The goal of the College's Clinic Manual is to provide a set of guidelines that will provide for the safe and effective practice of dentistry in an environment that fosters a high level of quality education that ensures learning, communication and patient satisfaction.

801 South Paulina Street • Chicago, IL 60612
Foreword

This manual has been prepared to provide a comprehensive insight into our patient care operations. The contents of the manual signify the intent of UIC/COD’s clinical education to provide excellence in patient care and the development of critical thinking and clinical abilities of our students.

Integrity and professionalism are paramount in the field of dentistry. Developing a patient’s trust and respect cannot be overemphasized. Becoming a professional is a lifelong process that requires personal commitment, personal development and continued self-appraisal. The faculty and staff are present to guide and foster these beliefs in helping students develop and contribute to dentistry, society, and to the patients we treat.

The manual has been prepared for all students, clinical faculty, and staff and contains rules, procedures and guidelines by which the UIC/COD clinic facilities and resources will be coordinated and conducted in adherence to the above philosophy and goals.

All students, faculty, and staff involved in clinical activities are required to know and adhere to the policies and procedures described in this manual.

Yours professionally,

David M. Clark, DDS, MA
Associate Dean
Clinical Affairs
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Introduction

To be effective the College of Dentistry requires the cooperation of students, faculty, and staff. The guidelines outlined in this manual must be achieved through education, demonstration, monitoring, evaluation and, most of all, diligence.

It is the responsibility of all staff and faculty to be role models for students by practicing College-approved procedures and to assure that students and clinic personnel conform to these guidelines.

Revisions to this manual will be implemented on an annual basis. The deadline to submit suggested revisions, additions and updates will be annually on June 1st. If there are any questions or comments regarding the materials in this manual they should be directed to the office of the Associate Dean for Clinical Affairs, Room 301.
Mission Statement

The mission of the University of Illinois at Chicago College of Dentistry is to promote optimum oral and general health to the people of the State of Illinois and worldwide through excellence in education, patient care, research, and service.

_The College identifies the following Institutional Goals to meet this mission:_

- To prepare highly qualified healthcare professionals, educators, and scientists in the basic and oral health sciences;
- To provide patient-centered care that is comprehensive and compassionate for a culturally diverse population;
- To provide student-oriented educational programs that prepare individuals for the thoughtful, ethical practice of dentistry and life-long learning;
- To foster collaborative research and develop specialized centers for innovative research in areas of health and disease;
- To address community and regional health care needs through outreach initiatives, educational programs, and consultative and referral services;
- To maintain a leadership role in forming health care policy at the university, state, and national levels;
- To be a worldwide resource for continued professional development;
- To provide an environment for individual growth founded on mutual respect and professionalism; and
- To value and seek diversity in students, staff, faculty, and patients.
Purpose and Philosophy of Comprehensive Care

The UIC College of Dentistry operates its predoctoral clinics under the Comprehensive Care approach to dental education. This section will explain the comprehensive care system and a student’s privileges and obligations under that system.

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Definition

The Comprehensive Care approach is a system of clinical instruction and practice that permits the student to be responsible for and provide or manage all aspects of a patient’s treatment needs in a manner that closely resembles the way the dentist will provide health care in private practice after graduation.

Objectives

1. Provide competent care in a timely manner while respecting the patient’s values and interests.
2. Provide comprehensive oral health care in a professional manner.
3. Provide a clinical experience that resembles a general dental practice.

Competency

This term refers to the acceptable level of the application of clinical training and experience to the comprehensive care of patients as evaluated by clinical faculty.

Clinical competency includes the following characteristics:

1. Continued satisfactory evaluation by clinical faculty of typical and recognized parts of the general practice of dentistry in a clinical setting or clinical context.
2. Demonstration of a combination of knowledge, understanding, and attitude regarding the clinical care of patients, along with associated psychomotor skills, and communication skills.

3. Continued performance at or above the UIC/COD Standards of Care (listed in this manual).

Assessment

In assessing the degree to which a student is meeting the objectives of competent patient-centered care and professionalism in the comprehensive care program the following factors will be evaluated:

1. Patient Management

   Respects patients’ individuality and dignity, whenever indicated places the patient's interests first, is careful of comments made concerning the confidentiality of his/her patients, is organized and orderly, makes good use of clinic time in patient care, proper sequencing of care, exhibits good record management, and accepts the responsibility for the patient's welfare.

2. Infection Control Compliance

   Compliance with the Infection Control policies of the College of Dentistry (see Infection Control Manual at http://intranet/clinics/chairsie/) will be measured by:

   a. Monitoring Central Sterilization
   b. Periodic and unannounced cart checks and inspections
   c. Cleanliness of the treatment cubicle

3. Faculty/Student Relationship

   The student accepts constructive criticism without becoming defensive and/or argumentative. The student cooperates in helping to promote the efficient and harmonious operation of the clinical group. The faculty should treat students with respect.

4. Communication Skills

   Courteous, encourages and listens to feedback from patients, colleagues and faculty, formulates ideas clearly and in terms that others can understand, and builds good rapport and instills confidence with patients.
5. Self-Development

Actively participates in learning discussions with faculty and colleagues, shows interest in progressing in the knowledge of dentistry.

Clinical Privileges

Clinical practice is a privilege not a right. A student must possess the proper pre-patient care skills and a satisfactory level of professionalism as evaluated by dental school faculty and administrators before progressing into the patient care program. Once in the clinic, the student must obtain competence in clinical skills and professional conduct to retain clinical privileges. If a student does not meet these standards the Associate Dean for Clinical Affairs has the authority to suspend the student’s clinical privileges. Directors of post-graduate programs have the authority to suspend a resident’s clinical privileges and place the individual on probation. Postgraduate students with hospital appointments may be subject to suspension and probation according to the guidelines of the UI Hospital.

Due Process Regarding Clinical Privileges

If a student has allegedly breached clinical standards of care in such a way that there is a reasonable concern that injury or harm may come to patients, faculty, staff, students, or the facility, action may be taken in the best interest of the individuals involved and the College. Upon receipt of a written report alleging a breach of clinical standards of care by a student, the Associate Dean for Clinical Affairs has the authority to suspend the student’s clinical privileges. Due process will then consist of meeting with the student, complainant, and witnesses to discuss the allegation. Following these meetings the Associate Dean for Clinical Affairs may deem it necessary to continue suspension of the student’s clinical privileges pending final disposition of the case through appropriate channels.
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Ethics and Professionalism

The University of Illinois at Chicago College of Dentistry is committed to the highest standards of professional conduct. All members of the College of Dentistry are expected to adhere to the highest ethical standards of professional conduct and integrity. The College of Dentistry expects all faculty, staff, and students to possess professional behavior including, but not limited to, honesty, trustworthiness, respect, and fairness in dealing with other people, a sense of responsibility toward others, and loyalty toward the ethical principles espoused by the UIC College of Dentistry.

Violation of Professional Standards

Definition: Any conduct which violates commonly recognized or generally accepted professional standards of training including unacceptable conduct in clinical, practicum, or off-campus training.

The documents listed below describe the professional standards and guidelines which are observed by the dental profession and/or the College of Dentistry:

- ADA Code of Professional Ethics
- Illinois State Dental Society Code of Ethics
- Illinois State Dental Practice Act
- College of Dentistry: The Ethical Mission of the Faculty
- College of Dentistry: Academic Professionalism for Students
- College of Dentistry Compliance Plan
- College of Dentistry Clinic Manual
- College of Dentistry Infection Control Manual
- College of Dentistry Clinical Course Syllabi/Manuals
- College of Dentistry Standards of Patient Care
- College of Dentistry Policy and Procedures: Billing and Collections
- UIC Policy on Sexual Harassment

Students will be expected to treat all patients, peers, faculty, and staff with courtesy and respect. Care and respect for clinical facilities and equipment and observance of guidelines for professional appearance are expected. Violations of the standards of professional behavior which should guide students in clinical settings include, but are not limited to the following:

Falsification of clinic records and documents
Definition: Inaccurately representing facts in relating to the oral condition, compliance, treatment, instructor evaluation, or financial transactions of patients.
in patient’s records, clinic documents, or departmental documents and evaluation records.

**Failure to comply with infection control guidelines or regulatory compliance standards**
Definition: Failure to maintain an acceptable level of infection control in assigned operatory or laboratory facilities; failure to implement recommended engineering and work practice controls during the performance of dental and laboratory procedures; failure to participate in required certification training programs, such as cardiopulmonary resuscitation (CPR) and Occupational Safety and Health Administration (OSHA) training; failure to provide a record of blood borne pathogens exposures; failure to comply with immunization requirements of the University, Centers for Disease Control (CDC), or relevant regulatory agency.

**Verbally or physically threatening behavior towards others**
Definition: Use of profanity, threat of physical harm, verbal intimidation, statements or acts which create a hostile environment for others; unwanted physical contact or harm to others.

**Damage or theft of University property or personal property of others**
Definition: Unauthorized use or retention of precious metals; irreversible damage or changes to dental operatories or lab units (i.e., use of nails, screws, permanent adhesives in dental units or casework); damage to dental equipment caused by inappropriate use of dental materials (i.e., placing plaster or acrylic in lock mechanism of doors or cabinets or dumping of gypsum materials in sinks); unauthorized removal of clinical equipment or materials; “borrowing” of equipment or materials from other students without their permission or knowledge; removal of patient records, models, radiographs or related documents from the building; unauthorized use of University services, including telephones, computer hardware, software, and network facilities; violation of computer password policies; etc.

**Abandonment of patients or delay or neglect of patient treatment**
Definition: Failure to provide timely and continuous treatment to patients; failure to keep a patient appointment; failure to notify appropriate individuals (instructors, administration) of planned or unexpected absences from the clinic; failure to follow an approved patient treatment plan to completion or to arrange for timely transfer.
Practicing dentistry without a license
Definition: Any performance of activities described or defined in the state dental practice act as constituting the practice of dentistry without the direct supervision of a licensed member of the faculty; failure to provide documentation of faculty supervision through signatures in patient record; providing a diagnosis or treatment to any individual who is not an officially registered College of Dentistry patient of record in any site, including the College of Dentistry or other University facility.

Providing false or misleading information to patients, faculty or staff
Definition: Unauthorized use of signatures, stamps, seals, or other official certifications; misrepresenting patient interests or desires or availability for treatment; unauthorized use of prescriptions or official requests for medications, laboratory services, etc.

Discrimination or refusal to treat an assigned patient due to demographic characteristics or health status (HIV or other condition)
Definition: Refusal to treat a patient because s/he may be infected with the HIV virus or because of race, religion, etc.

Failure to observe guidelines for professional appearance
Definition: Appearing in any clinic or lab area in apparel which is listed in the clinic manual as unacceptable, including items such as shorts, sandals, caps/hats, sweats, leggings, and mini-skirts.

Performing patient care under the influence of drugs and/or alcohol
Definition: Student behavior, appearance, or condition is consistent with use of drugs or alcohol, i.e., smell of alcohol on breath, slurring of speech, lack of self-control, inability to safely handle instruments and equipment.

Sanctions

Sanctions for violations of professional standards will be imposed with consideration to the seriousness of the violation, impact on patients or others involved, and in accordance with University disciplinary policies. Sanctions may include letters of reprimand and warning; suspension of clinical privileges, expulsion from the College, prosecution for illegal sanctions, and other appropriate steps. Faculty members may propose a sanction and must, in all cases, consult with College administration and/or refer to the Associate Dean of Clinical Affairs.
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Standards of Care, Competencies, and Quality Assurance

Overview

Clinical Dental Education and Patient Care

Pertinent Terms

1. **Standards of Care** describe the proper care for the patient based on the care expected to be rendered by the preponderance of practitioners in a specific geographic area. The standards should be patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria.

2. **Competencies** establish those skills expected of our graduates. Competency is a combination of knowledge and attitude, psychomotor and communication skills expected of the beginning, independent practitioner. A competency-based curriculum involves students who demonstrate their competence by consistently performing at a defined skill level rather than complete a certain number of procedures.

3. **Outcomes Assessment** is the process that measures the competence of students and provides them with feedback about how to improve their performance. Methods include many sources of feedback such as course grades, clinical progress exams, surveys (patient and faculty), student self-assessments, performance on standardized tests, etc.

4. **Quality Assurance (QA)** provides the mechanism that assures the standards of care are met. Quality assessments include chart audits, infection control reviews, patient questionnaires, outcomes assessment, remakes/refunds review, and post-treatment complaints.

By closing the “loop” between standards of care, competencies, and quality assurance, our dental school will be attuned to quality issues that will lead to self-improvement and better overall patient care.
UIC COD Teaching Clinics - Standards of Care

Graduate programs may have more specific standards defined in their respective documents or manuals. These statements may be in addition to the ones listed or superseded by the ones listed with respect to the Postgraduate Students.

General Care Standards

Standards of Patient Care

1. Patients are offered (when applicable) and, if they accept it, provided comprehensive patient care to meet their oral health needs.

Guidelines

**Comprehensive Care Patients are to:**

- a. Receive information concerning the school, its policies and procedures.
- b. Receive a comprehensive dental examination (including necessary supplemental tests and images) and treatment plan to address their oral health needs.
- c. Consent to the planned treatment.
- d. Receive the planned treatment or agreed upon modification.
- e. Receive maintenance of their oral health during active treatment.
- f. Have access to emergency care and after-hours emergency care.
- g. Receive an examination at the completion of each treatment phase of comprehensive care.
- h. Be placed on recall to maintain their oral health.

**Emergency Care Only Patients are to:**

- i. Be seen in a timely manner for management of their emergency concern.
- j. Receive information concerning the school and its policies and procedures for emergency patients.
- k. Receive an examination to address their emergency concern.
- l. Receive treatment and/or referral to manage their emergency concern.
- m. Have access to our after-hours emergency clinic once they have been seen in our emergency clinic (having become an emergency patient of record).
Limited Care Patients are to:

n. Receive information concerning the school and its policies and procedures for limited care.
o. Receive a problem-focused dental examination.
p. Consent to limited care with the limitations clearly documented.
q. Have access to emergency care and after-hours emergency care.

2. Patients care is provided in a timely manner to ensure treatment progresses appropriately to the patient’s clinical needs.

Guidelines

a. Patients seeking comprehensive care will receive notification of their disposition, i.e. whether or not they meet guidelines for care in the undergraduate or post-graduate clinics, and if accepted, will be assigned to a student or a patient-waiting bank within two months of the screening appointment. Patients will be informed during screening the approximate date of assignment to a dental student.
b. Patients will be scheduled for a comprehensive clinical examination within 60 days of their assignment to a student.
c. Student developed treatment plans will be approved by a faculty member and the patient after completion of the comprehensive examination.
d. Patients will be seen in a timely manner as indicated by their treatment needs. During the active phase of treatment, the patient will have a scheduled appointment, depending on the academic calendar, at least once every 60 days.
e. Re-examination and treatment plan update will occur every twelve months.
f. Each patient will have an appropriate recall/maintenance schedule established to maintain optimal oral health.
3. Patients receive high quality care.

Guidelines

a. At various stages in the active phase of treatment independent reviews of quality are built into the system. This includes:

- Radiographic diagnostic reviews
- Consultation/re-evaluation assessments
- Treatment planning assessments
- Treatment plan presentations
- Patient record audits
- Dental laboratory quality assurance reports
- Recall patients not seen reports

b. At the completion of each treatment phase for comprehensive care patients, students and faculty will verify that all necessary dental treatment for that phase has been satisfactorily completed and that active disease has been eliminated/controlled before placing the patient on an appropriate recall/maintenance schedule: (Additional criteria and guidelines for evaluating the quality of procedures in each area of dentistry are established and disseminated by the individual clinical departments.)

c. After-hours emergency visits by active patients of record are reviewed and analyzed for any trends or recurring problems by the Office for Clinical Affairs.

d. Patient grievances and concerns reported to the Office for Clinical Affairs are dealt with and reported to the Associate Dean for Clinical Affairs and/or the Director of Clinical Utilization to be analyzed for trends or recurring problems.

4. Patients are satisfied with the care they receive.

Guidelines

a. Surveys of patient satisfaction are developed, distributed, analyzed and reported to the Office for Clinical Affairs at least once per year.
b. A summary of patient grievances and their resolution is prepared annually and reported to the Office for Clinical Affairs.

c. After-hours emergencies involving patients of record are reported to the Office for Clinical Affairs for analysis and distribution to appropriate faculty. An annual report dealing with the number and types of emergencies by Department and Group Practice is reported to the appropriate healthcare providers.

5. Confidentiality of patient records is maintained.

Guidelines

a. Paper records are maintained in a secure area that is only available to authorized faculty and staff.

b. Electronic records are protected by appropriate levels of password security to prevent unauthorized use.

c. Monitor displays of patient records have an auto shut-off to minimize unauthorized viewing of information.

6. Federal, state, local and institutional guidelines and policies are followed to insure the safety and rights of our patients.

Guidelines

a. All patients will be treated according to the posted Patient Rights and Responsibilities.

b. Infection control, biohazard, radiation safety, and waste management policies will be enforced.

c. All providers of care are prepared to recognize medical emergencies in the clinical setting and to activate emergency procedures.

d. All clinical faculty, students, and appropriate staff are certified in basic life support.

e. Appropriate, well-stocked current medical equipment and devices, drug kits, and first aid kits are available.

f. Patient records conform to legal and institutional standards.
Introduction

Competencies have been defined as a set of standards or criteria each learner is expected to achieve. In a competency-based curriculum, all graduates are expected to consistently and independently demonstrate certain behaviors by the time they graduate. The competencies listed below are the minimum levels of performance that are expected of the dental graduate of the University of Illinois at Chicago College of Dentistry. Due to special interests, experiences and opportunities many students will exceed these minimums in various areas. However, these competencies represent, in the judgment of the faculty, the minimal level of knowledge, skill, and attitude to make the student qualified to enter dental practice.

A graduate of the predoctoral (DDS) program at the University of Illinois at Chicago College of Dentistry will be competent to:

Competency Statement

for
The College of Dentistry
University of Illinois at Chicago

Given a diverse PATIENT and/or a COMMUNITY population, a graduate of the predoctoral program will, within the scope of a general practitioner and in consideration of the patient’s/community’s total health status, and employing the best scientific research and clinical EVIDENCE, be competent to:

1. Act, in all circumstances, in accordance with the principles of PROFESSIONALISM, ETHICAL BEHAVIOR, and CULTURAL COMPETENCE;
2. Lead a productive DIALOGUE to establish the goals, objectives and expectations of the patient or community;
3. Engage in an ongoing ASSESSMENT of the state of health;
4. Formulate DIFFERENTIAL DIAGNOSES based on the assessment;
5. Produce a prioritized PLAN that addresses each diagnosis and includes health promotion, maintenance and prevention, alternatives, the rationale and prognosis for the intervention as well as needed referrals;
6. Deliver/Manage the INTERVENTION, within personal skill level, that is evidence-based, comprehensive and is in keeping with the best practices of care; and

7. Systematically and accurately EVALUATE THE OUTCOME of the intervention.

Approved by Faculty May 1, 2012

Quality Assurance and Patient Care Services

Introduction

UIC College of Dentistry conducts a system of quality assurance for the patient care program that demonstrates evidence of:

1. Standards of care that are patient centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria.

2. An ongoing review of a representative sample of patient records to assess the appropriateness, necessity, and quality of the care provided.

3. Mechanisms to determine the cause(s) of treatment deficiencies.

4. Patient review policies, procedures, outcomes, and corrective measures.

The UIC College of Dentistry operates its clinics under the Comprehensive Care approach to dental education. The Comprehensive Care approach is a system of clinical instruction and practice that permits the student to be responsible for and provide all aspects of a patient’s treatment needs in a manner that closely resembles the way practitioners will provide health care in private practice after graduation.
Overview of Quality Assurance in the Clinics

Patient Care

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Summary of Evaluations (actions and outcomes) > Data about Quality of Care > Faculty, Student, Administrators, QA Committee > Improvements to Patient Care

Definitions (from Overview above)

**Resources** — The human, facilities, and financial resources for the provision of care. It is the environment in which care is given. The structure includes dental treatment areas, the faculty student ratio, access to sterilization facilities, and such documents as infection control protocols, standards of care, and audit protocols. In our College, clinic administration and the Patient Care and Quality Assurance Committee do much of this assessment.

**Actions** — A set of activities that go on between practitioners and patients. It has two components: technical and interpersonal. Record audits assess technical quality (i.e. completeness of diagnostic procedures, fit of treatment plan to patient desires and problems, number of times a procedure is done, timely progress of care, compliance with protocols), and patient questionnaires assess the patient's view of interpersonal skills.

**Outcomes** — Change in a patient’s current and future health status attributable to previous health care. Some outcomes assessments require patient examination. In addition to evaluating changes in patient health resulting from treatment, our assessments evaluate the intermediate outcomes of the technical quality of
treatment (i.e. individual restorations, appliances, surgical sequelae, success in getting patient compliance, etc.).

**Purpose**

The purpose of the UIC College of Dentistry’s Quality Assurance Program is to continually assess quality indicators defined by the College’s Standards of Care, to document attainment of the College’s Standards and to assure that deficiencies in patient care are corrected, that corrective measures will be made in the didactic or clinical curriculum as a result of these reviews, and that follow-up assessments measure the success of these didactic and clinical interventions. The appropriateness, necessity, and quality of care provided are part of the audit systems.

The Office for Clinical Affairs under the direction of the Associate Dean for Clinical Affairs and/or the Director of Clinical Utilization is responsible for oversight of the Quality Assurance Program.

**Components**

The following are components of this process:

**Patient Reviews**


2. Phase three (3) Re-evaluation Examination – Students and faculty examine the patient and review the patient record following completion of current treatment needs prior to placing a patient on recall.

**Patient Record Reviews**

Overview: A report of unapproved (unswiped) medical histories, treatments and notes will be generated monthly. The student responsible for that unapproved entry will be notified of the deficiency. The student will review the unapproved chart entry with the supervising faculty, who will then approve the entry. Postgraduate students do not require approval of the notes, medical histories etc.
3. Unapproved Treatment – Appropriate faculty and students are notified and the treatments become approved (swiped). This process is reflected on the following month’s list.

4. Unapproved notes (patient treatment notes in Axium) – Appropriate faculty and undergraduate students are notified and the notes become approved (swiped). This process is reflected on the following month’s list.

5. Unapproved Electronic Patient Record (health histories in Axium) – Appropriate faculty and undergraduate students are notified and the entries become approved (swiped). This process is reflected on the following month’s list.

**Record Audits**

6. Record Audits – Random record audits will be performed by various faculty for patients of record.

**Other Reports**

7. Incident Reports – Profile of clinical incidents.
8. Patient Satisfaction Survey – Annual through random mailings or through site distribution at each clinic.
9. Patient Concerns Report
11. After Hours Dental Emergencies.
13. Recall Patients Not Seen – Listing of past due recall patients.
14. Fixed Prosthodontics Laboratory – Record of cases submitted to the fixed prosthodontics laboratory with data of cases submitted and returned for further review.
15. Complete Removable Prosthodontics Laboratory – Record of cases submitted to the complete removable prosthodontics laboratory with data of cases submitted and returned for further review.
16. Partial Removable Prosthodontics Laboratory – Record of cases submitted to the complete removable prosthodontics laboratory with data of cases submitted and returned for further review.
Details of Components

1. Patient Screening Reviews

Following preliminary screening by clinical faculty and student-dentists, the screening faculty and/or Managing Partner reviews demographics, screening notes, radiographs, and makes recommendation for assignment.

2. Phase three (3) Patient Re-evaluation Examination

The purpose of the examination is to evaluate the quality of care received by our patients and to assess the competency of students in evaluating completion of current treatment needs. The examination is a quality assurance self-assessment by the student conducted at the patient's last appointment for current dental needs or appointment scheduled specifically for this purpose. A parallel faculty assessment will be performed at the same appointment. Treatment deficiencies are identified by criteria based on the Standards of Care. If applicable, deficiencies are identified for replacement or retreatment. Treatment needs, if any, are identified and/or confirmed by the faculty who are responsible for conducting this audit. Reports are accessed from the Axium System by the Director of Clinical Utilization and/or the Associate Dean for Clinical Affairs for cataloging and tracking. Information is given monthly to the appropriate Managing Partners for analysis and distribution to involved faculty and students. These issues will be addressed and documented in the Axium System by way of a new examination to review completion of all current treatment needs including any treatment needs added from a previous Phase three (3) Patient Re-evaluation Examination before placing the patient on recall.

3. Unapproved Treatment

On a monthly basis the Associate Dean for Clinical Affairs provides a list of unapproved treatment (unswiped) to the Managing Partners (undergraduate), Postgraduate Program Directors, Clinical Department Heads and the Executive Associate Dean for Academic Affairs (undergraduate). The respective individuals see to it that the appropriate faculty and students are notified and the treatments become approved (swiped). This process is reflected on the following month’s list.
4. Unapproved Notes (Patient Treatment Notes in Axium)

On a monthly basis the Associate Dean for Clinical Affairs provides a list of unapproved notes (unswiped) to the Managing Partners (undergraduate), Postgraduate Program Directors, Clinical Department Heads and the Executive Associate Dean for Academic Affairs (undergraduate). The respective individuals see to it that the appropriate faculty and students are notified and the notes become approved (swiped). This process is reflected on the following month’s list.

5. Unapproved Electronic Patient Record (Health Histories in Axium)

On a monthly basis the Associate Dean for Clinical Affairs provides a list of unapproved EPR entries (unswiped) to the Managing Partners (undergraduate), Postgraduate Program Directors, Clinical Department Heads and the Executive Associate Dean for Academic Affairs (undergraduate). The respective individuals see to it that the appropriate faculty and students are notified and the entries become approved (swiped). This process is reflected on the following month’s list.

6. Record Audits

Random record audits will be performed by various faculty for patients of record. Results of audits are given to the Associate Dean for Clinical Affairs who will summarize the data. Information of needed corrections is given to appropriate managing partners, students and clinical faculty. Corrections are documented in the Axium program.

A review of all patient records of graduating students is conducted before the student is signed out of the clinics by the managing partner. This review will insure that all record entries are approved. It will also determine the status of the treatment plan and remaining treatments, the patient’s fiscal ability to continue treatment and the patient’s willingness to continue treatment.
7. Incident Reports

These reports are a quality assurance measure that allows detailed documentation of any adverse event occurring in the UIC College of Dentistry premises. These reports include clinical incidents that involve an occupational exposure of a student, employee, faculty, or patient to bloodborne pathogens. All incident reports are forwarded to, and cataloged by, the Director of Clinical Utilization and/or the Associate Dean for Clinical Affairs regarding the frequency and type of injuries that occur.

8. Patient Satisfaction Survey

The patient satisfaction survey is conducted annually through random mailings to patients in all clinics or through site distribution at each clinic. The survey usually involves between 100-150 patients. The survey instrument is designed to collect general satisfaction responses with respect to quality of treatment, timeliness, courteousness and appearance in the clinics. It also allows for patient origin analysis. The responses are calculated in Clinical Operations and outcomes disseminated through the Quality Improvement (QI) Newsletter. Data is trended from survey to survey to look at possible areas of improvement. Specific patient comments either positive or negative are shared with the responsible individuals.

9. Patient Concerns Report

This report is a quality assurance indicator of patient satisfaction. The Director of Clinical Utilization holds a staff position in the Office for Clinical Affairs. It is the Director of Clinical Utilization’s responsibility to interview patients who have expressed concerns about some aspect of their experience at the College of Dentistry. The statistics from the Director of Clinical Utilization are compiled and maintained in the Office for Clinical Affairs and the information serves to direct changes by the Associate Dean for Clinical Affairs regarding institutional policies and procedures.

10. Failed Treatment Report

The failed treatment report is a quality assurance measure that provides detailed documentation on repeating a procedure previously completed at UIC College of Dentistry and subsequently deemed unsatisfactory. Reduced fees for teaching purposes are not included in this report. The
Associate Dean for Clinical Affairs provides monthly reports. These monthly reports are given to the Managing Partners, Program Directors, and/or specific department heads for subsequent action.

11. After Hours Dental Emergencies

This report is a quality assurance measure that provides detailed documentation on patients of record emergencies outside normal clinic hours. Assigned Endodontic residents and/or faculty receive emergency after hour's calls and document discussions/treatment in the patient's chart. Also, the provider will complete an incident report on the patient's care. The incident reports are filed with the Office of the Associate Dean for Clinical Affairs. The reports are reviewed and appropriate feedback is given to the appropriate Managing Partner or Director of a specific graduate program and/or Departmental Head. The Office of the Associate Dean for Clinical Affairs retains copies of the reports.


The Axium Software Specialist makes available a report twice monthly (15th-18th and 31st-3rd) on the timely treatment of patients by their student. This report is run monthly by the Associate Dean for Clinical Affairs and given to the managing partners. This report describes timely care as not allowing more than sixty (60) days to lapse between a patient's appointments. The Managing Partners inform the student and corrective action is taken, if indicated, to see the patient. This process is reflected on the following report.

13. Recall Patients Not Seen

The Axium Software Specialist makes available a report twice monthly (15th-18th and 31st-3rd) on the timely treatment of recall patients by their student. This report is run monthly by the Associate Dean for Clinical Affairs and given to the managing partners. This report describes timely care of a recall patient as not being more than sixty (60) days past a scheduled recall examination. The Managing Partners inform the student and corrective action is taken, if indicated, to see the patient. This process is reflected on the following report.

14. Fixed Prosthodontics Quality Assurance Laboratory

Quarterly reports of the fixed prosthodontics quality assurance laboratory log are tabulated by the Associate Dean for Clinical Affairs. This log is
generated for each fixed case by the director of the laboratory. Categories of evaluation of dies, mounting, preparation(s), and incisal guide tables are evaluated. Trends of rejections and individual matters of concern are given to the respective clinical faculty member, the Restorative Department Head, Director of the Central Laboratory, and Executive Associate Dean for Academic Affairs.

15. Complete Removable Prosthodontics Quality Assurance Laboratory

Quarterly reports of complete removable prosthodontics quality assurance laboratory log are tabulated by the Associate Dean for Clinical Affairs. This log is generated for each complete removable case by the director of the laboratory. Categories of casts with trial bases and wax occlusal rims, waxed dentures mounted on articulator after final verification appointment, and polished dentures ready for insertion appointment are evaluated. Trends of rejections and individual matters of concern are given to the respective clinical faculty member, the Restorative Department Head, Director of the Central Laboratory, and Executive Associate Dean for Academic Affairs.

16. Partial Removable Prosthodontics Quality Assurance Laboratory

Quarterly reports of partial removable prosthodontics quality assurance laboratory log are tabulated by the Associate Dean for Clinical Affairs. This log is generated for each completed partial removable case by the director of the laboratory. Categories of quality assurance worksheet with definitive treatment plan, master cast, design cast, opposing cast, work authorization form, and waxed partial denture(s) mounted on articulator are evaluated. Trends of rejections and individual matters of concern are given to the respective clinical faculty member, the Restorative Department Head, Director of the Central Laboratory, and Executive Associate Dean for Academic Affairs.

Patient Care and Quality Assurance Committee

Purpose

To assure that each patient seeking comprehensive and emergency care at the UIC College of Dentistry is given quality dental care.
Quality Assurance Objectives

Optimal oral health can be achieved if each patient (unless stated otherwise) receives:

1. A current health history.
2. A complete oral examination.
3. Pertinent diagnostic aids (e.g. radiographs, diagnostic models).
4. A description of noted dental problems, appropriate solutions, an estimate of cost and a time frame for completion of treatment.
5. A consent form based on the reasonable patient standard.
6. Comprehensive care patients: clinical treatment to restore the oral conditions to an optimal functional and cosmetic state (when appropriate) that can be maintained with home care and regular dental maintenance visits.
7. Preventive information, devices and techniques to enable maintenance of oral health.
8. A recall program for continued maintenance of oral health.
9. Timely and convenient access to treatment including emergency care.

Committee Activities for Quality Assurance

2. Assess policies relative to patient satisfaction.
3. Review patient record forms to assure they reflect the objectives of quality assurance.
4. Seek patient, student, and faculty opinions regarding quality of dental care and patient satisfaction.
5. Evaluate incidents and trends regarding patient dissatisfaction.
6. Makes recommendations to the Director of Clinical Utilization and Associate Dean for Clinical Affairs relating to quality assurance issues.
# Section 6 General Guidelines

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General Guidelines

Building Hours

Building Access and Occupancy Hours

7:30 a.m. - 5:30 p.m.  **General Public Access**
(Monday-Friday) Marshfield Avenue and Paulina Street doors will be open.

