

POLICY AND PROCEDURE MANUAL
SCHOOL-BASED DENTAL SEALANT PROGRAM

2004

“_____” School
_____, New York

POLICY AND PROCEDURE MANUAL

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SECTION I

MISSION STATEMENT AND PROGRAM OBJECTIVES

ORGANIZATIONAL CHART

STAFFING PLAN

Mission Statement

Program Objectives

- To develop a school-based preventive program.
- To offer screening and referral, health education, and case management services.
- To provide dental sealant services to eligible children.
- To monitor the community-wide acceptance and feasibility of program operations.

- Reduce the proportion of children, adolescents and adults who have dental caries experience in their primary or permanent teeth.
- Reduce the proportion of children, adolescents, and adults with untreated dental decay.
- Increase the proportion of children who have received dental sealant on their molar teeth.

Organizational Chart

Staffing

1. The program should provide adequate professional and ancillary staff necessary to implement the project services.
2. All professional staff utilized in the project must meet State training and/or licensure and/or experience requirements.
3. All professional staff to be engaged in program activities must participate in training and practice sessions required by the Director of the Bureau of Dental Health in order to ensure conformity to State examination criteria and procedures.
4. All staff to be engaged in provision of public health preventive measures to children must participate in any training sessions required by the State to ensure adherence to State standards and procedures.
5. A licensed dentist shall be available, either in person or by telephone, during working hours for consultation by dental hygienists required to perform the project, in conformance with State laws and regulations.
6. Staff wears identification indicating name and job title.

SECTION II

PROJECT EVALUATION, REPORTS AND INSPECTIONS

SCOPE OF CARE

Project Evaluation, Reports And Inspections

PAGE ___ OF ___
EFFECTIVE DATE:
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NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Project Evaluation, Reports And Inspections

APPROVAL:

APPROVAL DATE:

Director of Public Health

Health Dept Dental Advisor

The provider should develop procedures to:

1. Cooperate fully with the State regarding the evaluation of the project and will advise and consult with employees and officials of the State.
2. Submit reports and data on expenses, progress of the project, staffing, and utilization on a quarterly basis, or more frequently if requested by the State, on forms prescribed by the State. A final report in a form prescribed by the State shall also be submitted. All reports and data shall be submitted in a timely manner.
3. Record all clinical data on forms or using computer programs provided by the State for this purpose and in the manner described by the State in the training sessions for this purpose. All forms shall be accurately completed and properly stored. No changes in the forms or the manner of completing required information shall be made without prior written approval of the State. All forms will be submitted in a timely manner if requested by the State.
4. Maintain financial records, as required by the State, in such a manner as to allow the identification of expenditure and revenue data associated with the services provided as part of the project.

5. Assure the State and its authorized representatives ready access to all project sites and all medical, dental, financial or other records and reports relating to the project.

Scope of dental Services

PAGE: __ OF __
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REFERENCE:

SUBJECT: Scope of Dental Services

APPROVAL:

APPROVAL DATE:

Medical Director

Administrator/ CEO

1. Complete Medical/Dental history for each student:
2. Dental Health Education is provided.
3. Dental Services include screening and referral services, case management, oral prophylaxis and dental sealants to all eligible children
4. Services are coordinated with students' dentist

SECTION III
JOB DESCRIPTIONS

Job Title: Dentist (_____ time – ___ hours per week)

Comment: Dentist/Dental Director

Reports To: Dental Director /Administrator

Location:

Job Summary: Provides day-to-day clinical services to children

Specific Job Duties:

- Provide dental treatment to Medicaid and other underserved school age children enrolled in the _____. (90%)
- Participate on Committees as appropriate. (1%)
- Onsite clinical supervision of dental hygienists and dental assistants. (5%)
- Assist in preparation of clinical reports and documents as related to overall responsibilities. (1%)
- Act as a resource person to parents, teachers, nurses, and other school officials. (2%)
- Serve as a liaison between clinical staff, parents and students as relating to oral health services. (1%)
- Additional duties as assigned. (1%)

Essential Duties of the Job:

- Ability to work well with children
- Ability to work and interact in a culturally diverse environment
- Ability to communicate well with school officials, parents and other community agencies
- Ability to drive to and from outreach clinic sites

Education and Experience:

- Must have a valid current New York State Dental License, CPR, Infection Control, and other training certificates as required by the NYSDOH regulations.
- 1 – 2 years of clinical experience in working in a hospital or community health center setting is preferred.

Job Title: Program Manager / Dental Hygienist (___time – ___ hours/week)

Reports to: Dental Director / Dental Administrator

Job Summary: Responsible for program administration as well as clinical care for the Dental Center operation. Works with Dental Director / Hospital Administrator to develop, implement and evaluate the strategies for the operation of the Dental Center.

Specific Job Duties & Percent of Time:

- Under the direction of Dental Director/ Hospital Administrator implements the program policy and priorities; plans, establishes and oversees overall operation of the Dental clinic. (10%).
- Prepares documents, administrative/ budget reports, and correspondence as related to the Dental Clinic's overall operation. (20%)
- Provides patient care at the Dental Clinic, which includes: prophylaxis, fluoride and sealant treatment x-rays, etc. (60%)
- Provide dental health screenings when necessary. (5%)
- Represent the Dental Clinic's projects in the schools. (1%)
- Conduct individual and classroom oral health education sessions as appropriate. (2%)
- Act as a resource person to parents, teachers, nurses and other school officials. (1%)
- Participate on committees as appropriate. (1%)
- Additional duties as necessary.

Essential Duties of the Job:

- Ability to administer and implement the policy and procedures of CAH Dental Program
- Ability to work well with children and adult patients
- Ability to work and interact with a culturally diverse environment
- Ability to communicate well with school officials, parents and other community agencies
- Ability to travel to outreach clinics

Education and Experience:

- Must have a valid current New York State Dental Hygiene License, CPR, Infection Control, and other training certificates as required by the NYSDOH regulations.
- Experience working with community and school-based programs and/or dental health screening programs preferred.
- Must have a desire to work with children and adolescents. Ability to speak Spanish | Comment: Or any other language desirable, but not required.

Job Title: Project Coordinator / Receptionist

Reports to: Program Manager/ Dental Director

Job Summary: Manage the reception office including scheduling, record filing, dental visit recording and coordinating the School-Based Health Center Outreach Dental Program at various school-based health center clinic sites.

Specific Job Duties:

- Establish, coordinate and verify day-to-day treatment eligibility and treatment schedules, to insure proper utilization and smooth flow of patient care. Prepare and submit all forms, reports and documents in a timely and efficient manner (50%)
- Escort children from the classroom to the clinic and return. (10%)
- Prepare, maintain and file dental charts and school dental screening exam forms. (20%)
- Assist with, or perform other program related tasks necessary for the efficient and productive operation of the clinics. (10%)
- Participate in department's school dental health screening and other research projects or any other department activities as necessary or required. (5%)
- Perform additional duties as needed.

Essential Duties of the Job:

- Ability to administer and implement the policy and procedures of SBDSP
- Ability to work well with children
- Ability to work and interact in a culturally diverse environment
- Ability to communicate well with patients, parents, teachers and school staff
- Ability to have a flexible schedule

Education and Experience:

- Associates degree or high school diploma with two to three years in related occupation and at least 3 years of office management experience, or the equivalent combination of education and experience
- Experience working with community based or school programs preferred
- Ability to speak Spanish desirable, but not required

Comment: Or any other language

Job Title: Dental Assistant

Reports to: Dental Manager/ Project Coordinator

Job Summary: Assist dental providers in providing services to school-aged children and adults to improve oral health of targeted populations through dental services at various outreach dental clinic sites.

Specific Job Duties and Percent of Time:

- Chairside dental assisting for dentist and dental hygienist. (60%)
- Take and develop x-rays, clean and maintain x-ray processor, autoclave, chairs, cabinets, traps, suction and floors. (10%)
- Clean and sterilize instruments, maintain orderly and sanitary work environment. (10%)
- Assist in the timely preparation of all forms, reports, and documents. (5%)
- Maintain clinic inventory control system, order materials, instruments, and supplies. (5%)
- Participate in community school dental health screening programs as necessary or required. (5%)
- Provide clerical coordinator services when needed (5%)
- Perform additional duties as needed.

