE DURE

Any patient death that occurs in the clinic will be reported to the State Board of Dentistry. This includes any deaths that occur in another facility to which the patient was referred by the clinic so long as the clinic is made aware of the death by the referral facility.

When a patient death occurs in the clinic, the dentist who was treating and/or responsible for the said patient must submit a completed written report to the State Board of Dentistry.

The report must be submitted within 14 days of the death. The report will be sent to the Board via Certified Mail.

Failure to comply with laws governing the practice of dentistry in the State could result in the license, certificate or registration of the dentist being revoked, suspended or placed on probation for failure to comply with the reporting requirements.

# REFERRALS

# 

## EMERGENCY PATIENTS

PURPOSE

To provide referral information on local sources of care to patients needing emergency care when the clinic is closed or when a dentist is not available.

POLICY

The clinic will provide referral information for patients who need emergency services during hours when it is not open or when a dentist is not available. This information will be available on the clinic’s answering machine or

provided by the clinic’s answering service. Every attempt will be made to refer patients to another dental provider that is as geographically close as possible and that is open at those hours. As a last resort, patients will be referred to the closest hospital that has an Emergency Department. This referral information will be in a written communication that is made available to all the clinic's patients.

PROCE DURE

* The clinic will post the after-hours protocol to include the number for the patient to call for after-hours emergencies and the location of the nearest hospital with an Emergency Department. This information will be posted where it will be visible to patients when they arrive at the closed clinic.

## SPECIALTY SERVICES

PURPOSE

To aid in referring dental patients who need services that are not provided by Helping Hands of Tennessee Clinic.

POLICY

The dental clinic will attempt to identify, recruit and establish formal referral arrangements with specialists (e.g., orthodontists, endodontists, or oral surgeons) in the area who are willing to accept patient referrals. If local specialists are not available, the clinic will attempt to establish referral arrangements with specialists in more remote locations, such as dental schools or hospital-based clinics.

#### [formal referral agreements should be executed between the health center and the provider. The National Association of Community Health Centers has a referral Agreement template that can be purchased for a small fee: [www.NACHC.com](http://www.nachc.com/)]

PROCE DURE

The dental reception staff will be responsible for maintaining and updating the list of specialists who are willing to accept patient referrals from the dental clinic. They will provide referrals as needed from this list for patients needing specialty services. The reception staff will give the referral form to the patient to take along on the specialty appointment. The dentist or hygienist will document in the patient’s record that a referral was made to specialty services, including date of referral, name of dental provider to whom referral was made, and date of the scheduled appointment.

#### [A process should be in place to track referrals to determine whether and when the patient was seen by the outside provider. If no information is received from the dental provider that accepted the referral, the dental department should follow up to make sure the patient was seen. If the patient was not seen, the dental department should determine why not and work to ensure the care is provided.]

## PATIENT REFERRAL FORM

Enter Patient Information Here

#### Helping Hands of Tennessee Clinic

#### [Insert clinic name] [Insert clinic address] [Insert clinic phone] [Insert clinic fax]

#### Consultant:

#### Reason for Referral:

**Referring Provider:** Date:

#### Patient Acknowledgement:

I have received a copy of the referral instructions listed in this document. It is my responsibility to contact the consultant listed above for the recommended appointment. I understand that failure to proceed with the referral may result in consequences to my health. I understand that I am responsible for providing payment for the services referred.

**Patient signature:** Date:

#### Consultant Diagnosis, Findings, Recommendations:

Consultant Signature: Date:

# SAFETY

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## MEDICAL EMERGENCIES

PURPOSE

To provide clear directions to the clinical and non-clinical dental staff in the management of medical emergency situations occurring at Helping Hands of Tennessee Clinic. A medical emergency refers to a situation in which a patient, visitor or staff member presents and becomes medically unstable. The medical emergency can range from seizures to respiratory distress to cardiopulmonary emergencies.

POLICY

* The clinic will have a written agreement with a nearby hospital providing emergency services for the transfer of patients needing medical care beyond that provided by the clinic. At the time of patient transfer, the clinic will send a copy of relevant portions of the clinic's patient record to the hospital;
* The clinic will have a written plan and procedures for the emergency transfer, including the transport of clinic patients;
* All licensed clinical staff will be certified in CPR; or
* All licensed clinical staff with CPR certification will be trained to use the Automatic External Defibrillator (AED). The AED will be kept with the Emergency Kit, which is locked in the Supply Room which is located right behind the front desk.

PROCE DURE

* Upon identification of an individual presenting to the Helping Hands of Tennessee Clinic in an unstable medical condition, a staff member nearest to the person in the emergency state will immediately initiate the Emergency Protocol.
* The first responding staff person will check for unresponsiveness and/or breathlessness. If the person is found to be unresponsive and/or not breathing or labored breathing, the staff person will:
  + If alone, initiate ambulance response by calling 911, then resume care to the person in emergency state and continue in accordance with level of training until relieved by a more qualified person.
  + Information to give to the 911 operator: “I am calling from the Helping Hands of Tennessee Clinic located at 1408 N. Highland Ave., Jackson, TN 38301. We have an emergency (state emergency) and we need an ambulance.” Stay on the line until the operator hangs up.
  + If not alone, alert nearest staff person to call 911.
  + The following information should be given to the 911 operator: “I am calling from the **Helping Hands of Tennessee Clinic located at 1408 N. Highland Ave., Jackson, TN 38301.** We have an emergency (state emergency) and we need an ambulance.” Stay on the line until the operator hangs up. Notify reception area staff to direct the emergency team to the site of the emergency.
  + The staff member with the most clinical knowledge (i.e. dentist) will be notified immediately to assist or assume care for the person in the emergency state. Appropriate emergency support measures will continue in accordance with level of training until relieved by a more qualified person.
  + The nearest doctor (hygienist or assistant if the dentist is not available) stays with patient at all times and runs the code.
  + A dental assistant and/or hygienist immediately gets oxygen and the emergency kit located in the clean room. Only those certified to administer oxygen will do so. The emergency kit will be kept fully stocked at all times. Only those certified to administer medications will do so.
  + The receptionist proceeds to the front door to direct the emergency crew. Reception staff will oversee patients in waiting room and make sure a pathway is cleared for emergency personnel. The receptionist directs the emergency team to the site of the emergency.
  + At no time will clinical assessment of an unstable patient be postponed for the purpose of verifying registration information/insurance status.
  + Staff will be expected to continue to provide clinical interventions up to the level of their particular expertise until the arrival of emergency personnel.
  + If necessary and requested by emergency personnel, appropriate staff can accompany the patient to the Emergency Department for clinical support purposes.

#### [Insert letter from hospital that states they will accept the clinic’s transfer of emergency and non-emergency patients.]

#### [Insert Owner’s Manuals for Emergency Equipment, i.e. AED Machine, First Aid Kits, etc.]

## NON-EMERGENCY SITUATIONS

PURPOSE

To provide clear direction to the clinical or non-clinical staff in situations that may require medical intervention, but are not considered to be emergency situations occurring at the clinic. A non-emergency situation refers to a clinical situation in which a patient, visitor or staff member presents in the clinic in a stable clinical status but may need medical treatment. Examples of a non-emergency situation could be nosebleed, laceration, fall, dizziness, etc.

PROCE DURE

Upon identification of an individual presenting to the clinic with a non-emergency situation, a staff member nearest to the person will either assist the individual or call a qualified person on the clinic staff to assist. The

individual’s condition will be treated to the best of the ability of the clinic staff; however, the individual will be given the opportunity to contact and be transported to their own medical practitioner.

## EMERGENCY CONTACT INFORMATION

PURPOSE

To ensure clinic staff can promptly call for help in emergency situations.

PROCE DURE

In the event of an emergency, clinic staff should be directed to call the following numbers. This information should be posted near all clinic phones.

EMERGENCY PHONE NUMBERS

In the event of an emergency-------------------DI A L 911

#### Fire Department

For Emergency 911

For Non-Emergency 731-425-8350

[Insert name, address, phone and fax number of local fire chief]

#### Police Department

For Emergency 911

For Non-Emergency 731-425-8400

Jackson Police Chief, 234 Institute Street, Jackson, TN 38301, Chief of Police- Julian Wiser 741.425.8465

#### Poison Control Center [(800) 682-9211]

#### Nearest Hospital(s) and Clinic(s)

#### West Tennessee Healthcare 731-541-5000

For any serious emergency:

* Call for medical help immediately;
* Bring help to the victim, don’t bring the victim to help;
* Don’t move any injured person unless necessary to save his/her life;
* Know the location of First Aid Kits;
* Don’t use medication without the appropriate supervision; and
* If you are not sure what to do, wait for medical assistance.

## FIRE AND SAFETY PLAN

PURPOSE

To develop and maintain a written plan for dealing with fire.

POLICY

The clinic will make a copy of the plan available to all staff members. The clinic will designate a Safety Coordinator.

The fire safety plan specifies persons to be notified, locations of alarm signals and fire extinguisher, evacuation routes, procedures for evacuating handicapped and non-ambulatory patients, and assignments of specific tasks and responsibilities.

A copy of the plan will be posted in a conspicuous area of each separate clinic premises.

PROCE DURE

1. The following will be present in the dental clinic:
   1. Smoke alarms.
   2. Sprinklers.
   3. Fire Extinguishers.
2. All staff will be trained on how to use the fire extinguishers. Extinguishers will be in plain sight and will be in accordance with fire and safety regulations.
3. Fire Alert
   1. When a fire is spotted, the first response must be to sound the alarm.
   2. When the alarm sounds, follow posted evacuation procedures and routes.
   3. Evacuation procedures should proceed immediately and quickly, but calmly.
   4. The designated Safety Coordinator will lead all persons out of the dental clinic.
   5. All persons will congregate at the safe meeting place which will be established.
   6. Attendance will be taken by the Safety Coordinator.
   7. Once the fire department has evaluated the building and deems it safe, the Safety Coordinator will lead all persons back in the building.
4. Routine Fire Drills
   1. Routine fire drills evacuation will be conducted to ensure that all staff are familiar and comfortable with the process.
   2. The practice drills will be done at a minimum of twice a year.
   3. The scheduling will be done by the Safety Coordinator.
   4. The drills will include all staff.
   5. A log will be kept in the “Training Manual”.
   6. The log will include the date of the drill and all staff participating in the drill.
5. Fire Evacuation Procedures
   1. In the event of a fire, the posted evacuation route will be followed.
   2. This evacuation route will be posted and visible to staff and patients.
   3. Evacuation routes and procedures will be included in staff training for new hires.
6. Fire Evacuation Procedures for Handicapped and Non-Ambulatory Patients
   1. For individuals requiring assistance, clinical staff responsible for that individual will accompany them in the evacuation.
   2. If needed, staff will accompany them down the ramp and to the safe meeting place.
   3. In the event of any emergency requiring assistance, call 911 for medical assistance.

FIRE DRILL LOG

|  |  |  |
| --- | --- | --- |
| **DATE** | **SAFETY COORDINATOR** | **STAFF ATTENDANCE** |
|  |  |  |
|  |  |  |
|  |  |  |
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#### FIRE EVACUATION PROCEDURES

#### In the event of a Fire Alarm:

* The strobes and alarms will go off within the suite;
* Exit promptly, escorting all personnel and patients to the appropriate exit doors;
* Use either the Primary Exit or Secondary Exit;
* Proceed to the outside assembly area located in the front of the building; and
* Remain there until notified by either fire or building personnel that it is safe to return to the building or other details are provided.

#### In the event of fire:

* Pull the fire alarms;
* Exit promptly, escorting all personnel and patients to either the Primary or Secondary Exits;
* Proceed to the outside assembly area located in the front of the building;
* Remain there until notified by either fire or building personnel that it is safe to return to the building or other details are provided.

#### In the event the door is blocked:

* If the Primary Exit is blocked, proceed to the Secondary Exit;
* If the Secondary Exit of the building is blocked, proceed to the Primary Exit; and
* Proceed to the outside assembly area located in the front of the building. Remain there until notified by either fire or building personnel that it is safe to return to the building or other details are provided.

**Handicap Accessibility**

For individuals requiring handicap accessibility, proceed to the Primary Exit and down the ramp;

* If the Primary Exit is blocked, proceed to the Secondary Exit and assist handicap individual to exit;
* Proceed to the outside assembly area located in the front of the building; and
* Remain there until notified by either fire or building personnel that it is safe to return to the building or other details are provided.

In the event of any emergency requiring assistance, call 911 only after reaching safety.

## SAFETY MANAGEMENT

**PURPOSE**

To define the elements of the policy to ensure patient, visitor and staff safety.

**POLICY**

It is the policy of Helping Hands of Tennessee Clinic to have a comprehensive safety policy to ensure the safety of its patients, visitors, students, volunteers and staff.

**PROCE DURE**

* A Safety Officer will be appointed for the organization. This person will be responsible for the overall Safety Program and take an active lead in ensuring its implementation and effectiveness.
* The Safety Officer has the authority to intervene whenever conditions exist that pose an immediate threat to life, health or damage to equipment or the facility.
* The Dental Director is responsible for ensuring the effectiveness of infection control policies and procedures and the completion of the annual inspection of clinical equipment in the Dental Department.
* Product and equipment recalls should be reported promptly to the Dental Director.
* Incidents involving property damage or patient, visitor or staff injury should be reported promptly to the Dental Director (sample reporting forms enclosed). Accident reports involving staff are forwarded to Human Resources within 24 hours of their occurrence.
* Both accident and incident reports are tracked for trending purposes and reported to the appropriate Health Center personnel.
* General safety and infection control information are presented at new employee orientation and annually through safety education programs.

## **INCIDENT REPORT FORM**

**Name of employee completing report:**

**Name of person(s) injured or placing complaint**

**Affiliation of person injured or placing complaint (circle):**

**Employee**

**Patient**

**Other**

**Date of Incident: Time of Incident:**

**Location of Incident:**

**Witnesses to Incident:**

|  |  |  |
| --- | --- | --- |
| **NATURE OF Incident (Circle)** |  | |
|  |  |  |
| ⁭Patient or Visitor Injury | Staff injury | Communication / Argument |
| Patient Complaint | Care Issue | Documentation⁭ |
| Lab Issue | Exposure | Adverse Outcome |
| Medication Issue Other | | |

**Were injuries received? (Circle)**

Proceed to Description of Incident

–

NO

Complete Injury Section

–

YES

**Injury Form**

Type of Injury (burn, break, disease):

Location on Body (chest, left hand, etc..): Cause (pull, slip, inhalation, struck, etc.):

Did the person receive First Aid?:

Did the person see a nurse or physician?:

**Description of Incident**

What happened?

Where?

Why?

How did employees react?

Did the First Aid? Was the person

**FOLLOW - UP**

Could the incident have been prevented?

Name:

Signature: \_ Date:

## EQUIPMENT MANAGEMENT

**PURPOSE**

To ensure the operational quality and safety of clinical equipment in use at Helping Hands of Tennessee Clinic. In addition, to ensure that staff is educated on the proper operation of various technologies.

**POLICY**

It is the policy of Helping Hands of Tennessee Clinic to maintain an equipment management program to promote the safe and effective use of clinical equipment.

**Procedure**

It is the responsibility of the Dental Office Manager to ensure that all dental equipment is inspected annually by the appropriate outside vendors. Documentation of inspections will be maintained in the Dental Department.

Dental equipment requiring inspection more frequently than once per year are as follows:

* Defibrillator—every six months
* Autoclave—every three months

## HAZARDOUS MATERIALS MANAGEMENT

**PURPOSE**

To describe the program at Helping Hands of Tennessee Clinic that has been developed to identify, evaluate and inventory hazardous materials used and waste generated in accordance with applicable laws. For the purposes of this policy, hazardous materials include chemical and infectious waste.

**POLICY**

It is the policy of Helping Hands of Tennessee Clinic to maintain a Hazardous Materials and Waste Management plan to safely control hazardous materials and wastes. The policy provides processes for selecting, handling, storing, using and disposing of hazardous materials and waste.

**Procedure**

Biohazard sharps are collected in puncture-resistant sharps containers in the clinical areas.

Any patient, visitor, student or staff exposure must be reported in accordance with clinic policy.

Material Safety Data Sheets (MSDS) describing protective and clean-up measures in the event of an exposure or a spill are available on-line from [Sullivan-Schein, Patterson, and/or Nashville Dental.](https://www.henryschein.com/us-en/dental/Default.aspx?did=dental)

Staff are initially trained through the new employee orientation program on safety and infection control and annually through general safety and infection control education programs.

## EMERGENCY PREPAREDNESS PLAN

PURPOSE

To describe the various plans that **HHT** will implement in response to internal disasters in order to minimize the amount of disruption to patients.

POLICY

It is the policy of **HHT** to maintain contingency plans to respond to a variety of internal disasters that could disrupt dental operations.

PROCE DURE

Follow the procedures in the appropriate appendix in the event of a potential or actual disaster. An incident report will be documented along with a critique of the handling of the situation.

**P O W E R O U T A G E**

Report any loss of power or power surges to the Landlord (if applicable) or Maintenance Department.

If the power is out in only one room or one part of the clinic, this may be the result of a tripped circuit breaker. If the problem persists, even after the circuit is checked, an electrician will be called to take corrective action.

If the power is off throughout the building, call the company that provides electricity to the clinic to determine if the problem is within the building or in the entire neighborhood.

Most dental work will be postponed until the power is back on or rescheduled to another day. If a patient is in the middle of a procedure, temporary measures will be implemented for the patient’s comfort and safety. The patient may wait until the power is restored or reschedule the appointment.

All functions requiring a computer will be placed on hold and a paper trail created for appointments and other activities which need to be tracked.

The clinic should turn off all equipment, lights and appliances in order to protect them from a possible power surge when power is restored.

**T E L E P H O N E /C O M M U N I C A T I O N L O S S**

Report any loss of telephone service to the IT Department. Utilize cell phones and walkie-talkies, if available.

If computers are affected, institute paper processes until the connections are restored.

**Waterloss**

Report loss of water to the Landlord (if applicable) or the Maintenance Department. Use bottled water where necessary.

Put “Out of Order” signs on the bathroom doors.

Use alcohol or other bacteriostatic hand cleansers as needed.

**Flooding and Leaking Pipes**

Report the problem to the Landlord (if applicable) or Maintenance Department. Remove supplies or other articles from the area if possible.

**Mercury Spills**

(see [Exposure Prevention & Management Chapter](#_bookmark124))

**B O I L - W A T E R A D V I S O R Y**

(see [Infection Control Chapter](#_bookmark64))

**V E N D O R E M E R G E N C Y C O N T A C T N U M B E R S**

|  |  |  |
| --- | --- | --- |
| Name of Vendor | Service Provided | Telephone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## ANAPHYLAXIS

In serious cases, allergic reactions to certain chemicals (antibiotics, latex, etc…) can lead to anaphylaxis or even death. **HHT** takes steps to mitigate the risk of such emergencies from occurring, but in the case of anaphylactic shock, the following procedure is recommended:

#### Preparation

All patient known allergies are updated in patients’ charts. These include known latex allergies.

#### Symptoms of Anaphylaxis

The following table describes common symptoms of anaphylaxis. Only some symptoms may be present, and the severity of symptoms can change quickly.

|  |  |
| --- | --- |
| **Symptoms of Anaphylaxis2** | |
| **Location** | **Symptom** |
| Mouth | Itching, swelling of lips and/or tongue |
| Throat | Itching, tightness / closure, hoarseness |
| Skin | Itching, hives, redness, swelling |
| Gut | Vomiting, diarrhea, cramps |
| Lung | Shortness of breath, cough, wheeze |
| Heart | Weak pulse, dizziness, passing out |

Action Plan In the Event of Anaphylaxis in a Dental Practice**3**

1. Terminate Treatment;
2. Alert a staff member to call 911 or the emergency service and to retrieve clinic’s anaphylaxis emergency kit

2 Anaphylaxis Emergency Action Plan. American Academy of Allergy Asthma and Immunology, 2012. <http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/Anaphylaxis-Emergency-Action-Plan.pdf> 3 Adapted from: *Allergic Reactions in the Dental Office*. Lecture. Kansas State University. <http://faculty.ksu.edu.sa/hkhalil/Lectures/Emergency%20-%20Allergic%20reactions.ppt>

1. Provide basic life support;
2. Administer Epinephrine\*;

If patient is alert and able, have them administer the injection themselves:

0.3 mg IM or SC (0.3 ml of a 1:1000 solution); and

1. Call patient or employee’s emergency contacts;

\*Personnel who have been trained to administer epinephrine within the past 24 months and are comfortable and confident doing so.

#### [Source & Disclaimer

#### This emergency policy was not developed by health professional. This emergency action plan for anaphylaxis is based on the recommendations of Kansas State University4 and the American Association of Allergy Asthma and Immunology.5 It does not replace the advice of a qualified health professional. It is intended as a model to be adapted for an individual clinic in accordance with state, local, and federal laws. ]

4 Allergic Reactions in the Dental Office. Lecture. Kansas State University. <http://faculty.ksu.edu.sa/hkhalil/Lectures/Emergency%20-%20Allergic%20reactions.ppt>

5 Anaphylaxis Emergency Action Plan. American Academy of Allergy Asthma and Immunology, 2012.

<http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/Anaphylaxis-Emergency-Action-Plan.pdf>

# QUALITY MANAGEMENT

# Logo Description automatically generated

## QUALITY MANAGEMENT

PURPOSE

To establish systems and processes within **HHT** that will help assure the provision of high quality oral health care as well as identify any deficiencies in the patient care process as opportunities for performance improvement. The Quality Management Program also establishes, monitors and reports on metrics designed to measure the outcomes of oral health care provided on both an individual and population basis.

PROGRAM OVERVIEW

The Quality Management Program at **HHT** is based on the report by the Institute of Medicine (IOM). In this report, the IOM urges providers to adopt a shared vision of six specific aims for improvement. These aims are built around the core need for health care to be:

* ***Safe****:* avoiding injuries to patients from the care that is intended to help them.
* ***Effective****:* providing services **based on scientific knowledge** to all who could benefit, and refraining from providing services to those not likely to benefit.
* ***Patient-centered****:* providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.
* ***Timely:*** reducing waits and sometimes harmful delays for both those who receive and those who give care.
* ***Efficient****:* avoiding waste, including waste of equipment, supplies, ideas, and energy.
* ***Equitable:*** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

The Quality Management Program is intended to provide HHTwith a tool to aid in the improvement of quality within our practice. In no way should it be construed as a punitive system. We developed it, for ourselves and our patients, so that we can systematically monitor and improve the care provided as well as the satisfaction of such, by both the patient and ourselves.

**HHT** will use three approaches as part of its Quality Management Program:

* Objective dental record peer reviews to examine and evaluate patient documentation against well- defined criteria. To conduct these reviews, the health center will either utilize staff dentists (who will review charts other than their own) or contract with outside dental professionals. A sample chart audit tool is included in Appendix B.
* Objective measures to demonstrate improved oral health outcomes (e.g., the number of patients who complete Phase I treatment within 12 months of their exam).
* Subjective patient outcomes assessed via patient satisfaction surveys, which measure the patient’s perception of the care experience and results of that care.

DEFINITIONS

In order to be clear about the structure, process and goals of the program, all significant terms will be defined. To begin, the following definitions are offered:

#### Quality of Care

Quality of care reflects a desired degree of excellence in the provision of health care. Though quality is a subjective attribute, various characteristics usually associated with the health care delivery process are thought to be determinants of quality. These include: structural adequacy, access and availability, technical abilities of practitioners, practitioner communication skills and attitudes, documentation of services provided, coordination and follow-up, patient commitment and adherence to a therapeutic regimen, patient satisfaction, and clinical outcomes. JCAHO provides the following criteria:

* *Efficacy:* Is the care/procedure useful?
* *Appropriateness*: Is it right for this patient?
* *Accessibility:* If right, can this patient get it?
* *Acceptability:* If right and available, does this patient want it?
* *Effectiveness:* Is it carried out well?
* *Efficiency:* Is it carried out in a cost-effective way?
* *Continuity:* Did it progress without interruption, with appropriate follow up, exchange of information and referral?

#### Quality Assurance (QA)

A formal set of activities that measure the kind and degree of excellence of health care services provided. Quality assurance includes both a measurement phase (quality assessment) and corrective actions (quality improvement) to remedy any deficiencies identified through the quality assessment process.

**Quality Measurement (QM)**

The measurement phase in a quality assurance program, in which pre-established criteria or standards for professional performance, with respect to patient, administrative, and support services, are compared against the health care provided. The medical record is used as documentation of the care provided.

#### Quality Improvement (QI)

A formal, ongoing process of identifying problems in health care delivery, testing solutions to those problems, and continually monitoring the solutions for improvement. QI is a common feature of total quality management (TQM) programs. Generally, an organization undertakes Ql to achieve continual improvement in the quality of

operations and elimination of waste in all functions of the organization through design and redesign processes. The aim of QI is elimination of variations or "defects" in health care delivery through elimination of their causes.

#### Outcomes Measurement

The process of systematically tracking a patient's clinical treatment and responses to that treatment using generally accepted outcomes measures, or *quality indicators,* such as mortality, morbidity, disability, functional status, recovery, and patient satisfaction.