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**Clinic Hours**

The group practice clinics are open for patient treatment from 10:00 a.m. to 4:30 p.m., Monday through Friday. Specialty Clinics hours of operation may differ. The Admitting and Registration area opens at 8:15 a.m. Third and Fourth year students are expected to be present in the College and actively engaged in patient care activities during general clinic hours unless didactic courses are scheduled. Group Practice clinics are closed from 12:30 p.m. to 1:30 p.m. for lunch. Faculty supervision is required by law for patient care. Under no circumstances shall a student work unsupervised on a patient before or after the scheduled clinic hours. **ANY STUDENT FOUND TREATING A PATIENT WITHOUT FACULTY SUPERVISION WILL BE SUBJECT TO FORMAL**
DISCIPLINARY ACTION, INCLUDING SUSPENSION FROM CLINIC.

Smoke Free Environment Policy

Overview

There are countless studies on the health effects of second-hand smoke and its potential harm towards people with pre-existing medical conditions which many of our patients have. The Joint Commission on Accreditation of Health Care Organizations (JCAHO) requires their accredited facilities to restrict smoking in areas where patient movement occurs such as entrances, exits and stairwells. This is the standard that has been set for the majority of the nation’s health care institutions including hospitals and ambulatory care facilities.

Policy

In addition to the existing restriction of all smoking within the building, the College is designating the entrances and exits to the building as smoke free areas to eliminate any further exposure of patients to the hazards of smoke.

This policy applies to all staff, faculty, students, patient, and visitors to the College. Smoking in or around these areas is subject to visitor sanctions through the University Police and existing Human Resource Department Disciplinary procedures.

The College is prepared to offer resources for smoking cessation activities. Those staff or faculty who are interested in smoking cessation courses may contact the Director of Clinical Operations for further information in room 103B3.

Personal Appearance

The University of Illinois at Chicago College of Dentistry endorses staff conduct and appearance consistent with its mission of providing exemplary patient care and resources for professional education and research. College of Dentistry professional, academic, and non-academic staff and students shall groom and conduct themselves in a manner consistent with a health care environment providing patient care, education, and research.
Dress Code

A clinical dress code has been established for all College of Dentistry students, faculty and staff in order to present a positive professional image and to satisfy requirements for personal safety and compliance with infection control principles and OSHA regulations. This will also increase the confidence of patients in the care they will receive by our practitioners.

Please be aware that specific PERSONAL PROTECTIVE EQUIPMENT (PPE) AND INFECTION CONTROL GUIDELINES SUPERSEDE DRESS CODE GUIDELINES UNDER CERTAIN SITUATIONS. Please consult the UIC/COD Infection Control Manual for details at:


The clinical dress code applies to all clinics, and laboratories, according to the guidelines listed below:

1. Clinical and laboratory dress MUST conform to applicable safety and infection control regulations (see http://intranet/clinics/chairside/ for details). Proper personal protective equipment must be worn when providing patient care or simulated patient care or any time there is a potential of exposure to blood or body fluids and the protective equipment must be disposed of in the proper waste receptacle after use. Personal protective equipment includes: disposable clinic coat, gloves, face mask and eye protection. NOTE: Fluid resistant gowns will be worn over the scrubs or professional attire during patient care or any time there is a potential of exposure to blood or body fluids.

2. Personal protective equipment is not to be worn outside of the patient care or pre-patient care facilities. PPE is NOT to be worn in other areas of the building (elevators, stairs, lobby, restrooms, offices, etc.).

3. Students: surgical scrubs must be worn. Scrubs must be clean, unwrinkled and of materials typically used in a health care setting. An appropriate solid color tee shirt should be worn under the scrub top. Scrubs can NOT be substituted for approved PPE.
Faculty: due to the possibility of University and/or College administrative meetings; in lieu of scrubs (as defined above), “business casual” clothing or better may be worn. “Business casual” includes trousers/slacks for men and women or for women the option of wearing skirts or dresses. “Polo-style” knit shirts or dressier wear are acceptable for tops. All clothing must be professional in appearance and materials.

4. Clean socks or hose and shoes are required. Shoes must be professional in appearance. Athletic-style footwear may be worn with scrubs. Sandals and other open-toed footwear are NOT acceptable.

5. Hair, beards and mustaches must be clean and neat. Hair should be secured in such a way that it will be out of the operating field.

6. The following attire is considered unacceptable:
   - Jeans, t-shirts, tank tops, bare midriffs, sweatshirts, stretch pants or leggings.
   - Footwear that is dirty, torn or obviously designed for beach wear or outdoor use, or that presents a safety hazard.
   - Hats (other than surgical caps or religious headwear).

7. Cosmetics and colognes may be worn to a degree appropriate to the expected amount of patient and visitor contact and with consideration for peers. Wear the least possible amount of jewelry with respect to safe patient care and personal ability to perform the functions of the job.

8. Chewing gum is not permitted in patient care areas.

9. Maintain good personal and oral hygiene.

Identification

All College of Dentistry students, faculty and staff must wear a College of Dentistry photo-identification card specifying their name, position and departmental affiliation when on UIC College of Dentistry premises. Students functioning in the hospital must also wear the appropriate hospital ID.

New students will receive College of Dentistry ID’s within 2 weeks after the start of the term.
If your ID card becomes lost or damaged, you will be responsible for a $20 replacement fee. Obtain a letter from your department head. Take the letter to the I-card office and they will fabricate a new College of Dentistry ID.

The picture used on the College of Dentistry ID is the same as that used on the UIC I-card. This picture is stored electronically and will be used on all future I-Cards and College of Dentistry ID cards.

All University students that are visiting from other Colleges must wear a University photo-identification I-card while engaging in clinical practicums in the College of Dentistry.

All University Physical Plant staff shall wear uniforms with name and department or Physical Plant identification badge while working in the College of Dentistry.

Staff are expected to monitor their work area for unusual or unknown visitors and, if necessary, seek assistance from the University Police at 312-996-HELP (4357).

Clinic Attendance

1. Students are expected to be in attendance for all scheduled clinical sessions. Absence from scheduled clinic sessions whether due to illness or any other reason, should be reported promptly to the front desk of the group practice and to the Office of Academic Affairs (312) 996-4958. Both phone numbers are equipped with voice mail and messages may be left at any time, day or night. The Office of Academic Affairs staff will contact the didactic course directors to inform them of your absence. It is the student’s responsibility to contact patients who have been scheduled to cancel or reschedule the appointment. The group practice front desk should be informed if it was not possible to contact the scheduled patients.

2. Students who will be absent for an extended period of time should follow the following procedures: inform the Office of Academic Affairs of the length of time and reason for the absence; inform their Managing Partner of the extended absence and current status of patients. Inform the clinic Fiscal Clerk in writing so they will know how to handle phone calls and patient emergencies. Inform all patients of your plans and explain to them how to obtain emergency care and if they will be assigned to another student.
3. Clinical attendance is considered a requirement for all clinical courses. Failure to comply with this policy may adversely affect your progress in clinical courses. In addition, frequent absences interfere with the ability to provide patient care in a timely manner. Absence from clinic that adversely affects proper patient care is a violation of professional standards, and is cause for formal disciplinary action.

4. Clinical activities (in order of importance) for students who have patient failures, cancellations or no scheduled patients are to:

1. help with urgent care patients
2. assist other students
3. practice on typodonts for performance examinations
4. laboratory work

5. Students should inform the supervising faculty and the front desk of their group practice if they are leaving their clinic to go to Post Graduate clinics, lab 422, computer lab or any other location.

6. Students who are scheduled for special clinic assignments are expected to report promptly to the assigned clinic. Students may not schedule their own patients for treatment in the clinics on days when they are scheduled for special clinics. Students who do not report on time for their assigned rotations may be subject to reduction of their grade and/or required to attend additional make-up sessions.

7. Students should check e-mail, Axium message and their phone message center daily for messages. Students are responsible for knowledge of all communications conveyed by electronic or paper communication which may include calendars, memos, or notices from administration or faculty.

8. Students are not allowed in the clinics or laboratories while they have a scheduled class, lecture, seminar or conference.
## Section 7  Patient Care

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Patient Care

The faculty, students and staff of the College of Dentistry are committed to the following patient rights and responsibilities.

Patient Rights

- Considerate and respectful treatment by students, faculty and staff.

- Quality dental care that is consistent with the standards for the dental profession.

- A thorough explanation of your dental health, the recommended treatment, the risks and benefits of treatment, and the potential consequences of non-treatment.

- Confidentiality of any information related to your treatment and access to information about your treatment.

- Completion of your treatment in a timely manner.

- Consideration of your overall health needs and appropriate referral or consultation with dental or medical specialists when needed.

- Knowledge of the names and roles of the individuals providing treatment.

- A full description of the itemized costs of proposed treatment and an explanation of payment policies.

- To receive our Notice of Privacy Practices Statement.

Patient Responsibilities

- At the point of registration, to
  - Provide complete and accurate demographic data (a PO Box address is not satisfactory for proper correspondence)
  - Provide a valid photo identification card
  - Sign applicable electronic consents forms as a patient/parent/guardian prior to the beginning of treatment
  - Comply with registration procedures including a picture taken for the electronic record.
To provide complete and accurate information about your health and past dental care

A promise to cooperate with the treatment plan, keep appointments, arrive on-time and notify us if you cannot make a scheduled appointment (a minimum 24 hour notice is required for cancellations or rescheduling appointments).

To be available for care based on your treatment needs as assessed by the supervising faculty.

To show consideration for and respect the needs of other patients, staff, students, faculty and visitors.

Prompt payment for services provided.

To provide insurance forms and information for reimbursement purposes or a current public aid identification card if applicable.

To notify your dentist or the staff of any changes in your address, telephone number, medications or health status.

**Patient Service Philosophy**

The mission of the patient care clinics of the UIC College of Dentistry is to provide quality oral health care services to a diverse group of patients in a professional, caring, efficient, and safe environment. The students, faculty, and staff of the College achieve this mission by:

- striving to provide a high level of care to all patients in a manner which places priority on the needs of the patient;
- interacting with every individual, patient, and co-worker with respect at all times;
- dressing and acting in a manner which conveys caring, competence, and professionalism;
- being prepared, helpful, and friendly under appropriate circumstances;
- demonstrating a commitment to continually enhancing our knowledge, skill, and judgment;
- maintaining an environment which is neat, clean, efficient, and safe;
- maintaining a positive atmosphere of cooperation, sharing, and teamwork, with appreciation for the unique contributions of each member of the
College community to the achievement of our goals.

Patient Information

The information which follows provides an overview of patient registration procedures and different dental care options. Students, faculty, and staff should be familiar with this information which is distributed to new patients.

The Dental Clinics of the University of Illinois at Chicago College of Dentistry offer a complete range of quality dental and oral health services.

Comprehensive Care

- Most services are provided in our student teaching clinics where individuals learning to become dentists, dental specialists, or dental hygienists are carefully supervised by dental faculty.

- Once a person is accepted as a patient into the College of Dentistry Undergraduate Comprehensive Care Program, he/she is assigned to a student dentist who provides all the care in one of our group practice units.

- Patients who are accepted for treatment are assigned to one of our three group practices and remain a patient in that practice on a continuous basis.

- Treatment is on a fee for service basis. In general, fees in the student program are less than in a private office setting.

- At the point of registration, staff collect demographic data, electronic consents forms patient/parent/guardian/picture are signed and attached to the patient Axium record and present a Notice of Privacy Practices Statement.

The Screening Process for Admission of New Patients
(or Readmission of Former Patients)

1. Parameters for selection of patients for admission

   Screening is the process by which the UIC College of Dentistry determines the appropriateness of new patients for the teaching and research goals that are set forth in our mission and vision statements. Acceptability of new patients is predicated on many parameters, some of which are:
a. Treatment needs are within the scope of practice of dental students and/or post graduate resident students.
b. Ability of patients to conform to clinic services (ability to conform to clinic hours, student dentists performing work, etc.)
c. Ability of the patient to pay for the dental treatment needed
d. Ability to be treated in one of our existing clinics for patient treatment (undergraduate dental clinics, Post Graduates specialty clinics, Implant Center, Allen W. Anderson Faculty Dental Practice.)
e. The patient’s dental needs will be a good learning experience for the student dentist or postgraduate program.
f. The patient personality is compatible with the student learning needs.
g. Religious requirements of the patient are compatible with the dental clinic.

2. The screening process for comprehensive care patients for the undergraduate dental clinic is a multi-step process:

a. Patients Call to Schedule

1. Information is available on our web site to direct patients
2. http://dentistry.uic.edu/
3. Screening appointments for comprehensive care are by APPOINTMENT ONLY by calling (312) 996-1265
4. Phone lines are open daily Monday through Friday between the hours of 10:00am - 11:30am
5. Approximately 90 patients are appointed for the following week screening sessions held daily to include 15-18 per session.
6. COD policies are explained to the patient
7. Callers are conversationally screened to determine if they acceptable.
8. If appropriate, an appointment is given for the following week and logistical patient information is exchanged.
9. Patients are mailed a brochure to further explain our system
10. Patients are called 24 hours in advance of their appointment to confirm

b. The Triage Phase

i. Patients will be screened daily at the beginning of each clinic session.
ii. Dental students supervised by faculty are assigned to triage all patients who present for screenings on these days.
iii. Patients will be accepted or rejected based on their appropriateness for Comprehensive Dental Care by undergraduate students (see #1 above).
iv. Patients deemed unsuitable will not be accepted.
v. Patients who are deemed unsuitable for the undergraduate clinics may be referred to other clinics such as Post Graduate Prosthodontics or GPR (General Practice Residency) Program depending on their needs.
vi. Patients who are suitable will be registered, electronic consents forms patient/parent/guardian/picture are signed and attached to the patient Axium record, appropriate radiographs taken, and will be assigned to an undergraduate student.

Patient’s suitability for treatment within the COD parameters is also established at this initial appointment. Non-acceptance of patients can occur for the following:

vii. Financially challenged patients
viii. Inability to attend the clinic during regular operating hours
ix. Type or extent of treatment required or requested is not within the scope of the student dentists
x. Patient personalities that are not compatible with the student learning experience
xi. Special assignment requests (religious reasons, male, female etc)

c. Patients who are accepted by our screening triage faculty in the Group Practices are registered

i. A patient number is assigned and a paper chart created.
ii. They also receive and sign a privacy statement.
iii. After the paper chart is created, the patient is seen at the designated Initial Patient Care Services (IPCS) desk and a photograph is taken and electronically integrated into the Axium computer record.
iv. If current and radiographs of diagnostic quality are not available, a new panoramic radiograph is ordered by the screening triage faculty and the patient is escorted to the Radiology Department.
v. The patient’s triage appointment is concluded and an assigned student will contact them for scheduling an initial comprehensive examination.
vi. The data collection phase of the Comprehensive Oral Evaluation (D0150) will occur during a scheduled visit in the assigned student’s undergraduate clinic.
vii. Health and dental patient histories are collected along with diagnostically relevant intra-oral photographs and study model impressions. A complete head and neck exam including cancer screening is performed.

viii. Medical consultations are generated if needed.

ix. Students are evaluated on their abilities to manage the collection of initial patient data involving history taking and examination.

Performance Test for Oral Screening

In addition, all students who participate in clinical activities are required to pass an annual performance test for Oral Screening:
### UIC

The University of Illinois at Chicago
College of Dentistry

**Physical Assessment and Exam**
Revised Summer 2008

<table>
<thead>
<tr>
<th>Student Name ____________________________</th>
<th>Patient Axium # ____________________________</th>
<th>Date ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check One: This form filled out by: Student &amp; Faculty ____________________________ and ____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Excellent No Faults - 0 points</th>
<th>Clinically Acceptable Minor Faults - 2 points</th>
<th>Standard Not Met Severe Faults - 100 points</th>
<th>Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Cues</td>
<td>Overall physical condition Symmetry of body/face</td>
<td>1. All extroral findings correct</td>
<td>1. Most extroral findings correct (no effect on dx)</td>
<td>1. Extraoral findings incorrect, dx compromised</td>
</tr>
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<td></td>
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<tr>
<td>Other Cues</td>
<td>Paraesthesia, pain Painsness Loss of function</td>
<td>2. All findings correct</td>
<td>2. Most findings correct (no effect on dx)</td>
<td>2. Findings incorrect, dx compromised</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Extra Oral Exam</td>
<td>Color of skin</td>
<td>3. Significant findings and implications for dx presented and documented</td>
<td>3. Sig findings presented, documented and emphasized over insignificant</td>
<td>3. Lack of documentation, sig. And maj. Findings or omission of significant findings</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Ocular movements Lymph system Musculature</td>
<td></td>
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</tr>
<tr>
<td>Intra Oral Exam</td>
<td>Lips (vermillion and oral) Gingival Buccal mucosa Tongue (lat, dors, vent) Floor Oropharynx</td>
<td>4. Well organized with relationships of findings developed</td>
<td>4. Organized but relationships not fully developed</td>
<td>4. Random presentation, relationships of findings not addressed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesions</td>
<td>Color Contour Consistency Function</td>
<td>5. Correct terminology, clear and concise presentation</td>
<td>5. Some use of lay terms, lack of clarity, or overly lengthy</td>
<td>5. Use of slang or incorrect terms, unclear, or incomplete</td>
</tr>
</tbody>
</table>

Preparation Grade: 100 - ________ = ________
Self Evaluation Grade: ________ = ________

Deducted Pts. % Letter 15 % Letter

---

**Urgent Care Clinic**

Adults (15 and above) with urgent care needs may be seen on an urgent basis for treatment of urgent problems only. The clinics are open Monday through Friday and registration begins **by appointment only** at 8:30 a.m. Appointments are made the preceding day for a morning treatment session (8:30 a.m.) and an afternoon treatment session (1:00 p.m.). There is a fee plus the cost of any additional tests, imaging and treatment. Note: the Urgent Care Clinic, on occasion, may be closed due to certain holidays, student breaks, exams, and Clinic and Research Day.

**Urgent Care Process**

**Parameters for Urgent Care**

All patients with appointments are admitted and triaged by D3, D4, IDP1, & IDP2 students supervised by Urgent Care faculty. An urgent care patient by definition exhibits pain and swelling, but may also include patients with broken fillings, broken dentures and other urgent dental problems absent of pain or swelling. All patients who have scheduled appointments the previous day are triaged and treated for the existing dental emergency depending on available resources and the severity of their case.
Urgent Care Protocol

1. UC patients are received by appointment only. Appointments are made the preceding day by calling (312) 996-8636 between 8:00 AM and 9:00 AM. Registration Staff are assigned to receive and triage these calls as they are familiar with the operation of the dental clinics and the protocol for urgent care patients. Patients are appointed at 8:30 AM or 1:00 PM of the next day that the College of Dentistry is open. During this call, the Registration staff also triages the patient to determine the degree of their dental urgency and advises them as applicable of the necessity for immediate care or procedures to access our Comprehensive Care program.

2. Patient Check-in occurs at the front desk of the first floor lobby at 8:30 AM and 1:00 PM.

3. Patients are triaged by D3, D4, IDP1, & IDP2 students and assigned UC faculty to determine: the severity and need for urgent care treatment, and the need for and type of diagnostic radiographs.

4. A patient record is created in Axium for new patients (or the chart is retrieved in the case of existing patients) by the first floor registration clerks, including taking a photo of the patient which is attached to the electronic Axium record.

5. Electronic consents forms patient/parent/guardian/picture are signed and attached to the patient Axium record.

6. The patients are assigned to a group practice and report for treatment at 9:30 AM and 1:30 PM.

7. Within the group practice, the designated urgent care student examines the patient in a systematic way (following the schematic for Urgent Care Patient Assessment Form #1 below) and procures necessary diagnostic data. Close adherence to this schematic is essential.

8. Radiographs of the oral area of urgent need (PA, BTW and/or Panoramic) are ordered and procured by D3, D4, IDP1, & IDP2 students in the Group Clinics or Radiology department.

9. After diagnosis the patient can receive treatment from the assigned urgent care student, or in any of the specialty clinics.

10. Intraoral photographs are taken and attached to the electronic patient record if necessary.

11. The appropriate charges are entered into the patient record and a thorough Daily Treatment Record entry is made in the Tx History section of the Axium electronic record.

12. If the patient requires undergraduate Endodontic treatment, the Managing Partner or Group Endodontic Liaison will assign the patient to a student within the group. If the patient requires post graduate Endodontic treatment, an Axium message is sent to the PG Endodontic Program Director providing the patient’s name, record number #, teeth requiring treatment and urgency for treatment. The director will then assign the patient to a post graduate endodontic resident). When necessary,
postgraduate endodontic residents are available to treat these cases on a same day basis.

13. Restorative cases (broken filling, fractured teeth, de-cemented crowns etc.) are treated by the assigned urgent care student supervised by UC faculty.

14. Periodontic emergency cases receive a chair side consultation from the attending periodontist and treated by the assigned urgent care student.

15. Oral Surgery cases are referred to the Undergraduate Oral Surgery Clinic in Room 219. Attending oral surgeons will evaluate the case and decide if the oral surgery treatment can be accomplished in the UG OS clinic, Post graduate Oral Surgery clinic (if the case is too complicated for the UG program) or remanded to the UG clinic of origin for treatment (based on a set of established protocol attached below- Form #2).

16. Patients who require implant consultation are referred to the COD implant center or assigned to a student for implant consultation depending on the difficulty of their treatment.

17. Patients with oral mucosal lesions requiring consultation or biopsy will be referred to the Oral Medicine Clinic adjacent to Oral Surgery on the first floor.

18. Prescribing medications is part of the urgent care treatment experience, and proper medication selection and prescription writing are taught as part of the urgent care process. The student is allowed to decide with assistance from the urgent care faculty or specialist as to what medications the patient should receive, if any, for the diagnosis or treatment rendered. Prescriptions are to be printed on tamper proof paper and will be generated ONLY through the Axium system (this will insure that the prescription will be entered into the patient record. No other means of generating prescriptions for COD patients is acceptable. For convenience, a formulary of frequently used dental medications is included in the Rx section of Axium, along with correct directions for these prescriptions. Any medications that are not in this formulary can be prescribed by simply typing in the desired medication with the appropriate directions. Assistance in prescribing is available by using the Clinic desktop drug index or calling UIC ambulatory Pharmacy at (312) 355-1969).

Performance Exam

In addition, all students who participate in clinical activities are required to pass an annual performance test for Urgent Care as indicated:
## Urgent Care Performance Exam

<table>
<thead>
<tr>
<th>STEP</th>
<th>COMPONENT</th>
<th>CHECK</th>
<th>EXCELLENT</th>
<th>PASS</th>
<th>STANDARD NOT MET</th>
</tr>
</thead>
</table>
| 1. Medical and Dental History | Chief Complaint/History of Present Illness document.  
   - Health history (Medical/Dental).  
   - Axium interview:  
     - Completed.  
     - Yes answers amplified.  
     - Social and Family History.  
   - Current medications identified.  
   - Actions/indications recorded.  
   - Importance to Dental Tx.  
   - Allergies recorded.  
   - Vital signs B.P., Pulse, Blood Sugar (if indicated) recorded.  
   - Summaries of Patient Medical/Dental history completed (top of medical history). | Presentation  
   Significant findings and implications for tx presented and documented.  
   Well organized with relationships of findings developed.  
   Correct terminology, clear and concise presentation. Spelling correct. | Significant findings presented, documented and emphasize versus insignificant findings.  
Organized but relationships not fully developed.  
Some use of lay terms, lack of clarity, or overly lengthy. | Lack of documentation, differentiation between significant and insignificant finding or omission of significant finding.  
Random presentation, relationships of findings not addressed.  
Use of slang or incorrect terms, unclear, or incomplete presentation. |
| 2. Oral-facial Assessment | Pretreatment Presentation  
   - Proper sterile instruments present.  
   - Extra-oral findings recorded.  
   - Intra-oral findings recorded.  
   - Soft tissue  
   - Dental  
   - Complete Odontogram in area of urgent care.  
   - Perform/Order proper Diagnostic Aids.  
   - Periodontic evaluation  
   - Intra-oral exam  
   - Pulp test  
   - Radiographs (take/order and interpret, assess quality)  
   - Photo attached if appropriate | Assessment  
Consultations obtained  
Restorative  
Endodontic  
Periodontic  
Oral Surgery  
Urgent Care  
Other | Presentation  
All extra-oral findings correct.  
All intra-oral findings correct.  
Significant findings and implications for tx presented and documented.  
Well organized with relationships of findings developed.  
Correct terminology, clear and concise presentation. Spelling correct.  
Indication for and questions to be answered by consultation identified.  
Proper instruments for examination present and sterile. | Most extra-oral findings correct.  
Most intra-oral findings correct.  
Significant findings presented, documented and emphasized over insignificant.  
Organized but relationships not fully developed.  
Some use of lay terms, lack of clarity, or overly lengthy.  
Indication or lack of indication for consultation discussed. | Extra-oral findings incorrect.  
Intra-oral findings incorrect.  
Lack of documentation, differentiation between significant and insignificant findings or omissions of significant findings.  
Random presentation, relationships of findings not addressed.  
Use of slang or incorrect terms, unclear, or incomplete presentation.  
Consult indicated but not requested or consult requested but not indicated.  
Proper instruments for examination not present or sterile. |
### 3. Diagnosis

**Diagnoses**
- Statement of diagnosis completed.

**Complete list.**
- Accurate terminology.
- Supported by findings.

**Minor dx omitted.**
- Related to, but not supported by findings.

**Incomplete**
- Inaccurate terms.
- Not related to, or not supported by findings.

### 4. Treatment Planning

**Treatment Plan**
- Ideal and appropriate alternative tx plans developed and presented to patient in their native language.
- Proper referral.
- Disposition of patient.
- Treatment rendered.
- Prescription written if necessary.
- Enter all billing and treatment codes into Axium and mark complete.
- Enter appropriate SOAP note in history.
- Generate medical consultation if needed.
- Arrange for follow-up tx if necessary.

**Treatment Plan**
- Ideal and appropriate alternative tx plans correct and complete.
- Procedures sequenced appropriately to assure delivery and prognosis.
- Significant medical findings noted.
- Correct use of infection control.
- Maintenance plan completed, accurate and ethical.

**Ideal and alternative tx plans complete but incomplete.**
- Slight variation in sequence not affecting prognosis.
- Minor variances in timing not affecting prognosis.

**Ideal or alternative tx plans omitted.**
- Variation in sequence compromises tx plan and/or prognosis.
- Significant medical findings missing from plan.
- Maintenance plan not completed, accurate and ethical.

### 5. Patient Presentation and Consent

**Faculty Interview**
- Patient, student and faculty agree on final treatment plan.
- Student has demonstrated competency in the Urgent Care process.
- Student needs more experience in the Urgent Care process.
- Student required significant guidance in completing the Urgent Care process.

**Competencies Graded in Axium**
- Pre-Treatment Presentation
- Clinical Competence
- Clinical Judgment/Learning
- Patient Management
- Ethical Behavior
- Infection Control

**Faculty Interview**
- Findings, dx and tx plans, and prognosis presented and discussed.
- Verbal informed consent obtained.
- Financial and time requirements explained and documented.

**Findings, dx and tx plans, and/or prognosis not presented or adequately discussed.**
- Verbal informed consent missing.
- Financial and time requirements not explained and/or documented.

---

Faculty Signature __________________________ Date ________________

Student Signature __________________________

**Student has completed performance exam in Urgent Care:** Yes ________

No ________
Form #1

Urgent Care Patients

Patient Name:_________________ Patient #________________________
Date______  Clinic assigned_________________  Patient assignment #_________

Admissions:
Chief Complaint
___Extraction   ___Root Canal   ___Trauma
___Swelling   ___Broken Tooth  ___Mouth Sore
___Denture Problem  ___Other   ___Referral

Radiograph Taken
None _________   PA#____________________ BTW______________Panoramic_______________

************************************************

Student: (Circle checkmark when completed):
✓ Introduction/Welcome
✓ Explain Clinic policies receive confirmation of understanding
✓ Complete Urgent Care Patient Assessment Flow Chart (Below) in order.

✓ Complete the odontogram of the urgent care problem only
✓ Enter billing codes into Axium for Urgent Care screening (D0140) completed and all
  other completed procedures (radiographs, restorative procedures etc.)
✓ Generate a medical consult if necessary
✓ Complete a patient note in the patient history (DTR) indicating pertinent findings and
  patients Chief Complaint and treatment needs and treatment accomplished or referral
  given.
✓ Take photographs and attach to the Axium patient record if necessary to aid subsequent
  treaters.
✓ Advise patient as to all available treatment options.
✓ Develop definitive treatment plan
✓ Render treatment or refer to appropriate clinic

53  Appendix F-1
Form #2

GROUP PRACTICE EXODONTIA PROGRAM

Overview

The number of patients requiring extractions has been steadily increasing for some time. Because of this demand and available College resources, Oral Surgery can only accept a limited number of daily urgent care “walk-in” patients. The College tries to accommodate patients in pain. Under the aforementioned system there is no guarantee that an individual in pain will be seen on the same day that he/she walks-in, even when they register in the College as early as 8:30 am. This does not fulfill the College’s professional patient care service obligations.

The aforementioned system can also lead to a possible delay in surgical treatment for dental students’ comprehensive care patients of record, due the high level of patient care demand in the OMFS Clinic. This delay impacts the timeliness of other dental treatment, and also falls short of the College’s standards of ethical patient care. The following protocol was developed to alleviate the above concerns:

Urgent Care Process (Overview) and Proposal

Parameters for Urgent Care

All appointed patients who present for urgent care are admitted and triaged by the Initial Patient Care Service. An urgent care patient (i.e. in need of extractions) is considered to be a patient who has pain and swelling. Scheduled patients who present by 8:00 a.m. are triaged and, depending on available resources, treated for the existing dental emergency.

Patient who present for urgent patient care (i.e. extractions):

1. Are admitted according to the Urgent Care Protocol listed above.
2. After diagnosis the patient can receive treatment from OMFS or by an assigned D3, D4, IDP1, & IDP2 urgent care students via the
Patient Selection Criteria listed below in the Group Practices under designated faculty supervision.

3. First option: Oral Surgery cases are referred to the on duty attending oral surgeon located within the Undergraduate Oral Maxillofacial Surgery Department located in room 219 to determine the appropriateness for treatment in UG Oral Surgery clinic.

4. Second option: If UG OMFS cannot accommodate a patient, the patient will be evaluated using the Patient Selection Criteria listed below. If the below criteria have been met and approved by designated faculty, then extractions will be performed extramural to Oral Maxillofacial Surgery but within the College of Dentistry (Group Practices or other designated clinical areas).

Providers

1) Designated Faculty (i.e. with vast exodontia experience)
2) Students who have completed training via rotation in OMFS and dentists assigned to the clinics

Presently, all extractions must be planned through Dr. James Kaszuba, Director of Initial Patient Services, Pager (312) 249-0762 or Office number (312) 996-8070 or his/her designee

Patient Selection Criteria

Only patients with uncomplicated medical histories will be considered. This determination will be based on but not limited to the following criteria:
- Health History (Medical)
  - General Health: Only ASA I and II patients will be considered.
  - Frequency of medical/dental visits.
  - Vital signs.
  - Risk factors present.
  - Current medications.

“Routine” extractions (i.e. CDT code D7140) that are commonly performed by general dentists will be chosen using the following criteria:

1) Erupted teeth with some mobility that can be delivered with elevation and forceps extraction.
2) None of the following conditions will be treated outside of the OMFS Clinic: impactions, multi-rooted teeth with substantial adjacent alveolar bone present, biopsies, teeth with dilacerated roots, other complex oral surgery procedures.
The College attempts to treat all patients in pain and/or with facial swelling. If these patients cannot be treated through the above guidelines, OMFS will continue to make every effort to accommodate these individuals.

**Follow Up: All patients will be called or scheduled with a follow up appointment within 1 week**

**Intent**

The program will serve urgent care patients so that OMFS can address the needs of comprehensive care patients of record to assure more timely care.

This program is intended to supplement dental education, increase the treatment efficiency of the College’s comprehensive patients of record and meet the increased demand of emergency treatment (i.e. extractions).

Every effort will be made to accurately choose patients based on the above criteria, thus minimizing the need of intervention by OMFS. Also, designated faculty with vast exodontia experience will supervise D3, D4, IDP1, & IDP2 student-dentists. However, when unforeseen surgical complications (ex. root tip breakage) arise, the needs of these patients will need to be accommodated by the OMFS Clinic in a timely way.

Patients with unforeseen surgical complications will be referred to OMFS for treatment via communication between the designated urgent care faculty and the on duty attending oral surgeon located within the Oral Maxillofacial Surgery Department on the first floor.

Additional information is available in each Group Practice along with exact procedural protocol.
Pediatric Urgent Care and Screening

The pediatric clinic treats children (14 and under) urgent care cases daily by APPOINTMENT ONLY for the following clinic day. Some Pediatric Medical/Urgent care is managed by Oral and Maxillofacial Surgery. To schedule an appointment please call (312) 413-0972 between the hours of 9:00–9:30 AM Monday through Friday. Patients are only seen if they meet one of four triage criteria: handicapped or medical complications; trauma or accident victims; pain, infection swelling or fever; and as a referral from one of the UIC Medical Center clinics or a private dentist’s office.