Essential Duties of the Job:

- Ability to work well with children
- Ability to work and interact in a culturally diverse environment
- Ability to work in confined spaces
- Ability to follow through with paperwork
- Ability to have a flexible schedule

Education and Experience:

- Graduate of an accredited school of dental assisting or comparable experience required
- Experience working with community and school-based programs and/or dental health screening programs preferred
- Must have a desire to work with children and adolescents
- Ability to speak Spanish desirable, but not required.

Comment: Or any other language

SECTION IV

INFECTION CONTROL POLICIES/PROCEDURES

Infection Control

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SUBJECT: Infection Control

APPROVAL:

APPROVAL DATE:

Medical Director

Administrator/ CEO

Purpose: The primary goal of an infection control program is to prevent errors and provides a safe working environment that will reduce the risk of health-care-associated infections among patients and occupational exposures among staff members.

Procedure: Dental Services staff will follow Infection Control Policies and Procedures of the CDC. The Departmental Duties Schedule will outline process, responsible personnel and schedule of performance of duties related to infection control.

Comment: Or the CDC?

These 12 Criteria are to be followed regularly:

1. Barrier protection is used at all times.
2. Gloves are worn when handling blood and OPIM.
3. Gloves are changed between patients regardless of the visible state of the gloves.
4. Facial protection is worn in procedures in which splashing or aerosolizations occur.
5. Hands are washed with soap after removing gloves.
6. Hands are washed if hands have been accidentally contaminated and upon leaving the workstation.
7. Accidental injuries are avoided by planning procedures ahead, before their initialization.
8. Rigid, puncture resistant containers are used for sharps.
9. Personnel DO NOT handle needles unnecessarily.
10. Device is available to avoid mouth-to-mouth contact in resuscitation.

11. Sound work practices are incorporated to MINIMIZE spatters.
12. After each patient use all surfaces and devices are decontaminated.

Isolation: When there is an indication a patient may have an infectious or communicable disease, a mask is to be placed on the patient and they are to be triaged immediately to site's nurse.

Hand Washing:

Purpose: The purpose of hand washing is to remove resident bacteria and transient organisms acquired from contact with patients or contaminated surfaces. By definition, nosocomial infections are those that are acquired as a result of health care. They can be acquired in hospitals, extended care facilities, ambulatory health care facilities, medical and dental laboratories, and research facilities. Hand washing is among the most common and important infection control procedures to prevent these infections. It is essential, therefore, that all dental staff master and maintain proper hand washing techniques. For more information on hand hygiene, see http://www.cdc.gov/OralHealth/infection_control/fag/index.htm

Procedure:

1. Running water is used.
2. Non-contaminated soap is used.
3. Bar soaps are not to be used.
4. Lather is developed
5. The friction is maintained.
6. Complete rinsing is accomplished.
7. Recontamination from handles or towels is avoided.
8. Hands are washed between every patient.
9. Hand hygiene is performed immediately before putting on gloves
10. Hand hygiene is performed immediately after glove removal
11. Fingernails are kept and smooth and artificial nails are not used
12. Hands are washed if hands have been accidentally contaminated and upon leaving the work station

Soap Types: The type of soap is less important than the type and care of the soap dispenser.

1. Soap is dispensed from a container in such a way that neither the soap nor the container is contaminated.
2. Regular cleaning or reusable soap containers are maintained or disposable containers and dispensers are used.
3. Soap is thoroughly rinsed off after each hand washing.

Personal Protective Equipment (PPE):

1. Gloves:

- a. Appropriate gloves are always worn when handling anything contaminated with blood, saliva, body fluids, and secretions
- b. Gloves are changed between patients regardless of their visible state or during a patient specific procedure when they are torn, cut, punctured, or become wet.
- c. Gloves are used whenever patient contact is expected
- d. Gloves are worn when exposing radiographs and handling exposed film packets
- e. If latex gloves are used, they are reduced protein and powder-free
- f. All staff members wear the correct size glove for their hands
- g. The appropriate type of glove (ex. patient exam gloves, surgeon's gloves, non-medical gloves) is worn for the appropriate procedure due to penetrability variations
- h. Surgeon gloves are worn for surgical procedures
- i. Gloves are not washed, disinfected before use or sterilized for reuse
- j. Heavy-duty rubber gloves are used for cleaning instruments and equipment
- k. Gloves are removed before dental health care provider leaves patient areas

2. Masks:

- a. Masks are used when splashing, aerosolization or close patient contact is expected
- b. Masks are properly worn to cover both the mouth and nose
- c. Masks are changed between each patient
- d. Mask was changed during procedure when it became visibly soiled or wet
***Note: At sites where individuals are at high risk for TB infectivity, Expanded Precautions are necessary.**
- e. N95, N99, N100 certified particulate-filter respirator is available at these sites
- f. Site has a complete respiratory protection program in place

3. Face Shields:

- a. Are worn over glasses or instead of safety glasses.
- b. Shields are used when operating hand pieces, ultrasonic scalers, and air-water syringes that create visible spray
- c. Are cleaned when visibly soiled.
- d. Care is taken to avoid contamination, when handling shield between patient contacts.
- e. Mask is always worn with face shield and/or safety glasses.

4. Glasses:

* Note: Eye protection and mask are worn at all times by DHCP on treatment of all patients

- a. Safety glasses must be worn whenever splashing, aerosolization, or close patient contact is expected
- b. ONLY glasses with side shields may be worn without a face shield
- c. Reusable protective eyewear is disinfected between patients according to manufacturer's direction

5. Protective Clothing:

- a. Covers all exposed skin
- b. Is long-sleeved with a high closed collar
- c. Is a cotton/poly material or disposable
- d. Is removed, when visibly soiled, damp or wet, and replaced as soon as possible
- e. Is not worn away from site of patient care (i.e., operatory or dental unit)
- f. Is maintained according to a written laundry policy

Operatory Infection Control:

At the beginning of the day:

1. Wash hands and put on nitrile gloves
2. Flush water lines for 30 seconds
3. Wipe down chair, bracket tray, x-ray machine, countertops, and operator chairs with detergent solution and disinfecting wipe
4. Place barriers on chair, x-ray machine, laptop, light handles, and other places frequently touched during treatment
5. Obtain sterile instruments from drawer and other materials needed for appointment, drawers and cabinets are not to be opened with contaminated gloves at any time
6. Remove nitrile gloves and wash hands

After patient:

1. Wash hands and place nitrile gloves
2. Place dirty instruments in impervious hard container with lid and transport to dirty room for processing
3. Remove barriers carefully, folding them inward
4. Spray entire operatory with detergent spray and allow to sit while flushing water lines for 30 seconds
5. Wipe operatory with dry paper towel and wipe with disinfecting wipe
6. Change nitrile gloves, washing in between
7. Follow the beginning of day procedure starting at #4

At the End of the Day:

1. Clean operatory as indicated above, additionally:
2. Do HVE cleaner, per manufacture's recommendations
3. Place operatory chair in upright position with light placed over bracket tray to indicate clean operatory

Housekeeping:

General Housekeeping Duties: Disposal of non-infectious waste, dusting, and floor-care shall be accomplished daily or sooner if necessary. Cleaning of dental equipment, sinks and work surfaces is done daily using germicidal solution.

1. Laundry:

- a. A container or bag that is recognizable as containing hazardous contaminated laundry is provided and used.
- b. Gloves are used when employee handles laundry.

- c. The operating dental unit has a laundry designate/s responsible for laundry, both its handling and cleaning.
- d. The handling of laundry is outlined in the designates' written job classification.

2. Housekeeping:

Assign a supervisor to oversee a written schedule for cleaning and decontaminating work surfaces.