PROGRAM STRUCTURE

The Dental Director is responsible for the Quality Management Program. He/she will report all QA/QI activities and results to the overall health center quality committee and governing body. He/she will also assure that:

* There is a written description of the Quality Management Program that outlines program structure and design.
* The Quality Management Program is reviewed annually and updated as necessary.
* The Dental Director has substantial involvement in QA/QI activities.
* The staff dentists and dental hygienists participate in QA/QI activities.
* Resources dedicated to the program are adequate to meet needs.
* There are contemporaneous (created at the time of the activity is being conducted) records reflecting QA/QI activities.
* There is an annual QI work plan, or schedule of activities, that includes the following:
* Objectives, scope, and planned projects or activities for the year;
* Planned monitoring of previously identified issues, including tracking of issues over time
* Planned evaluation of the QI plan.

COORDINATION WITH OTHER MANAGEMENT ACTIVITY

The findings, conclusions, recommendations, actions taken, and results of the actions taken as a result of QA/QI activity will be documented and reported to appropriate individuals within the organization.

QA information will be used in re-contracting, re-credentialing and annual performance evaluations.

QA activities will be coordinated with other performance monitoring activities, including utilization management, risk management, and resolution and monitoring of patient complaints and grievances.

There will be a linkage between QA and other management functions such as feedback to providers and patient education.

SCOPE AND CONTENT

There will be an ongoing Quality Management Program designed to objectively and systematically monitor and evaluate the quality and appropriateness of care and service provided to patients, and to pursue opportunities for improvement.

The scope of the Quality Management program will be comprehensive and includes both the quality of clinical care and the quality of service.

Patients may offer suggestions for improving the quality of care and/or the patient experience of care.

The monitoring and evaluation of clinical issues will reflect the population served by the dental program and/or health center in terms of age groups, disease categories, and risk status.

IMPORTANT ASPECTS OF CARE AND SERVICE

The Quality Management process will use a variety of mechanisms to identify important areas for improvement and to set meaningful priorities.

* The monitoring and evaluation of important aspects of care and service include high-volume, high-risk services, and the care of acute and chronic conditions.
* The practice will adopt and use practice guidelines or explicit criteria that are based on reasonable scientific evidence and reviewed by the Professional Advisory Panel of the governing body.
* There will be an annual review of the practice guidelines and they will be updated as needed.
* Performance will be assessed against the guidelines.
* There will be an evaluation of the continuity and coordination of care that patients receive.
* There will be an evaluation to detect underutilization as well as overutilization of services.

ACCESS TO CARE AND SERVICE

There will be guidelines established for the availability of dental professionals and access to routine, urgent, and emergency care. Performance on these dimensions of access will be assessed against these standards.

MEASUREMENT AND IMPROVEMENT

The practice will use measurements, QA data collection, and analysis to track quality improvement.

* Quality indicators that are objective, measurable, and based on current knowledge and clinical experience will be used to monitor and evaluate each important aspect of care and service identified.
* Performance goals and/or benchmarking will be established for each indicator.
* Appropriate methods and frequency of data collection will be used for each indicator.
* Data collected through monitoring and evaluation activities will be analyzed.

CHARTING REQUIREMENTS

ALL CHARTS

All chart notes must incorporate:

* A completed “Time Out”;
* A recording of the patient’s perception of the amount of pain they are in as part of the “Time Out” process (based on a 0-10 scale with 10 being excruciating pain);
* Either a new medical history or a note stating “medical history reviewed”; and
* An approval note signifying that the dentist has read/edited the note and approves its content.

CHARTING SPECIFIC PATIENT TYPES/SCENARIOS

#### Adult Charting

All adult patients (18 or older) of record must have the following in their chart notes:

* An initial/ recall exam with recording of both the hard and soft tissue findings
* Blood pressure updated once per year or more often as needed
* Radiographs according to the ADA Guidelines for Prescribing Dental Radiographs.
* Complete medical history with the alert box filled in as appropriate for any medical issue that could affect the dental care provided. The history needs to be reviewed at each appointment with a new history completed once per year.
* A completed periodontal charting once per year with a periodontal diagnosis
* Signed consents for the following procedures:
  + - * Root canals
      * Any surgical procedures
      * Endodontic procedures
      * Nitrous oxide/Oral Sedation/GA
      * All medications prescribed including the name of the drug, amount prescribed and directions for use
      * Type and amount of anesthetic used
      * Description of the procedures completed including all materials used
      * A note to indicate that post-op or pre-op instructions were given

#### Pediatric Charting

All pediatric patients (younger than 18) of record must have the following in their chart notes:

* An initial/ recall exam with recording of both the hard and soft tissue findings.
* A sequenced treatment plan
* Blood pressure only as needed (e.g.- sedation appointments or specific medical issues)
* Radiographs according to the ADA Guidelines for Prescribing Dental Radiographs. If radiographs are not possible (e.g. - very young children), there should be a note indicating this
  + - * Complete medical history with the alert box filled in as appropriate for any medical issue that could affect the dental care provided. The history needs to be reviewed at each appointment with a new history completed once per year.
      * A description of their periodontal condition and a periodontal diagnosis.
      * A completed PSR score for children with no deciduous teeth once per year with a periodontal diagnosis
      * Signed consents for the following procedures:

Root canals

Any surgical procedures

Endodontic procedures

Nitrous oxide/ Oral Sedation/ GA

All medications prescribed including the name of the drug, amount prescribed and directions for use

Type and amount of anesthetic used

* Description of the procedure(s) completed including all materials used
* A note to indicate that post-op or pre-op instructions were given.

#### Emergency Charting

All Dental Emergency Patient chart notes must include the following:

* A complete medical history with the alert box filled in, as appropriate, for any medical issue that could affect the dental care provided.
* The patient’s description of pain
* All diagnostic tests required to diagnosis the problem (e.g. – EPT, cold/heat sensitivity, percussion, mobility, swelling/fistula)
* All radiographs needed to diagnose the problem. The apex of the root must be visible on any periapical film.
* A specific diagnosis based on subjective and objective findings
* A complete description of any procedure done during the appointment
* All medications prescribed including the name of the drug, amount prescribed and directions for use.

**CHART AUDITS**

Chart audits will be conducted on a quarterly basis for all providers (dentists and hygienists). The chart audit process is outlined in Appendix A, and the audit tool is included as Appendix B.

**ACTION AND FOLLOW- UP**

* The HHT will take action to improve quality and assess the effectiveness of these actions through systematic follow-up.
* The results of the evaluations will be used to improve clinical care and service.
* There will be a systematic method of tracking areas identified for improvement to assure that appropriate action is taken.
* There will be follow-up on identified issues to ensure that actions for improvement have been effective.

**EFFECTIVENESS OF THE QUALITY MANAGEMENT PROGRAM**

The governing body will evaluate the overall effectiveness of the Quality Management Program.

There will be an annual written report on quality, including a report of completed QA

activities, trending of clinical and service indicators and other performance data and demonstrated improvements in quality.

An evaluation will be made as to whether QA activities have contributed to improvement in the care and service provided to patients.

GUIDELINES FOR COMPLETING THE QUARTERLY CHART REVIEW FORM

Our Compliance Committee conducts quarterly chart audits in which all our dentists participate. At the beginning of each quarter, each dentist will be assigned a provider to be reviewed and a date by which the chart audits will be completed.

This chart audit is not designed to identify individual dentist’s quality of care issues. If quality concerns are found, the provider needs to report those to the dental director for an in-depth analysis. This review is designed to identify QA trends and adherence to dental program risk management policies.

The following guidelines are designed to help the reviewer understand what to look for during the chart audit and to calibrate all reviewers for more consistent results.

**PATIENT CHART #:**

Access the indicated provider’s schedule and pick 10 charts at random done within the past 2 months. Pick at least 4 exams, 2 emergency patent charts and 4 restorative charts (fillings, endo, surgery etc.)

**DATE OF PATIENT VISIT:**

List the date for the treatment note that you have selected. If this is an emergency treatment, you will need to review that chart entry and any other chart entry related to this emergency procedure (i.e. all follow-ups). If the entry selected is a part of a patient’s routine care, you will need to review all entries up to the most recent exam.

**CHART REVIEW:**

The Reviewer will have 3 choices to fill out for the QA items listed:

**No Issues Found:**

This choice indicates that the dentist adhered to our risk management policies.

**Needs Improvement:**

This choice simply indicates that the reviewer could not find the evidence that the QA indicator was adhered to and that there is no obvious reason why it should not be in the notes. It does not automatically mean that there is a quality-of-care concern

N/A

**This choice does not apply. i.e., The category ‘Sedation protocols followed’ would be marked N/A for a chart where no sedation was done.**

**ORDERS APPROPRIATE / DX RADIOGRAPHS**

Refer to the *ADA Guidelines for Prescribing Dental Radiographs* found at:

https://www.ada.org/en/member-center/oral-health-topics/x-rays

#### No Issues Found:

* The #s of radiographs taken were based on the risk of the patient and the national guidelines. The quality of the films is high enough to diagnose the patient’s needs.
* There were not enough films taken but there is a reasonable explanation in chart notes. or an obvious reason for this i.e., 3-year-old patient with behavior issues
* The radiographs are not diagnostic but there are obvious reasons for that (age)

#### Needs Improvement:

* The appropriate # of radiographs taken to diagnose the tooth or dentition were not present. Examples:
* You typically cannot accurately diagnose a new child patient with deeply decayed teeth using just 2 BWs and an anterior PA.
* There is an adult initial exam where a complete series of x-rays or a panoramic film was not taken.
* The films are not diagnostic.
* There are overlapped BWs for a patient that has no behavioral issues. A film in a series can be overlapped if the other films show those surfaces. When assessing the films, remember that it is difficult to get perfect films all the time and we want to retake as few as films as needed for patient safety.
* The apex of the tooth is not present for surgical or endodontic procedures

#### N/A:

* No radiographs were taken

**RADIOGRAPHIC DX APPRO PRIATE**

This section reviews the dentist’s diagnosis of teeth and bony lesions and other issues that could be assessed from a radiograph. We all diagnose slightly different based on our experience and the risk of the patient. Before you call a missed diagnosis, try and pick lesions that are obvious and clearly should have been marked.

#### No Issues Found (examples):

* All decay or bony lesions were diagnosed correctly
* There are grey areas where one dentist will call decay, and another will not. Many times, it is the assessed risk that determines treatment. Therefore, it is important for the dentist to mark watches for those where he or she believes something may be present but decides to wait on treatment. If a dentist marked watches on a tooth that you feel could have been marked as decay, you can mark ‘no issues found’

#### Needs Improvement (examples):

* Make sure to list the specific teeth or bony areas that you feel were misdiagnosed.
* All the radiographic teeth lesions were not identified in the exam.
* All the radiographic bone lesions were not identified in the exam.
* Interproximal lesions are called for restoration that cannot be seen on the radiograph
* Overhangs are not diagnosed
* Crown open margins are not diagnosed

#### N/A:

* No radiographs were taken

SEQUENCED TREATMENT P LAN PRESENT AND APPROPRIATE

All initial or recall exams must have a sequenced treatment plan that details all the needs of the patient.

**No Issues Found:**



PERIODONTAL CHARTING PRESENT

Periodontal charting is required for all patients 18 years and older for each exam, initial and recall, completed

#### No Issues Found:

* The periodontal charting is present, up to date and filled out completely

#### Needs Improvement (examples):

* A periodontal chart is present but not current
* There is no periodontal charting present in the treatment record

DIAGNOSIS IS PRESENT FOR ALL EMERGENCY EXAMS AND SUPPORTED BY THE DOCUMENTATION

This category covers diagnosis and what is needed for an appropriate and accurate diagnosis.

#### No Issues Found:

* There is a reasonable diagnosis present in the treatment notes
* There were enough clinical tests listed to make a reasonable diagnosis. Remember that a radiograph that shows a large apical lesion and a destroyed crown may need no other diagnostic tests but a tooth with decay close to the nerve and no periapical lesions may need a full array of test

#### Needs Improvement (examples):

* The diagnosis is not reasonable given the tests recorded
* The diagnosis is not a true diagnosis. i.e. dental pain vs irreversible pulpitis
* There are not enough diagnostic tests listed to arrive at a reasonable diagnosis.
* The symptoms do not match the diagnosis
* There is an emergency encounter with no listed diagnosis

APPROPRIATE CLINICAL JUDGMENT USED

This category covers the judgment the dentist uses over the general course of treatment including the treatment plan, medications given, antibiotic premeds given appropriately, etc. The clinical decisions made should be logical and reasonable and serve the patient well.

#### No Issues Found:

* You should have the general sense that the patient was treated correctly.
* Cancer screenings/ soft tissue exams should be done on all patients but there is a significant difference from not having done one for a 2 year old vs a 78 year-old smoker so use your judgment to determine compliance.
* The appropriate dental materials were used.

#### Needs Improvement (examples):

* There are obvious issues such as C&B being started before periodontal care was addressed.
* Primary teeth are being restored even though the roots are mostly resorbed
* Flippers made without any discussion notes of alternative treatment
* Primary 2nd molar extracted on a 6 year-old without any plan for space maintenance
* A patient with rampant caries is not offered home fluoride treatment or any other extra preventive care
* Dental materials not used appropriately. i.e. Using a glass ionomer as a permanent restorative material for an MOD adult restoration without any explanation why

BLOOD PRESSURE PROTOCOLS FOLLOWED

#### No Issues Found:

* All patients 18 and older had a blood pressure done at each exam appointment or more often as needed.

#### Needs Improvement (examples):

* The blood pressure is missing on a patient that is 18 or older.
* If the BP is high, the BP was not monitored appropriately in subsequent visits.
* A medical referral was not made for a patient with high BP who is not already seeing a physician.
* If the treatment did not match the protocols, there were no treatment notes indicating why the standard was deviated. An example would be an emergency patient with a diastolic reading over 110 but the tooth to be extracted had a plus 2 mobility. Clinical judgment should be used to determine appropriate treatment but that clinical judgment needs to be recorded.

Follows Charting Protocols

The American Dental Association has developed charting criteria that should be adhered to by all dental providers for good risk management and patient care

#### No Issues Found:

* The chart is complete and appropriately describes what was done in enough detail that any dentist can read it and follow what was done
* The treatment record adheres to the standards of care described by ADA: https://success.ada.org/en/regulatory-legal/dental-records
* All required consents are present and appropriately signed by all parties.

#### Needs Improvement (examples):

* Required consents are missing or unsigned.
* The charting does not adhere to the profession’s standards
* The treatment record is difficult or impossible to follow

Patient Instructions Documented

This section deals with the need to properly inform our patients.

#### No Issues Found:

* All surgery and endodontic patient visits should have a chart note indicating that patient post-op instructions were given.
* All exams should have a note indicating that OHI instructions were given.
* All prosthodontic or space maintenance appliances have documentation that instructions for taking care of appliances were given.

#### Needs Improvement (examples):

* There are exam appointments and hygiene appointments that do not have a chart note indication that patient prevention/ OHI instructions were given.
* Surgical procedures lack notes indicating that post-op instructions were given

Follows Medical History Protocols

It is critical that the medical history is completely filled out, is accurate and gives enough details to safely treat the patient. The dental treatment, including referrals, is appropriate in reference to the medical history.

#### No Issues Found:

* All ‘yes’ questions in the medical section have an accompanying note describing why it was marked yes. Example: a heart murmur marked yes must have a description of the murmur specifically to know the need for an antibiotic premed
* All the required signatures are present (patient, assistant and dentist).
* There is a note in the chart that the medical history was reviewed for each appointment outside of the one that the medical history was signed.
* The medical histories are updated in a timely manner (a new form must be completed at least once each year).

#### Needs Improvement (examples):

* There are questions or sections of the medical history that were not filled in.
* There are significant findings (any item in the medical history that could affect any dental treatment offered) that are not listed in either the *Pop-up* or *Alerts* boxes in the EDR
* Medical referrals or consults appropriate to the medical history were not done.
* The dental treatment is contrary to what should have been followed due to specific medical conditions.

Appropriate Use of Referrals

This section deals with dental referrals and consults that should at least be recommended given the complexity of the dental treatment required. The more serious the condition, the more we are obligated to refer and follow-up the referral even when the patient is not cooperative.

#### No Issues Found:

* Appropriate dental referrals and consults were made given the complexity of the treatment needed.

#### Needs Improvement (examples):

* If the periodontal diagnosis was a level 3 or 4, do the chart notes indicate that referral to a periodontist was recommended? If it was, but the patient declined, there is no issue; however, subsequent notes should be present indicating an emphasis to see a specialist. This becomes even more critical the worse the periodontal condition is.
* A referral or consult was made but there is no indication of any follow-up.
* Consult/ referral information is not followed and there is no explanation for this.

#### N/A

* This is routine care and no referrals or consults are needed

Follows Protocols for Patient Vital Signs

While vital signs (pulse, respiration, SPO2, temperature etc.) are not taken on every patient, there are times where it is critical to the health of the patient. The more complex the patient’s medical history is, the more you should expect to see various vital signs taken at each appointment. Since we already have a section on blood pressure, this part only deals with the other vital signs we collect at times.

#### No Issues Found:

* + All patient vital information required for safe and effective treatment is present an updated**.**

#### Needs Improvement (examples):

* + Vital signs were taken but not properly followed up.
  + There was no temperature taken for a patient presenting with a cellulitis.
  + Medications prescribed for a child, but no weight is listed

**Appropriate Use of Medication**

Any medications used in the clinic, directed for use or prescribed must be the appropriate medication and in the right dosage and strength.

#### No Issues Found:

* + All medications are appropriate and in the correct dose and strength
  + All prescriptions written show the exact medication name, the amount given and the directions for taking the medication in the treatment notes.

#### Needs Improvement (examples):

* + Medications prescribed or used are contraindicated from the medical history.
  + If an antibiotic premed was needed, it was prescribed in an inappropriate manner or was not the best medication for the targeted issue
  + The medications and dosages prescribed are not appropriate for the treatment performed.
  + A medication was clearly called for and not prescribed

#### N/A

* + No medications were prescribed or needed

**Sedation Protocols Followed**

Helping Hands of Tennesseehas specific policies that must be followed for all sedation appointments. Sedation includes every sedation modality nitrous oxide alone to GA.

#### No Issues Found:

* + All Helping Hands of Tennesseesedation protocols were followed

#### Needs Improvement (examples):

* + The protocols described in Helping Hands of Tennesseesedation protocols were not adhered to

#### N/A

* + No sedation was done at this appointment

**Appropriate Emergency Follow-Up Done**

It is our duty to insure that the patient is followed as long as needed to resolve any initial pain and swelling or complications that arise from treatment rendered by YVFWC. This also includes follow-up needed for biopsies either done by us or ones we refer out.

#### No Issues Found:

* + The patient has been appropriately followed until the emergency situation has been resolved or the biopsy results have been delivered to the patient and appropriate action taken.

#### Needs Improvement (examples):

* + The more complicated the emergency procedure, the more complete the follow-up should be.
  + It is not clear in the treatment notes that the patents pain and/or infection has been appropriately followed up. A cellulitis patient that is given a prescription must be followed through until we know the infection has subsided.
  + Biopsies results were not tracked and appropriately followed. The more serious the potential diagnosis is, the greater ethical and legal responsibility we have to bring the patient back even if the patient is not cooperative in keeping their appointments.

#### N/A

* + There was no emergency issue in this chart entry

**Correct Billing Procedures Followed**

The health center must adhere to all Medicaid and insurance billing instructions, and all providers must code correctly to avoid and issues of fraudulent billing practices.

#### No Issues Found:

* + All services provided in the visit were coded appropriately

#### Needs Improvement (examples):

#### [You will need to review your state’s Medicaid billing instructions and write appropriate examples in this section. For example in the state of WA, Medicaid does not allow glass ionomer restorative material to be used for any patient over the age of 5. If the provider feels this is appropriate for an older patient, it must be done as a no charge to Medicaid]

* + Procedures are up-coded ( i.e. a routine extortion is charged out as a surgical extraction)

**QUARTERLY DENTAL CHART AUDIT TOOL**

Dentist: Patient Chart # Date of Patent visit

**Note:** This review applies to the most recent treatment episode provided by the Clinician being evaluated. You may however need to review chart notes from the last exam forward to answer the questions below correctly. Explain any comments or suggestions in space below and return confidentially to the Dental Director

**Outstanding Satisfactory Needs Improvement NA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Orders appropriate/ dx radiographs | ❑ | ❑ | ❑ | ❑ |
| Radiographic dx appropriate | ❑ | ❑ | ❑ | ❑ |
| Sequenced treatment plan present and appropriate | ❑ | ❑ | ❑ | ❑ |
| Periodontal charting present | ❑ | ❑ | ❑ | ❑ |
| Diagnosis present for all emergency exams and supported by documentation | ❑ | ❑ | ❑ | ❑ |
| Appropriate clinical judgment used | ❑ | ❑ | ❑ | ❑ |
| Blood pressure protocols followed | ❑ | ❑ | ❑ | ❑ |
| Follows charting protocols | ❑ | ❑ | ❑ | ❑ |
| Patient post-op instructions documented | ❑ | ❑ | ❑ | ❑ |
| Follows medical history protocols | ❑ | ❑ | ❑ | ❑ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Appropriate use of referral | ❑ | ❑ | ❑ | ❑ |
| Follows protocols for patient vital signs | ❑ | ❑ | ❑ | ❑ |
| Appropriate use of medications? | ❑ | ❑ | ❑ | ❑ |
| Sedation protocols followed | ❑ | ❑ | ❑ | ❑ |
| Appropriate emergency follow- up done | ❑ | ❑ | ❑ | ❑ |
| Correct billing procedures followed | ❑ | ❑ | ❑ | ❑ |
| Handwriting legible (if paper charts) | ❑ | ❑ | ❑ | ❑ |

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**Overall chart rating:**

❑ Outstanding (all sections rated outstanding)

❑ Satisfactory (all sections rated outstanding or satisfactory)

❑ Unsatisfactory (at least one needs improvement)

Comments:

**Reviewing Dentist Signature Date of review**

.

# Logo Description automatically generatedCLINIC OPERATIONS

## **HOURS OF OPERATION**

#### Monday – Friday, 8 am-5pm

## **AFTER-HOURS EMERGENCY COVERAGE**

#### Patients are directed to contact the emergency room after hours.

## **SCOPE OF SERVICES PROVIDED**

#### Please see Section I.

## **SCHEDULING**

**PURPOSE**

To maintain consistency and efficiency in the scheduling of patients for dental services.

**POLICY**

Patients who call the clinic seeking care will be offered the first available appointment for their type of visit. Appointments are scheduled using Dentrix.Visit durations are built on 30-minute blocks, with extra time added for more difficult or time-consuming procedures.

**PROCEDURE**

All scheduling will be done by front desk staff. Other dental staff are not permitted to schedule or change appointments already in the system. Scheduling will be reviewed by the Dental Office Manager daily to ensure that it meets overall effectiveness.

**The following guidelines are to be used when scheduling patients.**

#### Emergency Care

Front desk staff will follow the Clinic’s Emergency Policy in triaging patients seeking emergency care (pain, swelling, fever, trauma, hemorrhage, complaint related to recent treatment in the Clinic, etc.)

One emergency patient can be worked into each session (morning and afternoon). Other patients with bona fide emergencies can be offered the opportunity to come to the Clinic and wait in case a scheduled patient fails to show for an appointment. At the conclusion of each morning and afternoon session, any emergency patients remaining unseen will be seen. Care must be taken by the front desk staff not to overwhelm the clinical staff with emergency patients. The rule of thumb should be for only one waiting patient per session per dentist available.

The duration time for Emergency appointments is 30 minutes. Emergency patients can be seated in any open

chair. Dental assistants or hygienists can prepare the patient for examination by the dentist (record the patient’s complaint and take any necessary x-rays).

The dentist will assess the patient and provide all necessary palliative care. If definitive care can be provided in the time available, it should be done whenever possible. Patients needing follow-up services will be offered an appointment. In the event multiple visits are needed to complete the treatment plan, schedule only one appointment at a time. When the patient shows for that appointment, schedule him or her for the next appointment, and so on.

#### New Patient Appointments

All new patients will be given 30-to-60-minute appointments with a hygienist, depending on the age of the patients. If a hygienist is not available, a license dentist can take the appointment.

Patients will receive full-mouth x-rays (patient under six years of age will receive two bitewings rather than FMX), prophy (cleaning), exam and treatment planning. In addition, children will receive fluoride treatment.

Patients needing follow-up services will be offered an appointment. In the event multiple visits are needed to complete the treatment plan, schedule only one appointment at a time. When the patient shows for that appointment, schedule him or her for the next appointment, and so on.

#### Recall Appointments

All recall patients will be given 30–45-minute appointments with a hygienist depending on the age of the patients.

Patients will receive x-rays as appropriate, a cleaning, and an exam. In addition, children will receive fluoride treatment.

Patients needing follow-up services will be offered an appointment. In the event multiple visits are needed to complete the treatment plan, schedule only one appointment at a time. When the patient shows for that appointment, schedule him or her for the next appointment, and so on.

#### Restorative or Periodontal Services

Patients needing restorative services (amalgam or composite fillings, extractions or denture adjustments) or periodontal services will be given 30-minute appointments with a dentist. Time blocks will be designated depending on the amount of care to be provided in the visit depending on Relative Value Unites (RVUs).

#### Endodontic Services

Patients needing root canal treatment will be given 60-minute or longer appointment with a dentist.

#### Dentures

Patients needing dentures (full or partial) will be 30-minute appointments with a dentist. In order to provide continuity and timeliness in the fabrication of the denture(s), appointments can be scheduled in 10-day intervals with up to four appointments to be made. This is, of course, a risk to the practice. If the patient misses any one of the prescheduled appointments, all others are cancelled, and the patient is required to come to the office and meet with the practice manager to reappoint. When the multiple appointments are initially made, a document should be signed and placed in the patient`s chart indicating that they understand the arrangement.