Screenings for children are conducted by APPOINTMENT ONLY at 9:00 AM and 1:30 PM, Monday through Friday, in the Pediatric Dentistry Clinic on the second floor, call (312) 996-7532. Children who are accepted for treatment will be scheduled for additional appointments. In order to receive treatment, minors MUST be accompanied by a parent or legal guardian.

Patient Treatment Clinics

Group Practices (Adult Comprehensive Care)

Patients are assigned to a student dentist who arranges appointments, provides general dentistry services, and arranges for specialty consultations and treatment. All care is closely supervised by faculty. Call (312) 996-1265 for screening information.

Faculty Dental Practice

General dentists and dental specialists from our faculty provide an extensive range of state-of-the-art services for individuals of all ages in a setting similar to private practice. Call (312) 413-2835 for an appointment.

Pediatric Dentistry

Comprehensive oral health care services are available for children from infancy through adolescence (14 yrs.) in our Pediatric Dentistry Clinic in an environment designed especially for children. Special care is available for children with disabilities or complex medical problems. New patient screening is by Appointment ONLY at 9:00 AM and 1:30 PM Monday through Friday in the Pediatric Dentistry Clinic, (312) 996-7532.
Specialty Services

Endodontics (post-doctoral clinic)

Root canal therapy and related services are offered in the Post Doctoral Endodontic Clinic using state-of-the-art equipment and techniques, including sophisticated surgical microscopes. Patients may be referred to this clinic (Room 311) after initial screening, as part of their urgent care or comprehensive treatment in the College, or on recommendation of a private dentist. For more information, call (312) 996-8229.

Oral & Maxillofacial Surgery

Surgical treatment of dental and facial infections, including extractions of teeth, administration of general/sedation anesthetics, placement of dental implants, benign and malignant tumors, injuries, developmental and acquired functional and cosmetic facial deformities, cleft lip and palate, diseases of the salivary gland, and other conditions of the teeth and jaws. Students are expected to participate in Clinic Pathology Conferences and Hospital Rounds during their rotation. They should participate in general/sedation techniques are administered for select patients. Students are expected to observe. For information, call (312) 996-7460. Services are rendered by undergraduate, postgraduate with faculty supervising in Room 111.

Patients without an UIC/COD referral must first be seen in the Urgent Care Clinic unless the Urgent Care Clinic is closed, it is after 4pm, or directed from the Hospital.

Oral Medicine Clinic

The Oral Medicine Clinic, located on the first floor of the College of Dentistry, operates on Tuesday morning and all day Wednesday. The goal of the clinic is to provide education, teaching, and patient care for Oral Medicine. Diagnosis and treatments are rendered by undergraduate students and postgraduate residents with supervision from OMDS faculty members.

Conditions which are diagnosed and treated in the clinic include oral mucosal lesions, including neoplastic, inflammatory, reactive, immune lesions, mucosal infections, salivary gland disorders including dry mouth, oral pre-cancerous lesions and other diagnostic and management challenges. Soft tissue biopsies are also performed if there is a need to do so.
Appointments can be scheduled by calling or leaving a message at the Oral Medicine Clinic (312) 355-1222.

Orthodontics (post-doctoral clinic)

Comprehensive treatment of malocclusion problems ("braces") is available for children and adults in our newly renovated Orthodontic Clinic located on the first floor. Patients who are interested in treatment should call the receptionist at (312) 996-7505 to schedule a screening appointment. There is no charge for the initial evaluation. Minor tooth movement procedures may be provided by student dentists under the supervision of faculty. Most comprehensive orthodontic treatment is provided by dentists in training to become orthodontists. Orthodontic services from simple to complex treatment are also available through the faculty practice.

Periodontics (post-doctoral clinic)

Our Postgraduate Periodontics program offers treatment of the gingiva ("gums") and supporting structures of the teeth, including diagnosis, prevention, surgery, and maintenance utilizing the most up to date cutting edge therapies available. We also provide comprehensive and collaborative implant care including treatment planning, surgical placement, and implant site development. Treatment is provided by dentists training to be specialists in Periodontics. Patients needing care may contact our clinic directly. Referrals are accepted from private practitioners to our specialty training program. For information, call (312) 996-7374 or visit the department website.

Restorative Dentistry/Advanced Prosthodontics (post-doctoral clinic)

Prosthodontics is the specialty involved with Esthetic, Implant and Reconstructive Dentistry. Individuals with complex dental problems should first be referred to the Prosthodontics Clinic, where they can be evaluated and receive comprehensive diagnosis, planning and treatment with dentists training to be specialists in Prosthodontics. Prosthodontics is based on the latest technology and innovation. The focus is for comprehensive patient needs that can be addressed with implants, crowns, bridges and dentures. The clinic is ideal for patients who are missing one, several or all of their teeth. Appointments may be arranged by referral from our adult general dentistry clinics or by calling the Prosthodontics Clinic at (312) 996-9223.
Implant and Innovations Center

Implants are frequently a first choice treatment alternative when replacing single or multiple missing teeth, as well as providing support for complete dentures. Patients that are partially or completely edentulous must have implant supported care as one of their potential treatment alternatives.

The Implant and Innovations Center is responsible for coordinating the implant care for all patients of the College as part of their comprehensive oral health care needs. This includes the diagnosis, treatment planning, and patient care involving the placement and restoration of implants. The Implant and Innovations Center philosophy recognizes that implant therapy is restorative driven and coordinated care that must consider/address the comprehensive needs of the patient and not just the dental implant aspects of it.

The Center utilizes the most modern technological advances and innovations in analyzing and providing care for our patients. It also provides an opportunity for our students to engage in the most modern of practice and digital environments.

In keeping with this philosophy, patients seeking treatment in the College that are interested in implant care should be referred to the Implant and Innovations Center for consultation. In addition, patients best cared for in the most modern of technological environments should be referred for a consultation and care. The Implant and Innovations Center embraces a Team approach that includes the restorative and surgical specialties within the College.

The Implant and Innovations Center is located on the south end of the third floor in room 330. Patients desiring information about implants should call (312) 996-3145.

Interpreter Services

There are several multilingual individuals within the College of Dentistry who may be called upon to provide interpreting services. Front desk personnel may perform interpreting duties as long as this task does not interfere with their normal duties or work schedule. If an appropriate interpreter is unavailable in the dental clinics then the Office of the Associate Dean for Clinical Affairs (Room 301) is to be contacted to schedule one.
Protocol

Dental caregivers, hygienist and dental students who require an interpreter for clinical office visits should contact the office of the Associate Dean for Clinical Affairs (Room 301), indicated below, at least 72-hours prior to the appointed office visit date/time.

You will be asked to provide:

1. Patient’s name, clinic reference number and age.
2. Type of patient assistance required (sign or verbal language interpretation).
3. Building/Room/Phone number of office/clinic area where patient will be seen.
4. Time and Expected Duration of office visit.
5. Procedure or scheduled treatment.
6. Patients/visitors requiring dialect assistance will also be clarified during your request: Arabic, Chinese, Polish, Spanish, etc.

Contact (e-mail preferred):
Office of Clinical Affairs, room 301
Phone: (312) 996-1036
E-Mail: clinicalaffairs@uic.edu

Patients with Disabilities

The College is required by law to facilitate the needs of patients with disabilities. Students who require advice or assistance in accommodating the needs of their patients should consult with their supervising instructor, the departmental clinic director, or the Director of Clinical Operations.

Precautions with Dental Treatment for Pregnant Women

- Emergency dental treatment can be performed at any time throughout the pregnancy procuring whatever dental radiographs that are necessary to diagnose the urgent care dental problem (lead apron protection for the abdomen).
- Optional Dental treatment should be postponed until after the pregnancy
- If dental treatment of a routine nature needs to be completed, 2nd and 3rd trimesters (not the last few weeks) are the safest. The 1st trimester should be avoided. Get a medical consultation if you are unsure, or if the pregnancy is of high risk.
- Pay close attention to prescribing medications. Do not prescribe medications that are unsafe for the fetus (tetracycline, ibuprofen and other NSAIDS, barbiturates, benzodiazepines, aspirin etc).
- Local anesthetics, penicillin, erythromycin, cephalosporins are not contraindicated. Opioids should be avoided if possible, but if used, Tylenol with codeine is preferred to avoid the blood thinning affect of similar medications containing aspirin. If unsure of what to prescribe, consult patients MD or the pharmacist.

Treatment of Minors and Emancipated Minors
(In accordance with 410 ILCS 210/1 and 2)

The following policies will be followed in treating minors:

- A minor is anyone not yet 18 years of age.
- Minors cannot receive dental treatment (including exam and x-rays) without the consent of a parent (who can be a minor) or legal guardian. Parents/guardians accompanying minors must stay on-site for the entire dental visit.
- The following are exceptions to the under 18 parental/guardian permission rule. Person that satisfy one or more of these exceptions can consent to their own treatment:
  1. A minor who is pregnant.
  2. A minor who is married.
  3. A minor who has a court order declaring the person an emancipated minor.
  4. Telephone permission from the parent/guardian (if we are sure the person we are speaking to is indeed the parent/guardian). This ONLY applies in extreme emergency situations as determined by the attending faculty member.
  5. A minor presenting with intractable pain or in dire need of medical/dental emergency treatment and the parent/guardian cannot be reached; care may be rendered under emergency implied consent.

All of the above exceptions need to be meticulously documented in the patient’s permanent record for legal purposes.
Patient Care in Group Practices

Categories of Patient Care

Patients may be admitted to the clinic for either comprehensive care or limited treatment. Comprehensive care patients are assigned to a student for a complete diagnostic assessment, comprehensive treatment planning, and treatment or management of all dental problems. Limited care patients are those who present for urgent care or who may be referred to the College by an external dentist or health care provider for attention to a specific dental problem only. Although a treatment plan must be formulated for these patients, it will be limited to a specific problem, i.e. extraction for relief of pain or root canal therapy only per prescription of referring dentist. Patients who present for limited care in Endodontics and do not have a comprehensive treatment plan require consultation by Restorative Dentistry and Periodontics at the time of admission to verify that the tooth is restorable and has an acceptable periodontal prognosis. If there are concerns about these issues, the referring dentist should be contacted to discuss the patient’s condition. All patients are to be informed of the need for a final restoration. Upon completion of endodontic therapy, the patient should be advised to return to the referring dentist for final restoration. If the patient prefers to continue treatment at the College of Dentistry, they must become a comprehensive care patient and follow the appropriate protocols for assessment, diagnosis and treatment planning for all their oral health needs. Limited care also may be provided when the patient desires or needs periodontal treatment only. This situation may occur in patients who are referred to the College for periodontal surgery only and will complete their dental treatment elsewhere. A notation must be made in the record to document the referral, treatment to be performed, and plans for follow-up.

Patient Assignment

All patient assignments are made within the group practices and clinics by the Managing Partners or Program Directors. Patients are assigned to students based upon the dental needs of the patient and the educational needs of the student. Students may request additional patients or types of cases from the Managing Partner.

Patients that have been screened will be assigned for comprehensive care within two months, or will be notified of the approximate time of assignment. Patients that will not be assigned to an undergraduate student will be notified and referred to a specialty clinic or to private practice.
Any active patient who has not been seen for 60 days will appear on an overdue patient report. The assigned dental student will also receive a message indicating that the patient is overdue. Overdue patients without proper documentation of the reason for treatment delay will be discussed by the assigned student with the Managing Partner (or Managing Partner designee).

Patient Transfers

All patient transfers from a student to another student or co assignment to two dental students or a dental student and a hygiene student will be with the approval of the Managing Partner. This does not include transfer or co assignment to a post graduate student, when patients are referred to a specialist. The Program Director will assign referred patients to the post graduate student.

The Patient Record (Health Record)

College Overview

Clinics

1) Group Practices (3)
2) Graduate Endodontics
3) Graduate Periodontics
4) Graduate Prosthodontics
5) Comprehensive Dental Implant Center
6) Undergraduate Pediatric Dentistry
7) Graduate Pediatric Dentistry
8) Oral and Maxillofacial Surgery (OMFS)
9) Oral Medicine/Diagnostic Sciences
10) Radiology
11) Orthodontics
12) Faculty Dental Practice

Patient Rights and Responsibilities

Our Patient Rights and Responsibilities statement affirm patients’ rights to privacy in health care and confidentiality of records. This information is provided to all new patients at time of registration and posted in various locations in the College. This information is also available to students, faculty, and staff in the Clinic Manual. Early in the curriculum, students are introduced to the concepts related to confidentiality (Comprehensive Care 1A).
Definition of the Health Record Content and Format

During the 2001-2002 academic years, the College of Dentistry made the transition to an electronic record.

At UIC/COD a patient’s record consists of an electronic and paper (hardcopy) component. Details as follows:

**Paper (hardcopy) Component**

- Informed consent form
- Notice of Privacy Practice
- Medical consults (if applicable)
- Treatment plan (if applicable – comp. care pt.)
- Analog Radiographs
- Specific informed consent (if applicable)
- OMFS surgical notes (if applicable)
- Vital signs and EKG strips (if applicable)

**Electronic Component**

- Registration form (demographics)
- Health History
- Medical Alerts (if applicable)
- Proper precautions documented for medically compromised patient
- Diagnostic data (dental chart)
- Digital Radiographs and CBCT images
- Appropriate and quality diagnostic radiographs documented
- Dental consults documented
- Phased treatment plan approved by faculty
- Treatment plan follows data obtained
- Treatment follows sequence of treatment plan
- Treatment notes entered by student and approved by faculty
- Patient is maintained on a timely basis during active treatment (treatment notes)
- Contact notes to document communication with the patient
- Patient is placed on recall on a timely basis to meet individual patient needs (if applicable)
- Appointments
- Transactions (billing, payments, insurance)
- Laboratory prescriptions
- Radiographic exposures (#)
Dental Record Management and Use

The electronic component (AxiUm) of the patient’s record is used by every clinic at UIC/COD to enter and retain information listed in the above table. A dental record in the AxiUm system is identified by patient name and an individual AxiUm number.

The paper (hardcopy) component of the patient’s record:

A) Group Practices, Graduate Endodontics, Graduate Periodontics, Graduate Prosthodontics, Comprehensive Dental Implant Center, Oral and Maxillofacial Surgery [unless active patients], Oral Medicine/Diagnostic Sciences, and Radiology

The College of Dentistry has maintained a central record system that requires morning patient records (paper portion, as defined in the respective table) to be returned to the Central Records/Reception, first floor of College, at the end of each day. Afternoon patient records (paper portion) are secured in the clinical areas and picked up by record personnel early the next morning. Students are only permitted to check out records (paper portion) of their patients. Records are requested by completing the appropriate information in the Axium record of the patient. The paper portion of the patient’s record is delivered to the student’s home clinic. Students who do not return paper records, as required, are tracked and required to help locate the paper chart. Abuse of this policy could result in disciplinary action including suspension of clinical privileges.

B) Undergraduate and Graduate Pediatric Dentistry, Orthodontics, Faculty Dental Practice and active patients in Oral and Maxillofacial Surgery have the paper components of the patient record secured on site in the respective clinic.

HIPAA

Faculty are in charge of making sure that students appropriately protect the confidentiality of patient records. Access to the electronic record is only available during regular clinic hours and students can not make approved chart entries in the record without a faculty digital signature (swipe card). The COD is also a covered entity under HIPAA guidelines, and all individuals who have access to protected health information have completed online HIPAA training.
Grid/Matrix of University of Illinois at Chicago/College of Dentistry Health Records

<table>
<thead>
<tr>
<th>CLINIC (location)</th>
<th>AXIUM (electronic)</th>
<th>*PAPER component</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Group Practices (3)</td>
<td>Yes</td>
<td>Chart Room (1st floor) or identified location &amp; user</td>
</tr>
<tr>
<td>2) Graduate Endodontics</td>
<td>Yes</td>
<td>Chart Room (1st floor) or identified location &amp; user</td>
</tr>
<tr>
<td>3) Graduate Periodontics</td>
<td>Yes</td>
<td>Chart Room (1st floor) or identified location &amp; user</td>
</tr>
<tr>
<td>4) Graduate Prosthodontics</td>
<td>Yes</td>
<td>Chart Room (1st floor) or identified location &amp; user</td>
</tr>
<tr>
<td>5) Comprehensive Dental Implant Center</td>
<td>Yes</td>
<td>Chart Room (1st floor) or identified location &amp; user</td>
</tr>
<tr>
<td>6) Undergraduate Pediatric Dentistry</td>
<td>Yes</td>
<td>Chart Room (Pediatrics) or identified location &amp; user</td>
</tr>
<tr>
<td>7) Graduate Pediatric Dentistry</td>
<td>Yes</td>
<td>Chart Room (Pediatrics) or identified location &amp; user</td>
</tr>
<tr>
<td>8) Oral Maxillofacial Surgery (OMFS)</td>
<td>Yes</td>
<td>Chart Room (1st floor) or identified location &amp; user. Active patient records are secured in OMFS</td>
</tr>
<tr>
<td>9) Oral Medicine/Diagnostic Sciences</td>
<td>Yes</td>
<td>Chart Room (1st floor) or identified location &amp; user</td>
</tr>
<tr>
<td>10) Radiology</td>
<td>Yes</td>
<td>Chart Room (1st floor) or identified location &amp; user</td>
</tr>
<tr>
<td>11) Orthodontics</td>
<td>Yes</td>
<td>Secured in Orthodontics</td>
</tr>
<tr>
<td>12) Faculty Dental Practice (FDP)</td>
<td>Yes</td>
<td>Secured in FDP</td>
</tr>
</tbody>
</table>

*Location of paper components of patient record is listed in the “Patient Card” section of the AxiUm (electronic) component of the patient record.

Examples:

1) IN Chart Room – First Floor
2) IN Chart Room – Pediatrics
3) OUT location user
Archival Information

Active charts are kept in the filing systems within the 1st floor registration area or respective clinic as outlined in the Grid/Matrix of University of Illinois at Chicago/College of Dentistry Health Records (above). Inactive charts and older charts are filed in the basement chart storage facility.

Patient Record (Group Practices)

All patients who are examined or treated in the College must be registered and have a dental record and an Axium number. All paper records for adult patients are kept in the central file area on the first floor. For patients that have been inactive over two years, the paper chart will be stored in the main record storage area in the basement. Information regarding all patients is stored in the Axium record.

Records of active patients may be kept in the area where they are being treated when multiple appointments are scheduled within a week. Paper records are delivered to the appropriate clinic each day, and paper records are collected at the end of each day and returned to the central file area. Record requests are automatically made when the patient has an appointment entered in Axium. Individuals requiring patient records when there is no appointment will request the record from the central file area, and the record will be checked out in the Axium record to that individual.

If a patient needs to go to a different clinic during that clinic session, the chart must be checked out of the first clinic and checked in at the subsequent clinic. This will insure that the paper chart location is indicated in Axium.

Records WILL NOT be removed from the College of Dentistry, stored in student lockers or inside the locked cabinets of dental operatories, since records must be available at all times for unexpected emergencies, legal inquiries, or for billing procedures and questions. Violations are subject to disciplinary actions.

Records (except for draft copies of treatment plans) should not be given to patients. Records will not be given to patients to transport to another clinic or to the fiscal clerk, any record transmittal should be handled by a student or staff person. All requests for copies of records by patients or attorneys should be referred to the Office for Clinical Affairs, Room 301. A written request and release, signed by the patient, are required. The fee for copying records is listed in the Procedure Fee Schedule. Under no circumstances should records be copied
for patients or third parties by students, faculty, or staff.

Any student who receives a request for information from a dental insurance company with regards to a claim for dental treatment will forward the request to the fiscal clerk or to the billing department.

Any student who receives a request for information from insurance companies or attorneys regarding patient condition or prognosis following an accident or injury, will forward the request to the office of the Associate Dean for Clinical Affairs (Room 301).

Paper records will include: initial consent forms, radiographs, medical consultations, signed treatment plans, pertinent letters or documentation, and any paper documents created prior to September 2002 (initiation of the Axium electronic record).

All treatment entries will be made in the Axium record and will be approved (swiped) by supervising faculty.

**The Daily Treatment Record**

An entry should be made in the History section of the Axium record for EVERY patient visit. The entry will include:

- The date and reason for each visit
- Blood pressure
- Type of anesthetic amount, concentration, vasoconstrictor, and type of injection administered
- Notations of progress related to any treatment previously initiated
- A summary of procedures performed
- Dental materials used
- Description of any complications
- Instructions for follow-up care and the next appointment

Record entries for patients presenting for urgent care or when there is a un-anticipated event will be in the SOAP format.
Record Reviews

There are reviews when D4 & IDP2 students are graduating and patients are being transferred to other students. A report of unswiped notes, treatment, and medical histories are sent monthly to the managing partners for proper management.

Patient Recall System

Once active treatment has been completed, all patients become part of the oral health care maintenance program (recall program). The patient status in the electronic record will reflect a change to “Recall”, unless the patient has indicated in the treatment records that he/she does not want to participate. Upon completion of the periodontal phase of therapy (perio re-evaluation), endodontic therapy, and/or the last appointment in the restorative phase, the supervising restorative and/or periodontal faculty will make recommendations for restorative recall and periodontal maintenance intervals. The recall type and date will be entered in the patient’s electronic record.

Students are expected to perform necessary recall procedures. Students will receive an overdue recall notice for patients that are 60 days past their recall date. Overdue patients without proper documentation of the reason for recall delay will be discussed by the assigned student with the Managing Partner (or Managing Partner designee).

Patient Appointments

Patient’s appointments are made in the Axium electronic record. Cancelled, failed, rescheduled appointments are made in the scheduler module of Axium. Documentation of failed or cancelled appointments can be documented in the history also.

Patient Failures, Appointments, and Inactivation of Records

Appointment change in status (cancelled, failed, etc) will be recorded in Axium. The patient will be sent a letter regarding failed appointments. The letter will be attached to the patient’s electronic record, and a note will be made in the contact note area indicating that the letter has been sent.

Patients who are unable to be reached by phone will be sent letters inquiring of their interest in pursuing treatment. Patients who have not responded within 3
weeks may be made inactive. Patients who fail appointments, cancel with less than 24 hours notice, or have been late for appointments will be sent letters of warning related to non compliance with College policy. If patients are non compliant after adequate warning, they can be dismissed from the College with proper notice. The patient status will be changed to “dismissed with 30 day urgent care parameter”, or “dismissed/do not re-admit”, by the managing partner (or designee).

Patients that have indicated that they will discontinue treatment will be sent a follow up letter for confirmation. If there is no further communication from the patient, the patient status will be changed to inactive.

**Treatment Plans & Patient Consent**

For comprehensive care patients, regardless of the extent of treatment, there must be a treatment plan in the electronic record which includes the planned treatment procedures and associated fees, approximate appointment schedule, and rationale/recommendations for treatment. Treatment plans are effective for no more than twelve (12) months when a new plan must be generated by the student and faculty member.

The College of Dentistry provides treatment for patients only with their voluntary and informed consent or that of their legally authorized representative, and ensures that this consent is appropriately documented. College policy requires that the individual providing oral health services discuss with the patient the possible benefits, outcomes, risks, and side-effects of the proposed treatment and any alternative treatments, as well as the cost of the proposed treatment and the financial policies of the College. The patient must have an opportunity to obtain answers to any questions regarding the proposed treatment. The level of detail in obtaining informed consent should be consistent with the complexity of procedures and the potential risks. Written informed consent (signed treatment plan) is required for all urgent care and comprehensive care patients.

Informed consent may be granted or withheld by competent adults who are 18 years of age or older. Either parent of a child under 18 may consent for the child. Any minor who is married or a pregnant female may give consent on his/her own behalf. Additional information on requirements for consent may be obtained from the Associate Dean for Clinical Affairs.

If the patient has been referred to the College by a private dentist for limited treatment, the treatment plan should indicate that the patient will be sent back to the referring dentist for completion of treatment.
**Medical Alerts**

Medical alerts are documented in the alert module of the Axium record. The alert may be automatically made when entering the medical history or may be made separately in the alert module.

**Medical Consultations**

Medical consultation forms are available on the educational Blackboard site and should be used to obtain the advice of the patient’s physician for patients with medical conditions which may affect or be affected by dental treatment. When a written medical consultation has been requested for a patient, a notation will be made in the daily treatment record when the consultation form is returned by the physician. Each student should discuss the information with an instructor and record the physician’s recommendations in the daily treatment history. The completed consultation form should be punched with holes for insertion in the bound portion of the paper chart as the first sheet. Medical consultations should not be folded and placed in the cover pockets; they should be bound in the front of the chart so that anyone who looks at the chart will see this important information. No treatment should be initiated until the consultation form has been returned and discussed with an instructor. If warranted, the medical alerts should be modified.

**Blood Pressure**

The College of Dentistry guideline is that blood pressure readings be obtained at each appointment. Limits for measured blood pressure values varies in relation to the patient’s environment, health history, family history and procedure being performed and it is up to the professional judgment of the attending faculty member to decide if treatment should proceed.

Should the faculty feel that the blood pressure values are not in line with the current standards then a consult may be provided to the patient for follow-up with their physician.

As a general guideline: if an adult patient has a blood pressure where either the systolic pressure is greater than 165 or the diastolic pressure is greater than 100, then caution should be exercised by the attending dentist.
Blood Glucose

When working with known diabetic patients or suspected diabetic patients (as indicated by symptoms), the dental provider should use their clinical judgment in deciding when to test the patient’s blood-glucose levels and when it is appropriate to refer the patient to a physician for further evaluation.

The American Diabetes Association (ADA) criteria for diagnosing diabetes are met when any of the following results have been repeated on at least two different days:

1. A fasting blood glucose level is 126 mg/dL (7.0 mmol/L) or higher.
2. If your fasting blood glucose level is between 100 mg/dL (5.5 mmol/L) and 126 mg/dL (7.0 mmol/L), you are considered to have pre-diabetes (impaired fasting glucose), and you have an increased chance of getting diabetes.

Consultations to physicians will be made on the clinical judgment of the attending faculty and using the current American Diabetes Association criteria as a guideline.

Patients Requiring Antibiotic Prophylaxis

The healthcare provider should check that the patient has taken the medication. If patient has not taken their antibiotic pre-medication and the decision is reached between the Student Practitioner, Patient and Faculty that the procedure is to progress that day then the proper protocol should be followed for dispensing medications (please refer to the following section).

Dispensing Medication

Antibiotics for Pre-medication of Patient

Patients who are diagnosed to be in one of the risk groups (per American Heart Association – see below) for developing bacterial endocarditis or have prosthetic joints and are having dental procedures performed that require antibiotic pre-medication, will have an appropriate prescription generated through the Axium Rx Module and procure the prescription prior to the next appointment. If the patient has not had the prescription filled or needs an emergency procedure, antibiotics (clindamycin and amoxicillin only) are available on site and can be appropriated for immediate patient use by the following procedure:

1. An appropriate prescription must be generated through Axium and signed by the supervising faculty instructor
2. The completed prescription is to be taken to the Director of Initial Patient Services or designee (Room 221) and presented to the clinical faculty that are assigned there.

3. The appropriate medication (amoxicillin or clindamycin) will be dispensed.

4. The Axium prescription will be retained in the appropriate folder.

5. The drug sheet will be completed with the patient name, ID #, medication and running inventory.

6. Verification of the appropriate medication will be done by the student and faculty prescribing the medication before administering to the patient.

Note:

1. Antibiotic medication available on site should only be used for emergencies. The preferred technique is to provide the patient with a prescription and have it filled and taken prior to the appointment.

2. Antibiotic pre-medication is only effective for 4 hours after first taken. If the procedure lasts longer, a second pre-medication dose must be administered.

3. If the patient is taking antibiotics for a Co-infection (dental infection, medical reasons etc.), this is to be disregarded in computing the dose for pre-medication for the dental procedures. For example: If the patient is taking Amoxicillin 500 three times daily for a medical reason, we cannot just add 1.5 g of amoxicillin. The dose must be the whole 2 g one hour prior to treatment.

4. The same antibiotic may be used for premedication and treatment of infection but avoid the same antibiotic as premed during appointments for the following 2-3 weeks.

5. A different antibiotic may be used for premedication with no change in the premedication needed for subsequent visits.
Salient Points Concerning Antibiotic Pre-medication for Bacterial Endocarditis

**Current American Heart Association Guidelines**

Published *Circulation* (American Heart Association) 2007; 116; pp 1736-1754

Pre-medication requirements for patients with valvular heart disease or congenital cardiac defects. If in doubt, have patient consult their physician as to need.

**Standard Regimen Amoxicillin**
- Adults: 2.0 g orally 30-60 minutes before procedure
- Children: 50 mg/kg orally 30-60 minutes before procedure

**Allergy to Amoxicillin**
- Clindamycin - Adults: 600 mg orally 30-60 minutes before procedure
- Children: 20 mg/kg orally 30-60 minutes before procedure

- Cephalexin (Keflex) - Adults: 2.0 g orally 30-60 minutes before procedure
- Children: 50 mg/kg orally 30-60 minutes before procedure

- Azithromycin (Zithromax) - Adults: 500 mg orally 30-60 minutes before procedure
- Children: 15 mg/kg orally 30-60 minutes before procedure

- Clarithromycin (Biaxin) - Adults: 500 mg orally 30-60 minutes before procedure
- Children: 15 mg/kg orally 30-60 minutes before procedure

One kg is 2.2 lbs.

*High risk patients may require intravenous administration of antibiotics.

**Steps to Determine if Pre-Medication is Necessary**

1. Determine if a condition exists that requires pre-medication risk categories.
2. Determine if a dental procedure is being performed that requires pre-medication.
Risk Condition Requiring Pre-Medication

As of April 2007, the following conditions require pre-medication for certain dental procedures:

Prevention of Infective Endocarditis - Guidelines from the American Heart Association

1. Cardiac conditions associated with the highest risk of adverse outcome from endocarditis for which prophylaxis with dental procedures is recommended.
   - Prosthetic cardiac valve
   - Previous infective endocarditis
   - Congenital heart disease (CHD)*
     - unrepaired cyanotic CHD, including palliative shunts and conduits
     - completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure**
     - repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization).
   - Cardiac transplantation recipients who develop cardiac valvulopathy

   * Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.
   ** Prophylaxis is recommended because endothelization of prosthetic material occurs within 6 months after the procedure.

2. Total joint replacement

Guidelines for patients who have a total joint replacement were updated by the American Academy of Orthopedic Surgeons (AAOS) in 2009. In 1997, the ADA and the AAOS developed an Advisory Statement on Antibiotic Prophylaxis for Dental Patients with Total Joint Replacements. The Advisory Statement was reviewed and revised in 2003, consistent with the ADA’s practice of periodically reviewing all its guidelines to make sure they take into consideration any new information. The 2003 Total Joint Advisory Statement issued by the ADA and AAOS was retired by AAOS consistent with their process requiring review of statements every five years. AAOS issued a new statement in 2009 that consolidates their prophylaxis recommendations for dental and medical
procedures. The AAOS 2009 Information Statement differs from the 2003 AAOS/ADA Advisory Statement on the following topics:

*From the new AAOS guidelines:* Given the potential adverse outcomes and cost of treating an infected joint replacement, the AAOS recommends that clinicians consider antibiotic prophylaxis for all total joint replacement patients prior to any invasive procedure that may cause bacteremia.

- **Examples of invasive procedures:** Specific dental procedures that may potentially cause a bacteremia are not identified in the new statement. In the 2003 statement, the following procedures were identified as having a higher incidence of bacteremia: dental extractions; periodontal procedures, including surgery, subgingival placement of antibiotic fibers/strips, scaling and root planing, probing, recall maintenance; dental implant placement and replantation of avulsed teeth; endodontic (root canal) instrumentation or surgery only beyond the apex; initial placement of orthodontic bands but not brackets; intraligamentary and intraosseous local anesthetic injections; prophylactic cleaning of teeth or implants where bleeding is anticipated.

- **AAOS does not include a recommendation for an oral antibiotic regimen for patients who are allergic to penicillin. In the 2003 statement, clindamycin (600 milligrams 1 hour before the procedure) was the recommended antibiotic.**

**Summary**

1) Prophylaxis MUST be guided by “clinical judgment”.

2) Medications: orally – follow the 2003 guideline recommendations for clindamycin (600 milligrams 1 hour before the procedure) when the patient is allergic to penicillin.


4) The new AAOS recommendations are not very much different from their 2003 statement, other than removing the “2 year” caveat.

**Dental Procedures That Require Pre-medication**

(when the above risk groups are present)

All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa*
Dental Procedures Not Requiring Pre-Medication

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

Filling Prescriptions at the UIC Ambulatory Care Pharmacy

Many prescriptions are generated in our clinics for patients. Many times patients have asked where they can go to get them filled. We have partnered with the UIC Department of Ambulatory Services to provide a prescription filling service. In order to insure patient compliance in getting prescriptions filled and taking them properly, we can arrange to have our prescriptions filled and ready for pickup at the Ambulatory Care Pharmacy (840 S Wood). This pharmacy is located one block from College of Dentistry and will provide an easy solution to getting prescriptions filled. They accept Medicaid payment and all 3rd party insurance payments. The Ambulatory Pharmacy can also be a valuable source for pharmaceutical questions. The procedure is as follows:

University of Illinois at Chicago Medical Center
Department of Ambulatory Services

Work Plan Proposal

**TOPIC:** Outpatient Prescription Services for Dental Clinic Patients

**PURPOSE:** The University of Illinois Pharmaceutical Care Center (PCC) Ambulatory Care Pharmacy will coordinate policy and procedure for providing outpatient prescription services for the University of Illinois Dental Clinic patients.