- a. A supervisor ensures that a daily schedule or routine for cleaning is followed.
- b. A written checklist is used.
- c. Specific instructions are listed.
- d. Cleaners or disinfectants used are listed

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Subject: Engineering And Work Practice Controls

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: Engineering control and work practice controls will be used to prevent or minimize exposure to blood-borne pathogens. Engineering Controls serve to reduce exposure in the workplace by either removing the hazard or isolating the worker from it.

Procedure:

1. Planning

- a. Proper planning, set-up, and clean-up is employed.
- b. Specimens of blood or OPIM are placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.
- c. Equipment and materials, which may become contaminated with blood or OPIM, is examined prior to shipping and decontaminated as necessary (i.e., when material sent to laboratories).
- d. All procedures involving blood or OPIM are performed in such a manner as to minimize splashing, spattering and generation of droplets.

2. Sharps

- a. A puncture-resistant disposal container for contaminated sharps is available at all work sites (i.e. to use for: needles, orthodontia wire, broken glass and used burs).
- b. The bending or shearing of needles is prohibited.

3. Needle Recapping

- a. Definition: Work Practice Controls reduce the likelihood of exposure through changes in the way a task is performed.

- b. Self-sheathing needle use is encouraged when possible
- c. Use of one-handed scoop method, or forceps use is employed.

3. Avoiding Contamination

- a. Eating of Food or Drink is prohibited in all work areas where blood or OPIM are, or may be likely present.
- b. Edibles (Food & Drink) are never stored in refrigerators where blood or OPIM are also stored.
- c. FOOD or DRINK **IS NOT** allowed in the operatory area.

4. Effective Barrier Use

Impermeable paper, plastic wrap, or aluminum foil are used to cover regularly handled items used in the work area.

5. Eye Wash

A suitable eyewash station is maintained at each site where expected hazard to eyes is anticipated (i.e. @ each sink location; where sterilization and instruments are prepared; where laboratory equipment is used; where chemical splattering may occur).

Cleaning, Disinfection & Sterilization:

1. Cleaning:

All items are cleaned first, before attempting disinfection or sterilization.

2. Disinfecting:

- a. Intermediate level disinfectants are the lowest level disinfectants used by staff.
- b. Intermediate level disinfection is used on all non-invasive equipment that contacts intact skin.
- c. Dental units and equipment are disinfected when visibly soiled or daily.
- d. Intermediate level disinfectants used are labeled as tuberculoidal by the manufacturer.

3. Sterilization:

- a. Sterilization is employed for reusable items that penetrate tissue, bone, or pulp or that contact mucosal surfaces.
- b. ALL ITEMS TO BE STERILIZED ARE BAGGED & DATED.
- c. The number of instrument bagged is appropriate for when these instruments will be used next on patients.
- d. Bags are not overstuffed; (this may hinder proper, and complete sterilization of all surfaces).

Note: i.e.: reusable mirrors, amalgam condensers, air/water tips, high-speed hand pieces, low-speed terminal attachments (prophy and contra angles, nose cones) and ultrasonic scaler attachments.

4. Instrument Preparation

Blood/OPIM is not allowed to dry on instruments.

5. Proper Use of Holding Solution:

Purpose: The main function of holding solution is to serve as a wetting agent to prevent drying of blood, serum, saliva, and other debris on instruments, thereby ensuring more efficient and thorough cleaning. The use of an ultrasonic bath is the preferred method of pre-cleaning instruments because it cleans effectively, and limits contact with sharps.

Note: Always use heavy duty, rubber utility gloves when handling instruments.

Procedure:

- a. Holding trays containing instruments are stored away from clean and sterile instruments.
- b. Holding solution is changed at the end of each day.

6. The Sterilization Process

- a. Steam autoclaves are employed for all instruments requiring sterilization.

Note: Disadvantages - steam can rust cutting edges made of carbon steel. Rusting can be minimized by use of anti-rust agents before sterilizing (distilled water).

- b. Type _____
(If alternative process other than a steam autoclave is employed.)

PAGE: 1 OF 2
EFFECTIVE DATE:
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NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Biological Monitoring System

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure weekly Biological Monitoring is followed to confirm proper sterilization is being achieved

Procedure:

1. Sterilization Monitoring

a. Process Indicators

- I. Each time a batch is run, checks are made that the proper temperature and pressure is reached by viewing the dials.
- II. An external process indicator is present on each bag to be sterilized.
- III. An internal process indicator is placed in one bag of instruments for each batch processed to check sterilization uniformity.
- IV. If only one of the external process indicators shows correct color change, the bag of instruments is re-bagged and reprocessed.
- V. If internal process indicator shows incorrect color change, the instruments are re-bagged and reprocessed.
- VI. Instruments are allowed to cool, undisturbed on a rack to avoid contamination.

b. Biological Indicators

Exceptions: THESE EXCEPTIONS MUST BE DOCUMENTED, WITH A WRITTEN EXPLANATION, AND KEPT WITH OTHER RECORDINGS ORF BIOLOGICAL INDICATOR TESTING.

- (1) If no patients were seen, and no instruments are processed last week;
- (2) If in any particular week, an unusually small number of cycles are performed, and it is believed by the operator that the autoclave is functioning well, and achieving sterilization.

Biological monitoring is conducted once each week to test reliability of steam autoclaves.

- c. Record Keeping
 - I. A log is kept to record each time/date when biological monitoring is conducted.
 - II. An outside service is employed to conduct the bacterial spore test.
 - III. A designated employee is named and responsible for maintaining supplies and materials for proper sterilization of instruments to ensure compliance with standards.

SECTION V
SPECIFIC POLICIES/PROCEDURES
OPERATION OF SCHOOL-BASED PROGRAMS

PAGE: 1 OF 2
EFFECTIVE DATE:
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NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Operation of School-based Dental Sealant Programs

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Procedure:

After Approval

1. Your top priority is the distribution and return of the parental permission forms so you can begin. In most cases, your chief implementer with this aspect is the school nurse. It is a good idea to meet with them, explain your needs, and solicit their cooperation. A good relationship with the school nurse/hygienist is very important. Their cooperation is the key to a successful program in that school.
2. The nursing staff distributes the permission slips plus a cover letter (optional) introducing the program to the parents. They are part of the school staff and can, therefore, pursue the return of the slips and, if necessary, call home. If parents choose the option to have the family dentist examine the child before the sealant application, and your stay in the school is limited, the contact is made by the nurse so the parent can decide what course they wish to take.
3. You can use open houses, PTA meetings, newspaper articles and school meetings to inform the parents of the program. This usually results in a much higher percentage of positive permission slips returned, especially in 6th and 7th grades.
4. Other possibilities should be explored with the school and your Health Department. A phone calling "ROBOT" may be available to record a message, which is used to call homes that have not responded. A mailing may be in order as a way to reach those who have not responded to other requests.

5. This procedure should be completed before you move into the school to start the operational part of the program. It is good to periodically check back with the nurse to see the progress of the returns to estimate time and supplies needed to complete that school. Discuss at this time, the probable location for your operation.
6. The site you will require at the school must have adequate electricity and privacy. Possible locations are a spare classroom, space in the health office, auditorium or gymnasium.
7. Access to a sink in the room where you are located is highly recommended. Some considerations that should be given to your location are privacy, cleanliness, climate control and light.
8. Observe the site when you go to collect the consent forms. If possible, begin the paper work before you move in to the school. Coordinate the paper work with the rest of your schedule and the classroom presentations.

Dental Screenings Prior to Sealant Application

1. Discuss the degree of supervision with your supervising dentist. Establish a procedure for screening children. A dentist may screen and select children for sealant placement or authorize you to place sealants and exercise that degree of supervision appropriate to the circumstances.
2. In the program where screening is performed by the dentist prior to the time of the prophylaxis and sealant, you will need the following equipment: dental chair, light, mirrors, explorers, and necessary paperwork.
3. The personal and demographic information for each child on all forms should be filled out prior to the screening. The most efficient method is to fill in the OHTA form while the dentist is screening each child. If the child does not qualify for sealant, the dental screening sheet can be completed at that time and passed on. The child who needs to be sealed can have his or her screening sheet completed at the time of the procedure.
4. Start with 5 children. As you get to the 3rd child, send for the next 5 and so on, until the numbers planned on have been screened. The average number to screen is 60-75 children a day.
5. If the dentist has authorized you to place sealants, then you can chart caries and place sealants on the same visit.