#### Post and Cores

Patients needing post and core services will be given 45-minute appointments with a dentist.

#### Crown and Bridge

The initial appointment for a crown and bridge visit is 90 minutes for a single crown, two hours for two abutments, and two and a half hours for three abutments. The visit length for delivery of the crown or bridge is 30 minutes.

Both types of visit are booked with a dentist.

## **ELIGIBILITY**

**PURPOSE**

To ensure that the dental clinic is reimbursed for all oral health services provided to patients.

**POLICY**

Front desk dental staff will determine the eligibility of all patients who are scheduled to receive oral health services before services are provided. The method by which eligibility will be determined may vary depending on the insurer (telephone, point-of-service machine or internet). Patients who are determined to be ineligible for services will be offered the opportunity to reschedule to a time when they will be eligible for services or pay out-of-pocket at the time services are delivered, using the Health Center’s sliding fee scale, if appropriate. Patients needing urgent or emergent care will be seen as soon as possible regardless of eligibility for services.

#### Procedure

Determination of eligibility is the primary responsibility of the dental registration/reception staff.

When an appointment is scheduled for a patient, the reception/registration staff will update the patient demographics (e. g., name, address, and contact information) and verify the source of primary and any secondary insurance coverage.

The dental reception/registration staff will then determine the patient’s eligibility for the services to be provided using the fastest and most accurate method available for the patient’s insurer.

If the patient is determined to be ineligible for the proposed services, he or she will be offered the opportunity to reschedule the appointment for a time when they will be eligible or pay out-of-pocket at the time services are delivered, using the Health Center’s sliding fee scale, if appropriate.

Patients with bona fide emergency dental needs (pain, swelling, infection, trauma or hemorrhage) will be seen as soon as possible regardless of eligibility for services.

## **PRIOR AUTHORIZATION**

**PURPOSE**

To ensure that the dental clinic is reimbursed for all oral health services provided to patients.

**POLICY**

When prior authorization is required by an insurer, dental staff will consistently and completely submit the prior authorization request, along with all required supporting documentation, before the services are provided.

Obtaining prior authorizations will be the responsibility of the reception/registration staff. If prior authorization for a proposed procedure is denied, the patient will be given the option to pay for the procedure out-of-pocket at the time services are delivered, using the Health Center’s sliding fee scale, if appropriate.

**PROCEDURE**

The registration/reception staff will review all encounter forms pertaining to patients who have received services during the clinic day to determine whether any follow-up services required to complete the treatment plan need prior authorization. To make it easier to identify procedures for which prior authorization is typically required, an asterisk will be placed next to those codes on the encounter form or ensure that it is indicated within the clinical notes in the system EHR.

If the registration/reception staff notes a procedure that requires prior authorization, they will submit the request, either via mail or electronically, making sure to attach all the required supporting documentation (i.e., x-rays or narrative). Prior authorization requests will be completed before the end of the clinic day for patients seen that day.

Patients will not be scheduled for the appointment until the prior authorization has been received. It is the responsibility of Dental Office Managerto track and pursue all outstanding prior authorization requests. If prior authorization is denied, the patient has the option to file an appeal, postpone treatment, or pay for treatment out of pocket.

for the services provided at the time of the visit, using the clinic’s sliding fee scale, if appropriate.

## **PAYMENT FOR DENTAL CARE POLICY**

**PURPOSE**

To guide the management of patients who are required to pay for services provided in the dental program (either uninsured patients or patients with insurance co-payments). Helping Hands of Tennesseeencourages patient education to ensure that patients are informed about their financial and other responsibilities in the dental care process.

**POLICY**

All patients and families are educated about their payment for care as well as their required insurance co- payments for each dental visit as outlined in their dental insurance contracts. Patients are also advised of their Annual Dental Benefit allowance per insurance contract if it applies and services that are not covered under their plan. In addition, patients are made aware of procedures that are NOT covered by their insurance plan and/or Medicaid insurance guidelines. Patients are responsible for any insurance claims denied as a result of lack of eligibility or termination of coverage of services as well as additional fees that are not covered by their plan.

Helping Hands of Tennessee offers a sliding fee scale schedule for self-pay patients that provides discounts to qualified patients who are uninsured or underinsured. The sliding fee discount scale is based on poverty guidelines established by the Federal Government as written and updated annually in the Federal Register.

Self-pay patients are responsible for full payment when services are rendered. Self-pay patients are also counseled if they have outstanding balances. They are advised that if balances are not paid in full, no elective (non-emergent) dental care will be started.

Notices regarding Helping Hands of Tennessee’s Payment Policy will be posted prominently in the Dental Department.

**PROCEDURE**

**BILLING CYCLE**

* All claims, regardless of payer source(s), are processed by the Billing department within one week of the date of service.
* Subsequent invoices are mailed every thirty (30) days thereafter for self-pay accounts. All self-pay patients with high balances are encouraged to develop payment arrangements with the Dental Department and should have a chart alert indicating that balances should be paid prior to the provision of further non-emergent dental services.
* The Dental billing department will follow-up on all third-party claims that are outstanding more than 30 days. Third-party claims that remain open after 90 days may be converted to patient responsibility. The patient will receive notice in the mail requesting payment within 30 days of conversion. If payment is not received within 30 days, the account will be flagged as delinquent through an alert in the patient’s chart.

**NEW PATIENTS**

* When a new patient arrives at Helping Hands of Tennessee Clinic, the front desk gives him/her a copy of the Dental Patient Information Sheet and Signature Page which outlines the Assignment of Benefits, Financial Agreement, Authorization of Dental Treatment and Medical Dental History Attestation.
* Based on the patient’s insurance status, the patient receives information about his/her responsibilities.
* As part of the confidential patient registration process, insured patients are required to give their signature stating that they (1) authorize the payment of dental benefits to be sent to HHTand (2) understand and agree that they are responsible for the balance on their account for any services provided by Helping Hands of Tennessee.A copy of their insurance card must be photocopied along with patient identification such as a driver’s license (fraud prevention).
* If the patient does not have dental insurance, fee counseling is provided in private with the registrar who requests income information and the patient’s family size. The patient is requested to provide recent pay stubs or other forms of income verification (tax return or letter from employer) plus utility or rent payments to verify address. A copy of their income information must be included in their patient record.
* If the patient is unable to provide proof of income (e.g., gets paid in cash, does not get paychecks/stubs, did not file a tax return last year and cannot get a letter from employer), the patient must complete a “Declaration of Income” form which is valid for one year. The form must be included in their patient record.
* Helping Hands of Tennessee Clinicrequires patients to re-certify for the sliding fee scale annually by submitting their prior year’s income status. Once again, patients are asked to bring in proof of income or complete a new “Declaration of Income” form, which is placed in the patient record.

**ESTABLISHED PATIENTS WITH HIGH BALANCES**

If an established patient has a high balance (>$100), the registrar must counsel the patient concerning payment options. The patient must pay for the cost of today’s visit or be evaluated by the dentist as to the urgency of

today’s symptoms. Payment options include the establishment of a payment contract where the patient may agree to make regular payments toward the balance. This contract is monitored by the Dental billing office and regular notices are sent to the patient concerning payments. The registrar should seek approval from the Dental Director or Practice Manager concerning the appointing of the patient. All patients requiring emergency care will be appointed regardless of ability to pay.

## **DECLARATION OF INCOME FORM**

Patient Name

Address

Telephone #: Home: Cell:

Family Size (yourself, spouse and dependent children under the age of 18):

Annual Income:

Please List All Source(s) of Income:

Employer’s Name and Address:

I hereby attest that the information provided above is complete and true to the best of my knowledge.

Patient Signature Date

Witness Date

**Notice of Patient Responsibility for Payment for Dental Services**

Dear Dental Patients,

Helping Hands of Tennessee Clinicis not a free clinic. In order to continue providing quality services and maintain the financial viability of our dental program, Sliding Scale/Self-Pay Patients are responsible for the following:

Pay their remaining balances in full prior to receiving further non-emergent care. If your existing balance is not paid in full, we will not be able to continue elective care and you will be rescheduled.

Payment is due in full at the time of your visit.

For all major dental work (dentures, crowns), 50% of the fee will be required before the first appointment can be scheduled. The remaining 50% balance must be paid at the time the denture or crown is delivered. Patients will be alerted when payments are due so that they can bring the proper funds to the dental visit. No major work will be started until a 50% deposit toward services is made, and no delivery of the final product will be made until the balances are paid in full.

No one with a dental emergency will be denied services, regardless of their ability to pay; however, elective/follow-up work relevant to the emergency visit will not be started until all outstanding balances are paid.

## **BROKEN APPOINTMENTS**

**PURPOSE**

To guide the management of dental patients who do not keep appointments (DNKAs) or cancel without sufficient notice (defined as less than 24 hours) and maximize access to care for those patients who are responsible about keeping appointments.

**POLICY**

Patients who fail to keep three (3)of appointments within a three-month time framewill have all pending dental appointments cancelled. They will be notified that they will not be allowed to schedule any further appointments until they have written a letter to the Dental Director stating why they missed the appointment, why they feel they should be given another appointment and that they understand that failure to keep any future appointments will result in their being discharged permanently from the practice. Patients who do not submit the required letter will be sent a notice of discharge from the dental practice**.**

**PROCEDURE**

All new patients of the dental program will be given a written copy of the Appointment- Keeping Policy and be required to sign an acknowledgment of the policy, which will be placed in their dental record.

As a courtesy, patients will be reminded of their scheduled appointments. Patients, however, are still responsible for their appointments regardless of a successful reminder.

Patients who do not arrive for an appointment (or cancel with less than 24 hours’ notice) will be documented as having missed their appointment and advised of the consequences of missing a second appointment.

Patients who miss a second appointment(or cancel with less than 24 hours’ notice) will be documented. All future appointments for these patients will be cancelled.

Once documented as having violated the no-show policy, in order to be considered for further treatment, patients will be required to write a letter to the dental director explaining the following: 1) why they missed the last appointment; 2) the reason(s) they feel they need another appointment; and 3) that they understand that another no-show visit will result in their discharge from the practice.

Patients who fail to provide the required letter will be notified by mail that they have been discharged from the practice **[Or consider the second option of placing the patient on same-day appointment only status]**

This policy will be enforced uniformly and consistently by all staff and administration of *Helping Hands of Tennessee*.

## SAMPLE MISSED APPOINTMENT AGREEMENT

We value you as our patient and need your cooperation with keeping appointments so that we can provide your care. Missing or canceling an appointment with less than 24 hours’ notice means we are unable to fill this appointment time with another patient who desperately needs care.

#### Our policy requires:

*Appointment Confirmation*: We will contact you one or two days before your scheduled appointment to confirm that you will be keeping the appointment. If we are unable to reach you in person, we may give your appointment away to another patient.

Initials

*Timely Cancellations*: If you need to cancel or reschedule your appointment, you must give us at least 24 hours’ notice. Cancellations made with less than 24 hours’ notice will be considered a missed appointment.

Initials

*On Time Arrivals*: If you are more than 10 minutes late to your appointment, we may need to reschedule you for another time.

Initials

*Compliance*: Patients are only allowed two missed appointments. After the second missed appointment, you will be placed on “same day” only status.

Initials

Many patients use Helping Hands of TennesseeDental Practice’s services. Your help in keeping your appointments enables us to provide better and timelier care for all our patients.

Name

Patient or Parent/Guardian Signature Date

FIRST BROKEN APPOINTMENT LETTER

#### [Clinic Letterhead Here]

Date:

Dear

We are sorry you couldn’t make it to your dental appointment at **Helping Hands of Tennessee** today.

We would like to remind you that we have a very strict “Broken Appointment” policy. Patients are only allowed **3** of missed appointments (including cancellations that are made less than 24 hours before an appointment). If for any reason, a patient misses their appointment or cancels late **3** times, they will not be allowed to schedule any further appointments. We have this policy because when a patient does not show up for their appointment or cancels too close to their scheduled time, we are unable to fill this appointment time with another patient who *desperately* needs dental care.

Although you will not be given a “scheduled appointment,” you are still welcome to receive your dental care with us. Patients who have broken **3** appointments with us can call for a “same day appointment.” These same day appointment slots fill up fast, so you should call first thing in the morning.

Please understand that we would be happy to continue to be your dental home. We need to have this strict policy in order to best provide care to all of our scheduled patients.

If you have any questions or concerns don’t hesitate to call us!

Sincerely,

#### Sabrina Blue

## SAMPLE FINAL LETTER

#### Helping Hands of Tennessee

Date:

Dear

We’re sorry you couldn’t make your appointment at **[insert name of clinic]** today.

If you recall, we have a very strict “Broken Appointment” policy. Patients are only allowed to miss **[insert number]** appointments (including cancellations with less than 24 hours’ notice). After the **[insert number]** missed or cancelled appointment with less than 24 hours’ notice, patients are moved to “same day” appointment status. We have this policy because when a patient does not show up for their appointment or cancels too close to their appointment time, we are unable to fill this slot with another patient who *desperately* needs care.

We noted that you had “broken appointments” on .

This is your **3** broken appointment. Because of this, you may access our services by calling in the morning for a “same day appointment.” These same day appointment slots fill up fast, so you should call first thing in the morning.

If you have been receiving care by a dental hygienist (the dental clinician who cleans your gums and teeth), we can keep your name on a “Space Available” list if you would like. That means that if we have a last minute opening in a hygiene schedule, we will call you.

Please understand that we are happy to continue to serve as your dental home. We need to have this strict policy in order to best provide care to all of our scheduled patients.

If you have any questions or concerns don’t hesitate to call us!

Sincerely,

Dental Director/CEO name

## EMERGENCY PATIENTS

**PURPOSE**

To guide the care of patients calling or walking in to Helping Hands of Tennessee for emergency treatment

**POLICY**

Patients presenting with pain, swelling, acute infection, fever, hemorrhage or trauma will receive a 30-minute appointment for diagnostic evaluation and definitive treatment. Palliative care will only be provided if definitive care is contraindicated or if the provider does not have sufficient time in the schedule to provide definitive care. If further treatment is needed, the patient will be advised to call the clinic one or two days after the visit to schedule the appointment. Patients seeking emergency care who were recently treated in the clinic will also be seen the same day they call or walk in. Front desk staff will be responsible for the triage and scheduling of all emergency patients. A sample Triage Form is attached to this policy.

One emergency slot per dentist per session (morning and afternoon) will be built into each day’s schedule. Additional emergency patients will be put in open slots in the day’s schedule caused by no-shows or cancellations. It will be extremely important to monitor these appointments to make sure they are being utilized regularly.

**PROCEDURE**

* All calls or walk-ins for emergency care will be triaged by the front desk staff. Patients with the following complaints will be seen the same day:
  + Pain
  + Swelling
  + Acute infection
  + Fever
  + Hemorrhage
  + Trauma
  + Patients with any complaint related to recent treatment in the clinic
* In the absence of any of these complaints, patients with such problems as lost fillings or broken teeth or patients seeking a denture adjustment (unless recently fitted in the clinic) do ***not*** constitute emergencies and will be scheduled for a regular appointment or double booked at the request of the treating dentist.
* If there are unfilled slots in the daily schedule, emergency patients will be given a 30-minute appointment for diagnostic evaluation and palliative treatment. If all the slots are filled, patients calling in the morning will be told to come in and wait for a slot to open (as the result of a no-show or cancellation). If no slots open up, the patient will be seen by the dentist at the conclusion of the morning session (i.e., during the lunch break). Patients calling after lunch will also be told to come in and wait for an open slot. If no slots open up, the patient will be seen by the dentist at the conclusion of the afternoon session. Under no circumstances will a patient who was told to wait be turned away from the clinic without being seen.
* To facilitate the evaluation and treatment of emergency patients, both hygienists and dentists can use unfilled chair time. Either hygienists or dental assistants (if not currently assisting a dentist) can prepare the patient and take any necessary x-rays.

## **HHT TRIAGE FORM**

Patient Name: Date:

Last Dental Visit: Location of Pain: Bottom left, Bottom right, Top left, Top right

Patient Address: Contact Number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Ask the Patient | MUST BE SEEN TODAY! |  | See tomorrow or this week |  | See when available |  |
| “On a scale of 1 to 10 how badly are you hurting?” | Pain level 7 to 1 | ⁭ | Pain level 4 to 6 | ⁭ | Pain level 3 or below | ⁭ |
| “How long have you been hurting?” | This level for a week or less | ⁭ | This level of pain for a month or less | ⁭ | Had these symptoms for over a month | ⁭ |
| “Describe the type of pain or discomfort you feel.” | Throbbing | ⁭ | Broken tooth, lost a filling | ⁭ | Chip tooth, broken filling | ⁭ |
| “How are you sleeping at night?” | Keeps me awake at night | ⁭ | Able to sleep with medication | ⁭ | Able to sleep | ⁭ |
| “What occurred to make the tooth begin to hurt?” | Unknown or bit down on something hard | ⁭ | Bit down on something or other cause | ⁭ | Sweets; candy causes it to hurt | ⁭ |

P a g e | **94**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| “Have you noticed any other symptoms?” | Fever and swelling | ⁭ | ------ | ⁭ | ------ | ⁭ |
|  | Two or more |  | Three or more checkmarks in |  | Three or more checkmarks in this |  |
| checkmarks in this | this section results in the patient | section results in the patient being |
| section results in the | needing an appointment this | given the next available standard |
| patient needing to be | week | appointment time |
| seen today |  |  |

## **CLICIAL PROTOCOLS**

**PURPOSE**

To ensure that all patients of Helping Hands of Tennesseereceive the same level of care.

**POLICY**

Dental staff will consistently follow clinical protocols which are designed to standardize the types of services provided to patients. These clinical protocols will be reviewed annually by the Dental Director and any changes made will be communicated to clinical staff. Through the Quality Assurance audit

process, the Dental Director will monitor the clinical staff’s success in consistently following clinical protocols.

**PROCEDURE**

Dental registration/reception staff will determine the eligibility of each patient for scheduled services each time they come in for treatment. All patients will be considered self-pay (full pay) patients until their state or private dental insurance has been confirmed or their eligibility for the sliding fee discount schedule has been determined.

When patients are scheduled for appointments, the dental reception/registration staff will identify the services to be provided based on the treatment plan and the following protocols unless otherwise

directed by the patient’s dental provider.

**PATIENTS ELIGIBLE FOR THE SLIDING FEE DISCOUNT SCHEDULE (SFDS):**

* If a patient fails to provide the necessary documentation of financial eligibility for the SFDS prior to their visit they will be expected to pay the full cost of treatment before receiving care. For this reason, patients may choose to receive the minimum necessary services until they can provide proof of income and family size. If the patient later provides documentation showing eligibility for the SFDS at the date of service, the difference will be reimbursed to the patient.
* Exception: For emergency visits patients will not be required to pay prior to receiving dental treatment. However, the patient will be responsible for the full balance and it will remain on their account until they provide eligibility documentation.

**PATIENTS WITH MEDICAID (STATE DENTAL INSURANCE):**

* Dental clinic staff should familiarize themselves with the state’s Medicaid fee schedule and the coverage/eligibility information. With this information they will be able to educate patients on what services they will be covered for.
* If patients fail to provide the necessary documentation of Medicaid eligibility prior to their visit they will be expected to pay for the full cost of treatment before receiving care. For this reason, patients may choose to receive the minimum necessary services until they can provide proof of income /family size. If patients can provide proof of eligibility at a later date, the difference will be reimbursed to the patient.
* Exception: For emergency visits patients will not be required to pay prior to receiving dental treatment. However, the patient will be responsible for the full balance and it will remain on their account until they can provide proof of insurance.
* Patients with state dental insurance will also be educated on the availability of the sliding fee discount schedule. Patients will be able to receive a sliding fee discount according to their financial need for any dental services that are not covered by the state dental insurance plan. Patients must pay in full prior to receiving care.

**PATIENTS WITH COMMERCIAL DENTAL INSURANCE:**

* If patients fail to provide proof of insurance prior to their visit they will be expected to pay for the full cost of treatment before receiving care. For this reason, patients may choose to receive the minimum necessary services. If patients can provide proof of insurance at a later date, the appointment will be billed to insurance and the difference will be reimbursed to the patient.
* Exception: For emergency visits patients will not be required to pay prior to receiving dental treatment. However, the patient will be responsible for the full balance and it will remain on their account until they can provide proof of insurance.
* Before services are provided, verify insurance and coverage limitations online or via telephone and obtain prior authorizations as needed.
* Provide the patient with pre-estimates of services so he/she understands what out-of-pocket costs they will be responsible for. This should be done prior to the date of service to allow patient to prepare financially.
* Patients with private dental insurance will also be educated on the availability of the sliding fee discount schedule. If eligible, patients will be able to receive a discount according to SFDS for any needed dental services that are not covered by their dental insurance plan. Patients must pay in full prior to the start of the appointment.

**RADIOGRAPH GUIDELINES:**

All recommendations for radiographs are in accordance with the ADA guidelines6. Radiograph selection should be subject to clinical judgment and may not apply to every patient. These guidelines should only

6 ADA guidelines: “Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure” Revised 2012. <http://www.ada.org/~/media/ADA/Member%20Center/FIles/Dental_Radiographic_Examinations_2012.ashx>

be used by dentists after reviewing the patient’s health history and completing a clinical examination. Dentists are to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure.

**NEW PATIENTS**

* All new patients with clinical evidence of generalized oral disease or a history of extensive dental treatment will receive a full mouth intraoral radiographic exam. Otherwise patients will receive an individualized radiograph examination consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.

**ALL PATIENTS ON RECORD**

* Recall patients with clinical caries or at increased risk for caries:
  + Posterior bitewing exam at 6–18-month intervals.
* Recall patients with no clinical caries and not at increased risk for caries:
  + Children: Posterior bitewing exam at 12–24-month intervals
  + Adolescents: Posterior bitewing exam at 18–36-month intervals
  + Adults: Posterior bitewing exam at 24–36-month intervals
* Recall patients with periodontal disease:
  + Selected bitewing and/or periapical images of areas where periodontal disease is found. Follow clinical judgment.

**TREATMENT GUIDELINES:**

* Periodic exams:
  + Providers should make every effort to ensure that the periodic exam and prophy are not “unbundled.”
  + All patients must have at least one exam with the dentist per calendar year. It is preferable that all patients receive a periodic exam every six months.
  + If a patient is on a 3 month recall schedule, the exam should be scheduled every other visit.
* Treatment plans:
  + Clinical staff must document, prioritize, and update every patient’s treatment plan at each visit.
* Sealants:
  + Providers should “seal” as many eligible teeth as possible during the visit given time constraints and patient cooperation.
* Restorative:
  + The goal for a restorative visit for a patient with multiple cavities should be to do as many restorations as possible given time constraints, provider expertise, and patient tolerance--at least two restorations should be possible.
* Emergency Visits:
  + The dentist should provide definitive care during the emergency visit whenever possible.
  + Some states cover D0140 for emergencies while others cover D9110—verify with the Medicaid coverage tables in your state.

## **CLINICAL PROTOCOLS**

**ALL NEW ADULTS:**

**FIRST VISIT**

***To be verified by a licensed Dentist:***

Comprehensive exam including full periodontal evaluation and diagnosis Radiographs (according to ADA guidelines)

Treatment plan

Home care instructions (OHI)

**SECOND VISIT**

* Restorative services/follow up treatment plan
* Detailed home care instructions (OHI)

**SUBSQUENT VISIT**

* Prophy or quadrant scaling
* Detailed home care instructions (OHI)

**ADULT RECALL PATIENTS:**

**RE CALL VISITS:**

***If provided by Dentist: If provided by Hygienist:***

Periodic Exam/perio diagnosis Screening/perio evaluation

Radiographs (according to ADA guidelines) Radiographs (according to ADA guidelines) Prophy/Perio maintenance Prophy/Perio maintenance

Treatment plan Provisional treatment plan

Home care instructions (OHI) Home care instructions (OHI) Periodic exam (completed by dentist)

**SUBSEQUENT PATIENT VISITS**

* Confirm provisional treatment plan/screening/perio evaluation and charge out exam (if a dentist was not available for initial visit; not preferred.)
* Provide restorative services /follow treatment plan

**NEW PEDIATRIC PATIENTS:**

**FIRST VISIT :**

***If provided by Dentist: If provided by Hygienist:***

Comprehensive exam/perio diagnosis Screening and perio evaluation Radiographs (according to ADA guidelines) Radiographs (according to ADA guidelines) Prophy Prophy

Fluoride treatment Fluoride treatment

Treatment plan Provisional treatment plan

Home care instructions (OHI) Home care instructions (OHI) Comp exam (completed by dentist)

**SUBSUQENT PATIET VISIT**

* Confirm provisional treatment plan/screening and bill exam (if a dentist was not available for initial visit; not preferred.)
* Sealants (providers should try and seal as many eligible teeth as possible during the visit given time constraints and patient cooperation)
* Restorative services

PEDIATRIC RECALL PATIENTS

**RE CALL VISITS:**

***If provided by Dentist: If provided by Hygienist:***

Periodic exam/annual full perio eval Screening/annual full perio eval Radiographs (according to ADA guidelines) Radiographs (according to ADA guidelines) Prophy Prophy

Fluoride treatment Fluoride treatment

Treatment plan Provisional treatment plan

Home care instructions (OHI) Home care instructions (OHI) Periodic exam (completed by dentist)

SUB SE QUE NT VISITS :

* Confirm provisional treatment plan/screening and bill exam (if a dentist was not available for initial visit; not preferred.)
* Provide restorative services/Sealants

## **ASSESSMENT OF VITAL SIGNS**

PURPOSE :

To ensure proper technique when assessing vital signs.