**PROCEDURES:**

Dental Clinic

1. The University of Illinois Dental Clinic Physician will generate electronic prescription for the patient using the College of Dentistry Computer System.
2. The printed copy of the prescription will be signed by the physician.
3. The physician and/or assistant will complete the required information on the UIC Dental Prescription Request Form Cover Sheet.

4. The following information will be faxed to the PCC Ambulatory Care Pharmacy:
   - Signed copy of the printed prescription
   - Copy of the patient’s insurance card
   - UIC Dental Prescription Request Form Cover Sheet

5. The physician and/or assistant will inform the patient to pick up the prescription at the PCC Ambulatory Care Pharmacy.

PCC Ambulatory Care Pharmacy

1. The Dental Clinic prescription and the UIC Dental Prescription Request Form Cover Sheet will be received at the PCC Ambulatory Pharmacy fax machine.

2. The pharmacy staff will take the copy of the prescription and the cover sheet off the fax machine.

3. The pharmacy staff will process the prescription using the rush priority status.

4. The pharmacy staff will complete the pharmacy sections on the request form.

5. When completed, the pharmacy staff will call the patient’s name for prescription pickup and collect payment.

6. If the patient is not present, the prescription will be placed in the bin for patient pickup.

7. The UIC Dental Prescription Request Form Cover Sheet will be placed in a cover sheet tray for later filing.
PCC Ambulatory Care Prescription Cover Sheet
UIC Dental Clinic
Prescription Request Form

Date: ______________________________ Time:__________________

Patient Name: ________________________ DOB: _________________

Sex: _____M______F  Telephone#: (____) __________________

Address: ___________________________________________________

Allergy: ______________ Reaction: ___________ Severity: ___________

Insurance Plan: _________________Cardholder ID # _______________

Physician: __________________ Pgr #:___________ Tel#:___________

• Prescriptions faxed to Pharmacy ( 6-8525 ) Time:______________
   Number of Prescriptions: ________ Need RX by:______________

• Copy of the insurance card is faxed to PCC Pharmacy

• Patient/Family will pick up prescriptions at PCC Pharmacy

• Patient will pay co-payments in the PCC Pharmacy during RX pick up

Comments:
___________________________________________________________

Time RX Received/PCC Staff initial  Time RX Completed/Staff initial

________/_________________  __________/_________________

Dental Clinic  PCC Ambulatory Care Pharmacy
801 South Paulina Street  840 South Wood Street
Chicago, IL  60612   Chicago, IL  60612
Tel: (312) 996-8636  Tel: (312) 355-1969
Fax: (312) 996-6266  Fax: (312) 996-8525
Dental Radiographs

All dental radiographs are to be placed in a mount and labeled with the patient name, ID number, and date. Mounted radiographs should be placed in the chart pocket or plastic bag attached to the inside of the record. Original x-rays should not be placed in coin envelopes. (Only duplicate x-rays may be stored this way for filing in Radiology or Endodontics. In dual film packs, the best quality radiograph will be used as the original and the second placed in the coin envelope.). Each radiographic procedure must be entered as a completed procedure in Axium for a proper radiation exposure record. This includes x-rays taken for no fee. Digital radiographs are stored in the electronic patient file. Finally, a diagnosis summary resulting from the radiographic examination must be entered in the treatment history.

Patient Complaints

The following are the procedures and policies regarding patient complaints. General tracking, management, and follow-up for patient complaints will be handled by (in order) the Managing Partner, Program Director (or designee) and if not resolved, Director of Clinical Utilization or Associate Dean for Clinical Affairs. The following protocol will be used:

1. Students should inform the supervising instructor of any problems which arise with patient treatment or management. Complaints which cannot be readily resolved by the supervising instructor should be presented to the Managing Partner, Clinical Course Director or Program Director of the discipline involved.

2. Complaints that have not been resolved with the Managing Partner or Program Director should be brought to the attention of the Director of Clinical Utilization or the Associate Dean for Clinical Affairs. Also, those requiring intervention by Claims Management or Legal Counsel will be followed by the Associate Dean for Clinical Affairs.

Instructions for patients to follow:

a) Present in writing concerns/issues to the Director of Clinical Utilization or the Associate Dean for Clinical Affairs.

b) The Director of Clinical Utilization or Associate Dean for Clinical Affairs will investigate the concerns/issues.

c) The Director of Clinical Utilization or Associate Dean for Clinical Affairs will respond appropriately to the patient.
3. Complaints presented to the Dean’s office-reception area, admitting office, or any non-clinical area should be directed to the Managing Partner of the patient’s assigned clinic. He/she will track the complaint, evaluate the patient record, manage the complaint, or refer to the Director of Clinical Utilization or Associate Dean for Clinical Affairs for action or follow-up.

4. If the complaint is related to an injury, an Incident Report should be completed immediately and submitted to the Office of the Associate Dean for Clinical Affairs (Room 301). Forms are available in Room 301 and at clinical reception desks. (Please refer to the section on Patient Incidents for more detail on how to handle patient accidents and injury).

5. Financial compensation, remaking / redoing treatment or waiving of fees will be the decision of the Managing Partner, Program Director, Department Head, Director of Clinical Utilization or Associate Dean for Clinical Affairs. Cases involving an injury or dissatisfaction with treatment may require formal claim procedures and signing of a release by the patient.

**Patient Incidents**

Occasionally, patients or visitors to the clinics will experience an injury, accident or other adverse event. Students should report such incidents promptly to the supervising instructor and Managing Partner to seek advice and assistance in managing the situation. All incidents should be reported to the Director of Clinical Utilization or Associate Dean for Clinical Affairs, and an incident report filled out and returned to Room 301. Any student or employee who receives a subpoena, legal request for records, or notice of lawsuit should immediately inform the Associate Dean for Clinical Affairs.

**Dental Emergencies (Urgent Care)**

New patients with dental emergencies (the need for urgent care) will be registered as patients. Urgent care patients will be examined in the undergraduate clinics. A diagnosis will be made and treatment alternatives will be discussed with the patient. The patient will receive treatment in the undergraduate clinic or will be referred to the appropriate specialty clinic for treatment.

Each student is responsible for handling emergencies of his/her assigned patients. If the assigned student is in a special clinic rotation, the patient will be seen by an available student in the patient’s assigned group practice as an in-house emergency (per the Managing Partner or designee).
Emergencies - After Clinic Hours

Students should advise patients to make every effort to contact them during regular business hours when problems develop. Patients should be told that assigned Endodontic residents and/or faculty receive emergency after hour’s calls (a phone number will be available in Group Practices to distribute to patients and after hours information will be available by recording on each Group Practice’s telephone). If indicated after-hours dental care is provided at the University of Illinois Hospital. Severe trauma patients will be seen by OMFS residents at the University of Illinois Hospital (312) 996-7297 when the College is closed. Pediatric patients have access to after hour’s emergency dental care by calling the Pediatric Dentistry Resident on call (this information is distributed to patients and by accessing a recording on Pediatric Dentistry’s telephone).

Please note: there is a substantial charge for services in the hospital emergency department and patients should be informed that they will be billed by the hospital and by the ER physicians. Dentists are unable to waive the emergency fees from the University of Illinois Hospital.

Front Desk (Clinic Reception) of Group Practices

Individual Group Practices provide guidelines.
Licensing Examinations

Each year the College hosts a licensure examination which is administered by a regional testing service. The College annually selects the agency in compliance with applicable state licensing regulations. While the College will facilitate the application process, it is the responsibility of the student to fully complete and fund the testing agency's application requirements.

The College prefers, and elects to participate in, the "Curriculum Integrated" format. This examination is hosted in the Fall Term (manikin portion) and the Spring Term (patient care portion). The College is a closed site for the Curriculum Integrate Examination; only students enrolled in the College's undergraduate or graduate programs are eligible to participate.

The College also hosts one "traditional" format (manikin and patient portions conducted in two consecutive days). The College is an open examination site with a limited number of spaces offered. However, students of the College are always accommodated.

Patient Care Information

The University of Illinois at Chicago, College of Dentistry, cannot take responsibility to provide patients for candidates, nor accept candidates’ patients into the regular educational program for the purpose of completing unfinished clinical procedures. Non-UIC candidates are not allowed to solicit patients at the College, and due to liability reasons, their patients may not be treated in the College clinics prior to the licensure examination. The UIC College of Dentistry is not responsible for any needed follow-up care of patients treated during the examination.

General Clinic Information

Specific information will be presented to students well in advance of the examination.
# Section 9  Risk Management

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Risk Management

Emergency Equipment, Procedures, and Code Blue Alert

Oxygen Equipment

It is the responsibility of every faculty, staff, and student to know where the oxygen equipment is located in their respective clinical area and how to operate it.

Automatic External Defibrillator (AED) Equipment

Defibrillation is a medically recognized method of reversing certain potentially fatal arrhythmias. Successful resuscitation of a patient is related to the length of time between the onset of an arrhythmia (ventricular fibrillation and/or pulse less ventricular tachycardia) and defibrillation. Administration of supplemental oxygen is also crucial to the resuscitation process.

UIC/COD has five (5) public Automated External Defibrillators (AED’s) including oxygen tanks strategically located on the 1) first floor - main hall adjacent to the Reception area, 2) second floor - main hall adjacent to the Sterilization area, 3) third floor - main hall adjacent to the Sterilization area, 4) fourth floor – common areas adjacent to main elevator bank (north area of College), and 5) fifth floor – common areas adjacent to main elevator bank (north area of College). These AED’s are only intended for use by properly trained individuals with knowledge gained through Basic Life Support (BLS) for Healthcare Providers (CPR & AED) training courses. All health care providers with direct patient contact must have current Basic Life Support (BLS) for Healthcare Providers (CPR & AED) certification to work in the clinics.

It is the policy of UIC/COD that the five (5) public AED’s and oxygen tanks are in good working condition. To help insure this, the Associate Dean for Clinical Affairs and/or the Director of Clinical Utilization or their designees will perform monthly inspections as outlined in the Automated External Defibrillator (AED) and Oxygen Inspection form (on file in the Office of the Associate Dean for Clinical Affairs, Room 301). The completed inspection forms will remain on file in the Office of the Associate Dean for Clinical Affairs.
Area “Crash” Carts  
(Group Practice areas on the second and third floors)

Consists of supplies to support basic and advanced life support in the case of a medical emergency. Standard supplies (general):

- Airway / Intubation Equipment
- ACLS Drugs
- IV Access equipment
- $O_2$ Tank w/Ambu bag

Emergency Medical Management

You must be thoroughly familiar with medical emergency management code blue procedures. When you have a medical emergency, it is too late to learn the proper procedure.

Protocol for Medical Emergencies

Introduction

Careful patient evaluation, constant patient observation, and early recognition of a medical emergency will go far in preventing serious medical complications. However, should a cardiopulmonary arrest or other life threatening event occur, it becomes our immediate duty to identify the problem and begin basic cardiac life support procedures.
The protocol to be followed is as follows:

**Medical Emergency Algorithm**
(General Guidelines Between 9:00 a.m. - 4:30 p.m.)

1. **Call for HELP**
   - Inform your attending faculty member
   - Remain with the patient

2. **Initiate CPR**
   - Make sure **Airway** is clear
   - Make sure patient is **Breathing**, **Initiate Breathing if necessary**
   - Check for **Pulse**

3. **FIRST:**
   - Dial 3-4733 to announce
   - Code Blue Room ___ on the ___ Floor
   - then hang up.
   - **THERE WILL NOT BE SOMEONE TO ANSWER THE CALL. THE NUMBER PLUGS YOU INTO THE ORAL SURGERY OVERHEAD PAGING SYSTEM.**

4. **SECOND:**
   - Dial 6-2242 (UIC Medical Center Paging System)
   - Enter 6969# (Oral Surgery Pager ID)
   - Enter call back phone number
   - Wait for returned phone call
   - When page is returned, provide Room/Location

The OMFS Code Team will arrive to provide emergency services and determine whether further assistance is required. Your attending faculty member must initiate and assume leadership of the management of the emergencies, until OMFS Code Team arrives. **If the OMFS Code Team does NOT arrive within one (1) minute, call 911.**

5. **Non-OMFS Dental Assistant or Designee to transport Emergency Cart to scene**
   - Obtain Vital Signs
   - Administer Oxygen
   - Second Designee to wait in the reception area to meet the OMFS Code Team and direct them to the location of the emergency
For a serious medical emergency or if there is a physical threat to you or anyone else in the College, call University Police 5-5555 to call 911 Paramedics (Chicago Fire Department) to the 940 Building, College of Dentistry.

Tell them: “There is a Medical Emergency at the UIC College of Dentistry - Room ___ on the ___ Floor”

Examples of Medical Emergencies

- Myocardial Infarction
- Angina
- Stroke
- Seizure

Before 9:00 a.m. or after 4:30 p.m., call University Police 5-5555 from the clinic phones or use the Red Emergency Phones in the main clinic hallways (if available). DO NOT CALL OMFS Code Team VIA THE PUBLIC ADDRESS SYSTEM.

Inhaled or Swallowed Objects

- If patient breathing is compromised, the patient is UNSTABLE. Follow the procedures above for medical emergencies. Perform the Heimlich Maneuver. If the patient can breathe and speak, the patient is STABLE.

- If a dental restoration or piece of equipment is lost in the oral cavity during a procedure and there is concern that the item has been inhaled or swallowed, seek the advice of an instructor immediately.

I. Concern:
When an object, such as a crown, is swallowed there is the possibility that it could have accidentally been aspirated into the lungs. Aspiration can lead to serious lung related infections and other complications.

II. Procedure:
1. Inform the attending Faculty and the Patient of the concern.
2. Fill out a Patient Occurrence Report (found on the College of Dentistry intranet) and return completed form to room 301.
3. Fill out entry in the patient’s record in Axium.
4. Fill out a Request For Consultation (sample attached).
5. *Escort the patient to the:
   University of Illinois Medical Center
   Emergency Department
NOTE: The College of Dentistry will cover the costs for all diagnostic tests and related services.

*The following preference (in order) applies when escorting a patient to UI ER:

1) Attending faculty AND treating student-dentist/resident should escort patient
2) IF by leaving the clinical area the attending faculty member leaves inadequate coverage for remaining students: the treating student-dentist/resident AND another healthcare provider should escort the patient

The patient should always be reassured why the hospital visit is a necessary safety precaution and that the College will absorb all costs related to this hospital visit.

If the patient receives a bill they should immediately send it to:
Office of Clinical Affairs
UIC College of Dentistry (MC 621)
801 South Paulina Street, room 301
Chicago, IL. 60612
Phone: 312-996-1036
Fax: 312-355-1463

**Administrative Notes**

- The dental assistant will obtain an incident report for the attending faculty member and student to sign and fill out; the form should be sent to the Hospital ER with the patient. One copy is retained and submitted to Room 301.

- Alternatively, when the patient has been stabilized and referred for follow-up care, obtain a Patient or Visitor Incident report form from Room 301; fill out all sections, obtain supervisor signature, and return to Room 301.

- A description of the incident also should be recorded in AXIUM in the Patient’s Chart.

- For emergencies involving a student or employee, the “Supervisor’s First Report of Occupational Injury” is to be filled out and returned to Room 301.
OMFS Team Consists of AAOMS Certified Anesthesia Assistants (OMFS Dental Assistants), Registered Nurse, Faculty

Management of Unusual Events or Outcomes

Introduction

The Office of the Associate Dean for Clinical Affairs functions as the coordinating point for those activities related to incident reporting and management of unusual events or outcomes.

Reporting Unusual Events and Outcomes

Definitions

- An unusual event is a physical accident not directly induced or caused by treatment rendered to the patient. The result may or may not involve physical injury.

- An unusual outcome is the result of treatment rendered to a patient where the outcome exceeds the normal expectations. The result may or may not involve physical injury to the patient. For an example list of reportable unusual outcomes see Attachment #1 (pages 9-10) in this section.

- A non-employee is a patient, student, volunteer, visitor or outside contractor.

- Risk management is a broad-based program — an ideal byproduct, of which, is improved quality of patient care — which identifies and attempts to contain, reduce, prevent, eliminate, or manage the risk of financial loss to the College and its faculty due to unusual events, incidents and outcomes.

Reporting Requirements

All unusual events and outcomes which may involve injury, possible injury or alleged injury to non-employees that occur in the College of Dentistry and/or Clinics must be reported to the Office of the Associate Dean for Clinical Affairs WITHIN 48 HOURS. If any question of need exists, the office of the Associate Dean for Clinical Affairs should be notified.
Note

All threats of legal action against the University, the College of Dentistry, the faculty, employees or students must be reported as soon as possible to the Associate Dean for Clinical Affairs, Room 301.

Purpose

The purpose of the policy is to provide a mechanism for documenting and reporting incidents occurring in the University of Illinois at Chicago – College of Dentistry. The primary intent is use in patient care, but is applicable to all non-employees, including visitors and students. The documentation and reporting of incidents is a Quality Assurance effort in which all professional, administrative, technical, and clerical staff participate to reduce the number of incidents and unusual outcomes and to reduce exposure to litigation. The primary purpose for reporting is to provide an informational base from which corrective and preventive action can be taken and to comply with the terms of the College’s Professional Liability insurance.

Report Maintenance

The College shall maintain a current complete file on all reported incidents which could involve either, court action, reimbursement, adjustment or charges rendered, arbitration, or conciliation. Reports shall be filed with the Associate Dean for Clinical Affairs and a copy of the report shall not be included in the patient’s record. Objective facts of the incident or unusual outcome shall be reported in the patient’s record as appropriate to patient treatment, diagnosis, and documentation requirements. Facts of occurrence shall be discussed with the patient, as appropriate, by attending treatment faculty. The reports are confidential and non-discoverable to the extent provided by the law for such Quality Assurance efforts.

Use of Reports

Filing a report shall not, in and of itself, subject faculty, students or staff to punitive or disciplinary actions. The Office of the Associate Dean for Clinical Affairs shall analyze and categorize all reports and issue statistical data summarizing the types, numbers and locations of incidents and unusual outcomes for the College.
Unusual Events and Outcomes Reporting Procedure

Non-Emergency Situations

The student must report the incident to the faculty supervising the patient’s care. The Office of the Associate Dean for Clinical Affairs must be notified. Appropriate incident reports and record data entries must be completed. If treatment is required, the student should follow the direction of the supervising faculty.

Emergency Situations

Follow the instructions for a Code Blue Alert. The Office of the Associate Dean for Clinical Affairs must be notified and appropriate incident reports and record data entries must be completed.

Unusual Events and Outcomes Reported By Telephone

Non-Emergency Situations

Report the incident the next clinic day to the faculty supervising the patient and the Office of the Associate Dean for Clinical Affairs. Appropriate incident reports and record data entries must be completed. Make arrangements with faculty if treatment is required. Follow the direction of the faculty in treating the patient.

Emergency Situations

Please be informed and inform your patients of the following after-hours emergency procedure for patients being actively treated:

1. Provide your patients with the after-hours phone number (telephone # will be available in the clinics to distribute to patients).

2. Emergency personnel will call and give directions to the patient. If the emergency requires medical attention, direct the patient to the UIC hospital. Report the incident to the Office of the Associate Dean for Clinical Affairs the next clinical day. Appropriate reports and record data entries must be completed.

Incident Report Procedures
Incident Reports Procedures

Occurrence Report

Employee Injury Report (Workers' Compensation)

Patient Occurrence Report

Visitor Incident Report

All forms are obtained from [http://intranet/clinics/chairside/](http://intranet/clinics/chairside/) or the Office of the Associate Dean for Clinical Affairs, Room 301.

Definitions

Occurrence Report

This form should be used by students, faculty, and staff for reporting all unusual outcomes to them. The form should be filled out by the person involved with the occurrence and the attending faculty member should be listed as a witness. Return the form to the Office of the Associate Dean for Clinical Affairs.

Employee Injury Report (Workers' Compensation)

Used for reporting an employee injury. This form has two parts, one for the employee to complete and one for the supervisor to complete. This form is filled out in addition to the occurrence report listed above. Return completed form to the Office of the Associate Dean for Clinical Affairs.

Patient Occurrence Report

This form should be used for reporting all unusual outcomes involving patient treatment. The form should be filled out by the attending faculty member with the student listed as a witness. Return the form to the Office of the Associate Dean for Clinical Affairs.

Visitor Incident Report

This form is used for the general public in reporting incidents not related to dental treatment (i.e. a person falls out of a chair in the lobby, slips on the floor, etc.). The area supervisor is responsible for filling out this form, with the assistance of
any witnesses to the incident. This form should be returned to the Office of the Associate Dean for Clinical Affairs.

Attachment #1

Unusual Reportable Outcomes

- Abandonment Claims
- Allergic reaction (from drugs or materials)
- Anesthesia (wrong quadrant or tooth)
- Aspiration or swallowed substances (instruments, restorations, etc.)
- Broken instrument (unable to locate broken part, in root canal, etc.)
- Burns
- Complaints (dissatisfied patient or parent)
- Damage to patient-owned appliance
- Damage from failed product (headrest failure, etc.)
- Drug (abuse, allergy, reaction)
- Excessive pain, bleeding or swelling during or following treatment
- Extraction (wrong tooth)
- Fracture as a result of treatment (bone or tooth)
- Lacerations as a result of treatment
- Lack of informed consent (even with a signed consent form)
- Medical complications resulting from or during treatment
- Misadventure in the execution of a procedure
- Oral-antral fistula
- Paresthesia (severed or damaged nerve)
- Perforation (bur, file or instrument)
- Prescription (incorrect drug, dose, instructions)
- Post-operative instructions (lack of, or wrong regimen given)
- Treatment (wrong tooth restored, endodontics, etc.)

Professional Patient Interaction

Treatment Area

The UIC College of Dentistry dental clinic is a dental treatment area. Specifically, the dental treatment area is focused on our treatment cubicles and the immediate surrounding clinical area. This dental treatment area is restricted to dental treatment personnel and the patient being treated ONLY. No other person should
be in the dental clinic area. If for some reason an exception is required (e.g. a legal guardian is required), you should be granted permission from the Managing Partner or another supervisor.

**Patient Discussions**

Discussions with patients should include descriptions of reasonable expected outcomes and should not include any promises or guarantees.

**Emergency**

“Something has gone wrong” and the reasonable expected outcome is not attained. The “DUTY” of the doctor “owed to the patient” in case of an emergency is:

1. Primary prevention from further injury or debilitation
2. Secondary relief from discomfort.

**Abandonment**

The termination of a UIC/COD patient must be in writing to the patient and a copy must be included in the record. This termination must be initiated by the Managing Partner, Program Director, Director for Clinical Utilization or Associate Dean for Clinical Affairs. The College has the legal obligation to continue treatment to a logical stopping point.

1. Do it in writing
2. Give sufficient notice (in almost all cases – urgent care will be provided for thirty [30] days)

**Before Daily Patient Dismissal**

The patient must not be dismissed until he/she is signed out by a faculty member. Faculty will make sure students have made proper entries in the Progress and Treatment Notes before signing the students out. Information should include type and amount of anesthetic used including vasoconstrictors, bases and/or liners used, and brand of restorative material, information relating to patient relations and reactions, and any other information pertinent to treatment of the patient. See each department’s guidelines for details.
Adequacy of Records

It is important that the tendency toward abbreviated and cryptic references be avoided. Many years may elapse between the creation of the record and the need to defend it. All entries and signatures must be legible. Dentist’s personal observations as to patient’s disposition and attitude are appropriate. Such observations must be factual and not malicious. Such observations should not make judgmental or diagnostic statements that are outside the author’s area of specialization. A record of how well patients follow recommendations and treatment plan goals should be made. A record of all drugs prescribed, dosage, expected results and number of refills should be included.

Consent

Implied Consent grants permission to examine the patient.
Informed Consent by court judgment must inform the patient of all:

- Risks
- Consequences
- Benefits
- The proposed procedure
- Alternate procedures
- Possible consequences of no treatment

The explanations must be done in “lay terms.”

Late Entries

Protocol for making a late entry or addendum to the patient record — The late entry or addendum should be made in the Progress and Treatment Notes of the patient record using the date the entry is made. The treatment date that the late entry or addendum references should also be listed. The entry must be validated by a faculty member.

Correcting Errors

Correcting an error in charting — The error should be corrected in the appropriate area of the patient chart. A statement of correction should be made in the Progress and Treatment Notes and validated by a faculty member.
Records Audit

Audit of Records for Adequacy of Documentation — The administrative section for Quality Assurance will have responsibility for audit of patient records for adequacy of documentation. Inadequacy will be brought to the attention of the student, Managing Partner, and/or the appropriate Department Head.

Guidelines for Management of Patients Who May Be Seeking Professional or Legal Condemnation of Previous Dental Treatment

Purpose

These guidelines are set forth to establish uniform procedures to manage patients who may express concern, or who may be seeking professional and/or legal advice regarding previous dental treatment.

Applicability

These guidelines apply to assigned clinical patients only. Unassigned patients seeking consultation will be handled under other established guidelines.

Philosophy

It is the position of UIC College of Dentistry that we have the obligation to, with our best professional judgment, present a true and accurate assessment of the dental needs to every assigned dental patient. This assessment of dental needs should be based on a thorough diagnosis and approved treatment plan. The dental treatment should restore optimal oral health and function, considering the current status of the patient. The development and presentation of the treatment plan is to obtain the goal of optimal oral health and function for the patient and not intended as criticism of previous dental treatment. However, we should not avoid recommending the replacement of existing restorations, prosthesis or any other treatment when necessary to obtain the treatment goals.

Precaution

The student and faculty are cautioned to refrain from making judgmental remarks concerning past or proposed future treatment. This is particularly important during the early phases of diagnosis. If the patient inquires about past or proposed
future treatment, the patient should be told their condition and proposed
treatment will be carefully reviewed at the time the treatment plan is presented.

Procedure Treatment Plan

1. Regardless of the quality of previous treatment, the patient should be
presented with an APPROVED treatment plan. It is unnecessary to dwell
on previous treatment except as it relates to the patient’s ability to
maintain the future treatment.

2. After the approved treatment plan is presented, if the patient expresses
concern for the quality of previous treatment, the following procedures
should be followed:

   a. The faculty member responsible for the treatment plan should be
      asked to explain the situation to the patient and carefully document
      the patient’s concern in the Progress and Treatment Notes.

   b. If in the opinion of the faculty member a problem may still exist,
      the Managing Partner should be consulted and noted in the
      patient’s record.

   c. The Managing Partner will make a final evaluation of the patient
      including the option of consulting with an appropriate specialist
      and make appropriate documentation in the Progress and Treatment
      Notes in the consultation section of the patient’s
      record.

   d. If the patient requests advice concerning steps to be taken to
      recover for previous dental treatment, they should be directed to
      contact the dentist who provided the treatment in question.

   e. If, after contacting the dentist who provided the treatment in
      question, the patient still seeks advice concerning steps to be taken
      to recover for previous dental treatment, they should be directed
      to contact the local dental society who can assist them. This may
      be done by contacting the local dental society office.
Basic Life Support (BLS) for Healthcare Providers (CPR & AED) Certification

All health care providers with direct patient contact must have current Basic Life Support (BLS) for Healthcare Providers (CPR & AED) certification to work in the clinics. It is the responsibility of Department Heads, Program Directors and Managing Partners to monitor continuous affirmation or excuse an individual from this requirement. Basic Life Support (BLS) for Healthcare Providers (CPR & AED) training programs are held in the College. Individuals who do not certify in the program offered by the College must make their own arrangements for training and present a copy of their certificate to the Office for Clinical Affairs, Room 301.

HIPAA Regulations

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the draft regulations the Secretary of Health and Human Services (HHS) has promulgated under the authority of HIPAA radically raise the stakes with regard to medical record compliance issues. The purpose of this section is to help you comply with HIPAA as efficiently and cost effectively as possible and to give you confidence in handling patient confidentiality.

What HIPAA Requires

HIPAA requires you, as medical information professionals, and the entities you serve, to maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of healthcare information, to protect against reasonably foreseeable threats or hazards to the security or integrity of the information, and to protect against unauthorized uses or disclosure of the information. In addition, HIPAA provides criminal penalties for failure to comply with these requirements. Because Congress failed to enact a comprehensive confidentiality and security law by August 1999, HIPAA required HHS to draft regulations covering confidentiality and security of healthcare information.

What the HHS Regulations Require

The HHS draft regulations propose standards for the security of individual health information and electronic signatures for health plans, health care clearinghouses, and health care providers. The draft regulations divide these proposed security requirements into four categories:
1. Administrative procedures to guard data integrity, confidentiality, and availability.
2. Physical safeguards to guard data integrity, confidentiality, and availability.
3. Technical security services to guard data integrity, confidentiality, and availability.
4. Technical security mechanisms to prevent unauthorized access to data transmitted over a communications network.

From those four simple categories come many specific requirements for those of you who maintain and transmit electronic health data, including no less than thirty-two separate policies and procedures you must implement, such as an overall security policy, a personnel security policy, a sanction policy, termination procedures, media controls, access authorization verification procedures, a workstation use policy, a disaster recovery plan, and the like.

Management of Chemical Spills

Chemical spills should be cleaned-up according to the product’s Material Safety Data Sheet (MSDS) available in the College of Dentistry Intranet Clinic Chairside or: http://www.siri.org/msds/index.php

A minor chemical spill is one that facility staff is capable of handling themselves or with the assistance of safety and emergency personnel. All other chemical spills are considered to be in the major category. Due to the type and capacity of the containers used at the College, the type of substances used and their safe storage, spills that occur in the clinics may be considered minor spills.

Spill Kits

Spill Kits contain all supplies needed for the cleanup of minor spills, including a quick-guide with general instructions, contacts, and necessary forms. Additional supplies may be requested to the Office for Clinical Affairs.

Location of Spill Kits:
- All undergraduate clinic support laboratories, rooms 213, 313, lab 422
- Simulation clinics: rooms 319 and 430B
- Central Sterilization 2nd and 3rd floor Rooms 205 and 305
- Pediatric Dentistry Department
- Orthodontics Department
Minor Chemical Spill Protocol

1. Alert all people in the immediate area of the spill. Tend to any injured if needed.
2. Obtain the MSDS for the material spilled and follow their recommendations.
3. Obtain supplies from the Spill Kit.

General clean-up guide
   a) Wear protective equipment, including safety goggles, gloves and a long-sleeved gown.
   b) Avoid breathing vapors from the spill.
   c) Confine spill to smallest area possible, using the appropriate materials:
      • Absorbent pads for all liquids
      • Oil sorbent for materials of oily/viscous texture
   d) Collect residue and place it in a thick plastic bag. Avoid touching the outside of the bag with contaminated gloves.
   e) Clean spill area with water. Place all materials used to clean the spill inside the plastic bag, including the contaminated gloves, and securely close the bag.
   f) Mark the outside of the bag with the name of the material spilled.
   g) Complete the Chemical Removal Form (below) available in each Spill Kit and on the College Intranet Site.
   h) Drop off the bag and completed form in Central Sterilization (room 205 or 305). They will request a pickup from the Environmental Health and Safety Office at 6-SAFE (312 996-7233)
### Chemical Removal Form

**GENERATOR SECTION**

- **NAME:**
- **BUILDING #:**
- **ROOM #:**
- **PHONE #:**
- **MAIL CODE:**
- **ROOM #:**

**LOCATION OF MATERIALS FOR PICKUP**

**SAFETY OFFICE USE ONLY**

- **PICK-UP #**
- **DATE RECEIVED:**
- **COLLECTED BY:**
- **COLLECTION DATE:**

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*SURPLUS CHEMICALS MUST BE SEALED, UNUSED AND IN GOOD CONDITION.

**QUESTIONS??**
**CALL 3-CHEM (3456)**

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**Appendix F-1**
Emergency Evacuation Plan

Introduction

Should it be necessary to evacuate UIC - College of Dentistry, a safe and orderly evacuation will be assured by following:

940
College of Dentistry Evacuation Plan Protocol

801 SOUTH PAULINA STREET

Prior to the annual evacuation drill or for any emergency that will require the evacuation of the building, please remember the following:

1. If you need disability accommodations to participate in the evacuation drill, please contact your Building Evacuation Supervisor from the attached College of Dentistry Evacuation Team list.

2. Review the locations of the two nearest exits for your area.

3. Review the location of the nearest fire alarm pull station, if applicable.

4. During an emergency evacuation, if possible, please remember to take your personal belongings with you. (e.g. keys, purses, etc.)