Classroom Presentation (twenty minutes to a half hour)

1. Materials Needed
 - a. Film, flip chart, video or any visual aid depicting proper brushing and flossing techniques, need for regular dental check-ups, and other aspects of dental health (see Dental Health Resource list).
 - b. Film projector, VCR, Screen, TV monitor (usually provided by school). Have film or videotape set up prior to presentation.

- c. Flip chart photographs for sealant discussion. (Also accompanying workbook for second grade.)
- d. Tray set-up (mirror, explorer, cotton pliers, cotton pellet, cotton rolls, cotton roll clamp, suction tip, saliva ejector, prophylaxis paste or pumice tablet, prophylaxis cup or brush, bib, clip, applicator and tip).
- e. Handouts for children (reprints from ADA Syllabus, Activity Book, etc.).

2. Introduction of Sealant Team

Introduction can be done by nurse, teacher, or member of team. Give name, affiliation, and reason for visit to the school.

3. Film Presentation

Inform children that a short film will be shown; discuss and expand on important points:

a. Brushing and Flossing

- How often to brush and floss;
- How often to replace toothbrushes;
- Importance of brushing around gum tissue;
- Benefits of soft toothbrush;
- Proper brushing and flossing technique;
- Benefits of fluoride toothpaste (water, mouth rinse).

b. Importance of proper diet

- Sugarless gum;
- Avoid sugary snacks and soda.

c. Role of deciduous and permanent teeth

d. Regular dental check-ups

4. Introduction of Sealant Program

- Explain to the children where the program will be conducted and that portable dental equipment will be set up.
- Explain what occlusal sealants are and the need for them by using flip chart photographs to identify pits and grooves.
- Explain which teeth are eligible and briefly discuss reason why tooth would not be chosen.
- Use simple terms to explain step-by-step procedure with flip chart photographs.

5. Tray Set Up

- Explain that bib and clip will be used and place on a child for demonstration. Introduce instruments by first asking children to identify and name the function of mirror and explorer.
- Repeat the steps of sealant procedure and hold up appropriate instrument or materials.
- Explain rinsing technique and repeat the importance of dry field.
- Encourage question and answer period. If many children are present, show tray set up to small groups following discussion.
- Close discussion by re-emphasizing the importance of each aspect of good dental health.

Thank teacher and students for time and attention.

(Depending on time schedule and other commitments, services might be offered to other grade levels interested in dental health presentations.)

Scheduling Children

The nurse and classroom teacher must be made aware of the fact the children need to come quickly to the treatment area. Arrange to get the first child at the start of school, and when that child is finished, have them send back the next. In the middle schools where they change classes every period, a pass system can be worked out. Patients can be scheduled every 20 minutes and passes issued to them in their homeroom the morning of the appointment. Lists of the scheduled appointments are given to the team and teachers of that grade; the nurse does all this.

A sample of the pass:

John Smith, report to the health office or your location at 9:00 for dental sealant. In a normal school day, the minimum amount of students you should see is 11.

Use time efficiently. During lunchtime, try to sterilize instruments for the afternoon and replenish supplies.

Since rinsing with fluoride directly before sealant application may reduce retention, request that mouth rinse program in that classroom be rescheduled after all children have been seen.

Material Inventory

Keep field inventory to a minimum if it is possible to make stops at home base as often as necessary. It is most important to keep an accurate inventory, as it takes various amounts of time for supplies to be delivered. Storage areas in schools can be

limited so an inventory of essential supplies is important. Use strong boxes with tops and handles and store them so that frequently used supplies can be easily obtained. Calculate the amount of materials needed based on number of children involved in program at each school.

Suggested Clinical Supplies

Sealant Material –

Delton – 80 children or up to 400 teeth

Helioseal – Approximately 300 teeth

Protective Glasses – 2 pair

Cotton Rolls – 12 per child

Cotton Roll Holders – 12 adults, 12 juniors

Gloves – 4 per patient

Bibs – 1 per child

Bib Clip Holders – 3

Headrest Covers – 1 per child

Cidex 7 – changed each site

Distilled Water – drained from autoclave

and replaced each site

Alcohol – 1 gallon

Gauze Sponges – 40 pkgs. Of 200

Saliva Ejectors – (250-500)

Suction Tips – (250-500)

Scalers – 6

Mirrors - 24

Explorers – 24

Cotton Pliers – 12

Prophy Paste/Pumice Tablets – 1 per child

Cotton Pellet Dispenser – 1

Cotton Pellet Refills – 2

Dental Floss –

Toothbrushes – 1 per participation child

Instrument Trays – 6-10

Prophy cups/brushes – 1 box

Prophy angles – 12

Clip Boards – 2

Cold Sterilization Unit – 1

Vac-eze – 2 qts.

Omni Cleaner – 1 gallon

Autoclave bags – 2 cases

Autoclave tape – 4 ¾" rolls

3 ½ oz. Cups – 1 case

Replacement bulb – 1

Equipment Set Up:

Often the lighting in the workspace is less than ideal, so it is important to take advantage of whatever natural lighting is available. Situate the chair and light to utilize any natural lighting and to afford maximum accessibility for assistant and hygienist.

Request desks, chairs, or tables from the school janitor, as needed. Keep storage boxes within easy reach whenever possible for supply refills. Set up instruments and supplies for trays in areas of easy access. Time is usually available during prophylaxis, etching step and sealant setting step for putting sterilized instruments away and setting trays. Having a handy inventory of supplies facilitates a smooth operation.

As each site offers a different workspace, it is necessary to be adaptable to whatever materials and equipment are available from the schools. At times, a large table is available for supplies and other times, there may be room for a small desk.

At Chair side

Keep within reach a supply of cotton rolls, applicator tips, cotton pellets, etching solution and other small items that can be dropped easily.

Hygienist Tray Set Up – mirror, explorer, prophylaxis paste or pumice tablet, prophylaxis cup or brush, bib, clip, sealant (Helioseal).

Assistant Tray Set Up – Suction tip, cotton pliers, cotton pellet, cotton rolls, cotton roll clamps, sealant (Delton) saliva ejector.

(Paperwork, clipboard, pen, pencil)

Have handouts (bookmarks, puzzles, tear stoppers, etc.) and toothbrushes on a chair or desk so the children can make their own choices.

Suggested Reference –

Paul – A Manual of Fourhanded Dentistry

Sealant Procedure

(Refer to the manufacturers instructions)

- Seat the child and place the bib. Ask if the child was present at classroom discussion. Ask when the last dental visit was, what was done, or if they have ever been to the dentist.
- Explain exactly what will be taking place. If prophylaxis is to be performed, assume as if it was not done before and demonstrate by using cup or brush on fingernail. Stop often enough for swallowing, keeping in mind that the child cannot spit out. Rinse thoroughly after cleaning, explaining that suction tip will remove water.
- If screening has not previously been performed, chart mouth conditions at this time. (In the case of younger children, explain that you will be counting their teeth or touching them.)
- If sealants are indicated, briefly review the procedure starting with cotton roll insertion, and the importance of keeping mouth wide open.
- Begin procedure on the right side. During cotton roll placement, ask assistant to place the etching solution on a cotton pellet. During etching step, assistant can complete sealant information on chart.