POLICY:

Vital signs serve as indicators of a patient’s health. It is the policy of the Dental Department to take vital signs when there is indication of high or low blood pressure, on new patients and during medical emergencies. It is imperative that all clinical dental staff are competent in taking and monitoring vital signs.

PROCEDURE

THERE ARE FOUR VITAL SIGNS:

* Pulse
* Respiration Rate
* Temperature
* Blood Pressure

The Spot Vital Signs machine is capable of taking all these vital signs easily and quickly.

If the Spot Vital Signs machine is not available, these vital signs can also be performed as outlined below.

PULSE RATE:

The pulse is the expansion and contraction of an artery as blood passes through it.

#### Normal Ranges:

Adults 60-100 bpm

Children at birth ~130 bpm

Children at 2 yrs. ~105 bpm.

Children at 4 yrs. ~90 bpm.

Children at 10 yrs. ~70 bpm.

#### Site and Technique:

* Prepare patient.
* The most common site to obtain a pulse rate is the radial artery.
* It is located on the underneath side of the wrist, thumb side.
* Support the arm, palm side up, and with your first three fingers, palpate the area until you find the pulse.
* Then with light pressure, count the beats for 1 minute.
* Note the rhythm and strength of the beat.
* Record your findings.

RESPIRATION RATE:

The inhalation of oxygen and exhalation of carbon dioxide in arrhythmic pattern. Factors to observe: Rate, rhythm, quality, and depth.

#### Normal Range:

Adults 14-20 breaths per minute

Children at 1 yr ~30 bpm

Children at 2 yrs. ~25 bpm

Children at 8 yrs. ~20 bpm

Children at 15yrs. ~18bpm

#### Technique:

* Prepare patient
* Respiration rate and the pulse rate are often taken around the same time.
* Count the amounts of breaths immediately after getting the pulse rate, without telling the patient.
* Count the number of times you see the chest rise during 1 minute.
* Record your findings.

TEMPERATURE:

The actual body temperature of a patient can tell you if the patient is sick or not.

#### Normal Ranges:

Adults 96.0F- 99.5F (35.5C-37.5C)

Children at 1 yr. 99.1F (37.3C)

Children at 4 yrs. 99.4F (37.5C)

Children at 5 yrs. 98.6F (37.0C)

Children at 12 yrs. 98.0F (36.7C)

#### Site and Technique:

* Prepare patient
* The most common site to take a temperature in adults and older children is in the oral cavity.
* Hold thermometer by the stem not the bulb.
* Check the reading. It must be below 96 F (35 C).
* Shake it down if the reading is not below this mark.
* Place a disposable sheath over the thermometer.
* Place the bulb under the patient’s tongue and tell the patient to close their mouth using their lips to hold it.
* Instruct patient to breathe through their nose.
* Remove thermometer after 3 minutes and read by slowly turning the thermometer until you see the mercury line indicating the temperature.

**BLOOD PRESSURE:**

According to ADA recommendations, “BP [blood pressure] readings should be taken for all new patients and for all recall patients on at least an annual basis. People who have hypertension should have BP assessed at each visit in which significant dental procedures are accomplished” (JADA, 2004;135: 576-584). The purpose of this policy is to establish protocols for monitoring blood pressure for dental patients in accordance with American Dental Association recommendations as well as guidelines for managing patients with identified hypertension.

Blood pressure will be taken using an automated blood pressure monitor on all patients over 18 years of age under the following conditions:

* At the time of the new patient examination;
* At least once per year as part of a recall examination;
* At each emergency visit;
* At each dental visit for patients with Stage 1 and Stage 2 Hypertension; and
* At each dental visit where teeth will be extracted.

Blood pressure will be recorded on the **[insert reference to form or patient chart]** or progress note in the chart.

The following criteria will be used to define blood pressure status and the management of patients with hypertension:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Blood Pressure Category** | **Systolic mm Hg** | **Diastolic mm Hg** | **Health Center Medical Patient** | **Non-Health Center Medical Patient** |
| Normal | <120 | <80 | Proceed with treatment | Proceed with treatment |
| Prehypertension | 120-139 | 80-89 | Proceed with treatment and recheck at end of appointment | Proceed with treatment and recheck at end of appointment |
| Hypertension (Stage 1) | 140-159 | 90-99 | Provide emergency care only. Refer patient to his/her primary care provider | Provide emergency care only. Determine if patient has primary care provider. If so, recommend follow-up ASAP with PCP. If not, refer patient to Health Center PCP |
| Hypertension (Stage 2) | >160 | >100 | Defer all treatment and consult with patient’s primary care provider | Defer all treatment and refer patient to his/her PCP or the nearest hospital ER |
| Hypertensive Crisis | >180 | >110 | Call 911 | Call 911 |

Patients with elevated blood pressure readings will be retested after resting for 5 minutes. Patients with blood pressure readings that remain at or above 140 mm Hg after resting and retesting will receive emergency care only and be referred to their primary care physician for follow-up evaluation and treatment. If the patient does not have a primary care physician, he or she will be referred to a Health Center physician. Patients with blood pressure readings that remain at or above 160 mm Hg after resting and retesting should have all dental care deferred until

the provider can consult with the patient’s primary care physician (if a Health Center physician). Patients who have non-Health Center physicians should be advised to consult with their physicians ASAP. Patients who do not have a primary care physician will be referred to a Health Center physician.

Patients with blood pressure readings at or above 180 mm Hg are in hypertensive crisis. Call 911 immediately.

#### Site technique:

* Prepare patient;
* Seat patient upright;
* Apply deflated cuff around a bare upper arm;
* Follow arrows on cuff to point where brachial artery is;
* Have edge of cuff be ¾ to 1 inch above antecubital fossa;
* Palpate for the brachial pulse below the fossa and more on the inner surface of the arm;
* Place stethoscope earpieces in ears with the tips pointing forward;
* Close the valve of the cuff;
* Palpate for the redial pulse with one hand and with the other begin to pump the bulb of the cuff;
* When you cannot feel the radial pulse any longer, make a note where you are on the gauge and pump the cuff 20 to 30mm Hg ( mercury) above this point;
* Place the diaphragm over the brachial artery;
* Loosen the cuff valve slowly and gradually deflate the cuff approximately 2-3mm per second. Watch the gauge;
* Listen for the first sound of blood pumping through the artery (called Korotkoff sounds). This is the systole. Make mental note of the number on the gauge when you hear this first sound;
* The sound will continue to get louder then start to become quieter and finally disappear. Make a mental note of the last sound and at what number on the gauge you hear it. This is the diastole.
* Totally deflate the cuff at this point;
* Repeat the procedure to verify the reading after 30 seconds to 1 minute to rest; and
* Record findings.

## GUIDELINES FOR PATIENTS NEEDING ANTIBIOTIC PROPHYLAXIS

PURPOSE

To provide guidelines for the identification of patients needing antibiotic prophylaxis prior to undergoing dental procedures.

POLICY

Helping Hands of Tennesseefollows the American Dental Association’s guidelines for the identification of patients needing antibiotic prophylaxis before undergoing dental procedures.

PROCE DURE

Infective endocarditis (IE), also called bacterial endocarditis (BE), is an infection caused by bacteria that enter the bloodstream and settle in the heart lining, a heart valve or a blood vessel. IE is uncommon, but people with some heart conditions have a greater risk of developing it.

For decades, the American Heart Association (AHA) recommended that patients with certain heart conditions take antibiotics shortly before dental treatment. This was done with the belief that antibiotics would prevent infective endocarditis (IE), previously referred to as bacterial endocarditis. The AHA’s latest guidelines were published in its scientific journal, *Circulation*, in April 2007 and there is good news: **the AHA recommends that most of these patients no longer need short-term antibiotics as a preventive measure before their dental treatment.**

The American Dental Association participated in the development of the new guidelines and has approved those portions relevant to dentistry. The guidelines were also endorsed by the Infectious Diseases Society of America and by the Pediatric Infectious Diseases Society.

The guidelines are based on a growing body of scientific evidence that shows the risks of taking preventive antibiotics outweigh the benefits for most patients. The risks include adverse reactions to antibiotics that range from mild to potentially severe and, in very rare cases, death. Inappropriate use of antibiotics can also lead to the development of drug-resistant bacteria.

Scientists also found no compelling evidence that taking antibiotics prior to a dental procedure prevents IE in patients who are at risk of developing a heart infection. Their hearts are already often exposed to bacteria from the mouth, which can enter their bloodstream during basic daily activities such as brushing or flossing. The new guidelines are based on a comprehensive review of published studies that suggests IE is more likely to occur as a result of these everyday activities than from a dental procedure.

The guidelines say patients who have taken prophylactic antibiotics routinely in the past but no longer need them include people with:

* Mitral valve prolapse;
* rheumatic heart disease;
* Bicuspid valve disease;
* Calcified aortic stenosis; and
* Congenital heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy.

The new guidelines are aimed at patients who would have the greatest danger of a bad outcome if they developed a heart infection.

Preventive antibiotics prior to a dental procedure are advised for patients with:

* Artificial heart valves;
* A history of infective endocarditis;
* Certain specific, serious congenital (present from birth) heart conditions, including:
  + Unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits;
  + A completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure;;
  + Any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device; and
  + A cardiac transplant that develops a problem in a heart valve.

The new recommendations apply to many dental procedures, including teeth cleaning and extractions. Patients with congenital heart disease can have complicated circumstances. Patients should check with their cardiologist if there is any question as to whether they fall into one of these categories.

#### Joint Replacements:

In 2012 the American Dental Association and the American Association of Orthopedic Surgeons updated the recommendations for antibiotic prophylaxis for people who have artificial joints (orthopedic implants). Previously antibiotics were recommended for use within the first two years of an artificial joint placement and for indefinitely for select patients.

The new guidelines do not recommend routinely prescribing antibiotics for people with artificial joints. Healthcare providers should rely more on case-by-case assessments and consultation with patients to determine the need for

antibiotics. For example, antibiotic prophylaxis might be useful for any of these patients who also have compromised immune systems (due to, for instance, diabetes, rheumatoid arthritis, cancer, chemotherapy, and chronic steroid use), which might increase the risk of orthopedic implant infection.

## DENTAL RECORD KEEPING

**PURPOSE**

To have complete dental records with accurate information.

**POLICY**

Records contain certain forms and charts which support treatment of the patient

**PROCEDURE**

The safety of each patient record is the provider’s responsibility while in his/her care. Any lost records must be accounted for. All records must be returned after each appointment to the designated box in the reception room. All record forms, whether paper or electronic, should be completed and signed.

* Patient information and consent from treatment must be done for every patient;
* The parent or guardian will sign a consent form for any patient under 18 years of age;
* Work of any nature must not be initiated without a signed consent form;
* Tell the parent at the time when the appointment is made to come in with the child at least 15 minutes earlier to sign this form and the medical history;
* Emphasize the child will be sent home untreated unless we have this information; and
* Completed health questionnaires (medical history).

Most medical emergencies can be prevented by taking an accurate medical history and by updating the information every time the patient has an appointment at the dental office. The dental team should be aware and alerted of the following:

* Specific physical conditions that may lead to an emergency.
* Diseases for which the patient has been under the care of a physician with type and/or treatment including medications.
* Allergies or drug reactions.

Significant conditions and allergies must be flagged with the following stickers:

**Allergic to** or **Medical alert** both of which are red and white in color

**DENTITION CHARTING**

Dentition charting is the graphic representation of the condition of the patient’s teeth observed on a specific date. This part of the record is very important for the following reasons:

Treatment planning - Charting provides a visual description of the patient’s needs to complete the treatment plan.

Legal documentation - The patient’s record is a legal document and admissible evidence in a court of law. Comprehensive charting of tooth assessment findings documents the level of care provided.

Financial audit - The patient’s dentition chart assist in the verification of the oral health care provided and may be the key record in a financial audit.

**AT THE HEALTH CENTER THERE ARE THREE DIFFERENT TYPES OF CHARTS:**

* Adult Dentition;
* Mixed Dentition; or
* Primary Dentition.

**THE FOLLOWING STEPS MUST BE FOLLOWED**

#### [There are no set standards for dentition charting; many requirements depend on state or local laws, insurance agencies, or accrediting bodies. Please adapt your charting procedures accordingly. The 2007 ADA Dental Records document7 recommends the following be included:

#### Database information, such as name, birth date, address, and contact information;

#### Place of employment and telephone numbers (home, work, mobile);

#### Medical and dental histories, notes and updates;

#### Progress and treatment notes;

#### Conversations about the nature of any proposed treatment, the potential benefits and risks associated with that treatment, any alternatives to the treatment proposed, and the potential risks and benefits of alternative treatment, including no treatment;

7 ADA dental records. [2007. http://raedentalmanagement.com/wp-content/uploads/2014/03/ADA-Dental-Records.pdf](http://raedentalmanagement.com/wp-content/uploads/2014/03/ADA-Dental-Records.pdf)

#### Diagnostic records, including charts and study models;

#### Medication prescriptions, including types, dose, amount, directions for use and number of refills;

#### Radiographs;

#### Treatment plan notes;

#### Patient complaints and resolutions;

#### Laboratory work order forms;

#### Mold and shade of teeth used in bridgework and dentures and shade of synthetics and plastics;

#### Referral letters and consultations with referring or referral dentists and/or physicians;

#### Patient noncompliance and missed appointment notes;

#### Follow-up and periodic visit records;

#### Postoperative or home instructions (or reference to pamphlets given);

#### Consent forms;

#### Waivers and authorizations;

#### Conversations with patients dated and initialed (both in-office and on telephone, even calls received outside the office); and

#### Correspondence, including dismissal letter; if appropriate].

|  |  |  |
| --- | --- | --- |
| **THE UNIVERSAL NUMBERING** |  | |
| ADULT DENTITION  **Maxillary Teeth** |  |  |
|  | **Right** | **Left** |
| Third molar | 1 | 16 |
| Second moral | 2 | 15 |
| First molar | 3 | 14 |
| Second premolar | 4 | 13 |
| First premolar | 5 | 12 |
| Canine | 6 | 11 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Lateral incisor | 7 | 10 |
| Central incisor | 8 | 9 |
| **Mandibular teeth** |  |  |  |
|  |  | **Right** | **Left** |
|  | Third Molar | 32 | 17 |
|  | Second moral | 31 | 18 |
|  | First molar | 30 | 19 |
|  | Second premolar | 29 | 20 |
|  | First premolar | 28 | 21 |
|  | Canine | 27 | 22 |
|  | Lateral incisor | 26 | 23 |
|  | Central incisor | 25 | 24 |
| **CHILDREN’S DENTITION** |  |  |  |
| **Maxillary teeth:** |  |  |  |
|  |  | **Right** | **Left** |
|  | Second molar | (a) | (f) |
|  | First molar | (b) | (g) |
|  | Canine | (c) | (h) |
|  | Lateral incisor | (d) | (i) |
|  | Central incisor | (e) | (j) |
| **Mandibular teeth:** |  |  |  |
|  |  | **Right** | **Left** |
|  | Second molar | (p) | (k) |
|  | First molar | (q) | (l) |
|  | Canine | (r) | (m) |
|  | Lateral incisor | (s) | (n) |
|  | Central incisor | (t) | (o) |

#### Treatment Planning

Once all the information is gathered and recorded, the dentist will make a diagnosis of the patient’s conditions. A treatment plan is documented, and the patient is informed of his /her needs.

#### Dental Progress Notes

Once the procedure is completed, the treatment provided to the patient needs to be documented. Documentation is accomplished by abiding to the following steps:

* Medical History updates and vital signs, if taken
* Type and amount of anesthetic used, if applicable
* Tooth treated and the surfaces involved
* Types of dental materials used
* And a brief, concise note on how well the patient tolerated the treatment
* The notes must be clear, short and using ink
* Signature and title of the provider must be entered at the end of the progress note

## HANDLING OF TISSUE SPECIMENS

PURPOSE

To provide guidelines to the Dental providers of Helping Hands of Tennessee on the process to be followed when a biopsy in the oral cavity needs to be performed.

POLICY

Dental staff will follow the procedures below when preparing and handling biopsy tissue specimens for the laboratory.

PROCEDURE

* Medical encounter is requested for the laboratory. On the encounter, Pathology must be written in the space for other Lab.
* A pathology requisition form must be filled out with the following:
* Patient name, address, and registration number
* Surgeon--name of treating dentist and oral surgeon
* Specimen source
* Date of the procedure
* Clinical Diagnosis: brief explanation of the procedure, including but not limited to type of specimen, origin (location) of the specimen, how long the specimen was present in the oral cavity.
* Name of operation--Biopsy
* Pre-operative diagnosis--If the provider has any diagnosis is should be written
* Remove the tissue for biopsy.
* Blot excess blood off the specimen with 2 X 2 gauze.
* Orientation may be enhanced by placing a suture to denote the epithelium or direction of the lesion.
* Place the specimen into Formalin 10% bottles without delay.
* As soon as the tissue is removed from its bed, place gauze packs over the biopsy site and attend the specimen. Do not return to the patient until the tissue has been completely immersed in Formalin.
* The Formalin container must be labeled with patient’s name, date of birth, and registration number.
* The specimen, medical encounter, patient information (medical encounter and labels are requested at the front desk medical department) labels and pathology requisition form are delivered to the laboratory.
* The results will be available within two weeks. A sealed enveloped is delivered to the dentist with the pathology results through the oral surgery coordinator.
* The dentist will get in contact with the patient to deliver the results and plan future treatment if needed.

RECORDKEEPING

* The original copy of the test results will be kept in the dental record.
* A copy of the test results will be kept in the **Send-out Book Report Binder,** located at the medical Laboratory.
* The oral surgery coordinator will keep a log with information on biopsies to assure proper follow up.

## PATIENT EDUCATION

PURPOSE

The goal of educating patients and families is to improve patient health outcomes, with an emphasis on prevention, by involving patients, families and/or significant others in the patient’s care and care decisions.

POLICY

All members of the dental staff are responsible for participating in the patient education process. Dental staff will assess the patient, family and/or significant other’s learning needs, abilities and preferences, including religious, cultural, educational and language background as they are relevant to the ability to communicate. Dental staff will also assess the emotional, motivational, physical and cognitive barriers to learning. Assessment will include the financial implications of care decisions.

Patient education should enhance knowledge and involve patients, families and/or significant others in decisions regarding the treatment plan. Patient and family education policies and procedures will be implemented via an effective collaborative, interactive approach, including appropriate documentation and assessment of outcome.

PROCE DURE

* The following guidelines should be followed in developing and/or selecting patient education materials:
  + Should be developed with multidisciplinary participation;
  + Languages available should match those of the patient population;
  + Materials should be legibly typed;
  + Photocopies should be clear Low cost;
  + The name of the dental clinic should appear on the materials;
  + Test materials with patients before implementing;
  + Review materials annually and update as necessary;
  + The reading level should be 5th-8th grade;
  + A master copy of all printed education materials should be kept in a secure location; and
  + Any preprinted materials should meet the above criteria.

## PATIENT RECORDS

PURPOSE

To establish guidelines for the creation, updating and storage of patient records.

POLCY

* A medical/dental record will be retained on all patients accepted for treatment to the clinic. The medical/dental record is the property of the clinic. The medical/dental record is maintained for the benefit of the patient, the professional staff and the clinic.
* The clinic will keep in one centralized location on its premises records indicating all the services rendered to clinic patients. Active Medical Records (records of patients with a visit date within three years) will be retained on site within the clinic. These records will be located in the records area.
* The professional staff will have access to the medical/dental records for the clinical analysis and treatment plan development. The administrative staff will have access to the medical/dental records for bookkeeping and billing.
* Records will contain sufficient information to justify the diagnosis (es) and treatment, and to document the results accurately.
* Where applicable, a mobile or portable medical service shall maintain patient records on the premises of the clinic and not at host locations.
* Each patient shall have a single integrated record, except those that may be filed separately on the premises, provided there is an effective cross-referencing system.
* Each entry into each patient record shall be dated and authenticated by the staff member making the entry, indicating name and title
* Each page of each patient's record shall have two unique forms of identification.
* The record with respect to each patient shall include the following:
  + Patient's name, date of birth, sex, home address and telephone number, and sponsor or responsible party, if any;
  + Date of each patient visit with clinic staff at the clinic or satellite clinic;
  + Medical or dental history, as appropriate;
  + Diagnostic observations, evaluations, and therapeutic plans;
  + Orders for any medication, test, or treatment;
  + Records of any administration of medications, treatment, or therapy;
  + Laboratory, radiology, and other diagnostic reports;
  + Progress notes;
  + Reports of any consultations, special examinations, or procedures;
  + Operative and anesthesia records;
  + Referrals to other providers and/or agencies;
  + Documentation that informed consent has been obtained for surgical procedures and other treatment where required by law; and
  + Discharge summary, when appropriate.

PROCEDURE

* The clinic will keep records indicating all the services rendered to clinic patients at corporate office**;**
* All patient records will be kept in the records file cabinet located in the administrative area of the clinic;
* Special care and attention will be taken by all staff to ensure patient privacy and security of patient records. Patient records will be locked in the records room. The Practice Manager will have responsibility for the safeguarding of patient records;
* When Electronic Dental Records (EDR) are utilized, the main server will be housed on site in a locked room. Access to the server will be limited to the IT Director, Practice Manager and Dental Director. The EDR will be password protected and only accessed by the necessary designated staff. Passwords will automatically be required to be changed every 60 days. When computers and monitors are within each operatory, the monitor screen will go to screen saver within 5 minutes of idle;
* Records will be documented to include diagnosis(es), treatment, and to document the results accurately;
* When mobile or portable services are utilized, the records for services provided by the mobile or portable dental service will be maintained on the premises of the clinic and not at host locations;
* Each patient has a single integrated record, except those that may be filed separately on the premises, provided there is an effective cross-referencing system on premises**;**
* Patient records will be dated and authenticated with each entry by the staff member making the entry, indicating name and title;
* The patient's record will be filed by ***patient name and chart number;*** and
* See the example of the patient record in this section showing all pertinent information required.

## **RETENTION OF DENTAL RECORDS**

**POLICY**

* The Practice Manager and the Clinical Director will have responsibility of the maintenance and security of medical/dental records. The clinic maintains records of the diagnosis and treatment of patients under their care for 30 years after the discharge or the final treatment of the patient to whom it relates. This procedure will maintain compliance with all regulatory state and federal laws.
* Inactive Medical/Dental records (records of patients who haven’t had a visit to the clinic within 3 years) will be retained on site within the clinic.
* When space becomes unavailable for inactive records, the Practice Manager and the Clinical Director will determine the most appropriate housing and security of these records.
* The clinic does not consider radiological films, scans, other image records as part of the medical record subject to the retention requirements provided that any signed narrative reports, interpretations or, sample tracings that are generated to report the results of such tests and procedures shall be maintained as part of the record. Such records as described will be retained for a period of at least five years following the date of service. The purpose of this requirement is to establish a minimum retention period and does not preclude clinics from maintaining records for a longer period of time.
* Dental/medical records retained by the clinic will be made available, for inspection and copying, upon written request of the patient or his/her authorized representative. The clinic may charge a reasonable fee for copying, not to exceed the rate of copying expenses.
* Each clinic maintains patient records under lock or code and uses them in a manner to protect the confidentiality of the information contained therein.
* Printed copies of electronically stored records will be disposed of in a manner which assures the confidentiality of patient information.
* Any time patient health information is discarded, it will be placed in a special secure receptacle and shredded appropriately.

**PROCEDURE**

* The clinic will maintain records of the diagnosis and treatment of patients under their care for 30 years after the discharge or the final treatment of the patient to whom it relates.
* Dental/medical records retained by the clinic will be made available, for inspection and copying, upon written request of the patient or his/her authorized representative. The clinic may charge a reasonable

fee for copying, not to exceed the rate of copying expenses. Patients will be required to sign this form when they request copies of their records or request copies be sent to another practice. Patients will be charged the cost of copying for those records being released to either the patient or another practice. This signed form will be kept in the patient’s record at the clinic.

* All records beyond the retention time will be shredded and discarded in accordance will all laws and regulations to protect patients’ privacy.



# INFECTION CONTROL

Logo

Description automatically generated

## **INFECTION CONTROL PLAN**

This is the infection control plan for Helping Hands of Tennessee. For the safety of patients and dental health care providers (DHCPs) it is mandatory that all DHCPs follow the following infection control plan. All questions regarding this plan are to be directed to the clinic’s Infection-Control Coordinator (ICC).

The ICC will be responsible for confirming that infection control trainings are ministered for new employees and annually for all employees. The ICC will maintain an attendance log of each training event which will include a description of each training.

## INFECTION CONTROL TRAINING LOG

|  |  |
| --- | --- |
| **Infection Control Training for Helping Hands of Tennessee** | |
| **Topic:** | |
| **Date / Location:** | |
| **Attendee** | **Signature** |
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## FEDERAL REQUIREMENTS

The policies in this document are designed to meet the Center For Disease Control and Prevention (CDC) Guidelines for Infection Control in Dental-Care Settings (2003). According to these guidelines, dental clinic infection-control protocols should include the following:8

* Operational controls to protect employees from exposure to blood or potentially infectious materials;
* A written infection control plan that includes policies, procedures, and guidelines;
* New and annual employee training; and
* Post-exposure management and follow-up policies and procedures.