5. During the emergency evacuation, all building personnel shall follow the instructions of the emergency services personnel. This includes: the members of the College of Dentistry Building Evacuation Team (see the attached list for members), UIC Environmental Health and Safety Office personnel, the UIC Police Department and the Chicago Fire Department.

6. Once the fire alarm is activated, all personnel shall immediately leave the building through the nearest and safest exit (see College of Dentistry: Evacuation Plan posted just outside of clinic areas). Do not attempt to use the elevators as a means of exit. During an emergency evacuation, the elevators will be secured and shut down as part of standard emergency procedures.
Personnel in the clinics shall follow the internal evacuation procedures for patients. The clinic managers shall determine the extent of the evacuation based upon the number of patients and their condition.

**Protocol during surgeries, sedations etc.** – the healthcare provider is to report (either personally or through staff personnel) to a College Fire Marshal that he/she will continue treatment unless instructed by the Head College Fire Marshal (Fred Chapa) and/or Chicago Fire personnel that the threat is real and everybody must evacuate for safety reasons.

7. Personnel that are unable to exit the building shall proceed to the designated area of rescue assistance for the floor. Main designation areas are the east and west south stairways in each floor. If possible, an “Evacuation Assistant” shall be designated to stay with this person in the area of rescue assistance. The Floor Evacuation Monitor will report the presence of these individuals to the Building Evacuation Supervisor who will notify the fire department when they arrive at the scene.

8. Personnel, in areas that use chemicals, shall ensure those containers have been properly closed prior to leaving their area. This will ensure those chemicals will not cause a greater hazard in that area if left unattended.

9. All room doors within the building should be closed and left “unlocked” with the exception of any area that has radioactive materials or any other area that may be designated. (e.g. computer room, etc.)

10. Once personnel have exited the building safely, they shall immediately proceed to their designated gathering area. The designated gathering area for the building is the southwest corner of Parking Lot “F” which is located south of the building.

   In case of bad weather (e.g. rain or snow), personnel shall then proceed to the northwest corner on the ground-level of the Paulina Street Parking Structure.

11. Each Floor Evacuation Monitor or alternate, that are responsible for the evacuation of the building, shall report to the Building Evacuation Supervisor or alternate, at the southwest corner of the College of Dentistry building near Parking Lot “F”.

12. Once it has been determined by the emergency response personnel that the building has been evacuated and the building is safe, an “all clear” will be given and personnel may re-enter the building.
### College of Dentistry Building Evacuation Team

( monitors: subject to change)

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<tr>
<th>Evacuation Supervisor</th>
<th>Monitor’s Name</th>
<th>Area or Location</th>
<th>Area/Lab/Room</th>
<th>Phone</th>
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<td>Chapa Fred B21</td>
<td>Alday Omar 102</td>
<td>Information Desk</td>
<td>6-2490</td>
<td><a href="mailto:oalday@uic.edu">oalday@uic.edu</a></td>
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<td>Pedro 103</td>
<td>Recep./Registration</td>
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<td>402E Grants Manager</td>
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<td>Fang Zong Juan</td>
<td>411 Periodontics</td>
<td>6-1407</td>
<td><a href="mailto:zfang@uic.edu">zfang@uic.edu</a></td>
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<td>3-4467</td>
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<td>Harris Don</td>
<td>452 Oral Biology</td>
<td>6-7734</td>
<td><a href="mailto:deharris@uic.edu">deharris@uic.edu</a></td>
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<td>Peña Graciela</td>
<td>502C Human Resources</td>
<td>5-3439</td>
<td><a href="mailto:graciep@uic.edu">graciep@uic.edu</a></td>
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<td>Santana Armando</td>
<td>504E IT Department</td>
<td>5-2937</td>
<td><a href="mailto:asan@uic.edu">asan@uic.edu</a></td>
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<td>Swanson Rick</td>
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<td>3-5395</td>
<td><a href="mailto:reswan@uic.edu">reswan@uic.edu</a></td>
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<td>Lloyd Susan</td>
<td>563 OMDS</td>
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<td><a href="mailto:slloyd@uic.edu">slloyd@uic.edu</a></td>
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<tr>
<td>BASEMENT</td>
<td>Thomas Jerry</td>
<td>B21 Building Services</td>
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UIC Dentistry Contact Person: Marco Navarro
Emergency Planning Specialist
UIC Environmental Health and Safety Office
413-9746
mnava@uic.edu

Captains
Section 10 General Health Concerns

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Pre-Enrollment/Pre-Employment Immunization

The College of Dentistry Immunization Policy requires that all clinical staff (including dental hygienists, dental assistants, and radiology technicians), clinical faculty, student-dentists and residents (including clinical fellows), enrolled in any UIC/COD-sponsored dental educational program conducted in any health-care facility participating in the program, and all visiting, exchange or special-program clinical healthcare providers from other institutions to comply with several immunization requirements as outlined in the Immunization form found at the end of this section.

New clinical healthcare providers will preferably be in full compliance with this policy prior to beginning their programs, but must be in full compliance within six months of beginning their duties.

Immunizations against hepatitis B are provided free to all College employees who perform these tasks. Arrangements for immunizations may be made at the Office of the Associate Dean for Clinical Affairs (room 301). The Centers for Disease Control and Prevention (CDC) recommends that individuals be tested for the effectiveness of the immunization one to two months after the immunization series is complete.

Inquiries about immunization against HBV should be addressed to the University Health Service/Employees – (312) 996-7420 or Family Practice Clinic/Students (312) 996-2901.

Immunity to hepatitis B also confers immunity to hepatitis D. However, at present there is no immunization against hepatitis C, which has similar modes of transmission and sequelae. Therefore, immunization against hepatitis B should not lead one to be complacent about injuries during patient treatment.

All clinical faculty and staff must participate in the annual TB testing program, which occurs during the fall season. Please contact the University Health Service at (312) 996-7420

Immunization records for students will be kept by Student Records and the Office of Academic Affairs. Immunization records for employees will be kept by University Health Services.

The Office for Clinical Affairs will issue official student immunization records via the University Medisave database upon request.
Health Related Work Restrictions

The goal of the College's Infection Control Manual is to protect College personnel and patients from cross infections related to the dental clinic environment.

Dental health care providers are responsible for monitoring their own health status. When a dental health care provider is known to have an infectious disease it is their professional responsibility to take steps to prevent its spread.

Dental health care providers who have acute or chronic medical conditions that render them susceptible to opportunistic infection should discuss with their personal physicians or other qualified authority whether the condition might affect their ability to safely perform their duties.

The management of the College of Dentistry reserves the right to restrict individuals from providing patient care or impose restrictions on dental health care workers in the event that an infectious disease is deemed to be of at a level that presents unsatisfactory risk of transmission. The current best research will be used in making such a decision.

Please see the Infection Control Manual for details on the College’s policy regarding work restrictions for those with an infection disease.

Latex Allergic Patients

- Schedule latex allergic patients at the start of the day to minimize exposure to latex residue and powder.
  
  RATIONALE: Latent allergens in the ambient air can cause respiratory or anaphylactic symptoms among persons with latex hypersensitivity.

- Use non-latex gloves, non-latex rubber dams, and avoid any other latex-containing products.

Latex Allergic Providers

- Pre-doctoral and IDDP students must inform the Director of Clinical Utilization and their Managing Partner
- Post-doctoral students, Faculty and Staff must inform their Program Director or Department Head.
- Provide certification from a physician stating they have a latex sensitivity.
• The provider will be given nitrile gloves and latex free supplies for one month to facilitate the time needed to obtain physician certification of the latex allergy.
• Once a latex allergy is confirmed the provider will receive non-latex products for the duration of their time at the UIC College of Dentistry.
MANDATORY MEDICAL IMMUNIZATION DOCUMENTATION FORM

NOTE: This is the only form accepted by the UIC College of Dentistry.

PART I: To be completed by the Student/Employee (Please Print)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
<th>UIN (if assigned)</th>
<th>Date of Birth</th>
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Address (Number and Street)

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Home Telephone Number: _______ Sex: _______
E-mail Address: _____________________________ Year of Admission: _______

I authorize the University of Illinois at Chicago to release this immunization record to the Illinois Department of Public Health, or its designated representative, for compliance audits and in the event of a health or safety emergency.

Student/Employee Signature: _____________________________ Date: __/__/____

PART II: To be completed and signed by a healthcare provider. All dates must include month, day, and year. All required titer results must be enclosed with this form. (Check appropriate box.)

MEASLES (RUBEOLA) * Attach copy of laboratory report
- Immunization Confirmed with blood titer
  - Date of titer:__/__/____ Result: __________
  - Date of re-immunization:__/__/____

RUBELLA (GERMAN MEASLES) * Attach copy of lab report
- Immunization Confirmed with blood titer
  - Date of titer:__/__/____ Result: __________
  - Date of re-immunization:__/__/____

MUMPS * Attach copy of laboratory report
- Immunization Confirmed with blood titer
  - Date of titer:__/__/____ Result: __________
  - Date of re-immunization:__/__/____

TETANUS & DIPHTHERIA (TD, DT or DPT)
- Tetanus: Final dose (TT) is NOT acceptable
- Three immunizations are needed OR date of last booster OR date of adult immunization:
  - Immunization 1 Date:__/__/____
  - Immunization 2 Date:__/__/____
  - Immunization 3 Date:__/__/____
  - Last Booster Date:__/__/____
  - Immunization as an adult Date:__/__/____

TUBERCULOSIS
- History of TB positive
- History of TB negative
- History of BCG vaccine
- History of BCG vaccine does not exempt from TB testing
- Date of chest x-ray:
- Diagnosed or treated for TB
- Date of diagnosis:

HEPATITIS B * Attach copy of laboratory report
- Three immunizations are needed and proof of immunity by titer.
  - Immunization 1 Date:__/__/____
  - Immunization 2 Date:__/__/____
  - Immunization 3 Date:__/__/____

AND
- History of Hepatitis B vaccination
- History of Hepatitis B antibody
- History of Hepatitis B vaccination or antibody

MEDICAL EXEMPTIONS
- Attach physician's statement of medical contraindications with duration of medical condition.

CERTIFICATION BY HEALTH CARE PROFESSIONAL
- Circle: RN MD DO Other
- Name of Health Care Provider completing form

Name and address of institution or clinic (or stamp)

Phone (____) Fax (____)

I certify that this information is complete and correct to the best of my knowledge.

Signature: _____________________________ Date: __/__/____

Revised 03/2010
General Infection Control

The details of the College’s infection control policy may be found in the Infection Control Manual, which is located at http://intranet/chairside/index.htm. The goal of the College's Infection Control Manual is to protect College personnel and patients from cross infections related to the dental clinic environment.

This goal will be achieved by:

1. Requiring current immunization against hepatitis B and other appropriate diseases for all College of Dentistry personnel having contact with bodily fluids.
2. Education and training in the principles and practice of infection control in dentistry.
3. Reducing or eliminating exposure of clinic personnel to penetrating injuries with needles and sharp instruments.
4. Reducing or eliminating exposure of college personnel and patients to potentially infective aerosols, splatter, saliva and other body fluids.
5. Reducing or eliminating contamination of clinical and laboratory environments by use of optimal aseptic techniques (see Infection Control Manual), including barrier techniques.
6. Using, to the fullest extent feasible, intrinsically safe substances, procedures, or devices (engineering controls) as primary methods to reduce exposure of college personnel and patients to harmful substances and hazards.

Policy Statement

1. Policies on infection control of the College of Dentistry will be in compliance with the current guidelines published by the U.S. Department of Health and Human Services Public Health Service Centers for Disease Control and Prevention, the American Dental Association, and the Occupational Safety and Health Administration (OSHA).
2. Medical histories and examinations do not identify all patients infected with HBV, HCV, HIV, or other blood-borne pathogens. Therefore, the same blood and body fluid precautions must be consistently used for ALL patients: a concept referred to as "Standard Precautions."
Section 12 Basic Infection Control in the Dental Clinics

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<tr>
<td>Disposal of Hazardous (Infectious) Waste</td>
<td>2</td>
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<tr>
<td>Handling of Biological Specimens</td>
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Basic Infection Control in the Dental Clinics

The dental clinics represent the area of highest potential for accidents and incidents. In order to minimize this potential the following guidelines have been developed:

- The environment of the dental clinics must always be clean and neat.
- Storage of anything on the floor at any time is prohibited.
- Materials used for patient treatment must never be stored under the sink.
- Stored material must never be visible during patient treatment.
- Food and drink is only permitted in private offices, first floor vending machine area, and in the 4th and 5th floor commons areas. At NO time is food or drink permitted in:
  - patient waiting/reception areas in clinics
  - patient treatment areas
  - adjacent laboratories
  - adjacent seminar rooms (except for lunch-time meetings)
  - instructor bay areas
  *Note: This includes regular clinic times as well as all other times.*

- Personal protective equipment (i.e. masks, gloves, gowns, and eye protection) must be utilized for all dental procedures
- All dental instruments will undergo proper sterilization as outlined in the infection control manual.
- All dental equipment will undergo proper disinfection and maintenance as outlined in the infection control manual.
- Over the last decade the prevalence of Computers in the health care setting has been consistently increasing. During this time studies have shown that without proper infection control techniques, computer components can become potential vectors for cross contamination of micro-organisms between patients. To this end the chairside computer is considered a possible vector for infection. The keyboard is to be bagged and the mouse covered with impervious plastic during patient care. The barriers are to be changed between each patient as outlined in the infection control manual.
Personal Hygiene

The following guidelines apply to ALL clinic personnel (students, faculty, and staff) while involved in patient treatment:

1. Long hair must be kept away from the face, and tied back so that it does not get caught in equipment or hang over the patient’s face or the instrument tray.
2. Beards and mustaches must be covered by a facemask or shield.
3. The wearing of jewelry (including wedding bands, bracelets, earrings, or wristwatches) is not prohibited, but it is also not recommended. Do not wear hand or nail jewelry if it makes donning gloves more difficult or compromises the fit and integrity of the glove.
4. Fingernails must be clean, short and smooth so as not to compromise the integrity of the gloves.
5. Artificial fingernails are not permitted.
6. Nail polish is not permitted.
7. The application of cosmetics or lip balm and the handling of contact lenses are prohibited in clinical and simulated clinical areas.
8. Dental healthcare workers who have exudative lesions or weeping dermatitis must refrain from all direct patient care and from handling patient-care equipment and devices used in performing invasive procedures until the condition resolves.
9. Proper hand washing procedures must be followed.

Dental Clinic Laboratories

Infection Control Manual, Section 10.

Disposal of Hazardous (Infectious) Waste

Infection Control Manual, Section 8.

Handling of Biological Specimens
(i.e. Extracted Teeth)

Infection Control Manual, Section 8.
Section 13 Management of Exposure to Blood-Borne Infection

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Management of Exposure to Blood-Borne Infection

Definition of Exposure

A person is considered exposed to a blood and body fluids if he/she receives a parenteral (e.g., needlestick or cut) or mucous-membrane (e.g., splash to the eye, nasal mucosa, or mouth) exposure to blood or other body fluids or has a cutaneous (skin) exposure involving large amounts of blood or prolonged contact with blood - especially when the exposed skin is chapped, abraded, or afflicted with dermatitis.

Note: This policy is to be followed for all staff and students who have an exposure to blood or bodily fluid.

Procedure

1. Provide self with immediate wound care, which includes washing site with soap and running water. If exposure is to the eye or mucus membranes flush with running water only. Inform your supervisor or the Office for Clinical Affairs (Room 301) of the incident.

2. Conclude the procedure in progress as soon as is reasonable without compromising patient care, or arrange to have it completed.

3. Obtain verbal consent from the patient for testing for serologic evidence of HBV, HCV and HIV infection. (Written consent is not required). Patients are to be taken to Oral Surgery and blood will be drawn by the resident, nurse or faculty member on duty.
   a. For adults, obtain two 10ml red topped tubes of blood.
   b. For pediatric patients, consult the pediatrician and laboratory staff as needed to determine whether to test and, if so, the amount of blood to draw.
4. Take the blood specimen from the source patient, in a zip-lock bag labeled “biohazard” to the University Health Services (UHS) or to the Emergency Services Department (ESD), depending on the time of day or day of the week that treatment is being sought. (This is the only instance in which students will use the University Health Service.) The specimens should be labeled with the patient’s Dental Chart ID Number and Name.

Report to University Health Services (UHS):
Medical Science Building
835 S. Wolcott Ave. (Room E144)
7:30 a.m. - 3:00 p.m.
Monday, Tuesday, Thursday, and Friday

Report to Emergency Service Department (ESD) when UHS is closed.

5. Comply with follow-up procedures. Obtain results and interpretation of source patient’s test results from UHS.


7. Complete the following reports which are available on the College of Dentistry intranet and in the office of the Clinic Administration (Room 301) as soon as possible after the exposure.

   a. Occurrence Report (for Staff, Faculty and Students)
   b. Workers’ Compensation report (for UIC Employees)
   c. Patient Occurrence Report

Students who are on extramural rotation are to follow the procedures of each site. An Occurrence Report is to be completed and submitted to the Office for Clinical affairs upon return to the College.
General Policy

Management of faculty, staff or students experiencing needlesticks, sharps injuries, or other exposure to blood/body fluids includes providing for appropriate medical care and obtaining blood samples from both the exposed person and the source case, if possible.

Sero logic testing for HBV, HCV, and HIV will be provided to all Dental Health Care Workers (DHCW) who are concerned that they may have been infected.

The College of Dentistry will not assume responsibility for medical expenses incurred by individuals who do not follow established procedures. Students are to use their health insurance to cover the costs of the above procedures. Any non-covered expense by the student’s insurance company will be paid by the College provided the above procedures are followed. The bill(s) for the unpaid amount plus proof of insurance coverage must be brought to Room 301.

Questions involving policy and procedures should be addressed to the Director of Clinical Utilization, Office of Clinical Affairs, Room 301 (ext. 6-1036).
Section 14  Instrument Dispensing and Sterilization

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Instrument Dispensing and Sterilization

Overview

Instruments will be checked out at the front window(s) and returned to the rear sterilization room window.

Methodology

Instrument Check-Out

- The provider must personally be present to check out instruments. He or she may not send a friend.
- The provider will swipe their I-Card at the reader located at the sterilization room windows. They will then verbally request their instruments.
- Remember to open and check the contents of the cassette right away and return it to the window within 30 minutes of receiving it if it is not in good condition or if instruments are missing. The provider will be responsible for any cassette that is checked out in their name, even if it was not used.

Instrument Check-In

- The provider will be required to have the instruments in the cassette in order for easy confirmation of contents and cleanliness.
- All instruments must be returned free of debris, cement, amalgam or other non-organic waste.
- If the provider keeps any instruments after the sterilization room is closed they must wrap them in plastic bag and lock them in their cubby hole. Then they must be returned before the start of the next clinic session.
- The provider will be required to check in all instruments at the end of each day. If instruments are required for overnight use they will be checked out separately at the end of the day and checked back in the next morning.
- Used and unused items must be scanned in through the soiled windows of both second and third floor dispensary areas.
The Sterilization Room Hours

- Instrument check-out: 9:30am-12:30pm and 1:30pm-4:30 pm (except with instructor’s permission)
- The window will be open for instrument check-in from 9:00a.m. - 5:00 p.m.

Where to Get and Return Instruments and Equipment

Rooms 205 and 305

- Dispensing area for:
  - Bins
  - Instrument cassettes
  - Equipment Items:
    - water baths
    - surveyors
    - curing lights
    - pressure pots
    - electro-surgery unit
    - clinic cameras
    - ultrasonic scalers
    - electronic pulp testers
    - rotary handpiece motors
    - apex locators
    - blood pressure sets
  - Sundry Items:
    - all items found in the bins
    - extra mirrors, explorers, bite blocks, snap-a-rays
    - miscellaneous oral surgery instruments
    - loose carbide and diamond burs
    - denture mold and shade guides
    - nitrous hoods
    - temporary crown forms (aluminum, polycarbonate, etc.)
    - manikin sticks and heads
    - edentulous impression trays
    - ortho wire
    - alcohol torch wicks
    - medicaments (chloroform, xylol, formo-cresol)
    - sodium perborate
    - Oraqix
    - Arestin
Room 205  
- Sterilization and dispensing for UG and PG Pediatric instruments  
- Sterilization and dispensing for DaVinci and Monet Clinics (UG and pre-patient care)  
- Sterilization and dispensing for UG Oral Surgery instruments  
- Restocking and maintenance of bur blocks, file blocks and bins.

Room 305  
- Sterilization and dispensing area for Pre-Patient Care.  
  - Broken/lost equipment  
  - Bur and file replenishment  
  - Plastic practice teeth purchases  
- Sterilization and dispensing for Rembrandt Clinic  
- Sterilization and dispensing for UG Implant Clinic  
- Sterilization of post-doctoral program instruments for Endodontics, Periodontics, Prosthodontics, and Radiology.  
- Restocking and maintenance of bur blocks, file blocks and bins.

Note: To see pictures and lists of instruments for each cassette please go to the College of Dentistry Intranet Site; then the section labeled Clinic Chairside; and the sub-section labeled Kit Items.

http://dentistry.uic.edu/depts/patientServices/clinicInformation/instruments.cfm
Dental Materials

Only materials and equipment dispensed by the College of Dentistry or provided in student kits may be used for patient treatment in the clinic. No student should independently procure materials and/or charge patients for any dental materials.
Section 16  Dental Laboratories

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Dental Laboratories

Policies and Procedures for Central Dental Laboratory Services

Purpose

1. To assist UIC College of Dentistry students, faculty and staff in obtaining the highest standards of laboratory services for our patients.

2. To encourage and enhance knowledge, learning and collaboration between faculty, students, staff and commercial laboratories.

3. To utilize existing electronic technology to enhance laboratory tracking and patient care.

4. To provide data to assess quality assurance of all stages of laboratory work.

5. To electronically centralize and track laboratory financial data.

Scope

This policy shall apply to all dental and orofacial laboratory services provided by or contracted through the College of Dentistry by any College of Dentistry patient care provider and shall be in compliance with the State of Illinois Dental Practice Act.

Laboratory Hours and Information

The hours of operation for the Central Dental Laboratory (Room 514) are 8:45 - 11:25 a.m., 12:30 p.m. - 2:00 p.m., and 3:00 p.m. - 4:25 p.m. The telephone number is (312) 996-1894.

Procedures

1. All laboratory prescriptions will be generated electronically through the electronic patient record system (Axium).
   a. The provider must be personally logged onto the electronic patient record.
   b. All required text entries must be completed online by the provider.
2. All laboratory prescriptions will be printed using the electronic patient record printing system.

   a. Drawings will be completed on the printed form.
   b. The provider or the licensed supervisor (for the predoctoral program) must sign the printed form.

3. All materials and the printed prescription form will be delivered to the UIC College of Dentistry’s Central Dental Laboratory (Room 514) along with any special shipping instructions.

4. The UIC College of Dentistry laboratory will enter necessary tracking information.

5. The UIC College of Dentistry laboratory will electronically notify the provider and the appropriate clinic of the return of the materials for pick up by the provider or clinic through the Axium e-mail system.

Patient Accounts

1. Graduate Program Provider and Predoctoral Program Provider
   a. The Total Patient Balance (The patient account balance plus any completed but unapproved procedure, or fee associated procedure step) will be summed and printed on the UIC College of Dentistry prescription form in the lower left hand box titled Total Patient Balance.
   b. If the above sum is greater than $100.00 the laboratory work will not be authorized for shipment.

Selection and Authorization of Laboratory

1. Faculty/DSP Provider

   a. The faculty member provider may select any licensed dental laboratory in the United States for approval by the Associate Dean for Clinical Affairs.
   b. The laboratory must be an approved service, as evidenced by an existing University purchase order, and placed in the electronic laboratory data base before sending work.
2. Graduate Program Provider

   a. A graduate student may only use those laboratories authorized by the Department Head and/or Program Director and approved by the Associate Dean for Clinical Affairs.
   b. The laboratory must be an approved service, as evidenced by an existing University purchase order, and placed in the electronic laboratory data base before sending work.

3. Predoctoral Program Provider

   a. A predoctoral student may only use those laboratories authorized by the Director of Central Dental Laboratory in consultation with the Managing Partners and approved by the Associate Dean for Clinical Affairs.
   b. The laboratory must be an approved service, as evidenced by an existing University purchase order, and placed in the electronic laboratory data base before sending work.

Contract Laboratory Notification and Payment Policy

1. In order to be an approved service the laboratory must have a UIC Purchase Order issued by the Office of Business and Financial Services.
2. Each authorized laboratory will receive a copy of this policy statement and a sample UIC College of Dentistry prescription form.
3. No work will be sent to the laboratory until the College of Dentistry is in receipt of a written acknowledgement from the laboratory that it has read and understood this document.
4. There will be authorization for payment of invoices only for work that has been prescribed on the UIC College of Dentistry prescription form, performed by a College of Dentistry authorized laboratory and shipped and received through the College of Dentistry’s central laboratory.
5. Work received by the College of Dentistry laboratory from a non-authorized laboratory, whether or not a UIC College of Dentistry prescription form was used, will be returned to sending laboratory with instructions to send the work to the listed provider along with an invoice addressed to the provider.
6. Work shipped by or sent directly to a College of Dentistry provider, whether or not to an authorized laboratory, and whether or not on a UIC College of Dentistry prescription is the financial responsibility of the provider.
Additional Fees

For all procedures involving a laboratory component, the patient must be informed of any additional cost for special laboratory procedures during treatment plan presentation and consent to pay the required fee(s). The laboratory fee and metal fee for most fixed and removable prosthodontic procedures is incorporated in the procedure fee as listed in the Axium Fee Guide. The following procedures incur additional cost to the patient:

1. Porcelain butt margins for metal-ceramic restorations
2. Masel crowns
3. Facings and acrylic pontics
4. Full palatal coverage for partial dentures
5. Wrought wire clasps for partial dentures
6. More than three clasps on a partial denture
7. Precision attachments for fixed and/or removable prostheses
8. Components for implant supported prostheses
9. Any custom materials needed to fabricate a prosthesis that would not normally be included

Some of the fees for the above procedures are fixed, but others are variable. Please consult the Axium Fee Guide or consult with the Director of Central Dental Laboratory to determine exact fees.

Ordering Denture Teeth and Masel Crowns

Denture teeth are available in the Central Dental Laboratory for students. A tooth requisition form found in Axium must be completed and printed. Students must obtain a signature from their restorative instructor. The form is then brought to the lab and the teeth dispensed. The same requirements for patient accounts apply for obtaining denture teeth (please see “patient accounts” above).

Masel crowns must be special ordered, and may take 7-10 days. Complete payment for the crowns must be made and documented in Axium before they are ordered.

Laboratory Working Schedule

The standard laboratory working schedule is listed below. Time schedules will vary depending on many factors. Technicians will inform faculty and/or students when the case is submitted if additional time will be needed. Furthermore, dental laboratories may occasionally need to extend this time due to unforeseen circumstances. In these cases, the student or doctor will receive a call or electronic
notice as soon as the Central Dental Laboratory is made aware of the situation.

**Five (5) Working Days**

- Reline
- Rebase
- Model work
- Denture repair (acrylic)
- Cast pattern
- Solder PFM/bridge

**Seven (7) Working Days**

- Partial denture framework
- PFM/bridge metal try-in
- Porcelain application
- Denture/partial acrylic processing
- Interim prostheses
- Night Guard
- Wax & cast post & core
- Solder partial repair

**Ten (10) Working Days**

- PFM complete
- All ceramic inlays/onlays/crowns
- Composite inlays/onlays
- Ceramic veneers

**Predoctoral Program Laboratory Protocol**

The following guidelines apply to all Junior and Senior students:

1. All diagnostic casts must be poured and trimmed by the student and approved by the supervising instructor.

2. All fixed cases must have diagnostic wax-ups completed by the student and approved by the supervising instructor.

3. All fixed partial dentures must be tried in at the framework stage.

4. For denture cases, all post-dams must be carved into the master cast by the student and approved by the instructor.
REQUIRED ITEMS FOR SUBMITTING CASES TO THE LABORATORY

Removable Prosthodontics

Complete Denture

a- Mounted master casts.
b- Record base and wax rim.
c- Denture teeth.
d- Gingival acrylic shade for processing.

Removable Partial Denture Framework

a- Mounted master cast (unless opposing a full denture that has not been fabricated).
b- Master cast surveyed and tripoded (do not draw design on the master cast).
c- Diagnostic cast with framework design drawn on it.
d- Framework design drawn on the prescription.
e- Shade for tube tooth or facing.

Fixed Prosthodontics

Single Crown

a- Full arch impression.
b- Diagnostic cast, cast of the provisional or a wax-up.
c- Opposing cast.
d- Interocclusal record.
e- Custom incisal guide table for anterior restorations.

Fixed Partial Denture / Multiple Crowns

a- Full arch impression.
b- Mounted working casts.
c- Interocclusal record.
d- Mounted diagnostic cast, cast of provisionals or a wax-up.
e- Custom incisal guide table for anterior restorations.

Occlusal Guard

Mounted master casts.
Predoctoral Program Quality Assurance

Central laboratory quality assurance is an integral part of student learning and patient care. There are three phases of QA associated with laboratory work:

1. Pre-submission: Before submitting a case to the lab, students must:
   a. review all components of the QA Checklist located on the College of Dentistry Intranet website with their supervising instructor.
   b. review the lab prescription and all submission components with the supervising instructor. (There are guidelines for laboratory prescription writing located on the Intranet website. All students should be familiar with these guidelines.) The case is then approved on Axium as described earlier.

2. Submission: All cases will be reviewed by a laboratory administrator, appointed by the Department Head and Director of Central Dental Laboratory. If an appropriate component of the QA checklist is missing, or if there is a problem with the case that would compromise patient care, the case will be returned at the laboratory administrator’s discretion for correction. The laboratory administrator will provide the student and supervising faculty with suggestions for correction via a QA checklist. After corrections are made, the case is resubmitted with the signature of the supervising faculty on the QA form.

3. Case Return: Upon return from the lab, student and faculty will complete a QA form by discussing the quality and disposition of the returned prosthesis. These forms are available in Axium.

All submission and case return QA forms are available to the Associate Dean of Clinical Affairs, the Restorative Department Head, Director of Central Dental Laboratory, the Managing Partners and Dental Laboratories for quarterly review and assessment.

Infection Control Policies and Procedures

The College Infection Control Manual and the departmental Infection Control Policies and Procedure Manual stipulate that all dental impressions, prostheses, and other items that are transported to the Central Dental Laboratory (CDL) should be disinfected by the student BEFORE turning the items in to the laboratory technicians. As an additional precaution to insure the health and safety of all laboratory technicians, administrators, students and patients, every item entering the central dental laboratory should also be disinfected in the lab prior to
being handled. The Centers for Disease Control and Prevention (CDC) recommend that a chemical germicide with at least an intermediate level of strength be used on all laboratory materials. In order to minimize the risk of cross contamination, there will be separate receiving and dispensing areas. In addition, all cases being returned to students should be disinfected prior to dispensing. This will virtually eliminate the risk of any cross-contamination of infectious microorganisms to the students, instructors and patients.

As stated above, all items entering the CDL must be disinfected; however, care must be taken to insure that the disinfection procedures do not significantly alter the integrity of the cases being received. For example, an impression can be distorted if not handled with proper care. The following section provides a summary of the appropriate selection of disinfection methods that should be employed with various items. These guidelines should be followed to insure proper disinfection and to maximize the chances of a well made and well fitting prosthesis.

Impressions

Impressions must be rinsed thoroughly to remove saliva, blood and debris and then properly disinfected before being poured in the laboratory. They can be disinfected by spraying with Cavicide or immersion in any compatible disinfecting product. For immersion, zipper-closure plastic bags may be utilized. Since the compatibility of an impression material with a disinfectant varies, manufacturers' recommendations for proper disinfection should be followed. The use of a disinfectant requiring no more than 30 minutes is recommended. However, impression materials that are hydrophilic should be disinfected with a product requiring no more than 10 minutes. Disinfected impressions should be labeled as such on the plastic bag before being sent to the laboratory.

Casts, Prostheses, Wax Rims and Jaw Relation Records

All casts, fixed or removable prostheses, jaw relation records, articulators, etc. which have had patient exposure must be disinfected before their submission to the laboratory. These items should be clearly identified as to the state of disinfection. If it is clearly identified that stone casts have been disinfected, no future disinfection procedures are necessary.
The following table provides general guidelines for disinfection solutions and methods utilized during routine restorative clinical and laboratory procedures.