- After etching, the area is rinsed thoroughly and water is removed using high-volume suction. Replace cotton rolls and dry the area thoroughly.
- Assistant should mix self-curing sealant only when hygienist is drying teeth.
- While sealant is setting, screening form can be completed. Process is repeated on the left side.
- While sealant is setting on the left side, remove any instruments that are no longer needed (right side clamps, cotton pliers, prophy instruments). If sink is not available, place instruments in a headrest cover.
- Explain how sealants will feel on teeth. Give encouragement to the child and remind the child of the needed improvement. Give a cup for rinsing in bathroom and have child take a toothbrush and handout.
- Hygienist or assistant will keep daily record of procedures performed on children. Example: prophy only, number of teeth sealed, reasons for exemption.

Tasks for Dental Assistants

1. Morning Duties

- a. Remove instruments from cold sterilization, rinse thoroughly, dry, and put away.
- b. Autoclave instruments from previous day.
- c. Notify classroom teacher of first patient of morning and time requested.
- d. Prepare compressor for operation.
- e. Set out toothbrushes and handouts.

2. Lunchtime Duties

- a. Autoclave instruments, if necessary.
- b. Tray set-ups, if necessary.

3. Afternoon Duties

- a. Wash instruments and place in either cold sterilization or autoclave.
- b. Release pressure from compressor and drain.
- c. Set up trays for morning.

- d. Cover instruments and supplies with bib.
- e. Fill water supply.
- f. Empty and wash HV suction receptacle.
- g. Lock door, if possible.

4. Interaction with parents and other community members

Parents may come in to school or call with questions regarding the evaluation of child's mouth. If the findings are different from those of the family dentist, explain that the dentist has the benefit of child's past dental visits and x-rays, and may be watching a particular tooth. They may ask why a particular tooth was sealed/not sealed or a cavity was found/not found? It is important to be consistent in answering these questions.

Procedures to follow when moving into a school:

1. Prior to arrival at school

- a. Notify school nurse/and principal well in advance of when you would like to move in.
- b. Call one-week prior to confirm date of move.
- c. Make sure the location provided is adequate to perform the sealant procedure i.e., electrical outlet, large enough area for equipment, sink close to work area.
- d. Remind nurse that any new students to the district should be given sealant information and parental consent forms.

2. Arrival at school

- a. Notify principal and/or school nurse.
- b. Ask to see area where you will be working.
- c. Locate custodian to help unload car.
- d. Arrange equipment depending on space available and on electrical outlets.

3. After temporary facility is established

- a. Organize permission slips according to grade and yes/no response. Select only those children whose parents checked "yes" on their permission slips. Fill out an OHTA form for each child, check medical histories with school nurse on every child, and attach forms.
- b. Compose total list of children on the Class List form, keep one on file, and give one to teacher.

- c. Compose list of students according to grade, and give to each teacher when you begin his/her class. This informs teacher of who is participating in the sealant program, when to send students, and when to expect their return.
- d. Decide what grades will be screened and sealed. Check with school nurse/principal about any special events (i.e., field trips, school plays, etc.) to avoid any potential conflicts in scheduling.
- e. Notify school grade teacher(s) that some time during our stay at the school, at his/her convenience, we will be talking to students about our sealant program and showing them a short video.
- f. Give teachers notice at least one day in advance prior to seeing his/her class to discuss sealants, so that other arrangements can be made if necessary. Again, always allow leeway in scheduling.

4. Examining Students

Speak with teachers and let them know when you are ready to begin. Make sure students know who you are, and where you will be conducting the sealant program. A brief statement by you to the class conveying elements should be sufficient (second grades require a class presentation/video beforehand).

The teacher may then begin to send students for sealant application using the list of participants you provide.

5. Sealant Procedure Begins

- a. Identify the child, and make sure they have obtained parental consent to participate in the program.
- b. Check medical history for possible premedication indications (i.e., Heart murmur, Defects/Rheumatic Fever, etc.).
- c. Make sure the dental chair is clean (head rest cover is on, etc.). Explain procedure briefly to child. If child appears anxious, it may be necessary to explain about equipment and sealant procedure with him/her again stressing a pain free environment.
- d. Hygienist examines the child, and completes prophylaxis on selected molars. Rinse teeth thoroughly.
- e. Chart on OHTA form the existing condition of the patient's mouth.
- f. After charting is complete, begin sealant procedure where indicated.
- g. After procedure is complete, ask student to have teacher send the next child on their list.

6. Clean Up between Patients

- a. Change headrest cover, disinfect chair.
- b. Remove disposable sleeve covers and wipe down unit and light with a bactericidal disinfectant.

- c. Clean instrument in ultrasonic unit, or if one is not available, scrub instruments while wearing utility gloves and soak in a bactericidal solution until instruments can be bagged for autoclaving.
- d. Dispose of all single use equipment used during last procedure.
- e. Set up for next child.

7. Field Inventory

Be aware of supplies you have on hand, including spare light bulbs, etc. Always carry enough supplies (including necessary forms, letters, etc.) to accommodate your stay at each site.

8. Leaving the School

- a. Notify custodian one day in advance, so he will be available to help load vehicles with equipment.
- b. Leave Dental Sealant Report sheet (yellow copy) with school nurse. This form should be stored in students file. The white copy of the report should be given to the student at the conclusion of their visit, and taken home to give to parents.
- c. Keep a list of students in need of immediate dental attention, and give it to the school nurse before departing.
- d. Notify nurse/principal that you are leaving. Be sure to thank them for their help and cooperation.

9. Correspondence

- a. At a later date, thank you letters should be sent to:
 - 1. Principal
 - 2. Nurse
 - 3. Superintendent
 - 4. Custodians
- b. In addition, a thank you note can be sent to anyone that you feel helped with the program.

DENTAL RECORDS:

1. Dental Records

- a. A dental record is maintained for each patient.
- b. Appropriate demographics are maintained for each patient, including but not limited to the following:
 - c. Age or DOB of the patient.
 - d. Race or ethnic background of the patient.
 - e. Phone Number, if available.
 - f. Home or base address, if available.
 - g. Closest relative or other emergency contact is indicated for every patient.

2. Medical/Dental Information

- a. Medical History (updated at least yearly).
- b. Consent for treatment (Must have signature of adult or legal guardian).
- c. A list of patient reported problems.
- d. A plan for patient care, or a treatment plan is in place.
- e. Progress notes are up-to-date and signed by the treating dentist.

3. Parental Notification

Parents/guardians are notified of each child's dental visit and its outcome.

4. Health Insurance Portability & Accountability Act (HIPAA Privacy Rules)

- a. All patient records are treated as *Protected Health Information (PHI)* according to HIPAA privacy regulations
- b. Staff are careful with whom, & where, they discuss *Protected Health Information (PHI)*
- c. Workstation/ Work area is protected to prevent *PHI* from being disclosed
- d. No *PHI* is written or labeled on the outside of patient charts
- e. All *PHI* is inside patient charts during transportation throughout the site (i.e., from work area to reception)
- f. Dental records are stored in a secure area that can be locked and NOT viewed by other patients
- g. Staff accesses only the *Protected Health Information* needed to do their jobs

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Departmental Safety

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To prevent injury by insuring that all employees are aware of safety factors within their department.

Procedure: All staff working at the _____ will be knowledgeable and practiced in the following:

1. Pick up articles that might cause others to trip or slide (rubber bands, paper clips, pencils, etc.)
2. Do not stand on chairs to reach articles on high shelves.
3. Report any problems with electrical equipment immediately.
4. Do not pick up heavy boxes and equipment, but ask for help with these.
5. Do not tilt chairs.
6. When working with file cabinets, open one drawer at a time. When more than one drawer is opened, the weight can cause the cabinet to topple forward. Always close file drawers when finished.
7. Electrical wiring for equipment, computers, etc. should not extend into the room where others may trip over them.
8. Boxes and records placed on high shelves should be placed evenly so that they will not side and topple from the shelf.
9. Report any accidents to the Program Manager immediately. Incident Report forms must be completed for all accidents.
10. Report any hazardous waste to the Program Manager immediately.
11. Hands will be washed before returning to work after using the lavatory.
12. Do not unplug electrical cords by pulling on the cord.
13. Medications, supplies, should be kept in locked cabinets.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Disaster Plan

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To provide guidelines for an organized, safe response to disaster/casualty occurrences at the _____ clinic site.