In addition to infection control guidelines that have been developed by the CDC, OSHA has specific regulations that protect healthcare workers from the hazards of Blood-borne disease. The formal title of these regulations is the Occupational Exposure to Blood-borne Disease Pathogens Standard, better known as the Blood-borne Disease Standard.9 OSHA defines occupational exposure as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.10

The policies in this manual are designed for compliance with the Blood-borne Disease Standard. This standard works together with the CDC Infection Control Guidelines to create an extremely safe environment for dental workers as well as their patients. All employees have or will receive specific training on the Blood-borne Disease Standard and are expected to remain familiar with the protocols. Any questions regarding blood-borne pathogen protocols are to be directed towards the ICC.

The OSHA blood-borne pathogen standard 1910.2030(c)(2) requires employers to identify types of employees with occupational exposure.11 Helping Hands of Tennesseehas identified the following types of employees with occupational exposure, encompassing any position with potential clinical contact with patients:

* Dentists
* Dental Hygienists

8 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pp. 16-17. <http://www.ada.org/~/media/ADA/Member%20Center/FIles/guidelines_cdc_infection.ashx> 9 OSHA Blood-borne Pathogens Regulations.

<https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051> 10 OSHA Blood-borne Pathogens Regulations. <https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051> 11 OSHA Blood-borne Pathogens Regulations. <https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051>

* Dental Assistants
* Practice Manager

Receptionists, billing staff, and other administrative staff do not have clinical exposure and are therefore not included.

## **THE PURPOSE OF INFECTION CONTROL**

The information contained in this report is designed to prevent disease transmission in this facility. This includes from patient to dental-worker, dental-worker to dental-worker, and dental-worker to patient. The dangerous microorganisms clinical staff may be exposed to include cytomegalovirus, hepatitis B, hepatitis C, herpes simplex virus types I and II, HIV, TB, staphylococci, streptococci, as well as other bacteria and viruses. These organisms may be transmitted in a number of ways, including:12

* Direct contact with blood, saliva, or other patient materials;
* Indirect contact with contaminated objects (instruments, equipment, etc.);
* Contact of eyes, inside of nose or inside of mouth with spatter (coughing, sneezing, etc.); and
* Breathing of airborne microorganisms that are in the air.

In order to become infected, all of the following conditions must be present:13

* A dangerous organism that is virulent and plentiful enough to cause disease;
* A source for these organisms to live and multiply;
* A way for these organisms to be transferred from their source to host;
* An entry-way (portal) for these organisms to enter the host; and
* A host that is not immune.

When all of these events occur, infection results. The purpose of infection-control is to interrupt one or more of these events, which is called “breaking the chain of infection.” The best way to break this chain is by using what the CDC calls *standard precautions:* prevention practices used during all patient care, regardless of suspected or confirmed status of the patient, in any setting where healthcare is delivered.14” These precautions apply to contact with:

* Blood;

12 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pp. 16-17. <http://www.ada.org/~/media/ADA/Member%20Center/FIles/guidelines_cdc_infection.ashx> 13 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pp. 16-17. <http://www.ada.org/~/media/ADA/Member%20Center/FIles/guidelines_cdc_infection.ashx>

14 Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. CDC. Retrieved 11/2014.

<http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-gl-standared-precautions.html>

* All body fluids, secretions, and excretions (except sweat), including saliva, whether or not they contain blood;
* Non-intact skin; and
* Mucous membranes (eyes, inside of mouth or nose).

In this facility some of the *standard precautions* we take include:

* Careful handling of sharp instruments;
* Use of rubber dams to decrease spattering;
* Hand washing;
* Use of masks, protective eyewear, gloves, and protective clothing; and
* Sanitation and sterilization procedures.

Since we can never be sure who has a disease who does not, stand precautions are to be used on ALL patients all the time.

## **EMPLOYEE IMMUNIZATIONS**

DHCP are at risk for exposure to infectious disease, including hepatitis B, influenza, measles, mumps, rubella, and varicella.15 A hepatitis B immunization will be made available to all employees who may have contact with blood or other potentially infectious material (OPIM). This immunization will be available to such employees within 10 days of assignment.16

Employees who decline a hepatitis B vaccination are required to sign a declination statement or provide proof of immunity.17 Employees may still later choose to receive the vaccination at no cost.

All DHCP are encouraged to receive a baseline tuberculin skin test (TST) at the beginning of their employment. If an infection occurs, positive TST tests can therefore be differentiated from the baseline.18

15 Guidelines for Infection Control in Dental Health-Care Settings. CDC.2003. Pg. 7.

16 Blood-borne Pathogens. OSHA. 1910.1030(f)(2)(i)

17 Guidelines for Infection Control in Dental Health-Care Settings. CDC.2003. Pg. 7.

18 Guidelines for Infection Control in Dental Health-Care Settings. CDC.2003. Pg. 7.

## **ENGINEERING CONTROLS**

The best method to prevent exposure to blood-borne pathogens is the proper use of engineering controls. Engineering controls are mechanical devices that eliminate or isolate the hazard. The engineering controls used in this facility include the following:

* Sharps containers;
* Ultrasonic cleaner for instruments;
* Cassette system for containing instruments;
* Finger guards for suturing;
* Scalpel blade remover; or

As new or improved **engineering controls** become available, they will become incorporated as part of our infection-control program.

## **WORK PRACTICE CONTROLS**

Engineering controls are the first line of defense. Whereas engineering controls cannot prevent all exposures, there is a second line of defense called work practice controls.These are a set of behaviors to reduce risks, including:

* Never using fingers for retraction while using sharp instruments or suturing;
* Never recapping with two-hands. Recap using one-hand only;
* Immediately recapping needles after use;
* Always recapping needles before removing them from the syringe;
* Removing all needles and scalpel blades at the point-of-use (in the treatment room) and immediately placing them in a sharps container;
* Immediately removing burs from hand piece after use so dental workers and patients will not bump them;
* If using an instrument cassette, immediately placing all instruments in the cassette after use;
* Placing all used burs, endodontic files/broaches/reamers and orthodontic wires in sharps containers at the point-of-use;
* Never reaching into the ultrasonic cleaner with bare hands. Instead use tongs or hands gloved with nitrile utility gloves;
* Never scrubbing instruments with bare hands. Instead, the first choice is to place the instrument into the ultrasonic cleaner. If an instrument must be hand scrubbed, do it with nitrile utility gloves on; and
* When scrubbing operatories/treatment rooms, always wearing nitrile utility gloves.

## **POST-EXPOSURE MANAGEMENT**

Post exposure management is an extremely important aspect of infection control. The CDC recommends dental clinics establish written policies and procedures regarding post-exposure management for hepatitis B and other incidents as follows:

* Describe the types of contact with blood or OPIM that can place DHCP at risk for infection;
* Describe procedures for promptly reporting and evaluating such exposures; and
* Identify healthcare professionals qualified to provide medical evaluations and counseling.

In the event of an exposure incident, the ICC should be informed immediately. An exposure incident has occurred when the mouth, eyes, non-intact skin, or mucous membranes of DCHP are thought to have been exposed to blood or OPIM. Examples of exposure incidents include needle-sticks, scalpel blade cuts, sharps injuries of any kind.

A series of post-exposure forms must be completed so as to determine the next step in post-exposure management. **HHT** follows the OSHA blood-borne pathogens standard 1910.1030(f)(3) that requires that post-exposure incident protocols include the following:

* Documentation of the route of exposure;
* Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
* The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented;
* When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated;
* Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
* The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
* Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
* Counseling; and
* Evaluation of reported illnesses.

At Helping Hands of Tennessee, safety is the main priority, and employees should not fear any retaliation by management for reporting such incidents; each incident will be treated as a learning opportunity to help prevent future incidents. Potentially compromised DHCP will be referred to the following healthcare facility for any needed post-exposure evaluations and counseling:

* Facility name: Helping Hands of Tennessee
* Address: 1408 North Highland Avenue, Suite 102, Jackson, Tennessee 38301
* Telephone number: 731-736-4005

When an exposure incident occurs, Helping Hands of Tennessee follows the action steps outlined in the flow chart from the ADA below.19

19 Employer Obligations after Exposure Incidents, OSHA. ADA Retrieved 10/2014. [http://www.ada.org/en/science-](http://www.ada.org/en/science-research/osha-standard-of-occupational-exposure-to-bloodbor) [research/osha-standard-of-occupational-exposure-to-bloodbor](http://www.ada.org/en/science-research/osha-standard-of-occupational-exposure-to-bloodbor)

20 CDC A7 Sample Blood and Bodily Fluid Exposure Report Form. <http://www.cdc.gov/sharpssafety/pdf/AppendixA-7.pdf>

## **NEEDLE STICKS**

The post-exposure policy and procedure is followed during the case of a needle stick. Specifically, DHCP who receive a needle stick should follow should immediately follow these protocols as determined by the CDC:21

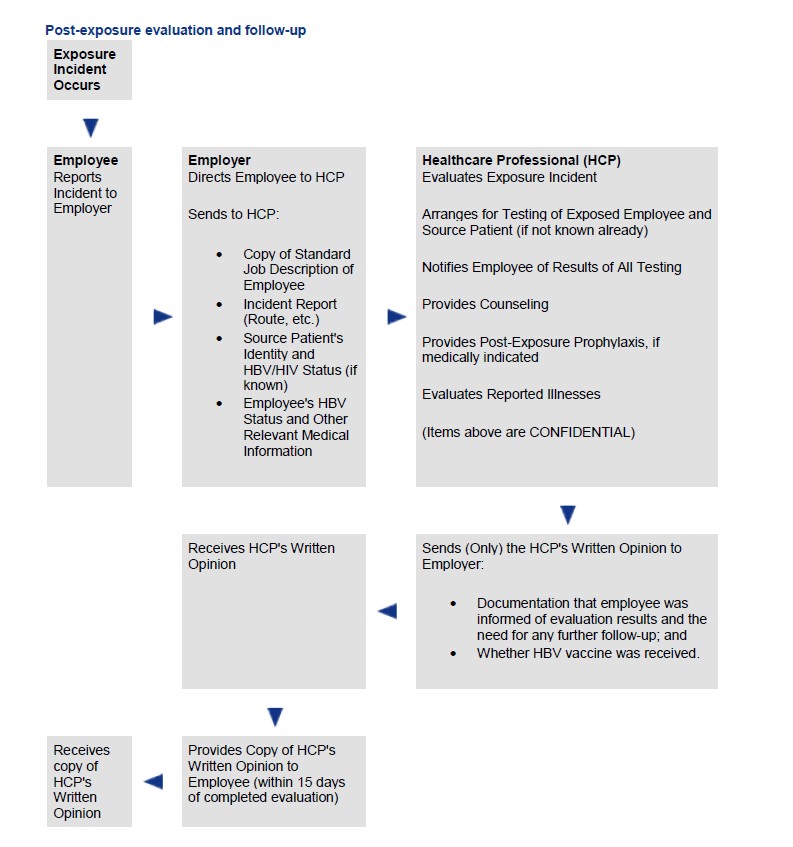
* Wash the needle stick with soap and water
* Report the incident to a supervisor
* Seek immediate medical attention
* Contact the Clinician’s Post Exposure Prophylaxis (PEP) Line at 1-888-448-4911. This line is operated by the University of California and San Francisco General Hospital and is supported by HRSA. This service can provide guidance on appropriate measures to protect DCHP from infection.

**As always, the best situation is to never have had an exposure incident. By carefully following the infection control protocols as outlined, exposure incidents should not occur.**

**.**

21 <http://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

22 <http://www.ada.org/en/science-research/osha-standard-of-occupational-exposure-to-bloodbor>



**AMERICAN DENTAL ASSOCIATION POST-EXPOSURE FLOW CHART 22**

## **WORK-RELATED ILLNESSES AND WORK RESTRICTIONS**

DHCP may contract infectious disease in or outside of work. To maintain the safety of patients and other employees, immuno-compromised DHCP may be restricted from certain work functions or be excluded from duty.

Decisions to restrict or exclude employees is decided based on the mode of transmission and the period of infectivity of the disease. Ultimately, the determination is to be made by the employee’s physician.23

The CDC recommends the restrictions listed in the table on the following page.

At Helping Hands of Tennessee, safety is the highest priority, and the organization understands that employees who fear retaliation for reporting incidents are less likely to report them. Helping Hands of Tennessee therefore has a non- retaliatory policy of treating all exposure incidents as learning opportunities to help prevent future incidents.

23 According to the CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003, exclusion policies must be written and include a statement of authority defining who can exclude.

|  |  |  |
| --- | --- | --- |
| **Work Restrictions for DHCP exposed to infectious disease24,25** | | |
| **Disease** | **Restriction** | **Duration** |
| Conjunctivitis | Restricted from patient contact & patient’s environment | Until discharge ceases |
| Cytomegalovirus | No restriction |  |
| Acute Diarrhea | Restricted from patient contact & patient’s environment | Until symptoms resolve |
| Convalescent Stage Diarrhea (Salmonella species) | Restricted from contact with high-risk patients | Until symptoms resolve |
| Enterovirus | Restricted from contact with infants, neo-nates, immunocompromised patients & environments | Until symptoms resolve |
| Hepatitis A | Restricted from patient contact & patient’s environment | Until 7 days after onset of jaundice |
| Hepatitis B | Consult state and local regulations |  |
| Hepatitis C | No restriction |  |
| Herpes Simplex – Genital | No restriction |  |
| Herpes Simplex – Hands | Restricted from patient contact & patient’s environment | Until lesions heal |
| HIV | Consult an expert review panel for restrictions |  |
| Measles – Active | Excluded from duty | Until 7 days after rash appears |
| Meningitis | Excluded from duty | Until 24 hours after start of effective therapy |
| Mumps – Active | Excluded from duty | Until 9 days after onset of parotitis |

24 Adapted from Table 1 in Guidelines for Infection Control in Dental Health-Care settings. CDC. 2003.

25 State and local regulations may supersede these recommendations.

|  |  |  |
| --- | --- | --- |
| Pediculosis | Restricted from patient contact | Until treated and observed to be free of adult and immature lice |
| Pertussis – Active | Exclude from duty | From beginning of catarrhal stage through 3rd week after onset of paroxysms, or until 5 days after start of effective antibiotic therapy. |
| Rubella – Active | Excluded from duty | Until 5 days after rash appears |
| Staphylococcus aureus – Active | Restricted from contact with  patients & patient’s environment | Until lesions have resolved |
| Streptococcal infection | Restricted from patient care,  contact & patient’s environment | Until 24 hours after adequate treatment started |
| Tuberculosis – Active | Excluded from duty | Until proved non-infectious |
| Varicella – Active | Exclude from duty | Until lesions dry and crust |
| Zoster – Localized, healthy personnel | Cover lesions, restrict from high- risk patients | Until lesions dry and crust |
| Zoster – generalize or immuno- suppressed personnel | Restricted from patient contact | Until lesions dry and crust |

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) is one of the most important aspects of our infection-control program. PPE is available for your use. Since fit is important, immediately bring to the attention of the ICC any problems you may experience with fit or selection of PPE. The PPE used in this office includes the following:

* Masks;
* Sterile surgical gloves (for endodontics, oral surgery, and periodontal surgery);
* Examination gloves;
* Utility gloves (for carrying soiled dental instruments to the sterilization area);
* Protective eyewear (safety glasses with side shields or full-face shields) ;
* Fluid-resistant clothing (long-sleeved lab coats, long-sleeved scrubs)26; and
* Protective eyewear shall be worn during all patient care procedures.

All PPE should be removed before leaving patient-care areas. All protective eyewear shall be cleaned with soap and water. If the eyewear becomes visibly soiled, it must be disinfected using disinfectant soap. Masks that have become wet have compromised integrity and shall be changed during treatment or between patients.27

26 Per OSHA requirements and CDC recommendations, fluid resistant clothing must cover the forearms. General work clothes (e.g. uniforms, scrubs, shirts) are not considered PPE. Guidelines for Infection Control in Dental Health-Care Settings, 2003.

27 Guidelines for Infection Control in Dental Health-Care Settings, 2003.

**HAND HYGIENE, GLOVES, NAILS, & JEWELRY**

Hand hygiene and proper gloving is one of the most important measures for reducing transmission of infection between DHCP and patients. Non-compliance with hand washing recommendations has been associated with numerous outbreaks of infection in healthcare facilities.

Hand hygiene shall be performed before donning gloves to reduce the spread of bacteria in the warm and moist environment. Gloves that become torn or punctured shall be immediately replaced, and because gloves can acquire imperceptible micro-tears, each pair of gloves shall be replaced frequently.28 Hand hygiene shall again be performed after glove removal.

The best method for hand hygiene depends on the type of procedure, the amount of contamination of the hands, and the desired length of time for antimicrobial activity on the skin.

For routine procedures, it is sufficient to hand-wash for 15 seconds with plain or antimicrobial soap and water. An alcohol-based rub is sufficient if hands are not visibly soiled.29

For surgical procedures, an antimicrobial soap with persistent activity should be used before donning gloves. Hands should be scrubbed for 2 minutes or as per product instructions.

Lotion will be provided to DHCP to protect hands from excessive dryness, dermatitis, and other dangerous skin irritations. No petroleum-based lotions will be used so as to protect the integrity of latex barriers.30

DHCP are expected to keep fingernails short so that it is easy to clean underneath them and that they do not tear gloves. Artificial nails have been implicated in multiple outbreaks of fungal and bacterial infections and are not permitted. Nail polish has not been shown to cause any such problems and is acceptable, although chipped nail polish may harbor bacteria and should therefore be avoided.31

Jewelry that is small, is not sharp, and does not interfere with glove use (e.g. impair ability to wear the correct sized glove or alter glove integrity) is acceptable.

28 Studies have found various latex glove brands to become defective after 30 minutes to 3 hours of use. Guidelines for Infection Control in Dental Health-Care Settings, 2003.

29 Guidelines for Infection Control in Dental Health-Care Settings, 2003. Pg. 15.

30 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pg. 16. <http://www.ada.org/~/media/ADA/Member%20Center/FIles/guidelines_cdc_infection.ashx> 31 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pg. 16. <http://www.ada.org/~/media/ADA/Member%20Center/FIles/guidelines_cdc_infection.ashx>

## **LATEX HYPERSENSITIVITY AND CONTACT DERMATITIS**

Latex hypersensitivity and contact dermatitis are concerns for both DHCP and patients.

Contact dermatitis can develop from frequent and repeated use of disinfectant soaps, exposure to chemicals, and glove use. Contact dermatitis has two classifications:

* Irritant contact dermatitis, which is common and develops as a dry itchy, irritated area on the skin near the area of contact.
* Allergic dermatitis usually results from exposure to chemicals used to manufacture rubber gloves (includes natural rubber latex, nitrile, and neoprene), as well as from certain chemicals found in the dental office. It is characterized by a rash beginning hours after contact. The rash is usually confined to the area of contact.

Latex allergy is a more serious reaction that usually begins within minutes of exposure. Common reactions include runny nose, sneezing, itchy eyes, scratchy throat, and hives.32 More severe symptoms include asthma marked by difficulty breathing, coughing spells, and wheezing. Additionally, there can be heart and stomach ailments, and in rare cases, anaphylaxis and death.

To decrease the chances of patients or staff acquiring dermatitis or a latex allergy, Helping Hands of Tennesseeuses only powder-free, low-allergen latex gloves. Latex-free gloves are available for use by latex-allergic DHCP or for latex- allergic patients.

Staff with latex allergies should be aware of common latex items around the clinic.

Patients or employees with known latex allergies should be evaluated by a qualified health professional to assist in developing a severe latex allergy/anaphylaxis emergency plan that will be kept on file in the case of emergency.33 The plan shall include which – if any – epinephrine devices should be used.

Whenever a latex-allergic patient presents for treatment in our office, it is important to communicate this to all staff members. Protocol for these patients is as follows:

* The treatment room will have all latex-containing products removed or isolated/covered;
* Because latex allergens can circulate in the air and settle on surfaces, all clinical surfaces will be damp- wiped before patient arrival;
* These patients will try to be scheduled as the first appointment of the day, before latex particles are “stirred-up” and become airborne;
* A latex emergency kit will be available, including an epinephrine pen, making sure the kit contains no latex containing products;

32 Guidelines for Infection Control in Dental Health-Care Settings. CDC.2003. Pg. 19.

33 Anaphylaxis Emergency Action Plan. American Academy of Allergy Asthma and Immunology. 2013. <http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/Anaphylaxis-Emergency-Action-Plan.pdf>

* A latex allergy alert will be placed into the patient’s electronic chart.
* Staff will be reviewed emergency protocol for treatment of anaphylaxis, should it occur.

Additional information about latex allergies in the workplace is available through the CDC’s [Latex Allergy](http://www.cdc.gov/niosh/docs/98-113/) [Prevention Guide.](http://www.cdc.gov/niosh/docs/98-113/)34

**For emergency protocols in the event of anaphylaxis resulting from latex allergy, view the** [**Anaphylaxis**](#_bookmark35)[**Section**](#_bookmark35) **of the Safety Chapter.**

34 CDC Latex Allergy Prevention Guide. <http://www.cdc.gov/niosh/docs/98-113/>

## **STERILIZATION AND DISINFECTION OF PATIENT-CARE ITEMS**

Proper sterilization and disinfection of patient-care items is of utmost importance in an infection-control program.

**Patient-care items** (instruments, equipment and devices) are placed in one of the following three categories, depending on their risk for causing infection:

**Critical items are u**sed to penetrate soft tissue or bone. Examples include surgical instruments and periodontal instruments. These have the greatest risk of transmitting infection and therefore must be sterilized by heat.35

**Semi critical** touch mucous membranes inside of the mouth. Examples include dental hand pieces, mouth mirrors, x-ray holders, and amalgam/composite instruments. These also should be sterilized by heat.36 If the equipment is not heat-stable, it should be processes with a high-level disinfectant. Although dental hand pieces are considered semi-critical, they must always be heat sterilized between patients.

**Noncritical items o**nly touch intact skin. Examples include x-ray head, facebow and blood pressure cuff. Simply cleaning these items is adequate. If these tools are visibly soiled with blood, then they will be cleaned and then disinfected using an EPA-registered intermediate-level disinfectant. The intermediate- level disinfectant we use is **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** The ICC will demonstrate and train proper use of the product. In cases when cleaning or disinfection of noncritical equipment can be difficult or damage the surfaces, disposable barrier protection is used.

Four levels of disinfection or sterilization are used depending on the level of contamination and the categories of equipment or surfaces: sterilization, high-level disinfection, intermediate-level disinfection, and low-level disinfection. *Sterilization* is a process of destroying all forms of microbial life, including bacterial spores.37 *Disinfection* is a process of eliminating most or all pathogenic microorganisms except bacterial spores. *Cleaning* is the process of removing foreign matter from an object. The following table, adapted from CDC recommendations,38 outlines Helping Hands of Tennessee’s infection/sterilization methods.

35 Guidelines for Infection Control in Dental Health-Care Settings. CDC.2003. Pg. 20-21.

36 Guidelines for Infection Control in Dental Health-Care Settings. CDC.2003. Pg. 20-21.

37 These definitions are described in Guidelines for Disinfection and Sterilization in Healthcare Facilities. CDC. 2008.

38 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Appendix C, pg. 66.

## **MAINTENANCE AND SANITATION**

PURPOSE

To keep supplies and equipment safe, sanitary and in good working condition as necessary for the dental services performed by dental clinic staff.

To ensure the safety of patients and staff from contaminates caused by infectious and hazardous waste.

POLICY:

* The clinic will keep supplies and equipment safe, sanitary and in as good working condition as necessary for the dental services performed by dental clinic staff.
* The clinic assures the safe disposal of infectious and hazardous waste

PROCE DURE

#### Shelf Life

* The clinic staff responsible for supplies will inventory and discard supplies used for examination or treatment of patients when beyond their shelf life;
* Weekly Inventory for supply shelf life will be conducted;
* All expired items will be discarded and reordered as necessary; and
* In general, if a dentist, assistant, hygienist or office staff at any time notes that a dental supply is expired or that the integrity of the packaging is damaged, she/he will discard the item and notify the designated dental staff member to reorder such supplies.

#### Disinfection

The clinic will disinfect diagnostic and therapeutic equipment after each use in accordance with recognized standards of practice.

#### Sterilization

* The clinic will sterilize after each use, non-disposable equipment and supplies that require sterilization.
* Single use disposable items will be discarded.
* Sterilized materials will be packaged and labeled to assure sterility.
* For those items with less frequent use, the date sterilized will be indicated.

#### Sterilization Equipment

* The clinic maintains sterilization equipment adequate to the needs for the purpose of sterilizing equipment and supplies as required.
* The clinic has an arrangement to obtain such services from a vendor who is credentialed to conduct such services.
* A log will be maintained recording spore testing submission and results.

#### Safety of Equipment

* The clinic has a preventive maintenance program to ensure all equipment is in safe working order;
* A maintenance check is performed annually on all mechanical and electronic medical equipment;
* All electrical equipment is properly grounded and calibrated and consistent with manufacturer's recommendations;
* On the first day of each month, the designated maintenance staff will evaluate all non-electrical equipment used in the clinic areas for safety of use;
* Equipment to be inspected will include, at a minimum: chairs, lights, electrical equipment, equipment carts, uniforms, and etc.;
* If an item is believed to be unsafe and cannot be repaired immediately, the maintenance staff person will:
* Notify the Dental Director immediately;
* If possible, remove the item from the clinic area;
* Notify the landlord or appropriate vendor to arrange for repair or replacement; and
* The Log will remain in the possession of the practice manager and will be reviewed monthly by the Quality Assurance Officer.