**Recommended Disinfection Method**

| IMPRESSIONS   | A. Rinse under running tap water  
|               | B. Spray with Cavicide or immerse in appropriate disinfectant for the recommended time for tuberculocidal disinfection  
|               | C. Rinse again  
|               | D. Pour with stone  

| STONE CASTS   | • Spray with Cavicide until wet  
|               | OR  
|               | • Immerse in diluted iodophor or hypochlorite for the recommended time for tuberculocidal disinfection  

| PROSTHESES APPLIANCES | • Clean properly  
|                       | • Rinse under running tap water  
|                       | • Spray with Cavicide or immerse in appropriate disinfectant for the recommended time for tuberculocidal disinfection  
|                       | • Rinse thoroughly again and dry  
|                       | • Store acrylic items in diluted mouthwash  

*Table adapted from Merchant: Compend. Contin. Educ. Dent. 14:382-391*

**Personal Protection**

Each laboratory technician must take the necessary precautions to ensure his/her safety in the laboratory. The university will supply any needed protection, which should consist of:

1. Eye protection (with side shields) should be worn while performing any laboratory work.

2. Masks should be worn while performing any laboratory work that creates aerosols and/or dust/metal particles.

3. Gloves when handling known or potentially infected materials.

These guidelines should be strictly adhered to due to the occupational risk of injury and/or contamination consistent with a dental laboratory.
Section 17  Patient Payments

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Payment Policies

College policy requires payment for dental treatment at the time of service. Students should inform their patients in advance of the anticipated fee for each dental procedure and the total for the visit. Treatment plans must be signed by the patient to acknowledge that they understand and approve the proposed treatment and all costs. Students should have their patients pay the front desk clerk at the beginning of the appointment, whenever possible, or after the anticipated procedure has been approved by the instructor.

Patient Accounts for Central Dental Laboratory Services:

Graduate Program Provider and Predoctoral Program Provider

a. The Total Patient Balance (The patient account balance plus any completed but unapproved procedure, or fee associated procedure step) will be summed and printed on the UIC College of Dentistry prescription form in the lower left hand box titled Total Patient Balance.

b. If the above sum is greater than $100.00 the laboratory work will not be authorized for shipment.

Acceptable forms of payment are: Cash, Personal Check, Money Order, Credit and Debit Card (Visa, MasterCard, Discover, and American Express)

FACULTY, STUDENTS AND STAFF ARE STRICTLY PROHIBITED FROM ESTABLISHING MONTHLY PAYMENT PLANS WITH PATIENTS.

Payments are accepted, during regular business hours, in all Dental Clinics by any Fiscal Clerk. Patients should receive a receipt for each payment transaction.

For patients choosing to pay by personal check, the check must be made payable to the University of Illinois, and must include the following information (to be reviewed and verified by fiscal clerk).

1. PATIENT’S PHONE NUMBER
2. A VALID DRIVERS’ LICENSE NUMBER AND OR STATE IDENTIFICATION CARD NUMBER
3. PATIENT’S CHART NUMBER
Patients will be charged a $30.00 fee for any check that is returned by the bank due to insufficient funds, closed accounts or any other reason for which the check was not able to be processed. This amount will be debited on to the patients’ account. The patient will not be allowed further treatment at the College until the fee and the complete balance due is paid in full.

Refunds

Requests for refunds due to overpayment should be created in the clinic and directed to the billing office for review and processing. Patients should be informed that refunds will take approximately 4-6 weeks for processing. Comprehensive care patients treated in the dental clinics who request a refund for work they consider unsatisfactory, should be directed to the Managing Partner or Program Director for initial evaluation. If there is question or if the Managing Partner/Program Director wishes to, the case may be reviewed with the Associate Dean for Clinical Affairs to determine if a refund or fee waiver is appropriate. Full or partial credit towards replacement work will be considered on an individual basis for each patient.

Public Aid (Medicaid)

Public Aid (Medicaid) is accepted in most College of Dentistry clinics, if you are unsure if it is accepted in your clinics please see your Program Director or Fiscal Clerk for verification.

Patients who have Public Aid (Medicaid) are required to bring their Medical Card and photo ID to each appointment for verification of coverage. Coverage benefits vary based on the age of the patient and procedure performed, a list of covered services and age/benefit limitations is available in each Dental Clinic and online at www.dentaquestgov.com

The treatment plan has been adapted to identify those procedures that are not covered by Public Aid (Medicaid), placing the charge in the patient responsible section of the Treatment Plan, and to identify those procedures that may be denied as non-covered due to benefit limitations, placing an * next to the procedure fee in the insurance section of the Treatment Plan. Students are required to inform their patient that they are responsible for payment of all non-covered services, as well as, for those services that may be denied due to benefit limitations, prior to the provision of service. Please see clinic Fiscal Clerk or Billing Office representative for more information or to clarify coverage benefits.
Dental Insurance

With the exception of Public Aid (Medicaid), the College does not accept dental insurance in its teaching dental clinics. For those patients wishing to seek reimbursement for payment of their dental services, we will provide a copy of the dental claim form for them to submit to their insurance company, once the procedure is paid in full.

Discounts or Fee Waivers

The College DOES NOT discount fees charged by pre-doctoral, post-graduate, or international dentistry program students since these fees are already substantially lower than private practice fees. This policy applies to all patients, including University employees, students, and their families. Only designated individuals may waive and/or reduce fees or authorize refunds. These individuals are clinical Department Heads or their designee, the Managing Partners, and the Associate Dean for Clinical Affairs.

UIC-COD dental students may receive a 50% reduction on treatment fees if performed by another pre-doctoral student. The same applies to IDDP students. Precious metal costs and dental laboratory fees are NOT discounted.
Section 18  Clinical Unit Information

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Clinical Unit Information

Damage or Vandalism to Units

Damage or vandalism to any part of the College of Dentistry will not be tolerated. Any student who alters the unit or cabinetry in any way will be financially responsible for the restoration of the damaged area to its original condition.

Storage

Each student is assigned a locker, and a lockable cabinet in the Clinic Support Laboratory (Room 422). D1 and D2 students are assigned a third locker in the 3rd floor, phase I. Combination locks are available for students who need them and are distributed at the beginning of their D1 year to use in each of these lockers. Students are responsible for keeping their combination confidential.

Providers working in the Group Practice Clinics will also be assigned a lockable cabinet in the clinic by the Group Practice.

The student is responsible for any damage to these storage areas and will be charged to restore the facility to its original condition if damage occurs.

Lockers secured by keys: Students also will be assessed a fee for lost keys. The current fee for lost keys is $40.00. Students should request a new key in Room 301. Students are prohibited from copying University keys.

Dental Clinic Equipment Repairs

Dental equipment repair technicians are on call from 8:00 a.m. - 11:00 p.m. Monday through Friday.

To report the need for a repair:

E-mail 8772484837@archwireless.net. Enter your room and unit numbers with a brief description of the problem. Technicians will respond to all dental equipment in ALL the clinics, instructional, and plaster labs throughout the building.

Breakdowns include: unit keys, unit cabinets, unit drawers/doors, lockers, cavitron, and curing lights. Technicians will also respond to medical gas emergencies.
If there are any service deficiencies, please notify Fred Chapa, Director of Facilities at fchapa@uic.edu or (312) 996-7633.

**Dental Clinic Instrument Repairs**

The provider is responsible for any cassette that is checked out in their name, even if it was not used.

Instrument and handpiece cassettes must be opened and checked immediately after being checked out from sterilization away and return it to the window if it is not in good condition. There is a thirty minute grace period to return the instruments or handpieces after check-out. The repair or replacement of any instrument or handpiece component that is missing or broken after the thirty minute grace period will be charged to the practitioner.

**Housekeeping Services**

All clinics and laboratories are cleaned by University building service staff daily, beginning at 5:00 a.m. Cleaning procedures include sweeping, mopping, dusting, and the removal of trash. Housekeeping staff perform additional specialized cleaning in clinics, support labs, and preclinical labs.

All dental casts must be stored in your lockers or cabinets. Any dental casts left on the counters will be disposed of by the housekeeping staff.

The operatory should be clean and neat at all times. The personal belongings of students--coats, purses, book bags, lunches, and other items belong in the student’s locker. Students are responsible for cleaning and disinfecting the dental unit, sinks, counter tops, chairs, pedestals, power modules and laboratory work station they use before and after each session or patient visit.

When there is a flood, spillage, mess or other housekeeping emergency, please page the housekeepers DIRECTLY via telephone at extension 6-7468, or via pager at extension 3-2211, wait for a beep, then enter 0421, wait for another beep, then enter your call-back number.

If you do not get a response using one of the numbers, try the other number. If you still do not get a response, email Fred Chapa, Director of Facilities, at fchapa@uic.edu, or call him at (312) 996-7633. There are housekeepers on duty in the College building from 5:00 a.m. - 5:00 p.m. If you don't get satisfactory service, CONTACT FRED CHAPA via e-mail or telephone.
Security

Students must store all personal belongings (coats, purses, book bags, lunch, etc.) in their lockers. Do not leave cabinets open; do not keep handpieces, precious metals, or other valuables unattended at your unit, even for a few minutes.

The College is not responsible for loss or damage to any personal property of students, even if it is required for participation in the educational programs of the College. Students are advised to obtain adequate insurance to cover any loss of personal property.

Only currently registered students of the College of Dentistry are permitted to utilize College facilities. Students should not invite nor allow friends, relatives, or any outside persons to utilize their clinical or laboratory units or equipment. Aside from individuals registered for special programs through the Office of Continuing Education, use of College facilities is strictly limited to pre-doctoral and post-graduate students for their prescribed curricula.
Clinical Departments

Endodontics
Dr. Christopher Wenckus, Head
Blanca E. Sanchez, Assistant to the Head
Room 304
(312) 996-7514

Oral & Maxillofacial Surgery
Dr. Michael Miloro, Head
Maria Limon, Assistant to the Head
Room 119
(312) 996-1052

Oral Medicine & Diagnostic Sciences
Dr. Richard Monahan
Susan Lloyd, Assistant to the Head
Room 554
(312) 413-7925

Orthodontics
Dr. Carla Evans, Head
Patrice Wilbur, Assistant to the Head
Room 135A
(312) 996-7138

Pediatric Dentistry
Dr. Indru Punwani, Head
Karen Patton, Assistant to the Head
Room 254
(312) 996-1994

Periodontics
Dr. Phillip Marucha, Interim Head
Colleen Glascott, Assistant to the Head
Room 448
(312) 413-4467

Restorative Dentistry
Dr. Stephen Campbell, Head
Janis Hayden, Assistant to the Head
Room 354
(312) 996-2669
Group Practices

**Group Practice Da Vinci**

Room 211  
(312) 355-0381
Dr. Michael Santucci, Managing Partner  
(312) 355-0862
Maria Leon, Assistant Director of Clinical Support  
(312) 996-6384

**Group Practice Monet**

Room 221  
(312) 355-0524
Dr. Susan Rowan, Managing Partner  
(312) 413-0120
TBA, Assistant Director of Clinical Support  
(312) 996-9326

**Group Practice Rembrandt**

Room 321  
(312) 355-0749
Dr. James Ricker, Managing Partner  
(312) 355-0817
Yara Vega, Assistant Director of Clinical Support  
(312) 355-0731
Clinical Affairs Administration and Operations

Dr. David M. Clark
Associate Dean for Clinical Affairs
Room 301
(312) 996-3544

Dr. Melisa J. Burton
Director of Clinical Utilization
Room 301
(312) 996-1041

Jennifer Bereckis, RDH
Director of Clinical Operations
Room 301
(312) 996-3390

Janice Carter
Office Assistant
Room 301
(312) 996-1036

Robin Waner, RDH, MS
Director, Central Sterilization
Inventory Control Coordinator
Room 301
(312) 996-6411

Analilia Rodriguez
Admitting Officer IV
Office of Registration & Records
Room 102
(312) 413-0307

Dr. James Kaszuba
Director, Initial Patient Care
Room 109
(312) 996-8070

Fred Chapa
Director of Facility
Room B-21
(312) 996-7633

Kathy Lawson
Production Lab
Room 514
(312) 996-1894

Housekeeping
Dial extension 3-2211, wait for a beep, and then enter 0411 (or 0178), wait for another beep, and then enter your call back number.
Patient’s Rights and Responsibilities

The faculty, students, and staff of the College of Dentistry are committed to the following patient rights and responsibilities:

As a patient you are entitled to the following rights:

- Considerate and respectful treatment by students, faculty, and staff.
- Quality dental care that is consistent with the standards for the dental profession.
- A thorough explanation of your dental health, the recommended treatment, the risks and benefits of treatment, and the potential consequences of non-treatment.
- Confidentiality of any information related to your treatment and access to information about your treatment.
- Completion of your treatment in a timely manner.
- Consideration of your overall health needs and appropriate referral or consultation with dental or medical specialists when needed.
- Knowledge of the names and roles of the individuals providing treatment.
- A full description of the itemized costs of proposed treatment and an explanation of payment policies.
- To receive our Notice of Privacy Practices Statement.

As a patient you have the following responsibilities:

- At the point of registration, to
  - Provide complete and accurate demographic data (a PO Box address is not satisfactory for proper correspondence)
  - Provide a valid photo identification card
  - Sign applicable electronic consents forms as a patient/parent/guardian prior to the beginning of treatment
  - Comply with registration procedures including having a picture taken for the electronic record.
- To provide complete and accurate information about your health and past dental care.
- A promise to cooperate with the treatment plan, keep appointments, arrive on-time and notify us if you cannot make a scheduled appointment (a minimum 24 hour notice is required for cancellations or rescheduling appointments).
- To be available for care based on your treatment needs as assessed by the supervising faculty.
- To show consideration for and respect the needs of other patients, staff, students, faculty and visitors.
- Prompt payment for services provided.
- To provide insurance forms and information for reimbursement purposes or a current public aid identification card if applicable.
- To notify your dentist or the staff of any changes in your address, telephone number, medications, or health status.
Welcome
The Dental Clinics of the University of Illinois at Chicago, College of Dentistry offer a complete range of quality dental and oral health services. We are committed to serving the oral health needs of Chicago and neighboring communities, however due to our restricted capacity, we must limit the number of patients seen daily.

**The State of Illinois has passed legislation recently that eliminates and limits coverage of adult (ages 21 and older) dental Medicaid services. As of July 1, 2012 coverage for most adult dental procedures has been eliminated. Minimum diagnostic fees for urgent care services of $49 which includes an exam and radiograph (x-ray) are required at the initial appointment. Additional fees for treatment will be due at the time of service.**

Comprehensive Care (Adult)
Screening for our Comprehensive Care program is by APPOINTMENT ONLY. To schedule your appointment, please call 1-312-996-1265 Monday through Friday, from 9:30 a.m. to 11:30 a.m. Because of the high volume of calls we receive, it may be necessary to call several times to connect with scheduling personnel.

- The fee for a screening evaluation and panoramic x-ray is currently $67 and is due on the date of your screening appointment. The college accepts cash, credit/debit card, or checks.
- Screenings may be limited due to student breaks, holidays, licensing exams and graduation.

Urgent Care Clinic (Adult)
Adults (15 and above) may be seen for treatment for urgent problems by APPOINTMENT ONLY. To schedule an appointment please call 312-996-8636, Monday through Friday starting at 8:00 am. Lines will remain open until all available spots have been filled for the day. Your appointment will be scheduled for the following clinic day. Because of the high volume of calls we receive, it may be necessary to call several times to connect with scheduling personnel.

**EMERGENCY PROBLEMS** (for example, swelling and infection) are evaluated on a daily basis.

- There is a diagnostic initial fee. Additional fees will apply, if specific treatment is warranted. Payment in full is due at the time of service. The college accepts cash, credit/debit card, check or public aid cards (**If your treatment is not covered by Medicaid, you will be expected to pay out of pocket at the time of service**).

- If you have a written referral from your primary dentist for Endodontic therapy (ex. "root canal") please contact the Endodontic department directly at 312-355-3615 or fax your referral to 312-996-9500.

- If you have a written referral from your primary dentist for Oral Surgery (ex. "wisdom tooth" extraction) please contact Oral Surgery via e-mail: oralsurgery@uic.edu, phone 312-996-7460, or fax your referral to 312-996-5987.

- Urgent Care may be limited due to student breaks, holidays, licensing exams and graduation.

Pediatric Care (Children 14 years old and under)
Comprehensive Care - Screenings for children are conducted by appointment at 9 a.m. and 1:30 p.m., Monday through Friday, in the Pediatric Dentistry Clinic on the second floor, call (312) 996-7532. Children who are accepted for comprehensive treatment will be scheduled for additional appointments.

Urgent Care - Children may be seen for treatment for urgent problems by APPOINTMENT ONLY. To schedule an appointment for our Pediatric Urgent Care program please call (312) 413-0972 between the hours of 9:00-9:15 am Monday - Friday. Appointments will be scheduled for the next business day.

**EMERGENCY PROBLEMS** (for example, swelling and infection) are evaluated on a daily basis.

Generally children, 14 years or younger, are seen in the Pediatric clinics. On occasion, exceptions by age will be made for individuals referred to an accepted by the Department of Pediatric Dentistry.

**In order to receive treatment, minors must be accompanied by a parent or legal guardian.**

Specialty Clinics / Advanced Clinics
Orthodontic, Endodontic, Periodontic, Prosthodontic, Oral Surgery and Oral Medicine treatment is available in our post-doctoral clinics. Treatment is provided by dentists and faculty who have chosen to specialize in one of the above areas. Patients may call the main number at (312) 996-7555 and listen for the appropriate prompt.

Faculty Dental Practice The Allen W. Anderson Faculty Dental Practice provides quality comprehensive oral health care in a private practice setting. Fees for treatment in the faculty dental practice are comparable to those charged by private dentists in the area. For more information, please call (312) 413-2835
General Clinic Policies

- **Unattended Children**
  It is the policy of the College of Dentistry that children under the age of fourteen (14) must be accompanied by an adult other than the dental patient while in the building.

- **Patients from Nursing Homes & Assisted Living Facilities**
  Patients from nursing homes or assisted living arrangements must be accompanied by a guardian or caseworker. Patients must have an appointment or an assigned clinic. Patients cannot be dropped off by ground transportation (ambulance, medicar, or patient van) and present as a walk-in to the clinic without having valid referral and acceptance by the College.

- **Patients Requiring Ambulatory Assistance**
  The College of Dentistry is not staffed with any salaried or voluntary escort personnel. Patients who have difficulty with ambulating may acquire a wheelchair at the front desk which requires a deposit of a driver's license or ID card. College of Dentistry staff may assist wheelchair or walker patients but are not required to do so during busy times. Patients who cannot ambulate themselves or operate a wheelchair must bring an escort or have an attendant.

**While In the Clinics, Please Remember the Following**

- Only patients are allowed in treatment operatory. Relatives and friends should wait in the reception area while the patient is being seen in the clinic. Due to limited seating in clinics, the College of Dentistry asks that friends and relatives accompanying patients be limited to one or two.

- Food and drink are not allowed in the patient care areas of the College of Dentistry.

- Cell phones and pagers should be off or silenced during treatment so that there is no distraction to any of the dental health care providers or other patients.

- During treatment, small radios/iPod/cd players and laptops with headphones MUST be at a volume level that enables effective communication between the patient and dental health care provider. There are no large or boom box type players allowed. Patient and visitors of the College of Dentistry are responsible for their personal items.

- Patients who cannot transport themselves to a dental unit or operatory, should refer to a hospital based dentistry program. The College of Dentistry is not equipped to treat such patients. Patients who are litter or bed-bound or who have multiple medical complications would be better served in a hospital based dentistry program.
Patient’s Rights and Responsibilities

The faculty, students, and staff of the College of Dentistry are committed to the following patient rights and responsibilities:

As a patient you are entitled to the following rights:

- Considerate and respectful treatment by students, faculty, and staff.
- Quality dental care that is consistent with the standards for the dental profession.
- A thorough explanation of your dental health, the recommended treatment, the risks and benefits of treatment, and the potential consequences of non-treatment.
- Confidentiality of any information related to your treatment and access to information about your treatment.
- Completion of your treatment in a timely manner.
- Consideration of your overall health needs and appropriate referral or consultation with dental or medical specialists when needed.
- Knowledge of the names and roles of the individuals providing treatment.
- A full description of the itemized costs of proposed treatment and an explanation of payment policies.
- To receive our Notice of Privacy Practices Statement.

As a patient you have the following responsibilities:

- At the point of registration, to
  - Provide complete and accurate demographic data (a PO Box address is not satisfactory for proper correspondence)
  - Provide a valid photo identification card
  - Sign applicable electronic consents forms as a patient/parent/guardian prior to the beginning of treatment
  - Comply with registration procedures including having a picture taken for the electronic record.
- To provide complete and accurate information about your health and past dental care.
- A promise to cooperate with the treatment plan, keep appointments, arrive on-time and notify us if you cannot make a scheduled appointment (a minimum 24 hour notice is required for cancellations or rescheduling appointments).
- To be available for care based on your treatment needs as assessed by the supervising faculty.
- To show consideration for and respect the needs of other patients, staff, students, faculty and visitors.
- Prompt payment for services provided.
- To provide insurance forms and information for reimbursement purposes or a current public aid identification card if applicable.
- To notify your dentist or the staff of any changes in your address, telephone number, medications, or health status.
Appendix F-3a

UNIVERSITY OF ILLINOIS
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to give you this Notice of our duties and privacy practices and your rights. We are required to follow the terms of this Notice. This Notice also describes some, but not all of the uses and disclosures we may make with your protected health information. This Notice also describes your rights to access and control your protected health information including demographic information that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services. There are other laws that provide additional protections for medical information related to treatment for mental health, alcohol abuse, drug abuse, and HIV/AIDS. We will follow the requirements of those laws for these types of medical information.

WE MAY USE AND DISCLOSE INFORMATION FOR THE FOLLOWING PURPOSES

Treatment: We will use or disclose your protected health information to provide treatment, and to coordinate, or manage your healthcare and any related services. For example, we give information to doctors, nurses, lab technicians, students, and others, including information from tests you receive and we record that information for others to use. We may provide information to your health plan or other providers to arrange for referral or consultation. The University of Illinois is an Academic Medical Center; therefore, residents, medical students, nursing students and students of other allied health professions may also use or disclose your protected health information.

Payment: We will use or disclose your protected health information, as needed, to obtain payment for your health care services. For example, we may contact your insurer to verify benefits for which you are eligible, obtain prior authorization, and give them details they need about your treatment to make sure they will pay for your care. We will also use or disclose your medical information to bill directly and to obtain payment from third parties that may be responsible for payment, such as family members.

Healthcare Operations: We will use or disclose your protected health information, as needed, in order to perform healthcare operations. Healthcare operations include, but are not limited to: quality assessment/improvement activities; risk management, claims management, legal consultation, physician and employee review activities, licensing; and regulatory surveys. We may also disclose your protected health information to our business associates that perform activities on our behalf, for example, Medicare; and for other business planning activities.

Fundraising: We may use and disclose to our Foundation or others, contact information and the dates of your care, but not your treatment information, to contact you as part of a fundraising effort. If you receive a communication from us for fundraising purposes you will be told how you may request not to be contacted in the future.

Directory Information: Unless you object, we will use and disclose in our facility directory -- your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation will be disclosed to people that ask for you by name, including the media. We will give your religious affiliation to clergy only, even if they do not ask for you by name. You may tell patient registration to keep your information out of the directory, but you should know that if you do florists and other visitors may not be able to find your room or contact you.

Appointments and Services: We may use and disclose your protected health information to remind you of an appointment, or to give you information about treatment alternatives or other health related benefits or services that may interest you.
Criminal Activity: We may disclose your health information consistent with applicable federal and state laws if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity: We may disclose your health information if you are in the armed forces and information is required by command authorities, or for the purposes of a determination by the Department of Veteran Affairs of your eligibility for benefits.

Correctional Institutions: We may disclose your protected health information if you are an inmate for your health and the health, and safety of others.

Worker’s Compensation: We may disclose your protected health information as authorized to comply with worker’s compensation laws and other similar legally established programs.

YOUR HEALTH INFORMATION RIGHTS

Right to Obtain a Copy of this Notice of Privacy Practices: We will provide you with a copy of the current Notice of Privacy Practices if you request it. A copy of the current Notice in effect will be available at the registration areas of our facilities and is available upon request. You have the right to obtain a paper copy of this notice upon request, even if you have agreed to accept this notice electronically. It is also available at our website: http://www.uihealth.com.

Right to Request a Restriction on Certain Uses and Disclosures: You have the right to request restrictions on uses and disclosures of your medical information for the purposes of treatment, payment or healthcare operations. We are not required to allow your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.

Right to Inspect and Request a Copy of your Health Record: You have the right to inspect and obtain a copy of your health record, except in limited circumstances defined by federal regulations. A fee may be charged to copy your record. If you are denied access to your health record for certain reasons the denial may be reviewable. Please contact our Privacy Officer for more information.

Right to Request an Amendment to your Health Record: You may make a written request to amend your protected health information. You must give us a reason for the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have any questions about amending your health record.

Right to Obtain an Accounting of Disclosures of your Health Information: The accounting will only provide information about disclosures made for purposes other than treatment, payment or health care operations; disclosures to you or authorized by you are excluded. You have the right to receive specific information regarding disclosures made only after April 14, 2003. Please contact our Privacy Officer to obtain an Accounting and Disclosure Report.

Right to Request Communication of your Health Information: You have the right to request that confidential communications be made by alternate means (e.g. fax versus mail) or at alternate locations (alternate address or telephone number). Your request must be in writing. We must honor your request if it is reasonable. Please make this request in writing to our Privacy Officer.

Contact: To exercise any of the rights described above, or if you have any questions about this Notice, please contact our Privacy Officer at (312) 555-5555 or mail questions to the University of Illinois Medical Center at Chicago, Health Information Management Department (MC 777), 833 South Wood Street, B52, Chicago, Illinois, 60612-7208, Attention: Privacy Officer. To file a complaint with the Compliance Hotline call 1-866-666-4296. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. There will be no retaliation for filing a complaint.

Changes to this Notice: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facilities and it will also be posted on our website at http://www.uihealth.com.

Effective Date: April 14, 2003
Individuals Involved In Your Care/Disaster Relief Organizations: We may disclose your protected health information to a friend or family member who is involved in your care unless you ask us not to. We may disclose information to disaster relief organizations, such as the Red Cross, so that your family can be notified about your condition and location.

With Your Authorization: We may use or disclose your protected health information for purposes not described in this Notice, or otherwise permitted by law, only with your written authorization. You may revoke any authorization at any time, in writing, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization.

USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR AUTHORIZATION, CONSENT, OR OPPORTUNITY TO OBJECT

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law, but only to the extent and under the circumstances provided in such law.

Public Health: We may use or disclose your protected health information for public health activities such as reporting births, deaths, communicable diseases, injury or disability, ensuring the safety of drugs and medical devices, reporting child and sexual abuse, and for workplace surveillance or work related illness and injury.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities authorized by law such as audits, administrative or criminal investigations, inspections, licensure or disciplinary action and monitoring compliance with the law.

Abuse, Neglect or Domestic Violence: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe you may be a victim of abuse, neglect or domestic violence to the governmental agency or entity authorized to receive such information. This disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose your protected health information in response to court or administrative orders, or under certain circumstances in response to subpoenas, discovery requests or other lawful processes.

Law Enforcement: We may disclose your protected health information to identify or locate suspects, fugitives or witnesses, or victims of crime, to report deaths from crime, crimes on the premises, or in emergencies, the commission of a crime.

Coroners, Medical Examiners, Funeral Directors: We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your protected health information to a funeral director in order to permit them to carry out their duties.

Organ Donation: We may disclose your protected health information to organizations that handle organ procurement and/or eye or tissue transplantation.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure your privacy.

National Security: We may disclose your health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President.
Bienvenido
Las Clínicas de la Escuela Dental de la Universidad de Illinois en Chicago ofrecen una gama completa de tratamiento dental y bucal de alta calidad. Nuestro compromiso es atender las necesidades dentales de Chicago y alrededores. Sin embargo, nuestra capacidad es reducida, lo que nos obliga a limitar el número de pacientes vistos diariamente.

**El estado de Illinois ha pasado recientemente la legislación que elimina y limita la cobertura de servicios dentales de Medicaid de adulto (mayores de 21 años). A partir del 01 de julio de 2012 se ha eliminado la cobertura para procedimientos dentales más adultos. Mínimos diagnósticos honorarios por servicios de cuidados urgentes de $49 que incluye un examen y radiografía (rayos x) son necesarios en la cita inicial. Cargos adicionales por tratamiento será debidamente en el momento del servicio.**

Tratamiento Integral (Adultos)
La admisión al programa de cuidado integral es solamente con previa cita. Para hacer su cita, llame al 1-312-996-1265 de lunes a viernes, de 9:30 a.m. – 11:30 a.m. Debido al gran volumen de llamadas que recibimos, puede ser necesario que llame varias veces antes de poder hablar con nuestro personal.

- Si usted es aceptado tentativamente como paciente, el costo por la evaluación inicial, que incluye una radiografía es actualmente $67. El pago se requiere al momento del servicio (el día de su primera cita). La Escuela acepta dinero en efectivo, tarjetas de débito o crédito, y cheques.

La atención al público para tratamiento integral es limitada y depende de horarios de vacaciones, días feriados, exámenes de licenciatura y la graduación de los estudiantes.

Tratamiento de Urgencia (Adultos)
Jóvenes mayores de 16 años y adultos con problemas de urgencia se atienden solamente con previa cita. Para hacer una cita por favor llame al 1-312-996-8636, de lunes a viernes a partir de las 8:00 am. La línea estará abierta hasta que todos los espacios disponibles se hayan llenado para el día. Su cita será programada para el próximo día laborable de la clínica. Debido al gran volumen de llamadas que recibimos, puede ser necesario que llame varias veces antes de poder hablar con nuestro personal.

- Habrá un costo inicial por el diagnóstico y otros costos adicionales dependiendo del tratamiento que reciba. El pago total por los servicios se efectuará el mismo día del tratamiento. La Escuela acepta pagos en efectivo, tarjetas de débito/creíto, cheques y tarjeta Public Aid/Medicaid (si el tratamiento califica).**Si Medicaid no cubre su tratamiento, usted será responsable por pagar todos los costos, al momento del servicio.**

- Si su dentista lo ha referido para un tratamiento de endodoncia, y le ha dado una nota por escrito, llame al departamento de Endodoncia directamente al 312-355-3615, o mande la nota por fax al 312-996-9500.
- Si su dentista lo ha referido para un tratamiento de Cirugía Oral (por ej., extracción de "muela del juicio"), y le ha dado una nota, llame al departamento de Cirugía Oral al 312-996-7460, o mande la nota por fax al 312-996-5987 o por correo electrónico a oralsurgery@uic.edu

Los problemas de emergencia (dolor extremo, hinchazón o infección) se evalúan diariamente.

Tratamiento Pediátrico (Niños de 14 años y menores)
Tratamiento de Urgencia-se realiza con previa cita llamando al 312-413-0972, de 9:00 a 9:15 am. Las citas se dan para el siguiente día laborable. Los problemas de emergencia (dolor extremo, hinchazón o infección) se evalúan diariamente.

Tratamiento Integral -los exámenes de evaluación se realizan con previa cita de lunes a viernes llamando al 312-996-7532. Habrá costos por el examen, los que se pagan al momento del servicio. Si los niños son aceptados para recibir tratamiento integral, se les darán citas de seguimiento. Para poder recibir tratamiento, los menores deberán estar acompañados por un padre o tutor legal.

Generalmente, los niños de hasta 14 años de edad son atendidos en la Clínica Pediátrica; pero en ocasiones se harán excepciones para ciertas personas referidas a la Escuela y aceptadas por el departamento de Odontopediatría.

Clínicas de Especialización / Clínicas de Tratamiento Avanzado
El tratamiento de Ortodoncia, Endodoncia, Periodoncia, Prostodoncia, Cirugía Oral y Medicina Oral está disponible en las clínicas de Postgrado. El tratamiento se realiza por dentistas y maestros que han decidido especializarse en alguna de estas áreas. Para mayor información llame al número (312) 996-7555 y seleccione la opción apropiada.

Consultorio Dental de Profesores (Faculty Dental Practice)
La clínica Allen W. Anderson Faculty Dental Practice proporciona tratamiento oral de alta calidad de una manera privada. Los costos de tratamiento en esta clínica son comparables a aquellos de los dentistas privados del área. Si desea hacer una cita, por favor llame al (312) 413-2835.
DERECHOS Y RESPONSABILIDADES DEL PACIENTE

Los maestros, estudiantes y personal de la Escuela de Odontología estamos comprometidos a cumplir los siguientes derechos y responsabilidades del paciente.

**Como paciente, usted tiene los siguientes derechos:**

- Tratamiento considerado y respetuoso por los estudiantes, maestros y personal.
- Tratamiento de calidad que es consistente con los estándares de la profesión dental.
- Explicaciones detalladas sobre su salud dental, el tratamiento recomendado, los riesgos y beneficios del tratamiento y las consecuencias de no obtener tratamiento.
- Privacidad sobre cualquier información relacionada a su tratamiento incluyendo su acceso.
- Tratamiento terminado puntualmente.
- Consideración a su salud en general, incluyendo referirlo a consultas con especialistas dentales o médicos cuando sea necesario.
- Conocer los nombres y puestos de las personas relevantes a su tratamiento.
- Una descripción completa y detallada sobre los costos del tratamiento propuesto incluyendo políticas de pagos y cobranzas.
- Recibir una copia de nuestras Políticas de Privacidad.