Procedure: All staff working at the dental services will be knowledgeable and practiced in the following:

Loss of Electrical Power

1. Disconnect electrical receptacle.
2. Complete necessary work that does not require electrical equipment, e.g. temporary filling.
3. Contact site official for an electrician to fix the problem.

Loss of Water Supply

1. Ensure all procedures in progress are completed utilizing bottled water, do not begin others. Evacuate patients in an orderly and safe manner.
2. A determination to cancel patients and close facility will be made if water supply loss extends past 30 minutes.

Emergency Situation

1. Contact the site director, _____ and possibly 911 depending on situation.
2. Evacuate dental office in an orderly and safe manner.
3. Do not return until told it is safe to do so.

*Roster Sheet will be completed to account for patients present.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Emergency Equipment on Site

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure staff awareness of location of emergency equipment and preparedness in case of medical emergency.

Policy: It will be the policy of the _____ to maintain certain emergency equipment in case of need.

Procedure:

Emergency Equipment Includes:

- ◆ Adult and Child Blood Pressure Cuff
- ◆ Stethoscope
- ◆ First Aid Supplies
- ◆ Adult and Child NRB
- ◆ Adult and Child BVM
- ◆ Oxygen Tank
- ◆ CPR Mask
- ◆ Tonsillar Suction
- ◆ Ammonia inhalants
- ◆ Emergency Medications: nitroglycerine, benadryl, epi-pen, epi-pen jr, baby aspirin, albuterol inhaler, glucose. Also, tourniquet and syringe

1. Emergency equipment will be checked daily in the morning by the assistant or hygienist and logged in the maintenance manual.
2. Any personnel using any of the above equipment will insure the replacement immediately following use.
3. Emesis basins and CPR masks should be kept readily available in each operatory.

4. Referred to Oxygen Policy regarding use and maintenance.

PAGE: 1 OF 2
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Medical Emergency Management

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure positive response to all medical emergencies occurring within the _____ clinic facility.

Policy: It will be the policy of the _____ to have a plan of action in the event that a patient, visitor or employee requires immediate medical attention.

Special Considerations: All clinical personnel (Dentist, Dental Hygienist and Dental Assistant) will be CPR certified. The _____ staff is trained in emergency procedures consistent with the scope of services offered and his/her job description to ensure a standardized response to patient

Procedure:

1. The dental staff should manage situations that may occur during dental treatment, which would be considered manageable in a typical dental office setting. Examples of these would be such situations as syncope, hyperventilation, hypotension secondary to positioning during pregnancy, etc. If the staff dentist is not present, he/she will be notified for advisement.
2. In the event a patient, visitor or employee requires medical intervention, such as a cardiac arrest or an allergic reaction, site-specific procedures should be followed as outlined below.
 - a. Staff members will be assigned specific duties to be performed in the event a true medical emergency occurs, such as cardiac arrest or

allergic reaction. One staff member will activate the EMS via a phone call to 911-dispatch center and will also notify school health center doctor or nurse. A second and third staff member, each with personal protective equipment on, will initiate basic life support and continue until the EMS team arrives. A fourth member will remove potential obstacles, including equipment and other people that may impede the EMS team.

- b. In the event of an emergency with less than four staff members, the following plan of action will occur. One staff member will activate EMS via 911-dispatch center and will return to emergency site. The second and if possible, third staff member, each with personal protective equipment on, will initiate basic life support until EMS team arrives.
- c. Following the completion of all patient care, an incident report will be completed and filed.

PAGE: 1 OF 2
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Fire and Evacuation Plan

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To provide organized, safe evacuation of staff and patients in emergency situations at the _____ clinic site.

Procedure: All staff working at the dental services will be knowledgeable and practiced in the following:

1. Location of smoke detectors, extinguishers, cell phone and site phone.
2. Emergency exits from the clinic. Know the exit route and safe areas.
3. The person to whom they report and the general nature of duties they will be expected to carry out. Project Coordinator will be designated in charge of the evacuation.
4. Be familiar with the layout of the clinic and encompassing parking areas.
5. No storage of equipment in exit areas or hallways that are a part of the evacuation route.
6. Proper use of fire extinguisher.
7. Fire prevention knowledge, i.e., accumulation of trash, waste paper, boxes, etc., is not allowed. All employees are to be aware of potential fire hazards, frayed electrical cords, defective electrical appliances, safe use and storage of oxygen and enforcement of No Smoking at the clinic area. Hazards are to be reported to the Program Manager upon discovery.
8. Duties of staff in event of fire:
 - a. Remove patients from danger area.
 - b. Close doors to isolate fire
 - c. Evacuate dental office.

- d. Notify 911 and site officials.
- e. Make sure all patients and staff present.
- f. Attempt to extinguish fire if confined to small area.

Evacuation Procedure:

Fire in Dental Office:

1. Project Coordinator will designate a staff person to direct patients out of van to safety.
2. Staff will remove patients from operatory areas, to designated location (agreed upon by site official).
3. Person in charge of overseeing the evacuation will check all areas to ensure all have safely exited upon leaving the area. That person will assume responsibility that all appropriate procedures have been followed.
4. Agencies (listed below) appropriate to the evacuation will be notified.

Fire at site location:

1. Designated site personnel will notify Project Coordinator of fire.
2. Program Manager will designate a staff person to direct patients out of dental clinic to safety.
3. Staff will remove patients from operatory areas, to designated location (agreed upon by site official).
4. Person in charge of overseeing the evacuation will check all areas to ensure all have safely exited upon leaving the area. That person will assume responsibility that all appropriate procedures have been followed.
5. Agencies appropriate to the evacuation will be notified.

- a. Police Department- 911
- b. Fire Department -911
- c. Gas & Electric Company –1-800- (?)
- d. Ambulance –911
- e. Director, Facility-site specific

*Staff will be trained on evacuation methods, on a regular basis.

*Roster Sheet will be completed to account for patients present.

PAGE: 1 OF 1
EFFECTIVE DATE: April 19, 2004
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Medical Coverage-Patient's Without Family Doctor

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure coverage of patients should the need for a medical consultation arise before or during the course of dental treatment.

Policy: It will be the policy of the _____ to refer all dental patients without a family physician to CAH or one of the area hospital or private practitioners.

Procedure:

1. Any patients presenting for dental treatment will note on their intake sheets the name of their family physician. If there is no physician listed, a referral to a hospital clinic or a private practitioner will be made.
2. If a patient presents for emergency treatment, does not list a family physician and requires a medical consultation immediately in order to proceed, the physician on duty at the _____ Emergency Department, or a local private practitioner may be called and a telephone consultation based on medical history may be done. In this instance, the patient should then be referred to the _____ or the private practitioner for follow up prior to routine, comprehensive dental treatment.
3. If an established patient presents with a new/questionable condition that requires a medical consultation in order to proceed, a telephone consultation based upon the updated medical history may be done. This will be followed by a written consultation sent to the attending physician. A written entry in the progress notes will reflect the doctor's recommendations as well as the name, address and date that the written consultation was sent.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Equipment Maintenance

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure safety of patients, employees and visitors.

Policy: It will be the policy of the _____ to follow specific guidelines regarding the maintenance of all equipment. Contracted maintenance persons will maintain responsibility for all dental equipment. The dental services staff will maintain responsibility for the day-to-day upkeep of the dental equipment per manufacturer's recommendations.

Procedure:

1. On an annual basis, the Project Coordinator will cause the inspection of all equipment for integrity of operation.
2. Routinely, per manufacturer's recommendations, assigned staff members will perform daily, weekly or monthly maintenance as required and recorded in the Maintenance Manual located in the front desk area.
3. Prior to the expiration of warranty of equipment, service technicians will be called in to inspect said equipment and make necessary repairs.
4. Radiographic equipment will be inspected per the "Radiology Safety" policy found within the departmental manual. One individual will be designated to be responsible for preventative maintenance of the equipment.
4. The staff member discovering the need for repair will note all equipment needing repair on the "Service Require" form posted on the Lab bulletin board. The Project Coordinator and Program Manager will be responsible for instituting procedures to correct operational deficiencies.