## STERILIZATION AND DISINFECTION METHODS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Methods for Sterilizing and Disinfection at** [insert name of clinic] | | | | | |
| **Process** | **Result** | **Method** | **Choice employed** | **Patient Care Item** | **Environmental Surface** |
|  |  |  | [Label: | Heat-tolerant |  |
| Sterilization | Destroys all microorganisms | Temperature  / liquid immersion | autoclave / dry heat / chemical vapor] [Name  of chemical | critical and semi-critical / heat-sensitive  critical and | N/A |
|  |  |  | sterilants] | semi-critical |  |
|  | Destroys all |  | [Name of Washer – disinfector / Chemical sterilants or high-level disinfectants] | Heat sensitive critical and semi-critical |  |
|  | microorganisms, | Heat- |  |
| High-level  disinfection | but not  necessarily high | automated /  liquid | N/A- |
|  | numbers of | immersion |  |
|  | bacterial spores |  |  |
|  | Destroys |  | [Name of EPA- registered hospital disinfectant with tuberculosicidal activity] |  | Clinical contact surfaces; blood spoils on housekeeping surfaces |
|  | Vegetative |  |  |
| Intermediate- level disinfection | bacteria and the majority of fungi and  viruses. Doesn’t | Liquid contact | Noncritical with visible blood |
|  | necessarily kill |  |  |
|  | Spores |  |  |
|  | Destroys |  | [Name of EPA- registered hospital disinfectant with NO tuberculosicidal activity but with HIV, HBV activity] | Noncritical without blood visible | Clinical contact surfaces; housekeeping surfaces |
|  | majority of |  |
| Low-level | Vegetative | Liquid |
| disinfection | bacteria, certain | contact |
|  | fungi, and |  |
|  | Viruses |  |

#### T r a n s p o r t i n g C o n t a m i n a t e d E q u i p m e n t

Contaminated instruments must be handled very carefully as to avoid getting “stuck.” To prevent this, items should be placed back into instrument containers immediately after use. The cassette can then be used to

transport the instruments to the sterilization area. Utility gloves will be used to transport the cassettes to the sterilization area.

#### Processing Contaminated Equipment

The sterilization area at Helping Hands of Tennesseeis roughly divided into four areas. They are:

* receiving, cleaning, and decontamination;
* preparation and packaging;
* sterilization; and
* storage.

#### Cleaning and Decontaminating Equipment

Cleaning involves removing organic and inorganic debris of contaminated instruments and is to be completed before disinfection or sterilization. The following protocols are to be observed:

* All contaminated patient-care instruments will be cleaned using our ultrasonic cleaner
* If not all debris can be removed using an automated process, the instruments will be cleaned with hand scrubbing. Automated cleaning is more time efficient and decreases the chances of employee exposure to blood or bodily fluids, so DHCP should take care when cleaning by hand.
* If hand scrubbing is ever required it will only be performed when the DCHP is wearing nitrile utility gloves and using a long-handled brush. Splashing is likely to occur, so staff should wear a mask, protective eyewear or face shield, and a gown or jacket.39
* All visible debris must be removed or it will interfere with the sterilization process.
* Employees should never reach into containers holding sharp instruments if they cannot be seen; in this case tongs/instrument forceps should be used to remove them.
* If hand scrubbing cannot be performed immediately, instruments will be placed in a pre-soak container containing a disinfectant/detergent.
* After cleaning, all instruments shall be rinsed with water to remove chemical or detergent residue.

39 Guidelines for Infection Control in Dental Health-Care Settings, 2003. CDC. Pg. 21.

* During all instrument cleaning and decontamination procedures, a mask, nitrile utility gloves, fluid- resistant clothing (our normal clinical attire) and protective eyewear must be worn. Until final disinfection or sterilization, equipment should be treated as if it is contaminated.

#### Preparation and Pacing of Contaminated Equipment

Instruments/patient-care items are now made ready for packaging and sterilization. Proper protocol is as follows:

* Place patient-care items into designated cassettes, trays or assembled sets. Any hinged instruments must be left in an open/unlocked position**.** Helping Hands of TennesseeUses the following method(s) to contain instruments: cassettes, trays, pouches, etc.
* Wrap/bag/package patient-care items. The reason for this is to keep instruments sterile while they are being stored—even if this is just for an hour! The packaging still allows steam/heat to penetrate. Packaging materials should be designed for the sterilization process being used.
* Unwrapped sterilization should always be avoided.40 If unwrapped sterilization is performed, the sterilized instrument must be used immediately, and the following must occur.
* Thorough cleaning and drying of the instruments are done before sterilization
* Instruments must be transported to the point-of-use in an aseptic manner to maintain sterility.
* Heat sensitive critical and semi-critical items can be sterilized by immersing them in liquid chemical germicides. The ones we use are FDA approved for this. The specific product name is **[name of product]**. When using this product, the following procedures are essential to assure that sterilization occurs.

**REMEMBER TO ALWAYS WEAR A MASK, NITRILE UTILITY GLOVES AND PROTECTIVE EYEWEAR AT ALL TIMES WHEN WORKING WITH THESE TOXIC PRODUCTS!**

Place an internal chemical indicator in every package. If it cannot be seen from the outside, place a piece of indicator tape on the outside of the package.

#### Sterilization of Contaminated Equipment

Sterilization with effective monitoring is the only way to ensure no biological agents remain on patient-care items. The CDC recommends that all critical and heat-stable semi-critical equipment should be sterilized using either steam (autoclave), dry heat, or unsaturated chemical vapor techniques in FDA-certified apparatus. Sterilization

40 Guidelines for Infection Control in Dental Health-Care Settings, 2003. CDC.

equipment should be tested at every use with mechanical and chemical monitoring, and weekly using biological monitoring.41

Helping Hands of Tennessee uses a steam (autoclave) method / dry heat / unsaturated chemical vapor to sterilize all heat-stable critical and semi-critical equipment. All sterilization personnel are to follow these protocols:

* Always follow time and temperature recommendations for sterilizers as posted in the sterilization area. Any questions about this should be directed to the Infection Control Coordinator (ICC);
* Items to be sterilized must be arranged to allow free circulation;
* Instrument packs must be allowed to cool and dry inside of the sterilizer. Packs should not be handled until completely dry and cool to prevent packs from absorbing bacterial from hands;
* If necessary, heat sensitive semi critical items can be high-level disinfected by immersing them in liquids registered by the FDA as sterilant. The name of the product we use for this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. After proper immersion time has passed, the following post sterilization procedures must be followed. All items need to be;
* Rinsed with sterile water after removal;
* Handled using sterile tongs and dried with a sterile towel; and
* Taken to the point of use in an aseptic manner and used immediately.42

41 The sterilization procedures in this manual are in accordance with CDC and OSHA requirements, but state dental boards should also be consulted to learn additional requirements.

## **STERILIZATION MONITORING**

Ensuring proper sterilization is an important aspect of infection control. Helping Hands of Tennesseeuses a 3-stage tier Mechanical, Chemical, and Biological monitoring system throughout the sterilization process.

In the event that any of the three monitoring tests indicates improper sterilization, the sterilizer is immediately taken out of service and the equipment is not used. The sterilization process is reviewed to rule out operator error, and the sterilizer is retested. If the second test indicates successful sterilization, the equipment is used. If the repeated test still indicates improper sterilization, the machine is taken out of service and the causes of the malfunctioned are identified, fixed, and retested.

**MECHANICAL MONITORING**

Personnel monitors each sterilization cycle for time, temperature, and pressure by monitoring displays on the sterilizer. Mechanical monitoring is not sufficient to ensure sterilization, but incorrect readings are an indication of sterilizer malfunction.

**CHEMICAL MONITORING**

Sterilization personnel include a multi-parameter chemical sterilization indicator strip inside of every sterilization package. Chemical indicators on the strip change colors when the given parameters are reached and indicate penetration of all instruments during the cycle. Personnel also include an indicator strip on top of (external to) every package in case the indicator strip inside the package cannot be read.

Chemical monitoring is not sufficient to ensure sterilization, but incorrect readings are an indication of sterilizer malfunction.

**BIOLOGICAL MONITORING**

The CDC recommends sterilization equipment be monitored at least weekly with biological indicators (spore testing) either through an in-office incubator or a third-party mail service. 43 Spore testing is the only testing method that proves adequate sterilization has occurred. HHT uses a mail service.Spore-testing is also conducted when training new sterilization personnel, after repairing a sterilizer, and after changes in sterilization equipment and loading procedures. The results of each biological test are recorded in a monitoring log.

43 Guidelines for Infection Control in Dental Health-Care Settings, 2003. CDC. Pg. 43.

STERILIZATION

MONITORING LOG

Autoclave to be monitored for each use and results recorded. Biological (spore) testing to be conducted weekly.

Month/ Year:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date/ Time | Sterilizer | Location | Max Temp | Max Pressure | Time at 250 F | Chemical Test Pass  / Fail | Biological Test Pass / Fail | Comments |
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## OWNER’S MANUALS FOR ALL EQUIPMENT IN STERILIZATION AREA

#### [insert owner’s manuals or describe the location of these manuals]

## CONTRACT WITH SPORE TESTING COMPANY

#### [insert copy of contract]

AED & EMERGENCY KIT INFORMATION

#### [Insert Brochure from Emergency Kit or describe the location]

#### [Insert any documents or correspondences from the company supplying the Emergency Kit]

#### [Insert any invoices where any items for the Emergency Kit have been purchased. This includes replacement items.]

#### [Insert copy of Owner’s Manuals for any Emergency Equipment, i.e. AED machine. Insert any updated information on Emergency Equipment]

## INFECTION CONTROL IN THE OPERATORY

Surfaces in the dental clinic are divided into two categories: **housekeeping surfaces** and **clinical contact surfaces**.

* Housekeeping surfaces include the floor, walls and sinks. These surfaces have limit risk of transmitting infection and therefore require less rigorous disinfection than clinical contact surfaces. Housekeeping surfaces are cleaned on the following schedule:
* Floors in the operatory and laboratory are cleaned once per week with detergent and water or a low-level EPA-registered hospital disinfectant/detergent called [name of product]. If the surface has been potentially contaminated with blood or OPIM, an intermediate-level EPA-registered disinfectant is used.
* Cleaning of walls or drapes is not necessary unless they become visibly contaminated.
* Sinks shall be cleaned daily with the above named product.
* Clinical contact surfaces are those that may be contaminated with blood or OPIM through spray, spatter, or contact with gloved hands. These include light handles, switches/buttons, x-ray equipment, operatory computers, containers of dental materials, drawer handles, faucet handles, countertops, pens, telephones, and doorknobs. Because some of these surfaces can be difficult to clean/disinfect, we utilize several barrier products. Barrier products are plastic that covers any clinical contact surface. The barrier products we use are as follows:

#### [list barriers used: e.g. plastic light handles, 3-way syringe covers, x-ray tube covers, plastic tape, etc.]

* If a surface is covered by a barrier, it need not be disinfected unless contamination is suspected. The procedure to replace barriers is as follows:
* Replace the barrier product after each patient;
* Remove the used barrier while still gloved and throw it away;
* Remove gloves, perform hand hygiene, and place the clean barrier.
* Clinical surfaces without barriers must cleaned between patients or if it has become contaminated. The procedure to clean and disinfect the surface is as follows: 44
* Clinical surfaces suspected of being contaminated with blood or OPIM must be cleaned with an intermediate-level EPA-registered hospital disinfectant (one that is tuberculocidal).
* Clinical surfaces that have not become visibly contaminated must be cleaned with a low-level EPA- registered hospital disinfectant (one with an HIV & HBP claim).

44 Guidelines for Infection Control in Dental Health-Care Settings, 2003. CDC. Pg. 26

* All clinical contact surfaces, dental unit surfaces, and countertops must be cleaned/disinfected at the end of each workday using the above named product.

**A L L C L E A N I N G C L O T H S , S P O N G E S M O P S , E T C ., M U S T B E C L E A N E D A F T E R U S E A N D T H E N A L L O W E D T O D R Y . A L L D I L U T E D D I S I N F E C T A N T / D E T E R G E N T S M U S T B E**

**T H R O W N O U T A F T E R U S E A N D M I X E D F R E S H E A C H T I M E T H E Y A R E U S E D . T H E S E T E C H N I Q U E S W I L L H E L P T O A V O I D S P R E A D I N G C O N T A M I N A T I O N .**

## MEDICAL WASTE

Both regulated and non-regulated medical wasted are created in our office. The majority of soiled items we create are considered general medical waste and can be thrown out in the regular trash. Examples of general medical waste include:

* Used gloves;
* Masks;
* Gowns;
* Lightly soiled gauze and cotton rolls; and
* Barrier products.

Regulated Medical Waste is define by OSHA as:

*“liquid or semi-liquid or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials are capable of releasing these materials during handling; contaminated sharps; and pathological and microbial wastes containing blood or other potentially infectious materials.45”*

The regulated medical waste created in our office includes blood and saliva-soaked gauze, extracted teeth, surgically removed hard and soft tissue, and sharps46. These items must be placed in a regulated medical waste container and picked-up by a medical waste service.

Items that are considered as sharps include47:

* Injection and irrigating needles;
* Suture needles;
* Used anesthetic carpules;
* Orthodontic wires;
* Burs;

45 Blood-borne Pathogens. OSHA. 1995.

46 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pg. 27.

47 <https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS>

* Endodontic files, broaches, and reamers; and
* Scalpel blades.

All containers with blood or saliva (e.g., suctioned fluids) may be carefully poured down the sink or toilet48 by personnel observing standard precautions: wearing a mask, gloves, protective eyewear, and long-sleeved gown.

**DISPOSAL OF WASTE**

The clinic assures the safe disposal of hazardous and infectious waste.

The clinic contracts with a company to remove infectious and hazardous waste.

The **Med Pro** provides services of disposing and hauling of infectious waste and hazardous waste. They will make regularly scheduled pick-ups. In the event the clinic does not require a

regularly scheduled pick up, an “as needed” pick up arrangement will be made.

#### Contact:

#### Name of medical waste disposal company: [insert name of waste disposal company] Address: [insert address]

#### Phone: [insert phone]

HANDLING OF EXTRACTED TEETH

Extracted teeth are classified as regulated medical waste. For this reason, the following methods of storage/disposal shall be used:

* Teeth are never thrown out in the regular trash;

48 No evidence exists of blood-borne disease transmission from contact with raw or treated sewage. Blood-borne pathogens are not stable in this environment. A sanitary sewer is therefore an appropriate method for disposal of blood or other bodily fluids. Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pg. 28.

* Patients who want their own teeth may have them after they are cleaned and disinfected. This is accomplished by removing visible blood and gross debris, followed by disinfection with **HHT**’s EPA-registered hospital disinfectant (intermediate level).

Extracted teeth containing amalgam will not be disposed in a waste container that will be incinerated.49 State and local regulations will be consulted regarding disposal of amalgam. Commercial metal recycling companies may be able to accept extracted teeth with amalgam.

49 Frequently Asked Questions – Extracted Teeth. CDC. <http://www.cdc.gov/oralhealth/infectioncontrol/faq/extracted_teeth.htm>

DENTAL UNIT WATERLINES, BIOFILM, WATER QUALITY, AND BOIL-WATER

ADVISORIES

Dental unit waterlines are a potential source of infection for patients. Studies have shown that biofilms grow to 200,000 colony-forming units per milliliter (CFU/mL) within five days of installation. While the CDC says there is no evidence of this yet causing a public health problem,50 **[insert name of clinic]** prioritizes patient safety and has set a target of meeting the dental unit water standards set by the ADA: 200 CFU/mL.51

To achieve this standard, our clinic follows the following protocols:

* Self-contained water containers are used on each unit;
* Water containers are filled with distilled water daily and emptied at the end of the day, leaving them dry overnight;
* All unit waterlines (3-way syringe, high-speed hand piece, ultrasonic scaler, etc.) are purged and left dry overnight;
* Waterline disinfectant is run through the system **(state how often this occurs);** and
* All hand pieces, 3-way syringes, and ultrasonic scalers are run for 20-30 seconds after each patient to eliminate possible microorganisms that may have entered them through the patient’s mouth52. Even our low-speed hand pieces that are powered by air should be run for this time period, to flush out any material that may have entered.

The water quality of dental unit water lines are tested in accordance with manufacturer’s instructions and state and local laws. At **[insert name of clinic]**, the water lines are tested **[state how often lines are tested]** using a **[state method of test: mail-in service or in-house test].** The results of each test are recorded in a monitoring log.

The dental unit water is adequate for all procedures we perform in the office except surgical procedures. Under no circumstances should water from the dental unit be utilized when surgery is to be done. When surgery being performed requires use of a hand piece, either a sterile irrigating syringe containing sterile water is used, or a sterile water source for the hand piece that uses sterilizable or disposable tubing.

BOIL WATER ADVISORY

50 Guidelines for Infection Control in Dental Health Care Settings, 2003. CDC. Pg. 28-29.

51 Dental Unit Water Lines. ADA. Retrieved 10/2014. [http://www.ada.org/en/member-center/oral-health-topics/dental-unit-](http://www.ada.org/en/member-center/oral-health-topics/dental-unit-waterlines) [waterlines](http://www.ada.org/en/member-center/oral-health-topics/dental-unit-waterlines)

52 The majority of currently manufactured dental units are designed to prevent retraction of oral fluids, but the CDC still

recommends flushing devices after each patient for a minimum 20-30 seconds. Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pg. 29.

In the unlikely event of a public health announcement boil-water advisory, **[insert name of clinic]** observes the following protocols until the advisory is lifted:53

* No device that is connected to the public water supply is used on patients.
* Only boiled or distilled water is used for dental procedures.
* Only alcohol-based hand rubs are used for DHCP hand hygiene. If hands are visibly contaminated and water is needed, only bottled, distilled or boiled water is used with disinfectant soap.
* Once the boil-water advisory is lifted, the system will be flushed for a minimum of 5 minutes and the water lines disinfected.54

Public health authorities will advise us as to when the boil-water advisory is over. At this time we will flush our system for a minimum of 5 minutes55.

53 Boil-Water advisory factsheet. CDC. <http://www.cdc.gov/OralHealth/infectioncontrol/factsheets/boilwater.htm>

54 Guidelines for Infection Control in Dental Health-Care Settings, 2003. CDC. Pg. 30.

55 While there is no consensus on the optimum time required to flush the system after cancellation of an advisory, recommendations range from 1-5 minutes. After the system is flushed, water lines are disinfected according to manufacturer’s instructions. Guidelines for Infection Control in Dental Health-Care Settings. CDC. 003. Pg. 30.

DIGITAL X-RAY SENSORS, INTRAORAL CAMERAS, AND HIGH-TECH

INSTRUMENTS

The taking of x-rays can easily create cross-contamination problems if proper technique is not followed. The x-ray tube head and control panel/button are covered with a barrier cover. Should barrier covers not be in place and contamination occurs, the equipment is disinfected with the same disinfectant we use for clinical contact surfaces.

Because all of these devices are put into the mouth, they are considered semi critical devices. Heat sterilization or high-level disinfection is difficult to perform on these items, so they are covered them with plastic barrier products. In addition, after the barrier is removed, the device is disinfected with **[insert clinic names]**’s intermediate-level EPA-registered hospital disinfectant. After disinfection, a new barrier is placed.

## PARENTERAL MEDICATIONS

The proper handling of parenteral medications and fluid infusion systems is necessary in order to prevent infection in patients undergoing conscious sedation. The protocol is as follows:

* Single-dose vials are used and immediately thrown away
* Trays used to transport medication vials, syringes, or related supplies must be disinfected with an EPA- registered hospital disinfectant (intermediate level) before use. The product we use is the same one we use for clinical contact surfaces
* All medication vials are stored and prepared in the designated area
* All IV bags, tubing, and connections are single-use items

## HANDLING OF BIOPSY SPECIMENS

* All biopsy specimens must be placed in the designated leak-proof containers for transportation. Each container must have a biohazard symbol on it.
* The lid on the container must be closed.
* If the outside of the container becomes visibly contaminated, it should be immediately cleaned with

**[insert clinic name]**’s EPA-registered hospital disinfectant (intermediate level).

## INFECTION CONTROL IN THE DENTAL LABORATORY

The following infection control protocols must be carefully followed in the dental laboratory:

* All models, impressions, occlusal rims, bite registrations, prostheses, appliances, etc. shall be disinfected with an EPA-registered hospital disinfectant (intermediate level), followed by a thorough rinse with water, before sending to any off-site laboratory. The product we use is the same one we use for clinical contact surfaces. A written form shall accompany these items, stating that they have been disinfected with an EPA-registered hospital disinfectant (intermediate level).
* All laboratories we work with must provide us with like documentation that proper disinfection has occurred when the case is sent back. If this is not received, the item in question must be disinfected before placing in the patients mouth, using the same disinfectant stated above, followed by a thorough rinse with water. Any laboratory not providing the required documentation should be immediately contacted with a request to do so.
* All burs, polishing points, rag wheels, lab knives, etc., shall be heat sterilized between patients.
* Metal impression trays, facebow forks and any other metal item used in the mouth shall also be heat sterilized.
* Items that do not touch the patient such as articulators, lathes, sand blasters, lab hand pieces, etc., must be cleaned and disinfected between patients using an EPA-registered hospital disinfectant (intermediate level), followed by a thorough rinse with water.
* All pressure pots and water baths must also be cleaned and disinfected between patients, using the same intermediate level disinfectant.
* Environmental surfaces such as switches, phones, countertops, and handles will be cleaned and disinfected daily or when visibly contaminated using an EPA registered hospital disinfectant (intermediate level). The product we use is the same one we use for clinical contact surfaces.

M. TUBERCULOSIS (TB)

TB is an airborne disease spread by droplet nuclei that are generated when the person sneezes, coughs, speaks , or sings. These small particles can stay suspended in the air for up to 4 hours56. Infection occurs when a susceptible person inhales droplet nuclei containing *M. tuberculosis*, which then travel to the alveoli of the lungs. Usually a

person’s immune response stops further spread of TB bacteria, although they can remain alive in the lungs for

years. This is termed latent TB. Without treatment, about 5 percent of these people will progress from infection to active disease during the first 1-2 years. Another 5 percent will develop active disease later in life57. Only a person with the active disease is contagious and presents a risk of transmission.

The main goal of our infection-control plan regarding TB is early detection of patients who may have active TB and their prompt isolation. The CDC recommends dental health-care facilities periodically conduct a community risk assessment to determine the likelihood of receiving TB patients and plan accordingly. 58

The CDC classifies low-risk centers as having fewer than 3 active TB patients per year; medium-risk centers as

seeing 3 or more active TB patients; and “potential for ongoing transmission” centers as those with evidence of TB transmission in the past year or a staff member with a confirmed diagnosis. The level of risk of encountering TB in the office determines the appropriate administrative, environmental, and respiratory protection controls needed. A practice in a community with a high number of TB cases is not necessarily a medium-risk office.

Based on a community risk assessment, the risk of TB at **[insert clinic name]** is considered **[low risk | intermediate risk | high risk].**

**[insert clinic name]** does not treat known active TB patients because standard precautions do not completely protect against the disease – surgical masks do not prevent inhalation of M. tuberculosis.

Because it is difficult to protect ourselves from these droplet nuclei, our infection-control program will focus on identifying those individuals who may have active TB. The following protocols shall be observed:

When taking initial as well as updated medical histories, ask all patients whether they have a history of TB disease or symptoms of the disease. These include persistent cough of over 3 weeks, weight loss, night sweats, fatigue, bloody sputum, loss of appetite, or fever59;

Patients who display these symptoms should be isolated from other patients, provided tissue, and asked to wear a surgical mask as well as to cover their mouth when sneezing or coughing;

Arrangements will be made to get the patient out of the dental office as soon as possible. They should be referred to the local medical facility we have identified to evaluate them. This facility is:

Facility name: **[insert facility name]**

56 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pg. 35.

57 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pg. 35.

58 Tuberculosis overview and dental treatment considerations. ADA. [http://www.ada.org/en/member-center/oral-health-](http://www.ada.org/en/member-center/oral-health-topics/tuberculosis-overview-and-dental-treatment-conside) [topics/tuberculosis-overview-and-dental-treatment-conside](http://www.ada.org/en/member-center/oral-health-topics/tuberculosis-overview-and-dental-treatment-conside)

59 Guidelines for Infection Control in Dental Health-Care Settings. CDC.2003. Pg. 35.

Address: **[insert facility address]**

Telephone number: **[insert facility phone number]**

Dental treatment shall be deferred until the facility above confirms that the patient does not have infectious TB, or if the patient is diagnosed with active TB disease, until confirmed that the patient is no longer infectious.

All dental health care professionals who will have contact with patients should have a baseline tuberculin skin test (TST) at the beginning of employment60. All staff with a persistent cough, especially in conjunction with other symptoms of TB, should be promptly evaluated and not return to the workplace until a diagnosis of TB can be excluded or a physician has determined them as noninfectious61.

60 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pg. 35.

61 Guidelines for Infection Control in Dental Health-Care Settings. CDC. 2003. Pg. 36.

# Logo Description automatically generatedENVIRONMENT OF CARE

## GENERAL PHYSICAL ENVIRONMENT

PURPOSE

To provide a safe, comfortable and sanitary dental clinic.

POLICY

The clinic will maintain its physical facilities in good repair in a safe, comfortable and sanitary state, free from dirt, rubbish, vermin, solid wastes, and objectionable odors.