**Como paciente, usted tiene las siguientes responsabilidades:**

- Al momento de su registro como paciente:
  - Proporcionar información demográfica cierta y completa. Una dirección de PO Box no es aceptable.
  - Firmar las formas de autorización relevantes como paciente, padre o guardián antes de comenzar el tratamiento.
  - Completar los procesos de registro incluyendo el tomar su foto para su expediente.
- Proporcionar información completa y verdadera sobre su salud y tratamientos dentales previos.
- Comprometerse a cooperar con su plan de tratamiento: venir a todas sus citas y llegar a tiempo, o notificarnos (con un mínimo de 24 horas) si necesita cancelar o cambiar su cita.
- Estar disponible para sus citas basado en sus necesidades de tratamiento y en la evaluación del profesor a cargo.
- Mostrar consideración y respeto a las necesidades de otros pacientes, personal, estudiantes, maestros y visitantes.
- Pagar puntualmente por cualquier y todos los servicios recibidos.
- Proporcionar información de seguro dental para fines de reembolso o mostrar una tarjeta de Public Aid válida.
- Mostrar una identificación con fotografía al momento de su registro como paciente.
- Notificar a tiempo a su dentista o al personal cualquier cambio de domicilio, número de teléfono, medicamentos o el estado de su salud.

Office for Patient Services 12-2001
REGLAMENTO GENERAL

- Es la política de la Escuela de Odontología de UIC que todos los niños menores de trece (13) años que vengan a la clínica tendrán que estar acompañados por un adulto o adolescente diferente al paciente. Ningún niño menor de trece (13) años puede ser dejado sin supervisión de un adulto en ninguna parte de la Escuela.

- Pacientes que vengan de asilos o casas de asistencia médica tendrán que estar acompañados por un guardián o trabajador social y tienen que tener una cita o un cuarto asignado. Ningún paciente puede ser dejado en las puertas del Colegio por su servicio de transporte (ambulancia, Medicare, camioneta para pacientes) sin estar acompañado.

- Los pacientes que no puedan deambular por sí mismos u operar una silla de ruedas tendrán que traer a algún asistente o acompañante a su cita. La escuela no cuenta con personal voluntario o salarizado que sirva como acompañante de pacientes. Para los pacientes que tengan dificultad para deambular, pueden obtener una silla de ruedas en el escritorio principal pero requiere como depósito una credencial de identificación o licencia para manejar. Aunque nuestro personal podría ayudar a pacientes en silla de ruedas o con caminadoras, durante horas pico esto no se les requiere.

CLÍNICAS DENTALES

- El área operatoria es exclusivamente para pacientes. Grupos de familiares o amigos deberán esperar en el lobby de la recepción principal mientras el paciente es visto en la clínica. Debido al limitado de asientos, le pedimos que el número de amigos/familiares acompañando al paciente se limite a uno o dos.

- Esta prohibido introducir bebidas o comida en las áreas de atención de pacientes de la escuela.

- Teléfonos celulares y radiolocalizadores (pager) deberán permanecer apagados o en silenciador durante el tratamiento para evitar distraer a doctores, estudiantes u otros pacientes.

- Durante el tratamiento, radios pequeños/pod/reproductores de CD, y computadoras laptop con audífonos tienen que permanecer a un volumen que permita la comunicación efectiva entre el paciente y el doctor/estudiante. No se permiten aparatos de música grandes (tipo boombox). Como con cualquier artículo propio, los pacientes y visitantes de la escuela son responsables por salvaguardar sus artículos personales.

- Los pacientes que son incapaces de transferirse o sentarse en la unidad dental/salas operatorias por sí mismos deberán ser referidos a GPR o un Programa Dental Hospitalario. La escuela no esta equipada para tratar a estos pacientes, por lo tanto pacientes que se encuentren en cama o que padezcan de complicaciones médicas múltiples serán mejor atendidos en un programa hospitalario.

Office for Patient Services July 2008
UNIVERSITY OF ILLINOIS
AVISO SOBRE PRÁCTICAS DE PRIVACIDAD

ESTE AVISO DESCRIBE LA MANERA EN QUE SU INFORMACIÓN MÉDICA PUEDE SER UTILIZADA Y DIVULGADA Y CÓMO PUEDE USTED OBTENER ACCESO A LA MISMA. EXAMINELA CON ATENCIÓN.

Estamos obligados por ley a suministrarle este Aviso sobre nuestras responsabilidades y prácticas de privacidad y sus derechos sobre las mismas. Estamos obligados a atenernos a los términos de este Aviso. Este Aviso también describe algunos, pero no todos, los usos y divulgaciones que podemos realizar con su información protegida de salud. Este Aviso también describe sus derechos al acceso y control de su información protegida de salud, incluyendo información demográfica que pueda identificarlo y que se relacione con su estado de salud física o mental pasado, presente o futuro y con servicios relacionados de salud. Hay otras leyes que proveen protecciones adicionales a la información médica asociada con el tratamiento de la salud mental, el abuso de alcohol, el abuso de drogas y el VIH/SIDA. Acataremos los requisitos de dichas leyes para estos tipos de información médica.

PODREMOS UTILIZAR Y DIVULGAR SU INFORMACION PARA LOS SIGUIENTES FINES

Tratamiento: Utilizaremos o divulgaremos su información protegida de salud para proveerle tratamiento y para coordinar o administrar su atención de salud y todo otro servicio relacionado. Por ejemplo, suministramos información a médicos, enfermeras, técnicos de laboratorio, estudiantes y otras personas, incluyendo información de pruebas que se le efectúen, y registraremos dicha información para que sea empleada por terceros. Podremos proveer información a su plan de salud u otros proveedores para hacer los arreglos para una derivación o consulta. La Universidad de Illinois es un Centro Médico Académico; por lo tanto, pueden también utilizar o divulgar su información protegida de salud los médicos residentes, los estudiantes de medicina, estudiantes de enfermería y estudiantes de otras carreras vinculadas con la salud.

Pago: Utilizaremos o divulgaremos su información protegida de salud, según sea necesario, para obtener el pago de sus servicios de atención de salud. Por ejemplo, podremos ponernos en contacto con su asegurador para verificar los beneficios a los que usted es acreedor, obtener autorizaciones previas y suministrarle los detalles que necesite sobre su tratamiento para asegurarnos el pago de su atención médica. Utilizaremos o divulgaremos también su información médica para facturar directamente a terceros que puedan ser responsables de los pagos, tales como miembros de su familia, a los efectos de las respectivas cobranzas.

Operaciones De Atención De La Salud: Utilizaremos o divulgaremos su información protegida de salud según sea necesario, para llevar a cabo operaciones de atención de la salud. Las operaciones de atención de la salud incluyen, pero no están limitadas a evaluación de calidad / mejora de actividades, administración de riesgos, gestión de reclamos, consultas legales, actividades de evaluación de médicos y empleados y encuestas regulatorias. Podremos también divulgar su información protegida de salud a
nuestros socios comerciales que llevan a cabo actividades en nombre nuestro, por ejemplo, Medicare, y para otras actividades de planificación empresarial.

Recolección De Fondos: Podremos utilizar y divulgar información de contacto a nuestra Fundación o a otros terceros, y las fechas de su atención, pero no información sobre su tratamiento, para que se comuniquen con usted como parte de una campaña de recolección de fondos. Si usted recibe una comunicación nuestra relativa a propósitos de recolección de fondos, se le indicará cómo solicitar no volver a ser contactado en el futuro.

Directorio de Información: A menos que usted lo objete, utilizaremos y divulgaremos su información en nuestro directorio de utilidades: su nombre, la ubicación donde recibe su atención de salud, su estado de salud (en términos generales), y su pertenencia religiosa. Toda esta información, excepto la de pertenencia religiosa, será dada a conocer a personas que puedan dirigirse a usted por su nombre, incluyendo los medios de comunicación. Divulgaremos su pertenencia religiosa solamente al clero, aún si el mismo no se dirija a usted por nombre. Usted le puede solicitar a la oficina de registro de pacientes que mantenga su información fuera del directorio, pero debe saber que si lo hace, los floristas y otros visitantes no podrán encontrar su habitación o ponerse en contacto con usted.

Turnos y Servicios: Podremos utilizar y divulgar su información protegida de salud para recordarle sobre un turno o brindarle información sobre alternativas de tratamiento u otros beneficios o servicios relacionados de salud que le puedan ser de interés.

Personas Que Participan En Su Atención / Organizaciones De Ayuda Ante Desastres: Podremos divulgar su información protegida de salud a un amigo o miembro de la familia que participe de su atención, a menos usted que nos solicite lo contrario. Podremos divulgar información a organizaciones de ayuda ante desastres, tales como la Cruz Roja, de modo que su familia pueda ser notificada sobre su estado y ubicación.

Con Su Autorización: Podremos utilizar o divulgar su información protegida de salud para propósitos no descritos en este Aviso pero permitidos por la ley, sólo con su autorización por escrito. Usted puede revocar toda autorización en cualquier momento, por escrito pero solamente con respecto a usos o divulgaciones futuros, y sólo cuando ya no hayamos actuado basados en su autorización.

USOS Y DIVULGACIONES QUE PODEMOS REALIZAR SIN SU AUTORIZACION, CONSENTIMIENTO U OPORTUNIDAD DE OBJETAR

Requerido Por Ley: Podremos utilizar o divulgar su información protegida de salud toda vez que su uso o divulgación sea requerido por la ley, pero solamente hasta el grado y bajo las circunstancias previstas en dicha ley.

Salud Pública: Podremos utilizar o divulgar su información protegida de salud para actividades de salud pública tales como informes sobre nacimientos, muertes, enfermedades transmisibles, lesiones o discapacidades, provisión de seguridad de drogas y dispositivos médicos, informes sobre abusos infantiles y sexuales y para vigilancia en el lugar de trabajo o enfermedades o lesiones laborales.

Enfermedades Transmisibles: Podremos divulgar su información protegida de salud, si lo autoriza la ley, a una persona que pueda haber estado expuesta a una enfermedad transmisible o pueda de otro modo hallarse en riesgo de contraer o difundir la enfermedad o estado.

Actividades De Supervisión De Salud: Podremos divulgar su información protegida de salud a organismos de supervisión de salud para actividades autorizadas por la ley tales como auditorías, investigaciones administrativas o criminales, inspecciones, otorgamiento de licencias o acciones disciplinarias y supervisión de acatamiento de la ley.

Abuso, Negligencia O Violencia Domésticas: Podremos divulgar su información protegida de salud a algún organismo de salud pública que se encuentre autorizado por la ley a recibir informes sobre abuso o negligencia. Además, podremos divulgar su información protegida de salud, si creemos que usted puede ser víctima de abuso, negligencia o violencia doméstica, al organismo o entidad gubernamental.
autORIZADO A RECIBIR DICHA INFORMACIÓN. ESTA DIVULGACIÓN SERÁ COHERENTE CON LOS REQUISITOS DE LAS LEYES FEDERALES Y ESTATALÉS PERTINENTES.

ADMINISTRACIÓN DE ALIMENTOS Y DROGAS (FDA): PODREMOS DIVULGAR SU INFORMACIÓN PROTEGIDA DE SALUD A UNA PERSONA O EMPRESA COMISIONADA POR LA ADMINISTRACIÓN DE ALIMENTOS Y DROGAS (FDA) PARA INFORMAR SOBRE SUCESOS PERJUDICALES, DEFECTOS O PROBLEMAS DE PRODUCTOS, DESVIAcIONES DE PRODUCTOS BIOLÓGICOS, SUGERIMIENTO DE PRODUCTOS; DISPONER REVOCATORIAS DE PRODUCTOS; EFECTUAR REPARACIONES O REEMPLAZOS O LLEVAR A CABO SUPERVISIÓN DE POST VENTA, SEGÚN CORRESPONDA.

PROCEDIMIENTOS LEGALES: PODREMOS DIVULGAR SU INFORMACIÓN PROTEgIDA DE SALUD EN RESPUESTA A ÓRDENES JUDICIALES O ADMINISTRATIVAS, O BAJO CIERTAS CIRCUNSTANCIAS EN RESPUESTA A CITACIONES JUDICIALES, LLAMADOS A DECLARAR U OTROS PROCESOS LEGALES.

APLICACIÓN DE LA LEY: PODREMOS DIVULGAR SU INFORMACIÓN PROTEgIDA DE SALUD PARA IDENTIFICAR O UBICAR SOSPESOSOS, FUGITIVOS O TESTIGOS, O VÍCTIMAS DE UN DELITO, PARA INFORMAR SOBRE MUERTES PRODUCTO DE UN CRIMEN, CRIMENES EN LAS INSTALACIONES O, EN EMERGENCIAS, LA COMISIÓN DE UN CRIMEN.

MÉDICOS FORENSES, EXAMINADORES MÉDICOS, ENCARGADOS DE AGENCIAS FUNERARIAS: PODREMOS DIVULGAR SU INFORMACIÓN PROTEgIDA DE SALUD A UN MÉDICO FORENSE O EXAMINADOR MÉDICO PARA PROPÓSITOS DE IDENTIFICACIÓN, DETERMINACIÓN DE LA CAUSA DE UNA MUERTE PARA QUE UN MÉDICO FORENSE O EXAMINADOR MÉDICO LLEVE A CABO OTRAS TAREAS AUTORIZADAS POR LA LEY. PODREMOS TAMBIÉN DIVULGAR SU INFORMACIÓN PROTEgIDA DE SALUD A UN ENCARGADO DE AGENCIA FUNERARIA PARA PERMITIRLE LLEVAR A CABO SUS TAREAS.

DONACIÓN ÓRGANOS: PODREMOS DIVULGAR SU INFORMACIÓN PROTEgIDA DE SALUD A ORGANIZACIONES QUE ADMINISTREN LA OBTENCIÓN DE ÓRGANOS Y/O ÓJOS O LOS TRASPLANTES DE TEJIDOS.

INVESTIGACIÓN: PODREMOS DIVULGAR SU INFORMACIÓN PROTEgIDA DE SALUD A INVESTIGADORES CUANDO SU INVESTIGACIÓN HAYA SIDO APROBADA POR UN ORGANISMO INSTITUCIONAL DE EVALUACIÓN QUE HAYA EXAMINADO LA PROPUESTA DE INVESTIGACIÓN Y ESTABLECIDO PROTOCOLOS QUE ASEUREN LA PRIVACIDAD.

SEGURIDAD NACIONAL: PODREMOS DIVULGAR SU INFORMACIÓN DE SALUD A FUNCIONARIOS FEDERALES AUTORIZADOS A LLEVAR A CABO ACTIVIDADES DE SEGURIDAD NACIONAL E INTELLIGENCIA, INCLUYENDO LA PROVISIÓN DE SERVICIOS DE PROTECCIÓN AL PRESIDENTE.

ACTIVIDADES CRIMINALES: PODREMOS DIVULGAR SU INFORMACIÓN DE SALUD EN CONCORDANCIA CON LEYES FEDERALES Y ESTATALÉS PERTINENTES SI CREEMOS QUE Dicho USO O DIVULGACIÓN RESULTA NECESARIO PARA EVITAR O DISMINUIR EL ALCANCE DE UNA SERIA E INMINENTE AMENAZA A LA SALUD O LA SEGURIDAD DE UNA PERSONA O DEL PÚBLICO EN GENERAL.

ACTIVIDAD MILITAR: PODREMOS DIVULGAR SU INFORMACIÓN DE SALUD SI USTED FORMA PARTE DE LAS FUERZAS ARMADAS Y LA INFORMACIÓN ES REQUERIDA POR LAS AUTORIDADES A CARGO, O PARA EL PROPÓSITO DE UNA DETERMINACIÓN POR PARTE DEL DEPARTAMENTO DE ASUNTOS DE VETERANOS DE SU ELEGIBILIDAD PARA CIERTOS BENEFICIOS.

INSTITUTOS CORRECCIONALES: PODREMOS DIVULGAR SU INFORMACIÓN PROTEGIDA DE SALUD SI USTED ES UN PRESIDIARIO, POR SU PROPIA SALUD Y LA SALUD Y LA SEGURIDAD DE LOS DEMÁS.

COMPENSACIONES LABORALES: PODREMOS DIVULGAR SU INFORMACIÓN PROTEGIDA DE SALUD SI SE LO AUTORIZA PARA CUMPLIR CON LAS LEYES DE COMPENSACIÓN LABORAL Y OTROS PROGRAMAS SIMILARES LEGALMENTE ESTABLECIDOS.

SUS DERECHOS A LA INFORMACIÓN SOBRE SALUD

DERECHO A OBTENER UNA COPIA DE ESTE AVISO SOBRE PRÁCTICAS DE PRIVACIDAD: LE PROVEREMOS A SU PEDIDO UNA COPIA DEL ACTUAL AVISO SOBRE PRÁCTICAS DE PRIVACIDAD. DE HECHO UNA COPIA DEL AVISO ACTUAL ESTARÁ DISPONIBLE EN LOS SECTORES DE REGISTRO DE NUESTRAS INSTALACIONES Y SE LE ENTREGARÁ A SU PEDIDO. USTED TIENE EL DERECHO DE OBTENER A PEDIDO UNA COPIA IMPRESA DE ESTE AVISO, AÚN SI HUBIERA ACCEDIDO A
Derecho A Solicitar Una Restricción A Cierto Usos Y Divulgaciones: Usted tiene derecho a solicitar restricciones en los usos y divulgaciones de su información médica para propósitos de tratamiento, pago u operaciones de atención de salud. No tenemos la obligación de dar curso a su solicitud. Si aceptamos la misma, cumpliremos con lo solicitado excepto en el caso en que esa divulgación ya haya tenido lugar o si usted necesita tratamiento de emergencia y la información se requiere para proveer dicho tratamiento.

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Contacto: Para ejercer cualquiera de los derechos descritos más arriba, o si usted tiene alguna pregunta sobre este Aviso, póngase en contacto con nuestro Funcionario de privacidad telefónicamente al (312) 355-5650 o envíe sus preguntas por correo a University of Illinois Medical Center at Chicago, Health Information Management Department (MC 772), 833 South Wood Street, B62, Chicago, Illinois, 60612-7209, Atención: Privacy Officer. Para presentar una queja con la Línea de Conformidad llame al 1-800-655-4296. Además, usted tiene derecho a presentar una queja ante el Secretario del Departamento de Salud y Servicios Humanos, Oficina de Derechos Civiles, Departamento de Salud y Servicios Humanos de los EE.UU., 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, D.C., 20201. No será objeto de represalias por haberse quejado.

Cambios A Este Aviso: Nos reservamos el derecho de cambiar este Aviso. Nos reservamos asimismo el derecho a hacer regir el Aviso revisado o modificado para cualquier información que ya tengamos sobre usted, así como también para toda información que recibamos en el futuro. Publicaremos una copia del corriente Aviso en nuestras instalaciones y también en nuestro sitio de Internet: http://www.uillinoismedcenter.org.

Fecha De Vigencia: 14 de abril de 2003
Location / Directions

The College of Dentistry is located at 801 South Paulina Street on Chicago's near west side.

By Train:
The Chicago Transit Authority (CTA) Pink Line stops at Polk St., one half block from the entrance to the College.
The CTA Blue Line - IL Medical District stops is located 3 blocks north of the College.

By Bus:
The # 7 Harrison, 9 Ashland, 9X Ashland Express, 12 Roosevelt and 38 Ogden/Taylor busses all stop nearby.

By Car:
UIC is easily reached via the Ashland Avenue exits of I-290 and I-55 or the Roosevelt-Taylor exit off I-90.

Parking:
Parking is available in structures located at the corner of Paulina and Taylor and Wood and Taylor streets.
Validation for a reduced rate is available to patients in our clinics.

Under the Americans with Disabilities Act
Access and reasonable accommodations can be arranged for patients with various types of documented disabilities. Please inform our staff if you require such accommodations.

FAQ’S

I am not sure if I need Urgent Care or a Screening visit for Comprehensive Care?
Urgent Care addresses a specific urgent need. Typically this means severe pain and/or swelling or needs like extractions or root canals. Urgent Care patients are seen by appointment only, by calling 312-996-8636 between 8:00am & 9:00am Monday - Friday. Appointments are scheduled for the next business day.

Comprehensive care addresses ongoing, non-urgent dental needs and maintenance of oral health, for patients whose expectations and needs match College policies and the educational needs of our students. Screening appointments are made by calling 312-996-1265, from 10:00am - 11:30am, Monday - Friday. Appointments are scheduled no more than one week in advance. The College does not accept new patients or schedule screening appointments on a walk-in basis.

I have dental insurance. Can you bill them?
The College of Dentistry does not accept private insurance in our student clinics at this time. Patients with insurance are expected to pay in full at the time of service. We will provide you with a claim form and a receipt for payment so that you can submit to your insurance company for reimbursement.

I was a patient there 3 years ago, how can I become a patient again?
If you have not been in active care for over 3 years you will be required to be screened again. To schedule an appointment, please call 312-996-1265.

If I am accepted and assigned to a student, will there be a fee for further comprehensive examination and further x-rays?
Yes. The Comprehensive Evaluation is usually performed in 2-3 visits and may include further x-rays, pictures and casts.*

Please note:
Children under the age of 14, must be accompanied by an adult (other than the patient) while in the building.

All minors receiving treatment at the College must be accompanied by their Parent or Legal Guardian.

*Fees are subject to change.

For more information, please visit our website at http://dentistry.uic.edu

Adult Dental Screening Clinic
801 South Paulina St Room 105
Chicago, IL 60612

Your appointment has been scheduled on:

________________________
(Date)

________________________
(Time)
Welcome!

Thank you for considering the University of Illinois at Chicago College of Dentistry for your dental needs.

The dental clinics of the College offer a complete range of dental and oral health services. The dental clinics are primarily scheduled for patients who have dental treatment needs that correspond to the teaching needs of our students.

UIC College of Dentistry has a tradition of excellence in dentistry. For over 95 years, our student-dentists and faculty have provided top quality, affordable care to the Chicagoland area.

Our mission

The patient care clinics of the UIC College of Dentistry are committed to providing quality oral health care services to a diverse group of patients in a professional, caring, efficient, and safe environment.

What to expect on your first visit:

At your first appointment (screening visit) we will determine if you are a suitable candidate for a dental school environment. Once you check in, you will be registered and directed to one of our clinics for screening. You should expect to be at the College for about 4 hours.

A valid photo ID is required for registration

A current Medical Card for patients on Public Aid must be presented at time of registration

Once you are in the clinic a student dentist will conduct an initial evaluation that consists of the following:

- A screening examination will be completed in order to determine your suitability for treatment.
- A Medical history will be taken. Please be sure to bring a list of all current medications.

If you are accepted as a patient:

- A panoramic x-ray will be taken and must be paid for at this visit along with the cost of a scheduled comprehensive exam for a total of $106.00*
- If you are bringing a panoramic x-ray from another dentist, you must bring it with you to your screening appointment. Failure to do so will result in denial into the program.
- You will be contacted by your student dentist within 30 days of the screening appointment to schedule your comprehensive evaluation.

NOTE: Your initial acceptance as a patient of the College is conditional. Further comprehensive examination may determine unsuitability for the clinic and will be determined prior to beginning a comprehensive treatment plan. The evaluation and planning phase usually take a total of two to three appointments.

A comprehensive treatment plan that addresses your individual needs will be created and presented to you for approval during your last evaluation visit.

If you accept the proposed treatment plan your student dentist will work with you to schedule your treatment visits which will typically last up to 2 1/2 hours.

Payment and Fees

The College of Dentistry is fee for service. We operate on a reduced fee schedule in our student clinics. The cost of treatment provided by student dentists is lower than private practitioners but will take longer than in most private dental offices.

Payment in full is due at the time of treatment including at the first step of multi-step procedures, for example: crowns, bridges, dentures, and root canal treatments, among others.

The fee for the diagnostic panoramic x-ray and scheduled comprehensive exam is $106* and it is due on the first visit.

Payment options available:

- Cash / Personal Check / Credit/Debit card (Visa, MasterCard, Discover, AmEx)
- IDHFS Medical Card/Public Aid*

*Public Aid typically covers services provided in the comprehensive evaluation. If you have had recent x-rays or dental exams, your services may not be covered. You are then expected to pay at time of service.

Insurance (assignment of benefits) is not accepted as a form of payment in student clinics. Patients with insurance are expected to pay at the time of service, we will provide you with a claim form and receipt for you to submit to your carrier for reimbursement.

Cancellation Policy: We expect our patients to honor their commitment by keeping the appointed date and time for all visits in our clinics. Failure to show on time for your appointment may result in dismissal from College of Dentistry clinics.

*Fees are subject to change.
Undergraduate Group Practice Clinics  
Patient Responsibilities Agreement

As a patient you have the following responsibilities:

At the point of registration, to:

- Provide complete and accurate demographic data (a PO Box address is not satisfactory for proper correspondence)
- Provide a valid photo identification card
- Sign applicable electronic consent forms as a patient/parent/guardian prior to the beginning of treatment.
- Comply with registration procedures including having a picture taken for electronic record.

To provide complete and accurate information about your health and past dental care, and to inform us of any changes in your health.

A promise to cooperate with the treatment plan, keep scheduled appointments, arrive on time and notify us if you can not make a scheduled appointment (a minimum of 24 hour notice is required for cancellations or rescheduling of appointments).

To be available for care based on your treatment needs as assessed by supervising faculty.

To show consideration for and respect the needs of other patients, staff, students, faculty and visitors.

Payment in full is required at the time of service in the student clinics.

Payment in full is required at the initiation of multi-step procedures, including those that require laboratory work. Examples may include: root canal treatments, crowns, bridges, dentures, etc.

To provide insurance forms and information for reimbursement purposes or a current public aid identification card if applicable.

To notify your dentist or the staff of any changes in your address, telephone number, medications or health status.

I have read the patient rights and responsibilities and understand and agree that failure to comply may result in dismissal from the College of Dentistry.

G. Knight ____________________________ AS0001 ________________________
Patient Name Chart Number

_______________________________ ________________________
Patient Signature Date

February 27, 2013
About Dental Treatment in the Group Practice Clinics

The undergraduate dental clinics provide general dental care for patients. This care is provided by dental students, under the close guidance of faculty supervisors who are licensed dentists. **Often dental treatment will take longer than in a private dental office because of the supervision provided by our experienced faculty members** at each stage of the treatment process. This practice will ensure that you receive high quality dental care.

The undergraduate clinics are teaching environments where it is paramount that patients are deemed compatible (before and during treatment) to such a setting. The determination is made by the Managing Partner of each Group Practice Clinic.

You will be assigned a dental student who will provide your dental care. The student will make appointments with you during clinic hours, which are 9:30 a.m.—12:30 p.m. and 2—4:30 p.m. Please be sure to provide your student with current contact information so that he/she can reach you. It is essential that you are available for appointments during these hours, **keep scheduled appointments and arrive on time. Each time you come, we have reserved the time exclusively for your treatment.** For this reason it is very important that you honor our appointment scheduling system. Your cooperation is of the utmost importance.

Welcome To Group Practice Clinics

Thank you for choosing the UIC College of Dentistry for your dental care. You have been provisionally accepted as a patient in **Group Practice Rembrandt, Room 321.** Upon complete examination and assessment of your oral health during future appointments, a final determination will be made regarding your full acceptance for dental care at the College of Dentistry. Once fully accepted, you will be provided with a thorough explanation of your dental conditions and needs, and offered treatment options. At this point, your dental care can begin.

You will be contacted by your assigned dental student within 30 days. If you have any questions, please contact our clerk during clinic hours 9:30 a.m.—12:30 p.m. and 2 p.m.—4:30 p.m., Monday through Friday at **(312) 355-0749.** We look forward to serving your dental needs.
Patient Rights

The faculty, students and staff of the College of Dentistry are committed to the following patient rights.

As a patient you are entitled to the following rights:

- Considerate and respectful treatment by students, faculty and staff.
- Quality dental care that is consistent with the standards for the dental profession.
- A thorough explanation of your dental health, the recommended treatment, the risks and benefits of treatment, and the potential consequences of non-treatment.
- Confidentiality of any information related to your treatment and access to information about your treatment.
- Completion of your treatment in a timely manner.
- Consideration of your overall health needs and appropriate referral or consultation with dental or medical specialists when needed.
- Knowledge of the names and roles of the individuals providing treatment.
- A full description of the itemized costs of proposed treatment and an explanation of payment policies.
- To receive our Notice of Privacy Practices Statement.

Patient Responsibilities

As a patient you have the following responsibilities:

At the point of registration, to

- Provide complete and accurate demographic data (a PO Box address is not satisfactory for proper correspondence)
- Provide a valid photo identification card
- Sign applicable electronic consent forms as a patient/parent/guardian prior to the beginning of treatment.
- Comply with registration procedures including having a picture taken for electronic record.

To provide complete and accurate information about your health and past dental care, and to inform us of any changes in your health.

A promise to cooperate with the treatment plan, keep scheduled appointments, arrive on time and notify us if you cannot make a scheduled appointment (a minimum of 24 hour notice is required for cancellations or rescheduling of appointments).

To be available for care based on your treatment needs as assessed by supervising faculty.

To show consideration for and respect the needs of other patients, staff, students, faculty and visitors.

Payment in full is required at the time of service in the student clinics.

Payment in full is required at the initiation of multi-step procedures, including those that require laboratory work. Examples may include: root canal treatments, crowns, bridges, dentures, etc.

To provide insurance forms and information for reimbursement purposes or a current public aid identification card if applicable.

To notify your dentist or the staff of any changes in your address, telephone number, medications or health status.

I have read the patient rights and responsibilities and understand and agree that failure to comply may result in dismissal from the College of Dentistry.

Patient Signature Date
Appendix : Oral Medicine Patient Work-Up Sheet

Please use this form to take notes during your patient work-up. After presenting your patient to the attending Oral Medicine faculty, use this form to transcribe your notes into the Axium software.

**Demographics:** Please describe the age, gender and ethnicity of your patient

**Chief Complaint:** Briefly describe the reason for the visit in the patient’s own words. Described the symptoms reported by the patient and the source of the referral if relevant

**History of Present Illness:** Chronological description of the illness from the time of onset to the present. This should include duration of symptoms, changes in signs and symptoms, number of previous episodes, prior treatment (response if any).

**Medical History:** List patient past and present systemic conditions (e.g. diabetes, hypertension, heart disease, liver disease, kidney failure, thyroid disorders. Immune dysfunction, cancer, transplants). List all medications including dosage and duration.

**Review of Systems:** Take blood pressure and pulse. Oral temperature if indicated.
Social History: marital status, number of children, occupation, tobacco and alcohol usage.

Family History: Record any relevant systemic disease conditions in parents, siblings and children (e.g. diabetes, heart disease and cancer)

Dental History: Indicate if the patient receives regular dental care and the date of last dental visit.

CLINICAL EXAMINATION:
Extraoral: indicate lymphadenopathy, facial or cervical swelling or abnormality.

Intraoral: For each lesion identified indicate location, size, texture, color, consistency upon palpation

Differential Diagnosis: one or more likely diagnoses.

Plan: What would be your next step? What tests would you order if any? When would you see the patient next? (Remember the plan is dependent on your differential diagnosis)
Policy for the Diagnostic Use of Ionizing Radiation, Patient Selection and Limiting Radiation Exposure

Original document: May 2001

Updated: May 2005
September 2007
May 2010
March 2012
May 2013

prepared/updated by Dr. Richard Monahan

Questions/comments/concerns/corrections should be addressed to either of the individuals listed below or the appropriate university/state administrative agency.

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INTRODUCTION

The purpose of the following guidelines is to standardize the institutional use of ionizing radiation for diagnostic procedures. Strict adherence will result in the least possible patient risk and provide maximum diagnostic yield.

This document is prepared in conjunction with:


The 2012 Illinois Emergency Management Agency, Illinois Administrative Code Title 32: Chapter II; part 360, Use of X-rays in the Healing Arts including Medical, Dental and Veterinary Medicine http://www.state.il.us/iema/legal/regs/RegChart.asp


Position papers from The American Academy of Oral and Maxillofacial Radiology will be reviewed by the director of radiology and may influence clinical protocol where applicable and consistent with the above requirements. www.AAOMR.org

This document is being published with the understanding that continual reevaluation is needed and the document will require ongoing modifications as the art and science of diagnostic imaging advances.

In any instance where Federal, State or University radiation safety codes are more stringent than the requirements set forth in this document, the more stringent regulation will apply.

Radiographic examinations may provide essential information for the diagnosis, treatment and the prevention of maxillofacial and dental disease and maxillofacial/craniofacial differences. When properly prescribed, acquired, interpreted...
and integrated with the clinical examination and patient dialogue, diagnostic images can be an indispensable and integral component of the practice of dentistry.