PAGE: 1 OF 2
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Procedures, Performance of and Staff Credentialing

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To establish policy to insure safe performance of all procedures.

Policy: Procedures will only be performed by competent personnel using appropriate equipment.

Procedure:

1. Dentists will perform duties according to the practice act of New York State and licensing and registration for practice authorized by the NYS Education Department will be current and on file.
2. Dental Hygienists will perform duties according to the practice act of New York State and licensing and registration for practice authorized by the NYS Education Department will be current and on file.
3. If Dental Assistants are NYS Certified Dental Assistants (preferred but not required) they will perform duties according to the practice act of New York State and licensing and registration for practice authorized by the NYS Education Department will be current and on file.
4. All staff members will be oriented to all equipment and procedures of the _____ services and show competence via the departmental orientation check list.
5. On-going in-servicing and mandatory continuing education annually will be the norm.
6. Equipment will only be used for purposes intended by the manufacturers.

7. All equipment will be included in the system's equipment maintenance program.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Duplication of Radiographs

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To outline guidelines for the duplication of dental radiographs.

Policy: It will be the policy of the _____ to follow the procedure outlined below with regard to the duplication of radiographs.

Procedure:

1. If radiographs are requested to be forwarded to another practitioner or to the patient, by either the patient or departmental referral, a duplicate will be made.
2. Duplicates will be mailed to the requested address or may be picked up by the patient within five working days of receipt of the request.
3. Assigned staff members will log in requests for duplication of radiographs and will be responsible for the actual process itself. Project Coordinator will make the appropriate staff assignments based on workload.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Release of Radiographs

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure proper medico-legal procedures are followed in the process of releasing radiographs.

Policy: Release of duplicate radiographs will be limited to authorized dentists/physicians for continuation of care, to the patient themselves, to insurance companies and to attorneys. These releases will come only after written authorization for release is obtained from the patient and documented in the patient record.

Procedure:

Assuming authorization for release of radiographs has been obtained from the patient and documented in their record:

1. ***Dentists/physicians to whom the dental services has referred a patient-duplicate the particular radiographs, note in the chart that duplications have been sent, name of office and date sent.***
2. Radiographs released to patients-duplicate the particular radiographs, note in chart that patient has requested and received radiographs and date.
3. Radiographs released to insurance companies-duplicate the particular radiographs, note in chart that duplicates have been sent, note insurance company and date.
4. Any requests for radiographs from attorney's offices will be reviewed and approved by the Program Manager and/or Dental Director.

5. Other requests will be handled case by case by the Project Coordinator and /or Program Manager.

PAGE:1 OF 2
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Radiology Safety

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure radiological safety of employees, patients and visitors.

Policy: It will be the policy of the dental services to follow specific guidelines when obtaining radiological surveys.

Procedure:

1. All employees engaged in obtaining radiographs will wear radiation safety badges during shift. The badges will remain in the department at the end of shift. Each quarter they will be forwarded to a radiation monitoring company. A report will be forwarded from the company. Each employee should review the results of the report and sign off. If there are any questions regarding the information on the report, they should be addressed to the Program Manager.
2. When obtaining radiographs from patients, the patient will be shielded with a lead apron, covering them from the neck down to their thighs. This will be done 100% of the time.
3. Radiographs on pregnant patients will be limited to those necessary for the treatment of emergency dental problems only and then only after obtaining consent from the patient's obstetrician and the patient herself.
4. When obtaining radiographs, staff doing so will position themselves behind a portable lead screen or outside the room, no closer than six feet from the x-ray tube-head.
5. No persons other than the patient are to be in the room during exposure. Should the patient's behavior warrant an aide, a lead shield for the aide,

including gloves, will be provided. Staff members are never to act as aides during exposure.

6. Annually, the intra oral x-ray machines will be checked out and adjusted as is necessary by qualified service technicians.

SECTION VI

OTHER SITE SPECIFIC POLICIES AND PROCEDURES

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Ventilation Policy

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure proper ventilation is maintained

Policy: It will be the policy of the Facility to assure that ventilation of the dental office is correctly working through a site facility maintenance schedule

Procedure:

The ventilation system will be checked daily by placing a piece of paper by the ventilation input vent to ensure adequate airflow movement in the dental clinic facility. The site building maintenance staff will carry out other maintenance procedures.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Sewage Policy

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure proper handling of sewage is achieved at each site

Policy: It will be the policy of SBHCODP to properly dispose of the sewage from the dental office either through the sites sewage system or into the sewage holding tank of the self-contained dental units.

Procedure:

Operatory with sewage hook-up:

- ◆ The portable self-contained dental unit with a direct sewage discharge hose will be connected to the site's receptacle such as sink drainage pipe. Ensure that they are tightly fitting. At the end of every day, run water from taps to flush hose.
- ◆ For self-contained dental unit without sewage discharge hose, the sewage tank will be emptied and sanitized daily following the manufacturer's instructions.
- ◆ The sewage discharge connection hose will be secured to the floor under a protective cover to prevent accidental tripping.

Operatory without sewage hook-up:

- ◆ In these instances portable self-contained dental unit will be using its own water and sewage tank.
- ◆ The sewage tank will be emptied and sanitized according to manufacturer's instruction, as needed

*The Public Health Environmental Engineer can inspect site sewage disposal at anytime, to ensure that proper procedure is being followed. It is the responsibility of the Facility to provide a proper disposal method for sewage generated by the dental office.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Electrical Policy

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure proper handling of the electrical supply to the mobile portable dental units at each site

Policy: It will be the policy of the Facility to correctly hook-up to site's electrical supply in a safe and proper way

Procedure:

1. All staff that will be connecting and disconnecting electrical line will be trained on proper handling and connection of electrical plug.
2. The mobile portable dental unit's electrical cord will be connected to site's receptacle.
3. The electrical cord will be secured to the floor under a protective cover to prevent accidental tripping.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Communications between _____ and School Office

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure there are open lines of communication between school official and the _____ dental staff

Policy: It will be the policy of the _____ to have a plan of communication the event that a patient, visitor or employee requires immediate medical attention.

Procedure:

Comment: Needs Change

The _____ dental office will secure a school radio at the beginning of each visit to school site. This radio will be kept on the site dental office in a charger, to assure battery life. The radio is to be used regarding the comings and going of students and is to be used in the event of any emergency either in the dental office or at the school. At the end of the _____ dental office's stay at the school site, the radio will be returned.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Roster Sheet

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Purpose: To ensure accountability of patients time-in and time-out

Policy: It will be the policy of the _____ to have Roster Sheet at the end of the front desk that will be completed by Project Coordinator

Procedure:

At the end of everyday a Roster Sheet will be completed of the patient appointments for the next day. The Roster Sheet will be updated at the following morning and as changes occur. The Roster Sheet will include the date, name, operatory, time-in and time-out.

In the event of an emergency, the Project Coordinator will take the Roster Sheet to account for patients in the dental office at the time of the incidence. Roster Sheets will be kept for in the Facility's dental records for reference if needed in the future.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Eyewash Station

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Policy: All employees of _____ will understand and demonstrate the proper usage of the eyewash station.

Procedure:

A suitable eyewash station will be labeled and be located in the _____ dental clinic site. The eyewash station will be centrally located and can be reached within 10 seconds or less from either end of the dental office. Pushing the center button will activate the eyewash station.

To ensure that all employees are knowledgeable on the proper use; an in-service orientation will be given to each new employee and yearly to existing employees.

Weekly maintenance will take place by activating the eyewash station and allowing the water to flow. Each maintenance test will be logged in on the maintenance schedule.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Orientation

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Policy: It will be the policy of _____ that all new employees are oriented on policies, procedures, and operations of the _____ for each clinic site.