PROCE DURE

The landlord will be contacted for any minor repairs of the physical conditions of the dental clinic.

The copy of Lease Agreement describes responsibility of the clinic as tenant, as well as those of the landlord.

**C O N T A C T P E R S O N :**

Name: **[insert contact person]**

Address: **[insert address]**

Phone Number(s): **[insert phone numbers]**

## LEASE AGREEMENT

#### [insert copy of lease agreement. Cleaning will be done through a contract with a cleaning company. The contract will describe the services and frequency for cleaning the clinic.]

## SERVICE AGREEMENT

#### [insert copy of service agreement. Insert copy of Service Agreement with cleaning company that details services and frequency.]

## RECEPTION AND OFFICE AREAS

PURPOSE :

To provide adequate space and equipment for reception and waiting areas, for administrative and staff offices, and for charts.

POLICY

* The Reception Area allows for patients to check-in and check-out;
* The Waiting Area accommodates 2 people per dental operatory;
* The clinic provides a separate children’s waiting area where there are small tables and chairs and toys to occupy children while waiting; and
* There is adult supervision and visibility for the children’s waiting area.

PATIE NT CHE CK- IN PROCEDURE

* Patients will be asked to present a government issued photo identification for photocopying. When patient is a minor, copy of photo identification will be taken of the adult accompanying the minor.
* Patients will be asked to present insurance card for photocopying, and claim submission;
* Patients or guardian of minor patient will be given the following documents to complete and sign:
  + HIPAA Agreement – copy to be given to patient;
  + Medical History;
  + Patient Information Form;
  + Patient Rights – copy to be given to patient;
  + Broken Appointment Policy – copy of patient’s signature on policy to be kept in patient’s clinic record; and
  + Payment Policy.

## CONSULTATION, EXAMINATION AND TREATMENT AREAS

PURPOSE

The clinic provides consultation, examination, and treatment areas appropriate to the services provided by the clinic.

POLICY

The clinic has furnished and arranged the areas in a manner that is consistent with their use and that safeguards the personal dignity and privacy (in terms of both sight and sound) of the patient during interview, examination and treatment. If separate consultation or interview rooms are not provided, the treatment area shall have floor to ceiling partitions to assure minimum sound transmission

The clinic provides consultation in an area that is private.

The area where x-rays are taken are in compliance with all state and federal regulations.

PROCE DURE

* The clinic has **[insert # operatories]** operatories;
* The clinic has **[insert # consultation areas]**. A separate consultation room is available for patient consults with professional and administrative staff; and
* The clinic has **[insert # x-ray tube heads]** x-ray tube heads and **[insert # panorex /cephalometric machines]** panorex / cephalometric machines. The structure in all areas with radiology equipment are built in compliance with all state and federal regulations regarding shielding, patient safety and staff safety.

#### [Insert Floor Plan and Description showing dental operatories, radiology room with Panoramic/Cephalometric Equipment and Consultation Room]

## STERILIZATION AREA

PURPOSE

The clinic provides a utility area which is apart from any examination, or treatment area.

POLICY

The utility area has a clean work area with a counter hand washing sink with hot and cold water and storage for clean supplies and instruments

The soiled workroom area shall contain a work counter, a clinical service sink, and if physically separate from the clean work area, a hand washing sink with hot and cold water.

PROCE DURE

* Each dental assistant and dental hygienist will be responsible for the cleaning, disinfecting and sterilization of their instruments;
* The specific procedures are outlined in the [Infection Control Chapter](#_bookmark79) are in compliance with the current OSHA and CDC Guidelines;
* The responsibility of the maintenance of supplies and equipment in the soiled and clean area will be shared among clinical staff. **[an alternative is to assign one person for this task as an Infection Control Coordinator]**; and
* Instruments and disposable items from each patient will be brought to the soiled area after each patient.

## LINENS AND LAUNDRY

PURPOSE

For those clinicians using lab coats, the clinic will maintain a quantity of clean washable or disposable linen sufficient for the needs of the clinic. Lab coats provide additional protection from the splash of blood and/or other potentially infectious materials.

POLICY

The clinic provides and maintains a separate, suitable space and equipment for the handling and storage of clean linen and soiled linen.

PROCE DURE

The clinic shall store clean linen in a closed closet, cabinet, or cart away from soiled areas;

The clinic has a contract with **[ insert name of linen supply company]** to launder and provide lab coats to all clinical staff;

Pick-up and delivery will be **[insert frequency]. [Insert name of linen supply company]** will provide the quantity of clean lab coats for each clinician to have a clean lab coat daily plus **[insert # extras]**extras;

A “soiled laundry” bag will be provided by the linen supply company;

The soiled laundry bag will be placed in a receptacle which will be located in the “Soiled/Dirty Room”; The receptacle is labeled with a biohazard symbol;

Once the lab coat is place in the receptacle, it will remain there until the linen supply company picks it up; and Nobody will go into the soiled bag or receptacle to retrieve anything.

#### Name and Contact Information for Linen Vendor:

#### [insert name and contact information for Linen Vendor]

#### [Insert copy of contract with linen company describing the service and frequency]

## FLOOR PLANS

#### [insert floor plans, including:]

* Utility Area (Sterilization Center) – Clean Area/Room;
* Eye Wash Center;
* Autoclave Sterilizer;
* Steam Sterilizer;
* Hand washing Sink with hot and cold water activated by foot controls;
* Clean Instrument and Supply Storage;
* Utility Area (Sterilization Center) – Dirty Area/Room;
* Hazardous Waste Disposal;
* General Waste Disposal;
* Clinic Service Sink; and
* Hand washing Sink with hot and cold water activated by foot controls.

## DIAGNOSTIC RADIOLOGY FACILITIES

POLICY

* The clinic provides diagnostic radiology services in adequate and suitable form for the services provided;
* X-ray equipment is appropriate to the diagnostic services offered by the clinic; and
* At a minimum, the clinic will provide at least one radiographic room of adequate size for the equipment provided.

PROCE DURE

* The clinic will obtain all necessary certificates as required by state law for radiology facility and equipment.
* The clinic will provide adequate storage space for exposed films which will be located in the patient’s dental record.

## HAND WASHING AND TOILET FACILITIES

PURPOSE

The clinic provides conveniently located hand washing and toilet facilities adequate for patients and personnel, as appropriate to the services provided by the clinic.

POLICY

* A soap dispenser, disposable towels or electronic hand dryers, and a waste receptacle shall be provided at each hand washing sink;
* Surgical scrub sink faucets are provided with blade type operating handles, knee, or foot controls; and
* The clinic provides a hand washing facility with hot and cold water and blade type operating handles or knee or foot controls, immediately available and convenient to each examination and treatment area.

PROCE DURE

* A staff member will be assigned to maintain the soap and towel dispensers in the toilet facilities unless this responsibility is outlined in a contract with a cleaning company;
* Hand washing agents in the examination and treatment rooms will be in compliance with OSHA and CDC Infection Control Guidelines;
* Replenishing the soap dispensers and disposing of trash at the end of the day in each operatory will be the responsibility of the Dental Assistant and/or Dental Hygienist responsible for that operatory;
* **[insert name of cleaning service]** will be responsible for replenishing soap dispensers and trash removal in staff and patient toilet facilities; and
* See contract with **[insert name of cleaning service]** for frequency.

## JANITOR’S CLOSET

PURPOSE

The clinic provides a suitably located janitor's closet

POLICY

The janitor’s closet is equipped with a service sink with hot and cold water for emptying and cleaning housekeeping equipment.

PROCE DURE

The janitor's closet has a door that locks. Cleaning compounds are labeled properly and clearly and stored in the janitor's closet or other locked closet.

## STORAGE SPACE

PURPOSE

The clinic needs storage space adequate and suitable for equipment and bulk office supplies.

POLICY

The clinic provides storage space adequate and suitable for equipment and bulk office supplies

PROCE DURE

* Storage for office supplies is located **[insert location]**. All personnel have access to office supplies.
* The office manager is responsible for maintaining and ordering office supplies.
* Storage for clinical supplies is located **[insert location].**
* Clinical personnel have access to clinical supplies.
* A member of the clinical staff will be responsible for maintaining adequate clinical supplies and equipment and ordering when clinical supplies are needed. (This delegation is usually to the dental assistant)
* A weekly inventory will be taken to insure adequate supplies. Items whose date has expired will be discarded and new material ordered.

## VENTILATION

PURPOSE

The clinic provides all rooms with satisfactory mechanical ventilation that do not have direct access to the outside, including toilets and utility areas.

POLICY

#### [insert Floor Plan showing ventilation and explanation from contractor on ventilation]

## HANDICAP ACCESSIBILITY

PURPOSE

The clinic is accessible to handicapped individuals.

POLICY

* The clinic provides handicapped parking spaces and the spaces are marked appropriately.
* There are ramps for handicapped individuals to access the clinic building.
* The width of the halls allow for wheelchair access.
* Dental treatment rooms are equipped with chairs that accommodate handicapped individuals.

## QUANTITY AND TYPE OF SUPPLIES AND EQUIPMENT

PURPOSE

The clinic needs the supplies and equipment appropriate in quantity and type to perform the services offered to patients of the dental clinic.

POLICY

The clinic has the supplies and equipment appropriate in quantity and type to perform the services offered to patients of the dental clinic.

PROCE DURE

* Equipment will be maintained by a service contract with a selected vendor who is experienced and knowledgeable.
* Supplies will be maintained and ordered in advance and based on usage.

#### [insert contract with dental supply company responsible for maintenance equipment. Contract should include all equipment to be maintained (including x-ray machines and the frequency of maintenance.]

## FIRE EXTINGUISHER MAINTENANCE AND MONITORING

#### [Insert Contract with fire and safety company responsible for inspecting Fire Extinguishers. This document should include and describe the number and type of fire extinguishers.]

#### [Insert “Certificate of Inspection” from fire and safety company.]

#### [Insert Invoices for services by fire and safety company]

## SAMPLE FIRE EXTINGUISHER MONITORING LOG

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monthly Fire Extinguisher Inspection** | | | | | | | | |
|  | **Pressure** | | **Leakage** | | **Corrosion** | | **Action**  **Taken** | **Initials** |
| **Date** | **Satisfactory** | **Unsatisfactory** | **Satisfactory** | **Unsatisfactory** | **Satisfactory** | **Unsatisfactory** |  |  |
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## SAMPLE EYEWASH MONITORING LOG

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monthly Eyewash Inspection62** | | | | | | | | |
|  | **Pressure** | | **Leakage** | | **Corrosion** | | **Action**  **Taken** | **Initials** |
| **Date** | **Satisfactory** | **Unsatisfactory** | **Satisfactory** | **Unsatisfactory** | **Satisfactory** | **Unsatisfactory** |  |  |
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62 The Eyewash Station(s) will be inspected monthly by a contracted vendor. This function can be done by maintenance staff from your dental supply company.

## SAMPLE EMERGENCY KIT MONITORING LOG

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Kit must be checked monthly to insure: Recommended materials are present  Shelf life has not expired  Materials are contained in sterile packaging | | | | | | | |
|  | Necessary Materials | | Expiration | Sterile Package | | Action Taken | Initials |
| Date | Satis. | Unsatis. | Dates | Satis. | Unsatis. |  |  |
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## ADMINISTRATION OF RECORDS

PURPOSE

The clinic maintains current, complete, and accurate administrative records in a safe location.

POLICY

* Updated articles of organization and by-laws, partnership agreement or trust instrument, as appropriate. The document specifies the organizational structure of the governing body and the methods of the selection of its members;
* Minutes of meetings of the governing body and of the members;
* An organizational chart for the entire organization;
* Written policies and procedures designed to safeguard the health and safety of patients and staff. These policies and procedures are reviewed and updated annually. At a minimum the policies address:
* Selection of personnel and the qualifications for each position;
* A job description for each position is included in the administrative records;
* Employee health policies that assure employees are free of communicable disease.
* Patient admission criteria;
* The provision of emergency care and the retention of emergency equipment appropriate to the clinic’s patient population;
* Obtaining informed consent for surgical procedures and other treatment where required by law;
* A policy for off-hour coverage posted conspicuously in the clinic and any of its satellite clinics.
* The disposal of hazardous and infectious waste;
* Infection control;
* Services which the clinic provides;
* Smoking on the premises. Such policies shall assure the comfort of all patients including patients in waiting areas;
* Procedures for complying with laws and regulations relating to reportable diseases and conditions;
* Procedures for assuring that all patients of a clinic that provides mobile or portable medical services at host locations are provided with written information that clearly identifies the clinic, and not the host location, as the licensed health care facility responsible for the service provided; and
* Personnel records for each employee, including evidence of any required license or registration number; documentation of any specialty certification, education and job experience.

# HUMAN RESOURCES

# Logo Description automatically generated

## CLINIC ADMINISTRATOR

POLICY

The clinic will designate a person to administer the clinic and who will assume responsibility that it complies with applicable statute and regulations.

PROCE DURE

* The Practice Manager will serve as the Clinic Administrator. This title is interchangeable with Office Manager.
* The job description is found at the end of this section.

## PROFESSIONAL SERVICES DIRECTOR

POLICY

The clinic will designate a professional services director, who will be responsible for the clinical services provided at the clinic. The professional services director must be a health care professional possessing academic training and experience in direct patient care and shall be qualified to direct the services provided by the clinic.

PROCE DURE

1. The Dental Director will serve as the Professional Services Director.
2. The individual serving in this capacity will be either a DMD, DDS or RDH with experience in management.
3. The job description is found at the end of this section.

## HEALTH CARE/DENTAL SERVICES STAFF

POLICY

* + The clinic will retain sufficient qualified professional health/dental care staff to render adequately and appropriately to each patient's needs.
  + Professional health/dental care staff shall be registered or licensed as required by law.
  + Professional health/dental care staff will comply with the regulations of their registration or licensing boards.

PROCE DURE

* + At least one professional health care staff member will be present when the patient health care services are being provided in the clinic.
  + The clinic will be staffed with one or more dentists as necessary to provide or supervise the provision of dental services.
  + Dental hygienists employed by the clinic shall be registered by the state dental board.
  + Dental assistants employed shall meet the requirements of the state dental board.
  + It is the individual responsibility of the dentists and dental hygienists to maintain authenticated records of continuing education completed and to submit evidence of completion of the above requirement to the Board when requested. These records must be retained in compliance with the state dental licensing board.
  + Individual Personnel Files contain detailed information on each staff person including credentials, PHI and Professional Liability Insurance where appropriate.

#### [Insert table showing clinic staff with names, titles and credentials and services provided. You may also want to include hours they work. See example]

This is a professional staff listing including contracted and intern staff. This list does not include business and billing staff.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Staff Member** | **Professional Discipline**  **(DDS, RDH, CDA)** | **License or Registration # if applicable** | **Days/Hours worked** | **Total Weekly Hours** | **Service(s) Providing (dentistry, hygiene, oral surgery, etc.)** |
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## SAMPLE DENTAL JOB DESCRIPTIONS

**Position:** Practice Manager/Office Administrator

**Reports to:** Dental Director **Time/Status** 1.0 Regular, Exempt **Benefits:** Full Time

**Title** Practice Manager

#### Summary:

Manage the day-to-day practice support, fiscal, administrative, and compliance activities of the dental clinic operations. Oversees the activities of the entire team of both non-clinical and clinical support staff. Responsible for developing and meeting service standards and goals.

#### Duties and Working Conditions

* + Oversees and coordinates all routine, day-to-day practice and administrative support services to the entire clinic.
  + Manages personnel including hiring, firing, performance evaluation, training work allocation and problem resolution.
  + Provides and/or oversees patient care ensuring compliance with all applicable regulations, policies, and clinical standards.
  + Oversees all dental and clinical supplies. Tracks expenditures to budget.
  + Oversees all clinical facilities and resources and ensures clinic compliance with all safety, environment, and infection control procedures and protocols; coordinates processes related to clinical accreditation and quality management of services.
  + Participates in the development of operating goals and budget objectives for the unit; recommends, implements, and administers methods and procedures to enhance operations.
  + Develops recordkeeping procedures and manages appropriate department records in accordance with applicable regulations, polices, and standards.
  + Coordinates corporate initiatives for smooth application.
  + Conduct meeting when appropriate.
  + Performs miscellaneous job-related duties as assigned.

#### Knowledge, skills and technical quality

* + Skill in organizing resources and established priorities.
  + Ability to communicate effectively, both orally and in writing.
  + Ability to maintain quality, safety, and/or infection control standards.
  + Working knowledge of the operations and administration of a dental clinic.
  + Knowledge of supplies, equipment, and/or services ordering and inventory control.
  + Record maintenance skills.
  + Ability to manage and train employees, to include organizing, prioritizing, and scheduling work assignments.
  + Knowledge of patient care protocols, procedures, regulations, and standards.
  + Knowledge of CPR and medical procedures.
  + Skills in operating strategies, systems, and work flows
  + Skills in all dental insurances and billing.
  + Knowledge of fiscal management principles and procedures.
  + Ability to make effective administrative/procedural decisions and recommendations.
  + Knowledge of dental clinic accreditation, licensure, and quality control regulations, policies, procedures, and standards.
  + Skill in the use of computers.
  + Strong interpersonal skills and ability to work effectively at all levels in a collaborative team environment.
  + Managing the plan to meet OSHA, CDC, ADA standards.

#### Physical effort

* + Work involves considerable exposure to unusual elements, such as extreme temperatures, unpleasant odors, and or loud noises.
  + Moderate Physical activity. Requires handling average-weight objects up to 15-20 pounds or standing and/or walking for more than 4 hours per day.
  + Will work with blood or blood-borne pathogens and will require OSHA training.
  + Work Environment involves exposure to potentially dangerous materials and situations that require following extensive safety precautions and may include the use of protective equipment.

#### Minimum job Requirement

* + Current licensure as a Dental Assistant/DA with radiology certified (if applicable) or Registered Dental Hygienist (preferred).
  + Minimum of 3 years in a Dental Setting.
  + Minimum 2 years of supervisory skills.
  + Current CPR certification.

I have read the above job description and agree to perform the responsibilities as described above. I understand that this job description is intended to describe the general nature and level of work performed. It is not intended to serve as an exhaustive list of all duties, skills and responsibilities required of personnel classified.

Print Name

Employee Signature Date

**Position:** Dental Director

#### Reports to: CEO

**Time/Status** 1.0 , Regular, Exempt

**Benefits:** Full Time

**Title** Dental Director

Position Summary:

The Dentist/Clinical Director provides professional, high-quality dental treatment and education to a broad range of patients. The Dentist/Clinical Director also oversees all clinical operations of (insert name of clinic), including patient care, supervision of clinical staff, compliance with regulatory agencies/requirements (e.g., OSHA, DPH, JCAHO), development and implementation of policies and procedures governing all aspects of clinical operations, infection control, quality assurance, equipment maintenance, patient complaints and incident reporting.

#### Essential Job Functions:

Provides hands-on dental care in a variety of settings while achieving the highest levels of appropriateness, quality, efficiency, accessibility and responsiveness.

#### Performance expectations:

* Maintains full appointment schedule for office practice and other settings.
* Meets patient needs as they arise.
* Utilizes state-of-the-art diagnostic and treatment techniques and delegates and refers care as appropriate
* Maintains necessary credentialing, licensure and continuing education requirements.
* Provides a full range of general dental services within the dentist’s defined scope of training.
* Provides clinical leadership of dental program.

#### Performance expectations:

* Supervise clinical staff.
* Ensure clinic’s compliance with all regulatory requirements (e.g., OSHA, DPH, JCAHO).
* Develop, implement and maintain dental policies and procedures related to clinical operations.
* Oversee the clinic’s quality assurance program.
* Oversee the clinic’s infection control program.
* Oversee protocols for the maintenance of all clinical equipment.
* Develop, implement and maintain clinical protocols for the delivery of patient care services.
* Develop protocols for the management and resolution of patient complaints.
* Develop and oversee the system used to report and resolve incidents within the dental program.
* Determine the dental products to be used in the clinic.

#### Working Conditions and Physical Effort

* Work involves considerable exposure to unusual elements such as extreme temperatures, unpleasant odors and/or loud noises.
* Moderate physical activity. Requires handling average-weight objects up to 15-20 pounds, assisting with patients and standing and/or walking for most the day.
* Will work with blood or blood-borne pathogens and will require OSHA training.
* Work environment involves exposure to potentially dangerous materials and situations that require following extensive safety precautions and may include the use of protective equipment.

#### Knowledge, Skill and Technical Qualities

* Ability to maintain quality, safety and/or infection control standards.
* Thorough knowledge of the principles and practices of modern dentistry and oral surgery .
* Thorough knowledge of dental terminology and dental science.
* Thorough understanding of the theories, methods and procedures for the prevention of dental diseases and the required corrective treatment.
* Knowledge of community-based dental environment.
* Ability to supervise and train employees, to include organizing, prioritizing and scheduling work assignments.
* Knowledge of current principles, methods and procedures for the delivery of dental evaluations, diagnosis and treatment.
* Knowledge of related accreditation and certification requirements.
* Knowledge of ethical and legal standards for the delivery of dental care.
* Ability to observe, assess and record symptoms, reactions and progress.
* Knowledge of relevant drugs and non-pharmaceutical patient care aides and ability to prescribe dosage and instruct patients in correct usage.
* Ability to develop and implement individualized dental care plans for patients.

#### Behavioral Qualities

* Displays outstanding leadership skills.
* Able to work effectively at all levels in a collaborative team environment.
* Able to offer guidance and supervision in a constructive and appropriate manner.
* Able to effectively lead staff meetings to review team progress in meeting financial and productivity goals for the dental program.
* Responds constructively to pressure situations and time limits.
* Places a high value on personal and departmental performance excellence.
* Adheres to office dress code and standards of behavior.
* Maintains patient confidentiality.
* Uses sick time appropriately.

#### Education/Licensure Requirements

* DDS or DMD degree from an accredited college or university with major course work in general dentistry.
* Current licensure in the state of **[insert state here].**
* Valid DEA license to prescribe narcotics.
* Current CPR/AED certification.

I have read the above job description and agree to perform the duties and responsibilities as described above. I understand that this job description is intended to describe the general nature and level of work performed. It is not intended to serve as an exhaustive list of all duties, skills and responsibilities that may be required of me as a Clinical Dental Director.

Print Name

Employee Signature Date

**Position**: Staff Dentist **Reports to:** Dental Director **Time/Status** 1.0 Regular, Exempt **Benefits**: Full Time

**Title** Staff Dentist

#### Position Summary:

Working under the supervision of the **[enter either Clinical Director or Practice Manager]**, the Staff Dentist provides professional, high-quality dental diagnosis, treatment and education to a broad range of patients, including children, adolescents and adults.

#### Essential Job Functions:

Provides hands-on dental care in a variety of settings while achieving the highest levels of appropriateness, quality, efficiency, accessibility and responsiveness.

#### Performance expectations:

* Maintains full appointment schedule for office practice and other settings;
* Provides a full range of general dental services within the dentist’s defined scope of training;
* Utilizes state-of-the-art diagnostic and treatment techniques;
* Refers patients to specialists and relevant patient care components as appropriate;
* Prescribes pharmaceuticals, other medications and treatment regimens as appropriate;
* Directs and coordinates the patient care activities of dental technical and support staff as required;
* Follows established departmental policies, procedures and objectives, continuous quality improvement objectives and safety, environmental and/or infection control standards;
* Maintains necessary credentialing, licensure and continuing education requirements; and
* Performs miscellaneous job-related duties as assigned.

#### Working Conditions and Physical Effort

* Work involves considerable exposure to unusual elements such as extreme temperatures, unpleasant odors and/or loud noises;
* Moderate physical activity. Requires handling average-weight objects up to 15-20 pounds, assisting with patients and standing and/or walking for most the day;
* Will work with blood or blood-borne pathogens and will require OSHA training;
* Work environment involves exposure to potentially dangerous materials and situations that require following extensive safety precautions and may include the use of protective equipment.

#### Knowledge, Skill and Technical Qualities

* Ability to maintain quality, safety and/or infection control standards.
* Thorough knowledge of the principles and practices of modern dentistry and oral surgery .
* Thorough knowledge of dental terminology and dental science.
* Thorough understanding of the theories, methods and procedures for the prevention of dental diseases

.and the required corrective treatment.

* Knowledge of community-based dental environment.
* Ability to supervise and train employees, to include organizing, prioritizing and scheduling work

.assignments.

* Knowledge of current principles, methods and procedures for the delivery of dental evaluations, diagnosis and treatment.
* Knowledge of related accreditation and certification requirements.
* Knowledge of ethical and legal standards for the delivery of dental care.
* Ability to observe, assess and record symptoms, reactions and progress.
* Knowledge of relevant drugs and non-pharmaceutical patient care aides and ability to prescribe dosage

.and instruct patients in correct usage.

* Ability to develop and implement individualized dental care plans for patients.

#### Behavioral Qualities

* Ability to foster a cooperative work environment;
* A team player;
* Effective verbal and written communication skills;
* Ability to work independently with a minimum of supervision;
* Responds constructively to pressure situations and time limits;
* Accepts and offers guidance and supervision as appropriate;
* Attends and participates in staff meetings to review team progress in meeting financial and productivity goals for the dental program;
* Places a high value on personal and departmental performance excellence;
* Adheres to office dress code and standards of behavior;
* Maintains patient confidentiality; and
* Uses sick time appropriately.

#### Education/Licensure Requirements

* DDS or DMD degree from an accredited college or university with major course work in general dentistry.
* Current licensure in the state of **[insert state here].**
* Valid DEA license to prescribe narcotics.
* Current CPR/AED certification.