Procedure:

1. With every new employee, the Program Manager will follow the Orientation Checklist thoroughly addressing all topics.
2. Upon completion of the checklist and answering of any questions, both the new employee and the Program Manager will sign off that the orientation was completed on the Orientation Completion Agreement.

PAGE: 1 OF 1
EFFECTIVE DATE: April 19, 2004
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Waiting Room Supervision

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Policy: It is the policy of _____ that the mobile dental office's waiting room is supervised while patients are present.

Procedure:

The Project Coordinator will be responsible to supervise the waiting room while patients are present by:

1. Always being present
2. Have educational videos and materials available
3. Maintain locked cabinets that contain patient records and emergency equipment.
4. Comply with HIPAA regulations regarding software containing patient information.
5. Making sure that all portable equipment placed in the waiting area (when not in use) unplugged, and kept out of way to prevent accidental tripping.

In the event of an emergency and the Project Coordinator cannot supervise the waiting room:

1. Contact school official, to escort waiting patient back to their classrooms until event is resolved.
2. Notify other staff of situation and require that they stay with waiting patient until school official arrives at mobile dental office.
3. Waiting room will be returned to regular operations once emergency situation is resolved and practice manager can supervise waiting room.

PAGE: 1 OF 2
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE: American Heart Assoc.
"Prevention of Bacterial Endocarditis" 1997

SUBJECT: Patient requiring Pre-medication

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Policy: SBHCODP will manage patients requiring pre-medication accordingly, to prevent bacterial endocarditis.

Procedure:

The following conditions may indicate need for pre-medication:

- Prosthetic cardiac valves
- Previous bacterial endocarditis
- Complex cyanotic congenital heart disease
- Pulmonary shunts
- Rheumatic heart disease
- Heart murmur
- History of taking diet pill Phen-Fen
- Recent joint replacement
- Mitral valve prolapse

In the event that any of these conditions are marked in the Health History:

1. Send home "Pre-Medication Letter" home to be completed and signed by child's physician.
2. Child can be scheduled for oral and radiograph examination.
3. If letter is received and if doctor indicates that "no pre-medication is needed"; then document and proceed with prophylaxis appointment.

OR

1. If letter is received and doctor indicates that "yes pre-medication is needed"; contact parent and confirm that they understand the need for antibiotic and that prescription has been written and will be filled. Re-schedule the appointment with pre-medication.

2. Two days before appointment send letter home reminding parent of appointment and pre-medication to be taken before child leaves for school. Letter is to be signed, time of medication documented and returned to the mobile dental office.
3. At appointment, confirm by received letter that pre-medication has been taken and document. If no letter is returned call home and verbally confirm medication was taken and document. If no one is available at home or if medication was not taken, contact parent at a later time, reschedule patient and repeat #2 and #3.

PAGE: 1 OF 2
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Emergency Medications

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Policy: It is the policy of _____ that proper maintenance and usage of the emergency medications is adhered to.

Procedure:

Emergency Medications Include:

- Nitroglycerine-1
- Benadryl-2
- Albuterol Inhaler-1
- Epi-pen-1
- Epi-pen jr.-1
- Glucose-1
- Syringes-2
- Tourniquet-1

The Emergency Medications are kept in a sealed container. The container is marked with an expiration date. The dental assistant and/or the hygienist are responsible for noting the expiration date in the maintenance manual daily and notifying the Project Coordinator of need to replace expired medication one month before they expire.

In the event of anaphylactic shock:

The dentist will administer Epi-pen/Epi-pen jr., Benadryl and Oxygen. Staff members will be responsible to activate EMS, notify the school and assist the dentist. The Emergency Information form will be completed and a copy will be given to the EMS agency.

In the event of Cardiac Attack:

The dentist will administer nitroglycerine, baby aspirin and oxygen. Staff members will be responsible to activate EMS, notify the school and assist the

dentist. The Emergency Information form will be completed and a copy will be given to the EMS agency.

In the event of an asthma attack:

The dentist will administer albuterol and oxygen. Staff members will be responsible to activate EMS, notify the school and assist the dentist. The Emergency Information form will be completed and a copy will be given to the EMS agency.

In the event of diabetes complications:

The dentist will determine if glucose is needed. Staff members will be responsible to activate EMS, notify the school and assist the dentist. The Emergency Information form will be completed and a copy will be given to the EMS agency.

In an emergency situation where the dentist is not available, staff will activate EMS, notify the school and perform Basis Life Support as trained.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Dispensing of Medications

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Policy: It is the policy of the Facility that at no time will medications be dispensed to patients.

Policy:

If a child with no adult present requires a prescription, a parent/guardian will be contacted and notified of the circumstances. The parent/guardian will notify the dental office of which pharmacy they would like the prescription phone in to. The dentist will then phone the prescription in for the parent to later pick-up. If no adult can be contacted, then a letter will be sent home with the child notifying parent/guardian to contact the dental office. The mobile dental office will continue to try and reach the child's parent/guardian until someone is contacted

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: Dental Record Filing System and Storage

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Policy: To maintain charts to an orderly and confidential manner.

Procedure:

All dental office staff are responsible to identify the records with the patients name, grade and teacher's name. The records will be filed alphabetically and each school will have a designated shelf in the filing cabinet, as will Article 28 patients.

Patient records will be maintained in a locked cabinet when the office is closed. Additional secure filing cabinets will be available at the Carthage Area Hospital Medical Record Office for inactive records and records of deceased patients.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE:

SUBJECT: _____ Staff Performance Evaluations

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Policy: All staff on the _____ will be evaluated a minimum of once a year.

Procedure:

- _____ Staff will be evaluated utilizing the Facilities` evaluation forms.
- The _____ Project Coordinator will perform the evaluations of dental assistants.
- Her/his immediate supervisor will evaluate the Project Coordinator.
- Dental Director evaluates Dentists and Dental Hygienists.
- Medical Director or CEO Administrator will evaluate the Dental Director.
- Evaluations for _____ dental staff will be maintained it the staff's file in the Human Resource Office at the Facility.

PAGE: 1 OF 1
EFFECTIVE DATE:
DISTRIBUTION:

NUMBER:
SUPERSEDES NUMBER: None
REFERENCE: NIOSH

SUBJECT: Latex Allergy Preparedness

APPROVAL:

APPROVAL DATE:

Medical Director

CEO/ Administrator

Policy: To outline the awareness and procedures regarding patients with known latex allergy or who are at risk of developing a latex allergy.

Procedure:

Screening of patients:

1. Patients with are screened for latex allergies or potential of a latex allergy by the health history.
2. If an allergy is identified proper documentation will be taken regarding patient health history and folder.

Care of the Patient:

1. In preparation of the latex allergy patient, operatory cleaning will be done with non-latex gloves at all cleaning times.
2. If possible, the patient will be scheduled for the first appointment of the day.
3. Absolutely no products will be used containing latex.

Prevention of Latex Allergy:

1. This Dental Unit will be operated as a powder-free limited latex environment.
2. Use of latex gloves will be limited to patients only, not for cleaning or transporting "dirty" items to the sterilization room.
3. If any employee of this unit develops a latex allergy, that employee will have non-latex gloves provided and in some situations this dental unit will become a latex-free environment.

SECTION VII
ORGANIZATION – WIDE
POLICIES AND PROCEDURES

Organizational Policies and Procedures Index

The SBHCODP policies and procedures of on the following subjects will be the same as described and updated in the Carthage Area Hospital's Organizational Policy and Procedure. They include:

1. Blood Borne Pathogens and Protection Program and Exposure Control Plan
2. Exposure Incident Procedures – Personnel
3. Health Information Privacy Practice Notice
4. Reporting of Child Abuse or Maltreatment
5. Reporting of Patient Accidents or Injuries
6. Reporting of Personnel Incidents
7. Dental Patient Bill of Rights
8. Confidentiality Policy
9. Interpreters Service for Hearing Impaired, Visually Impaired or Non-English Speaking

SECTION VIII
FORMS AND OTHER DOCUMENTS