I have read the above job description and agree to perform the duties and responsibilities as described above. I understand that this job description is intended to describe the general nature and level of work performed. It is not intended to serve as an exhaustive list of all duties, skills and responsibilities that may be required of me as a staff dentist.

Print Name

Employee Signature Date

**Position:** Dental Hygienist **Reports to:** Dental Director **Time/Status** 1.0 Regular, Exempt **Benefits**: Full Time

**Title** Hygienist

#### Position Summary:

Under the **[insert type of supervision as permitted by state here]** of a Dentist in a clinical setting and using established dental hygiene protocols and procedures, the Dental Hygienist provides professional, high-quality dental care and education to a broad range of patients.

#### Essential Job Functions:

* Provides high-quality dental hygiene care within the scope of service consistent with accepted standards of care.;
* Evaluates patients and implements treatment regimens under the supervision of the Dentist.
* Provides complete documentation of all findings, treatments and outcomes;
* Initiates oral health education and prevention activities;
* Reviews and interprets patient dental records;
* Works cooperatively with other Dental Program staff;
* ;Helps out where needed to ensure smooth, efficient running of Dental Program; and
* Participates in the ongoing evaluation of Dental Program operations to assure the delivery of high-quality services that support the financial sustainability of the program.

#### Performance expectations:

* Assesses dental conditions and risk, uses patient screening procedures, including medical history review, dental charting and perio-charting; takes patient vital signs as required;
* Delivers direct patient care to patients as assigned, using established dental hygienist procedures, such as cleaning, polishing, x-rays, application of sealants, fluorides and varnishes and related procedures;
* Develops and implements individualized dental care plans for patients; performs patient education and risk protocols, discharge planning, and patient/family teaching under the supervision of a dentist;
* Provides chair-side assistance to the dentist in the performance of special tests, procedures and complex treatments;
* Makes impressions of patients’ teeth for study casts;
* Documents dental history of chief complaint; records and reports pertinent observations and patient reactions to dental staff, as appropriate; documents lab procedures and ensure follow-up on result
* Assists with or institutes emergency measures for sudden adverse development during treatment of patients;
* Initiates patient care as appropriate for walk-in patients;
* Participates in Quality Improvement activities as requested by the Dentist/Clinical Dental;
* Assists in the preparation of patient care areas, and in the patient admission, transfer and discharge process, as required; prepares reports and assists as required with patient reception, telephone calls, routine triage and other office duties;
* Scans reception room for patients;
* Assumes responsibility for the upkeep of the dental operatory and equipment;
* Performs routine cleaning and maintenance of dental equipment in assigned operatories and for the assigned equipment. Regularly and thoroughly performs maintenance of assigned equipment;
* Uses downtime to clean and restock operatories; and
* Performs miscellaneous duties within the Dental Program as assigned.

#### Working Conditions and Physical Effort

* Work involves considerable exposure to unusual elements such as extreme temperatures, unpleasant odors and/or loud noises.
* Moderate physical activity. Requires handling average-weight objects up to 15-20 pounds, assisting with patients and standing and/or walking for most of the day.
* Will work with blood or blood-borne pathogens and will require OSHA training; and
* Work environment involves exposure to potentially dangerous materials and situations that require following extensive safety precautions and may include the use of protective equipment.

#### Knowledge, Skill and Technical Qualities

* Ability to analyze medical records and prescribed protocol to formulate effective therapeutic treatment plans;
* Knowledge of Federal, State and institutional regulations and guidelines for the provision of dental outpatient services;
* Ability to independently assess the nature and extent of dental disease and associated conditions and pathology in dental patients;
* Ability to perform a full range of established dental hygienist protocols and procedures;
* Knowledge of patient screening, charting and medical history procedures and documentation;
* Knowledge and understanding of dental surgery and associated procedures, terminology and techniques.
* Ability to set up and prepare dental equipment and instrumentation in accordance with established

.regulations and guidelines;

* Ability to independently perform emergency dental procedures;
* Ability to communicate technical information to non-technical co-workers;
* Knowledge of patient admission, triage, transfer and discharge procedures and documentation; and
* Ability to manage the dental office infection control plan to meet OSHA, CDC and ADA standards.

Behavioral Qualities:

* Is a team player;
* Accepts and offers guidance and supervision as appropriate;
* Attends and participates in staff meeting to review team progress in meeting financial and productivity goals for the dental program;
* Places a high value on personal and departmental performance excellence.
* Adheres to office dress code and standards of behavior;
* Maintains patient confidentiality;
* Uses sick time appropriately;
* Responds professionally to high-pressure situations and time limits; and
* Works independently with a minimum amount of supervision.

Education/Licensure Requirements:

* Registered dental hygienist (RDH) from an accredited program with a current license to practice in the state of **[insert state here].**
* Current CPR certification.
* Pursues appropriate CEUs as required to maintain licensure and stay abreast of advances in the field of dentistry, especially in areas related to the scope of dental hygiene practice.

I have read the above job description and agree to perform the duties and responsibilities as described above. I understand that this job description is intended to describe the general nature and level of work performed. It is not intended to serve as an exhaustive list of all duties, skills and responsibilities that may be required of me as a registered dental hygienist.

Print Name

Employee Signature Date

**Position:** Dental Assistant/Certified Dental Assistant

**Reports to:** Office Manager **Time/Status** 1.0 Regular, Exempt **Benefits**: Full Time

**Title** Dental Assistant/Certified Dental Assistant

#### Position Summary:

Under the general supervision of a Dentist in a clinical setting, assists the dentist in providing dental treatment.

#### Essential Job Functions:

* Assists in the provision of high-quality care within the scope of service consistent with accepted standards of care for dental assistants;
* Prepares each operatory and patient for treatment;
* Takes and prepares radiographs using conventional or digital technology;
* Provides active chairside assistance to the Dentist and anticipates the provider’s needs;
* At the conclusion of patient care, assists the patient, clears the work site and prepares for the next patient. Monitors the flow of laboratory cases.;
* Monitors and records sterilization cycles.;
* Maintains and inventories supplies;
* Helps to manage patient flow in clinic;
* Follows proper infection control protocols for the practice; and
* Participates in the ongoing evaluation of Dental Program operations to assure the delivery of high-quality services that support the financial sustainability of the program.

#### Performance expectations—all Dental Assistants:

* Prepares and maintains dental instruments, supplies and equipment; prepares the operatory for the patient visit;
* Seats patient in chair and explains procedures to be performed; Collects and records patient health histories;
* Drapes patient with protective linens and sets up instrument tray containing instruments, suction, gauze and other required supplies;
* Prepares dental materials—cements, amalgams, composites, impression materials, etc.
* Takes and prepares radiographs using conventional or digital technology and following proper radiation safety precautions;
* Assists with dental charting as appropriate;
* Assists in the prevention and management of dental emergencies;
* Manages the patient during dental procedures;
* Provides active chairside assistance; transfers instruments as appropriate for four-handed dentistry; anticipates the dentist’s needs;
* Takes impressions for study casts, athletic mouth guards and custom tray. Performs laboratory procedures neatly and efficiently. Pours models with no bubbles, properly trim models, polish dental prostheses, make vac-u-press forms;
* At the conclusion of the procedure, assists patient, clears work site of instruments and other materials; follows proper infection control protocols and prepares the operatory for the next patient;
* Monitors and documents the flow of laboratory cases; maintains lab facility;
* Performs, monitors and records all sterilization activities;
* Maintains proper aseptic techniques necessary with dental equipment; maintains and properly sterilizes instruments;
* Routinely cleans, disinfects and restocks operatories;
* Scans reception room for patients and helps to manage patient flow;
* Maintains and inventories dental supplies and reorders as necessary; tracks and verifies invoices;
* Cleans and sterilizes all instruments; helps to manage the dental office infection control plan to meet OSHA, CDC and ADA standards;
* Performs miscellaneous duties within the Dental Program as assigned.

#### Additional Performance expectations—Certified Dental Assistants:

* Polish the patient’s teeth to remove stains and soft deposits;
* Apply topical fluoride and varnishes;
* Apply pit and fissure sealants;
* Remove surgical sutures;
* Pre-select orthodontic bands;
* Place and remove orthodontic bans;
* Adapt temporary crowns;
* Place topical medications; and
* Remove excess cement from fabricated restoration and orthodontic bands.

#### Working Conditions and Physical Effort:

* Work involves considerable exposure to unusual elements such as extreme temperatures, unpleasant odors and/or loud noises;
* Moderate physical activity. Requires handling average-weight objects up to 15-20 pounds, assisting with patients and standing and/or walking for most of the day;
* Will work with blood or blood-borne pathogens and will require OSHA training;
* Work environment involves exposure to potentially dangerous materials and situations that require following extensive safety precautions and may include the use of protective equipment.

#### Knowledge, Skill and Technical Qualities

* Ability to set up and prepare dental equipment and instrumentation in accordance with established regulations and guidelines; and
* Ability to manage the dental office infection control plan to meet OSHA, CDC and ADA standards
* Maintains and expands current level of dental assistant skill and knowledge by periodically attending continuing education programs.

#### Behavioral Qualities

* Is a team player;
* Accepts and offers guidance and supervision as appropriate;
* Attends and participates in staff meeting to review team progress in meeting financial and productivity goals for the dental program;
* Places a high value on personal and departmental performance excellence;
* Adheres to office dress code and standards of behavior;
* Maintains patient confidentiality;
* Uses sick time appropriately;
* Responds professionally to high-pressure situations and time limits; and
* Works independently with a minimum amount of supervision.

#### Education/Licensure Requirements:

* High School Diploma or GED;
* CPR certification; and
* On the job training or Certification in Dental Assisting.

I have read the above job description and agree to perform the duties and responsibilities as described above. I understand that this job description is intended to describe the general nature and level of work performed. It is not intended to serve as an exhaustive list of all duties, skills and responsibilities that may be required of me as a dental assistant.

Print Name

Employee Signature Date

**Position**: Dental Receptionist **Reports to:** Practice Manager **Time/Status** 1.0 Regular, Exempt **Benefits:** Full Time

**Title** Dental receptionist

#### Summary:

Under the direct supervision of the Practice Manager, the Dental Receptionist serves as the focal point for the practice management software if applicable. She/he answers the telephone, referring callers to the appropriate dental source. Check-in/ checkout patients and triages appointments for dental staff. The position requires knowledge of dental terminology, but does not require management responsibilities

#### Duties and Responsibilities

* Greets patients as they arrive;
* Makes appointment for patients according to written protocols;
* Registers appropriate data;
* Assist patients in completing dental history forms if necessary;
* Pulls and prepares patients charts and prepares daily schedule for dental staff;
* Triage patients to schedule patient and referrals;
* Corrects registration errors;
* Understand insurance coverage and if unsure seek correct information;
* Assist patients with the completion of consent and financial forms if necessary;
* Follow-up on “DNK/no shows” patients on a daily basis;
* Collects co-pay and balances on patients accounts;
* Verify patients insurance and medical history;
* Inventory monitoring; and
* Confirms patient appointments.

#### Working Conditions and Physical Effort

* Work involves considerable exposure to unusual elements, such as extreme temperatures, unpleasant odors, and or loud noises;
* Moderate Physical activity. Requires handling average-weight objects up to 15-20 pounds or standing and/or walking for more than 4 hours per day;
* Will work with blood or blood-borne pathogens and will require OSHA training; and
* Work Environment involves exposure to potentially dangerous materials and situations that require following extensive safety precautions and may include the use of protective equipment.

#### Behavioral

* Responds constructively to pressure situations and time limits.
* Able to accept constructive criticism and instruction while maintaining a positive attitude towards managers, programs and job responsibilities.
* Work independently with minimum amount of supervision. Sick time is used at appropriate times.
* Acts as a role model – willing to accept or volunteer on projects as opportunity arises. Exhibits loyalty to the organization and does not bring personal problems to work.

#### Minimum Job Requirement

* High School Diploma;
* Experience in effectively relating to people;
* Ability to effectively relate via telephone and the ability to speak, read and write in English;
* Willingness to work evenings and/or weekends;
* Good organizational skills;
* Keyboarding is mandatory; computer literacy is important; and
* Current CPR.

I have read the above job description and agree to perform the responsibilities as described above. I understand that this job description is intended to describe the general nature and level of work performed. It is not intended to serve as an exhaustive list of all duties, skills and responsibilities required of personnel classified.

Print Name

Employee Signature Date

**Position:** Clinical Coordinator **Reports to:** Office Manager **Time/Status [insert time] Benefits**: **[insert benefits]**

**Title** Clinical Coordinator

#### Position Summary:

The Clinical Coordinator oversees all clinical operations of the dental program, including patient care, supervision of clinical staff, compliance with regulatory agencies/requirements (e.g., OSHA, DPH, JCAHO), development and implementation of policies and procedures governing all aspects of clinical operations, infection control, quality assurance, equipment maintenance, patient complaints and incident reporting.

#### Essential Job Functions:

Provides hands-on dental care in a variety of settings while achieving the highest levels of appropriateness, quality, efficiency, accessibility and responsiveness.

#### Performance expectations:

* Maintains full appointment schedule for office practice and other settings.
* Meets patient needs as they arise.
* Utilizes state-of-the-art diagnostic and treatment techniques and delegates and refers care as appropriate.
* Maintains necessary credentialing, licensure and continuing education requirements.
* Provides clinical leadership of dental program.

#### Performance expectations:

* Supervise clinical staff;
* Ensure clinic’s compliance with all regulatory requirements (e.g., OSHA, DPH, JCAHO);
* Develop, implement and maintain dental policies and procedures related to clinical operations;
* Oversee the clinic’s quality assurance program.;
* Oversee the clinic’s infection control program;
* Oversee protocols for the maintenance of all clinical equipment;
* Develop, implement and maintain clinical protocols for the delivery of patient care services;
* Develop protocols for the management and resolution of patient complaints;
* Develop and oversee the system used to report and resolve incidents within the dental program; and
* Determine the dental products to be used in the clinic.

#### Working Conditions and Physical Effort:

* Work involves considerable exposure to unusual elements such as extreme temperatures, unpleasant odors and/or loud noises;
* Moderate physical activity. Requires handling average-weight objects up to 15-20 pounds, assisting with patients and standing and/or walking for most the day;
* Will work with blood or blood-borne pathogens and will require OSHA training; and
* Work environment involves exposure to potentially dangerous materials and situations that require following extensive safety precautions and may include the use of protective equipment.

#### Knowledge, Skill and Technical Qualities:

* Ability to maintain quality, safety and/or infection control standards;
* Thorough knowledge of the principles and practices of modern dentistry;
* Thorough knowledge of dental terminology and dental science;
* Knowledge of community-based dental environment; and
* Ability to supervise and train employees, to include organizing, prioritizing and scheduling work assignments.

#### Behavioral Qualities:

* Displays outstanding leadership skills.
* Able to work effectively at all levels in a collaborative team environment.
* Able to offer guidance and supervision in a constructive and appropriate manner.
* Able to effectively lead staff meetings to review team progress in meeting financial and productivity goals for the dental program.
* Responds constructively to pressure situations and time limits.
* Places a high value on personal and departmental performance excellence.
* Adheres to office dress code and standards of behavior.
* Maintains patient confidentiality.
* Uses sick time appropriately.

#### Education/Licensure Requirements

* RDH degree from an accredited hygiene program.
* Current licensure in the state of **[insert state here]** .
* Current CPR/AED certification.

I have read the above job description and agree to perform the duties and responsibilities as described above. I understand that this job description is intended to describe the general nature and level of work performed. It is not intended to serve as an exhaustive list of all duties, skills and responsibilities that may be required of me as a Clinical Dental Director.

Print Name

Employee Signature Date

## **ORIENTATION**

**PURPOSE**

To ensure that new employees of [insert name of dental] are comfortable in their new work environment and can perform their job functions efficiently and effectively from their first date of hire.

**POLICY**

Every new employee will participate in an orientation program that will include a tour of the clinic, a tour of the Dental Department and a review of all relevant policies and procedures. This orientation will take place as soon as possible after the date of hire.

**PROCEDURE**

The new employee will attend the mandatory orientation program for all new hires of the clinic. In addition, the Dental Practice Manager will provide an orientation to the Dental Department. The following is a list of potential topics for the orientation of new dental staff:

* Where to turn for information and guidance;
* How to operate the health record system;
* Which employees they will supervise and which employee is their supervisor;
* The availability of clinic resources (supplies, equipment, money, contracts, laboratories, consultation, patient referrals);
* Performance evaluation metrics;
* Standards of conduct and performance;
* Dress code;
* Contents of employee handbook;
* Community culture, social, and economic information; and
* Any necessary cross-cultural training.

**NEW HIRE CHECKLIST**

EMPLOYEE NAME: D. O. H.

DEPARTMENT: POSITION: \_ HOURS:

PAPERWORK:

( ) Job Requisition

( ) Application

( ) Resume

( ) Offer Letter

( ) Employee Referral Form *(if applicable)*

( ) Employee Information Sheet ( ) I-9 Form with IDs:

Please refer to list A or B and C listed on back of I-9 Form ( ) EEO Form

( ) VET Statement Form

( ) Work Opportunity and Welfare-to-Work Credit ( ) Employment of Relatives

( ) W-4 Form: Employee’s Withholding Allowance Certificate ( ) Employee Acknowledgement Form

( ) Employee Confidentiality Agreement ( ) Code of Conduct Policy

( ) Certification & Disclosure Concerning Felony Convictions ( ) Consumer Report Disclosure & Release

( ) Direct Deposit with Void Check or Deposit Slip ( ) Enrollment Applications: Medical

( ) Waiver of Insurance: Medical

( ) Supplemental Life/Dependent Life/LTD Buy-up Insurance Form ( ) Life Insurance Beneficiary Form

( ) Initial COBRA Notification

( ) Flexible Spending Application ( ) UPDATED Licenses/CPR

( ) Dental License – Dentist, Hygienist, CDA ( ) Renew DEA License (if applicable)

( ) Liability Insurance

## CREDENTIALING/RE-CREDENTIALING

PURPOSE

To ensure that the credentialing process complies with existing requirements of Helping Hands of Tennessee, as well as Joint Commission on the Accreditation of Healthcare Organizations and any state and/or local laws and regulations.

POLICY

New provider employees must be fully credentialed before they may attend to any patients in clinical settings. All existing provider employees must comply with established guidelines for re-credentialing, as outlined by the Helping Hands of Tennesseeand insurance plans with whom they become credentialed.

CREDENTIALING PROCEDURE

* At a minimum, the following information will be obtained from primary sources and reviewed prior to granting credentialed status to dentists:
  + A current, valid license to practice dentistry;
  + Clinical privileges in good standing at any hospital where the dentist may have privileges
  + A valid DEA certificate;
  + Graduation from dental school and completion of specialty training, as applicable;
  + Board certification if the practitioner states that he/she is board certified on the application;
  + Work history;
  + Current, adequate malpractice insurance according to clinic policy; and
  + History of professional liability claims, which result in settlements or judgments, paid by or on behalf of the practitioner.

#### On completing the job application, the applicant shall provide:

* Reasons for any inability to perform the essential functions of the positions, with or without accommodations;
* Lack of present illegal drug use;
* History of loss of license and/or felony convictions;
* History of loss or limitation of privileges or disciplinary activity; and
* An attestation to the correctness/completeness of the application.

#### In addition, Helping Hands of Tennessee will obtain information on the practitioner from recognized monitoring organizations such as:

* The National Practitioner Data Bank; and
* The State Board of Dental Examiners on sanctions, restrictions, and/or limitations on scope of practice.

**Recredentialing**

Re-verification/completion of the following items at a minimum every two years or more frequently if the item has an expiration/renewal feature attached to it. The following is required for re-credentialing:

* A valid state license to practice;
* Clinical privileges in good standing at any hospital designated by the practitioner;
* A valid DEA certification;
* Board Certification, as applicable;
* Current adequate malpractice insurance according to the Health Center policy
* History of professional liability claims which result in settlements or judgments paid by or on behalf of the practitioner;
* Reasons for any inability to perform the essential functions of the positions, with or without accommodation;
* Lack of present illegal drug use;
* National Practitioner Data Bank information;
* State Board of Dental Examiners information;
* A review of the following:
  + Patient complaints
  + Member satisfaction survey results

LICENSES AND CREDENTIALS OF CLINICAL STAFF

#### [insert licenses and credentials for all clinical staff]

## IN-SERVICE TRAINING FOR HEALTH CARE STAFF

POLICY

The clinic will have a program of ongoing in-service training to all staff providing health care services. Training may include case studies and staff presentation provided within the facility. It may also be obtained through participation in continuing education courses offered outside the clinic.

PROCE DURE

Employees will attend mandatory training at the clinic that will take place monthly during staff meetings. Topics to be covered during the year include, but are not limited to, the following:

* OSHA (annually)
* First Aid Training and CPR (annually)
* Equipment Training – maintenance and repair protocol (quarterly)
* Fire Evacuation Plan Review and Drills (quarterly)
* Use of Fire Extinguishers (quarterly)
* Building Layout (annually)
* HIPAA (annually)
* Staffing Issues – Responsibilities and Patient Satisfaction (monthly)

SAMPLE STAFF TRAINING SIGN-IN SHEET

Date of Meeting

|  |  |
| --- | --- |
| Staff Name | Title |
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MANDATORY TRAINING

Each staff member will be required to attend mandatory trainings. These trainings will include OSHA, HIPAA and First Aid, CPR and Fire Drills.

Each clinical staff person required to earn continuing education credits for re-licensure will be responsible for maintaining accurate records of completion of continuing education courses. The clinical staff will be responsible for providing a copy of their course credit to the Practice Manager to be included in their Personnel File in the training section.

Each staff member is strongly encouraged not to schedule conflicts with staff meetings. Exceptions will be made for circumstances beyond their control.

OPTIONAL TRAINING

Staff Meetings/Trainings not listed as mandatory are optional. However, staff is encouraged to attend optional meetings/trainings.

# EXPOSURE PREVENTION & MANAGEMENT

# Logo Description automatically generated

## MERCURY EXPOSURE

While the FDA has recently ruled that mercury amalgams pose no health threat to patients, dental personnel need to use caution in the use, storage and disposal of mercury amalgam, Helping Hands of Tennessee amalgam protocols follow the recommendations of the National Maternal and Child Oral Health Center’s online Safety Net Dental Clinic Manual:63

* Only precapsulated alloy is used so that there are no bottles of mercury to store. If, for some reason, elemental mercury must be stored, it is stored in an unbreakable, tightly sealed containers on stable surfaces.
* All operations involving mercury are conducted in an area with an impervious and suitable lipped surface so as to confine and facilitate recovery of spilled mercury or amalgam.
* Any spilled mercury is cleaned immediately.
* A no-touch technique is used for handling amalgam. If contact is made with mercury, the area affected is be washed with soap and water to reduce the time that the microscopic particles cling to the skin.
* Only tightly-closed disposable capsules are used during amalgamation.
* Non-contact, scrap amalgam is placed into a wide-mouthed, airtight container.
* Salvage contact amalgam pieces from restorations after removal. Store and label contact amalgam waste separately from non-contact waste. Recycle the contact amalgam waste according to instructions provided by your recycler.
* Amalgam scraps are recycled through refiners who are properly licensed by the EPA. **[insert clinic name]**

contracts with **[environmental company]**.

* Water spray and high-volume evacuation is used when removing old amalgam restorations or finishing new ones. A fiber-type mask should is worn when cutting out old amalgams. Evacuation systems have traps or filters.
* No excess mercury is expressed from amalgam.
* Disposable items contaminated with mercury are discarded in properly sealed containers.

#### [Before implementing this policy, check with local and state laws]

63 Safety Net Dental Clinic Manual . National Maternal and Child Oral Health Center.

<http://www.dentalclinicmanual.com/docs/Mercury.doc>

## CLEANUP OF SPILLED MERCURY

In the event of a mercury spill, Helping Hands of Tennesseefollows the protocols recommended by the EPA64 and the National Maternal and Child Oral Health Center:65

If the spill is more than the amount of mercury present in a thermometer or thermostat, the room is ventilated and evacuated, and the following environmental company is called: **[name of environmental company].**

If the spill is less than the amount of mercury in a thermometer or thermostat, then personnel may clean the area while wearing a mask and gloves The spilled area is cleaned immediately with a wash-bottle trap, handheld pump, aspirator bulb, or plastic syringes. Adhesive tape, tin foil, or a fresh mix of dental amalgam can remove droplets of mercury if undisturbed. Commercially available clean-up kits may be used. The area is ventilated and evacuated for 24 hours. If there is any concern that not all of the mercury has been removed, or that the area has not been properly cleaned or ventilated, **[name of environmental company]** is consulted.

#### [Before implementing this policy, check with local and state laws]

64Mercury Spills. EPA. Retrieved 10/2014. <http://www.epa.gov/hg/spills/index.htm#morethan>

65 Safety Net Dental Clinic Manual . National Maternal and Child Oral Health Center.

<http://www.dentalclinicmanual.com/docs/Mercury.doc>

## RADIATION EXPOSURE

POLICY

#### [consult state and federal laws with regards to radiation requirements with regards to:

#### Inspection and testing for the facility, X-ray machine, radiation monitoring equipment and radiograph processing equipment

#### Permits or licensing

#### Supervision of personnel

#### Use of dosimetry badges

#### Training or certification

#### Dental office design and radiation shielding

#### Record keeping

#### Equipment]

PROCE DURE

#### [state procedures for operating radiation equipment]