RADIATION SAFETY OFFICIALS

The University of Illinois at Chicago Radiation Safety Office and Associate Dean for Patient Services at the College of Dentistry have the direct responsibility for the overall supervision of all ionizing radiation sources within the dental educational facility. The College of Dentistry Director of Radiology reports directly to The Director of Clinics and The Director of Clinics reports directly to The Associate Dean for Patient Services.

The division director of dental radiology is the designated liaison between the administrative offices of the college of dentistry and the radiation safety office of the university.

As of this writing, the Associate Dean for Patient Services is Dr. David Clark, the Director of Clinics is Dr. Melisa Burton, the university radiation safety officer is Mr. Allan Jackimek and the director of radiology at The College of Dentistry is Dr. Richard Monahan,

The university radiation safety officer has the authority and responsibility to establish, implement and monitor the following radiographic practices of the college.

The university radiation safety officer will:

1. Arrange for the periodic inspection of the dental school radiology facilities to be performed by a designate of the University Radiation Safety Department. That department shall maintain records of inspections and up-to-date certification of operate x-ray generators. These records are available upon request from any authorized dental school administrative official, designated state representative or certifying organization authorized by the administration. In 2003, the state inspection schedule was changed from annual to every three years. This protocol is still in effect as of February 2013.

2. After written/email notification from an administrative official of the dental school, the designated university radiation officer will review plans for modification or location changes of existing equipment and planned installation as well as location of new equipment within the college. He/she will issue a written report of their findings to the designated college official within a reasonable period of time.

3. Investigate any reported, suspected or observed incident concerning health hazards related to x-ray equipment usage or misuse of equipment within the College of Dentistry or, at their discretion, forward knowledge of such incidents or
hazards to the appropriate university official and/or The State of Illinois Bureau of Radiation Safety, Illinois Emergency Management Agency (IEMA).

4. Make recommendations to the UIC College of Dentistry administration and/or director of dental radiology regarding radiation safety and quality assurance issues.

5. Notify the UIC College of Dentistry, Associated Dean for Clinical Affairs, The Director of Clinics or the Director of Dental Radiology in writing or via email of changes or modifications in the policy or regulations set forth by The Department of Radiation Safety, University of Illinois.
Facilities and Equipment

1. Shielded operatories should be equipped with a transparent leaded panel to permit a safe view of the patient during exposure. Leaded glass or a substance of similar attenuation properties will be used. Operatories that have been approved for the use of ionizing radiation that do not incorporate shielding shall allow no obstruction that blocks the x-ray operator's direct view of the patient while being imaged. In operatories equipped with intraoral dental x-ray equipment that do not have protective shielding, the operator must stand at least two meters from the tube head and out of the path of the primary beam. This protocol is in accordance with ADA/FDA guidelines and has been approved by The University of Illinois Radiation Safety Officer and the IEMA Radiation inspector of The State of Illinois. All ionizing radiation producing equipment within the college was registered with The State of Illinois IEMA division upon installation and completed its most recent registration on March 2013. The college is scheduled for its five year State of Illinois onsite comprehensive radiology inspection in February 2015.

2. Each operatory will be provided with hangers for dedicated leaded/shielded apron and attached thyroid shield. Appropriate signs indicating the requirement to use the protective apron and thyroid shield will be posted at all times in all functional radiology operatories. Operatories that are designated for panoramic images and conebeam computed (volumetric) tomography shall have appropriately designed protective aprons.

3. The University Radiation Safety Officer is to be informed of any proposed installation, equipment modification or change in location of radiographic equipment in order to be assured of the following:

   a. The inherent shielding or space plan of the operatory room is adequate for the safety of the operator and adjacent non-controlled areas (public areas).

   b. Operator controls and exposure termination indicators are in a position to be easily viewed and/or heard during exposure.

   c. The operatory is of sufficient dimensions so that the tube head can be easily and properly positioned for all exposures.

Note: it is the responsibility of the college space planning committee to ensure that wheelchair access is maintained for specifically designated radiology operatories.
4. All dental x-ray equipment employed in the course of patient care shall comply with the following provisions:

   a. The tube head gantry shall keep the tube head stationary during radiation exposure.

   b. The diameter of the useful beam at the exit of the Position Indicating Device (PID), as used for intraoral radiography, shall be no greater than 2.75 inches. Only open-end Position Indicating Devices will be used. So called “Cone” positioners are specifically prohibited within the College of Dentistry.

   c. The Position Indicating Device must be of sufficient length to provide an acceptable target-to-skin distance.

   d. The total filtration of the beam must not be less than 2.5 mm of aluminum equivalence when the generator is operated above 70 kVp, nor less than 1.5 mm of aluminum equivalence for equipment operating between 60 and 70 kVp. Equipment utilized for patient care will not be operated below 60kVp.

   e. The exposure control switch shall be a “dead-person” type. All radiation emission must terminate once physical switch activation stops and/or after the pre-set time of exposure, whichever is the shortest time interval.

   f. The x-ray unit shall have both an audible and visual indicator to signal exposure termination.

   g. Newly installed x-ray units shall be registered with The State of Illinois Department of Public Health Radiation Control Program no later than 30 days after installation. Calibration of exposure levels must be done at the time of installation or immediately thereafter. Written documentation is necessary and must be filed with The University of Illinois at Chicago Department of Administrative Services, Environmental Health and Safety Office, Radiation Safety Section. The unit must not be used to make radiographic exposures on patients until it has been satisfactorily calibrated and registered with the above named Radiation Safety Section of the University. In limited circumstances, the University Radiation Safety Officer may allow initial usage of equipment based on an email authorization.

5. The University Radiation Safety Officer may inspect and/or request official inspection by the IEMA Bureau of Radiation Safety (formerly, Illinois State Radiology Department) of all x-ray units at the time of installation or a time consistent with their scheduling requirements. Change of location, modification, tube replacement or a fixed time interval designated by the university may also call
for inspection as per university protocol. The scope of these inspections shall include, but not be limited to:

a. An area survey of radiation levels in controlled areas and, if indicated, adjacent non-controlled areas.

b. The Half Value Layer of the useful beam for the average kVp employed.

c. Timer accuracy.

d. Output reproducibility.

e. Output in R/Second (or ug/gray/sec or recognized measurements acceptable to the scientific community and approved by the university/state)

6. Notification of any malfunction of a dental x-ray unit shall be made to the on-site supervising faculty member or radiographic technician monitoring the exposure/testing. He/she will report malfunction to the Director of Clinics or the Director of Radiology.

The department head of the involved department is to be informed in writing or via email and the unit is to be made non-functional (unable to emit ionizing radiation) until satisfactory resolution and re-testing of the equipment is accomplished.

Other than minor maintenance/repair, the University Radiation Safety Officer must be notified in writing or via email so an inspection can be initiated pending his/her professional judgment.

7. Through the authority of the Director of Clinics or his/her administrative superior, all department heads will allow the University Radiation Officer or their designate to inspect any radiology equipment within their department in accord with the university policy for periodic inspection and allow for reasonable random inspection as seen appropriate by the Radiation Safety Office or The State of Illinois IEMA, Bureau of Radiation Safety.

8. Exposure operational information must be posted by each x-ray unit and include the following: correct kVp, mA, film speed (sensor type) and recommend exposure time. Operational manuals for all radiology equipment shall be kept in the office of The Director of Clinics, the office of The Director of Radiology as any additional locations as posted online at the College intranet site.
Operator Qualifications and Authorization

Only those categories of operators defined in this section shall be considered authorized to operate dental x-ray equipment.

1. Students
   The operation of x-ray equipment by DDS/DMD students under direct supervision is authorized provided:
   
a. The student-operator shall have successfully completed instruction/demonstration/understanding/feedback that includes radiation physics, radiation safety, radiation protection, radiographic prescription (including ALARA) and infection control in radiology. A student must demonstrate competency in the clinical application of radiation safety, infection control in radiology and appropriate radiographic technique. This requirement is currently accomplished in Small Group Learning, the clinical demonstration/workshops via Central Radiology Rotations, reinforcement in patient care clinics and individual consultation with the Director of Radiology or his/her designate by appointment or clinic pager.
   
b. All exposures on patients must be authorized by a member of the clinical faculty of the UIC/COD.
   
c. Although the technical component of securing a diagnostic image may be delegated to a radiology technician or dental assistant, it is the primary responsibility of the authorizing faculty member to insure that necessary supervision is available and enforced.

2. Staff
   The operation of x-ray equipment by Dental School staff is authorized provided:
   
a. The x-ray operator shall be a dental assistant, dental radiographic technician or registered dental hygienist.
   
b. The radiographic exposure must be authorized by a member of the clinical faculty of UIC/COD.
   
c. A member of the Dental School clinical faculty shall be available during image capture and for consultation or evaluation of the diagnostic acceptability of the image(s).

3. Faculty and Post-doctoral Students
   All members of the Dental School faculty who are authorized to provide patient care and all post-doctoral students authorized to provide patient care are authorized to operate x-ray equipment. Specific department heads/program directors may limit this authorization as he/she deems appropriate/necessary.
Authorization to operate one type of imaging system is not a blanket authorization to operate other types of imaging equipment.

4. Operation of Cone-beam Computed Tomography Equipment (CBCT)
Only individuals who have been specifically trained and authorized by a department head/specialty program director may operate cone-beam computer tomography equipment.
Patient Radiographic Record

1. All radiographic examinations, including retakes and intra-treatment images, shall be authorized by a UIC/COD faculty member by prescription in the patient’s dental chart/electronic patient record (EPR). This record will specify the request date of the examination, authorization code of the faculty member and type of exposure(s) requested. The number of total completed exposures, including necessary retakes, shall be recorded. This information is intended to document the patient’s history of exposure to diagnostic ionizing radiation within the College of Dentistry and the types of radiographs used for diagnostic evaluation. This is done in recognition that the effects of ionizing radiation are cumulative. Specific codes are used for non-diagnostic images.

2. Radiographic examinations made outside the Central Radiology Clinic (example, the group practice clinics) are to be supervised by a clinical faculty member of the involved group practice and must be authorized/recorded as above. The supervising faculty member is responsible for overseeing and assuring that proper radiation protection, college dictates on infection control and the radiographic prescription concept of ALARA are routinely adhered to in his/her clinic.

3. When utilizing analog radiology, all original intraoral radiographs shall be mounted in an appropriately labeled film mount, detailing patient name, patient record number and date of radiographic exposure. Panoramic films will be embedded with the above information.

4. All mounted radiographs must be stored in the pocket of the patient’s record or as designated by the Director of Clinics.

5. For those patients who wish to discontinue treatment or request duplicate, images will be duplicated or original duplicates will be made available. In the case of film, one set of original images(s) will be maintained by the COD. Radiographs will be released to dentists, physicians or insurance companies upon written request/authorization from the patient in question or as is authorized by The Director of Clinics.

6. Radiographs will be retained in the patient’s record for a minimum of seven years following termination of treatment. Radiographs of minors will be kept at least until they reach the age of twenty years or for 7 years after their last date of active treatment within the college, whichever is longer.
The Radiographic Examination
Criteria for Patient Selection

1. No image will be taken without written/electronic prescription by a UIC/COD faculty member after conducting a clinical examination and a reviewing the medical history.

2. To maximize the benefits of the radiation exposure, the need for all radiographs should be determined by using high-yield criteria as the basis of professional judgement, as established through history, patient dialogue and clinical examination.


4. Where pertinent and relevant prior images are available, they will be obtained and evaluated for diagnostic yield before any new radiographs are prescribed.

5. No radiograph or image will be made solely for the purpose of initial screening of patients for acceptability for treatment in the dental college unless there is a high likelihood of such acceptance. A clinical examination with be accomplished prior to ordering any image.

6. Patients/students/staff will not be exposed to ionizing radiation for teaching/training/demonstration purposes. There must be a diagnostic rationale evident before exposing any individual to ionizing radiation.

7. No image will be acquired solely for administrative purposes. Patients will not be exposed to ionizing radiation following treatment procedures solely to document completion of a procedure.

8. Patients will not be subjected to radiographic retakes solely for students to demonstrate technical proficiency. Retakes will be based on the need to acquire a diagnostic image with the requisite diagnostic yield needed to advance/maintain/establish the health of the patient.

9. Radiographs which do not meet diagnostic criteria must be retaken. These retakes are made under the supervision of and/or with the assistance of an instructor/technician. If retakes are mounted in a full mouth survey mount
(analog films), the retakes must be dated separately from the date the original FMX was exposed if the dates are different.

10. Diagnostic images necessary to provide urgent care for a pregnant patient will be explained to the patient, prescribed after informed consent and acquired with strict adherence to ALARA. While this protocol is routinely followed on all patients, pregnancy necessitates the clinician demonstrate a concern tailored to the patient's condition.

11. While judicious clinical protocol dictates that radiographs for all patients be kept to a minimum, the child patient is of special concern due to susceptibility to the direct and indirect effects of ionizing radiation. An image should not be taken on a child if the supervising clinician has a reasonable suspicions that, because of movement of the child, the likelihood of success is poor. Consultation with clinic managers/program directors should be considered in these instances.

12. The radiographic procedure(s) chosen will be predicated upon the basis of maximizing relevant diagnostic yield while minimizing patient exposure to ionizing radiation. Once the need for a radiographic examination is established, the principle of ALARA (as low as reasonably achievable) is integrated into all radiographic exposure decisions.
Policy for Prescribing Images on Pregnant Patients

1. For urgent care situations, any image deemed necessary for the diagnose and treatment of acute dental problems should be prescribed utilizing strict adherence to the concept of ALARA. Additionally, a faculty member may decide to authorize a specific image if the patient presents with a condition that is likely to worsen during pregnancy.

2. Images should not be taken for elective dental procedures if a patient is pregnant. This includes screening appointments for admission to the college.

3. In all cases, appropriate protective measures (protective apron with thyroid collar if appropriate, high speed film/sensor, proper infection control) must be followed.

4. Protective aprons should be removed immediately after the x-ray exposure since the weight and discomfort is difficult for some pregnant patients to tolerate.

The above policy statement is consistent with the guidelines of The American Dental Association and American Academy of Oral & Maxillofacial Radiology.
Pregnant Radiation Operators and other concerns about Pregnancy and X-rays

 Operators who are pregnant should not be exposed to more than 5mSv (500 mrem) during the term of their pregnancy. Students/staff/faculty who have concerns about occupational exposure to ionizing radiation should contact the UIC/COD Director of Clinics, UIC/COD Director of Radiology, the UIC Radiation Safety Office, The Illinois Emergency Management Agency (Bureau of Radiation Safety) or the Illinois State regulation agency of their choice.

| UIC Radiation Safety Forms and Monitoring Devices are available directly from: |
| UIC Environmental Health and Safety Office Phone: 6-7429 Fax: 6-8776 |
| Radiation Safety Section, 339 CSN, M/C 932 [http://www.uic.edu/depts/envh](http://www.uic.edu/depts/envh) |

Form **8.2 122.A** relates to Application for Radiation Dosimeter Service.

There is no charge to the applicant.
Mandatory Faculty Authorization Prior to Exposing any Patient to Ionizing Radiation

All radiographic examinations, including retakes and intra-treatment images, shall be authorized by a UIC/COD faculty member by prescription in the patient's dental chart/electronic patient record (EPR). This record will specify the request date of the examination, authorization code of the faculty member and type of exposure(s) requested. The number of total completed exposures, including necessary retakes, shall be recorded. This information is intended to document the patient's history of exposure to diagnostic ionizing radiation within the College of Dentistry and the types of radiographs used for diagnostic evaluation. This is done in recognition that the effects of ionizing radiation are cumulative. Specific codes are used for non-diagnostic images.

Radiographic examinations made outside the Central Radiology Clinic (example, the group practice clinics) are to be supervised by a clinical faculty member of the involved group practice and must be authorized/recorded as above. The supervising faculty member is responsible for overseeing and assuring that proper radiation protection, college dictates on infection control and the radiographic prescription concept of ALARA are routinely adhered to in his/her clinic.

Authorization for 3D CBCT Scans

1. It must be recognized that CBCT subjects the patient to a relatively high radiation dose. As with all imaging, the Risk-Benefit Analysis must justify prescribing a CBCT study. ALARA must be followed.

2. Three-dimensional diagnostic imaging (conebeam computed tomography/volumetric tomography (CBCT/CBVT)) can only be ordered by a department head or their designate, the Director of Clinics, a graduate program director, the Director of Initial Patient Services and the Director of Radiology.

3. Three-dimensional image data sets will be reviewed for diagnostic quality and diagnostic yield within the specialty clinic that prescribed the image. As with all images acquired at the college, the Director of Radiology is available upon request (email or pager) to review any scan for quality/pathology.

4. Three-dimensional image data sets prescribed by the Director of Urgent Care will be reviewed for diagnostic quality and diagnostic yield with the Director of Radiology on a weekly basis as well as on request.
Guidelines for Frequency of Exposing Patients to Ionizing Radiation

Professional judgment and the needs of the patient for optimal diagnosis and treatment will determine the frequency of radiographic examination and not solely the period of time elapsed since the last examination. In each case, consistent with the guidelines stated and cited in this document and subject to the legal doctrine of informed consent, the ultimate decision to prescribe a radiographic examination rests with the supervising clinician.

For category-based rationale/guidelines for frequency of exposure as well as the type of imaging examination to prescribe, consult: 2012 ADA / FDA recommendations for the prescription of dental radiographic examination: "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure" (http://www.ada.org/news/7996.aspx) or visit the college intranet at http://intranet/depts/radio/index.htm

This document endorses the following time-related frequency of exposure:

In the practice of dentistry, patients often seek care on a routine basis in part because oral disease may develop in the absence of clinical symptoms. Since attempts to identify specific criteria that will accurately predict a high probability of finding interproximal carious lesions have not been successful for individuals, it was necessary to recommend time-based schedules for making radiographs intended primarily for the detection of dental caries. Each schedule provides a range of recommended intervals that are derived from the results of research into the rates at which interproximal caries progresses through tooth enamel. The recommendations also are modified by criteria that place an individual at an increased risk for dental caries. Professional judgment should be used to determine the optimal time between radiographic examination within a suggested interval.

For a detailed explanation of endorsed time-related exposure criteria, please review: "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure" (http://www.ada.org/news/7996.aspx) or visit the college intranet at http://intranet/depts/radio/index.htm
Guidelines for Prescribing Dental Images

LIMITING RADIATION EXPOSURE
Dental radiographs account for approximately 2.5 percent of the effective dose received from medical radiographs and fluoroscopies. Even though radiation exposure from dental radiographs is low, once a decision to obtain radiographs is made it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient’s exposure. Examples of good radiologic practice include

- use of the fastest image receptor compatible with the diagnostic task (F-speed film or digital);
- collimation of the beam to the size of the receptor whenever feasible;
- proper film exposure and processing techniques;
- use of protective aprons and thyroid collars, when appropriate; and
- limiting the number of images obtained to the minimum necessary to obtain essential diagnostic information.


Clinical faculty and students rendering patient care will be familiar with and adhere to the principles set forth in the 2012 ADA / FDA recommendations for the prescription of dental radiographic examination: "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure"(http://www.ada.org/news/7996.aspx)

2012 ADA/FDA Guidelines information is posted in all undergraduate clinics, Central Radiology suites and available college-wide @ http://intranet/clinics/chairside/home.htm

These guidelines have been electronically broadcast to all clinical faculty and represent the collective philosophy of the college regarding the prescription of dental radiographs.
Guidelines for Prescribing Dental Radiographs for New Patients

New patients to the College of Dentistry will be asked if recent radiographs are available during their screening visit. If recent images, films or acceptable duplicates are not available, then an appropriate radiographic examination will be ordered by a faculty member at a subsequent Comprehensive Oral Examination (COE) appointment. If, at the screening examination, the evaluating clinician’s professional judgment is that the person presenting to the college is likely to become a member COD patient population, the clinician may prescribe a panoramic image which will serve as a diagnostic adjunct at the COE appointment and assist in facilitating patient care in a timely manner. Specific image prescription guidelines are available at: Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure" (http://www.ada.org/news/7996.aspx) and at the UIC/COD intranet site.

Guidelines for Acquiring Dental Radiographs

1. No person other than the patient shall normally be in the x-ray operatory during the radiation exposure period. If assistance is required for children or physically challenged patients, non-occupationally exposed persons (preferably a member of the patient’s family) will be asked to assist. No individuals who are occupationally exposed to radiation will be permitted to assist patients or to hold film/sensors in place during exposure. This category includes all students, all staff and all faculty. In rare instances, supervising faculty may alter this guideline. Please consult 2012 ADA / FDA recommendations for the prescription of dental radiographic examination: "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure"(http://www.ada.org/news/7996.aspx) for rationale and recommendations.

2. Patients will be draped with one leaded/protective apron with leaded/protective thyroid shield for all intraoral images. Panoramic images, skull images and CBCT
examinations will require special patient protection. Each operatory/clinical area will be provided with an appropriate hanger for each protective apron. Each operatory will have a dedicated apron - they will not be shared between operatories unless the x-ray source is shared between two adjacent operatories or a centralized highly visible area is appropriately designated.

3. Subject to the state of the science, only the fastest available film or the fastest available sensor consistent with the diagnostic task will be used for all images.

4. Analog extraoral exposures will employ screen-film combinations of the highest speed consistent with their diagnostic purpose. As a rule (2013), this implies use of rare earth screens and T-grain film (T-Mat G).

5. Appropriate image receptor holding devices must be used.

During each exposure, the operator must stand out of the primary beam and behind an adequate protective barrier that permits observation of and communication with the patient. If no protective barrier is present, operator should locate him/herself at least 2 meters away from the radiation exit point and away from the direction of the primary beam. See: 2012 ADA / FDA recommendations for the prescription of dental radiographic examination: "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure" [http://www.ada.org/news/7996.aspx](http://www.ada.org/news/7996.aspx)

6. Only open ended, shielded Positioning Indicator Devices can be used. These devices must be commercially produced and in compliance with the State of Illinois Department of Radiation and Nuclear Safety and the requirements of the University of Illinois Department of Radiation Safety/IEMA.

7. If a malfunction is detected in an x-ray generating unit, the unit must be taken out of service until the corrections/recalibrations are made. It must be made non-functional until repair/replacement/reinspection is accomplished.

8. Students’ access to radiographic film and sensors will be controlled, monitored and authorized by a UIC/COD clinical faculty member.
Guidelines for Retaking Dental Images

Non-diagnostic images should be retaken by faculty or trained staff unless in their judgment the involved student can successfully retake the image. Retaking an image must be done under direct supervision. The technical reason for the retake must be identified by the student initially acquiring the image. If the student is unable to articulate the reason behind the non-diagnostic image it must be communicated to them by the supervising facility. To restate this concept, the operator must know before he/she initiates the retake why the original image was non-diagnostic. In this way a repeated error is not committed which would unnecessarily subject the patient to additional ionizing radiation without gaining the diagnostic information required.
Occupational Exposure Monitoring

1. Monitoring of personnel, including clinical faculty and staff who are routinely involved in radiographic exposures, should be carried out using film badges supplied by and approved by the UIC Radiation Safety Officer. Reports will be open to scrutiny by the personnel concerned.

2. Such records will be kept on file permanently and available for photocopying or electronic transmission upon request of any routinely occupationally exposed faculty member/staff. This category of personnel would include Dental Radiographic Technicians categories II and III as well as those acting as a Dental Radiographic Technician on a daily basis.

Reports are available at no charge from UIC Environmental Health and Safety Office Phone: 6-7429 Fax: 6-8776 Radiation Safety Section, 339 CSN, M/C 932 http://www.uic.edu/depts/envh Utilize form 8.2.123C for Radiation Exposure History Record.


4. Employees should not receive more than 50mSv (5 rem) each year. For added precaution, quarterly readings above 10 percent of the radiation protection guideline or 1.25 mSv (125 mrem) will be reported to the UIC Radiation Safety Officer and the UIC/COD Director of Clinics.

5. Operators who are pregnant should not be exposed to more than 5mSv (500 mrem) during the term of their pregnancy. Students/staff/faculty who have concerns about occupational exposure to ionizing radiation during pregnancy should contact the UIC/COD Director of Radiology, UIC/COD Director of Clinics, the UIC Radiation Safety Office or the Illinois State regulation agency of their choice.

UIC Radiation Safety Forms are available directly from:
UIC Environmental Health and Safety Office Phone: 6-7429 Fax: 6-8776 Radiation Safety Section, 339 CSN, M/C 932 http://www.uic.edu/depts/envh

Form 8.2 122.A relates to Application for Radiation Dosimeter Service. Radiation monitoring devices are not to be worn during such times that the wearer is subjected to diagnostic exposures. Radiation monitoring devices should not be taken outside the building or into the other health care colleges of UIC. There is no charge to the applicant.
Hand-held Intraoral Dental X-ray Units

Hand-held, battery-powered x-ray systems are available for intra-oral radiographic imaging within UIC/COD in strictly limited areas and are not available to predoctoral dental students. The hand-held exposure device is activated by a trigger on the handle of the device. However, dosimetry studies (ADA/FDA) indicate that these hand-held devices present no greater radiation risk than standard dental radiographic units to the patient or the operator. No additional radiation protection precautions are needed when the device is used according to the manufacturer’s instructions. These include: 1. holding the device at mid-torso height, 2. orienting the shielding ring properly with respect to the operator, and 3. keeping the cone as close to the patient’s face as practical. Ring shield are in place.

All operators of hand-held units are instructed on their proper storage. Due to the portable nature of these devices, they are secured properly when not in use to prevent accidental damage, theft, or operation by an unauthorized user. Hand-held unit are locked in work areas when not under the direct supervision of an individual authorized to use them. At this time, the only hand-held device at UIC/COD is under the supervision and care of the Department of Endodontics.

Radiation Safety Education

Clinic Faculty, staff and students will be provided with periodic up-to-date information concerning radiation safety and quality assurance. Posting on UIC/COD website and/or email notification shall be considered sufficient evidence of notification.
Radiation Infection Control Procedures

Please refer to the UIC/COD Infection Control Manual for specifics regarding appropriate/mandatory infection control procedures related to dental radiography. Portions of the document directly related to radiology are posted in each operatory of the central radiology clinic and the radiology units designated in the group practices.

Radiographic Quality Assurance

Radiographic quality assurance (Q.A.) is based upon the principle that patient exposure can be kept to a minimum when all components of a radiographic system are operating at or above defined regulatory agency and applicable professional standards. There are simple and relatively inexpensive testing procedures that can be routinely instituted to identify problems with film acquisition/processing and with digital images. These tests and subsequent corrections must be done when indicated so patients are not subjected to any amount of ionizing radiation unnecessarily.

Once informed, the director of the Division of Radiology, in conjunction with the Director of Clinics, will respond to and resolve all reported issues related to inferior/non-diagnostic image quality.

Quality Assurance Procedures for Assessment of Radiographic Equipment

The following procedures for periodic assessment of the performance of radiographic equipment, film processing, equipment, image receptor devices, dark room integrity, and abdominal and thyroid shielding are adapted from the National Council for Radiation Protection and Measurements report, “Radiation Protection in Dentistry.”

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Frequency</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray Machine</td>
<td>On installation At regular intervals as recommended by state regulations</td>
<td>Inspection by qualified expert (as specified by government regulations and manufacturers recommendations).</td>
</tr>
<tr>
<td></td>
<td>Whenever there are any changes in installation workload or operating conditions</td>
<td></td>
</tr>
</tbody>
</table>
Method 1: Sensitometry and Densitometry
A sensitometer is used to expose a film, followed by standard processing of the film. The processed film will have a defined pattern of optical densities. The densities are measured with a densitometer. The densitometer measurements are compared to the densities of films exposed and processed under ideal conditions. A change in densitometer values indicates a problem with either the development time, temperature or the developer solutions.

Advantages
Accuracy
Speed

Disadvantage
Expense of additional equipment

Method 2: Reference Film
A film exposed and processed under ideal conditions is attached to the corner of a view box as a reference film. Subsequent films are compared with the reference film.

A director sensor image is compared with an image from a sensor of known diagnostic quality;

Advantage
Cost effectiveness

Disadvantage
Less sensitive

Image Receptor Devices
Intensifying Screen and

Monthly
With each new batch of film
Every six months

Method 1: Sensitometry and Densitometry (as described above)
Method 2: Reference Image (as described above)
Visual inspection of cassette integrity
Examination of intensifying screen for scratches
Examination of direct sensors for damage

Extraoral Cassettes
Development of an unexposed film that has been in the cassette exposed to normal lighting for one hour or more
<table>
<thead>
<tr>
<th>Darkroom Integrity</th>
<th>Monthly (On installation and after a change in the lighting filter or lamp)</th>
<th>While in a darkroom with the safelight on, place a metal object (such as a coin) on unwrapped film for a period that is equivalent to the time required for a typical darkroom procedure. Develop film. Detection of the object indicates a problem with the safelight or light leaks in the darkroom.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal and Thyroid Shielding</td>
<td>Monthly (visual and manual inspection)</td>
<td>All protective shields should be evaluated for damage (e.g., tears, folds, and cracks) monthly using visual and manual inspection. If a defect in the attenuating material is suspected, radiographic or fluoroscopic inspection may be performed as an alternative to immediately removing the item from service. Consideration should be given to minimizing the radiation exposure of inspectors by minimizing unnecessary fluoroscopy.</td>
</tr>
</tbody>
</table>

This college uses Method 2: Reference Image.

Conebeam Computed Tomography scans (CBCT scans) will be evaluated yearly using manufacturer-supplied test objects as well as in response to any degradation in image quality or software malfunction.

Film Processing, Viewing Conditions, Digital Image Processing and Three-dimensional images

The acquisition of an image must closely follow the recommendations of the manufacturer as well as comply with the following Quality Assurance measures. All technical manuals for equipment operation are available through The Office of Director of Clinics, the office of The Director of Radiology and online at the UIC/COD intranet site.

5. Equipment and devices must be properly maintained in order to provide maximum diagnostic yield with the least exposure risk to the patient.

6. The condition of processing chemicals (in analog radiology) shall be tested weekly prior to processing films taken on patient. Developed films should be continuously monitored for quality.

7. When utilizing analog radiology darkrooms and daylight loaders will be evaluated yearly for light leaks and safety illumination.

8. The designated staff in clinical areas where x-ray equipment is used will be responsible for the provision and maintenance of appropriate processing facilities and materials. Each group practice has the name and telephone number of the designated repair/maintenance company approved by the COD. Additionally, this information is available in Central Radiology and The Office of Director of Clinics. The financial arrangements with our maintenance/repair company for all radiology equipment were specifically crafted so that they will respond immediately and billing costs will be covered at a later date independent of the request for service.

9. Faculty/staff who monitor students during film processing (analog images) will be responsible for the proper identification of films before, during and following processing.

10. Radiographic viewing should be accomplished under ideal conditions with equipment such as dim background lighting, view boxes of adequate and uniform intensity, opaque film mounts, and magnifying lenses if needed (available in central radiology).

11. Digital image receptors will be kept under warranty so that repair and replacement are immediately available. Digital images should be viewed under low-lighting conditions. Only college approved digital imaging processing algorithms may be used to alter the diagnostic yield or presentation of a digital image.
12. Three-dimensional diagnostic imaging (conebeam computed tomography/volumetric tomography (CBCT/CBVT)) may be ordered by a department head or their designate, the Director of Clinics, a graduate program director, the Director of Initial Patient Services and the Director of Radiology.

13. Three-dimensional image data sets will be reviewed for diagnostic quality and diagnostic yield within the specialty clinic that prescribed the image. As with all images acquired at the college, the Director of Radiology is available upon request (email or pager) to review any scan for quality/pathology.

14. Three-dimensional image data sets prescribed by the Director of Urgent Care will be reviewed for diagnostic quality and diagnostic yield with the Director of Radiology on a weekly basis as well as on request.
Dental Board Examination Patient

1. Requests for images for board examinations must be signed/authorized by a faculty member.

2. The need for radiographs must be established by clinical indication and professional judgement and must contribute to the proper diagnosis and treatment of the patient. Images will not be made for testing purposes only. The principle of ALARA will be strictly adhered to as with any other exposure to ionizing radiation.

3. Images made for, or as part of, board examinations must be made in compliance with the school's policies on radiation safety, radiation protection, radiation prescription and infection control. In addition, all posted policy statements must be followed.
Location, Manufacturer, Serial Number and Model of Ionizing Radiation Producing Equipment within The College of Dentistry

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Manufacturer</th>
<th>Room</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>0036</td>
<td>Instrumentarium</td>
<td>123 Rm 1</td>
<td>iFocus</td>
</tr>
<tr>
<td>0061</td>
<td>Instrumentarium</td>
<td>123 Rm 2</td>
<td>iFocus</td>
</tr>
<tr>
<td>0093</td>
<td>Instrumentarium</td>
<td>123 Rm 3</td>
<td>iFocus</td>
</tr>
<tr>
<td>0034</td>
<td>Instrumentarium</td>
<td>123 Rm 4</td>
<td>iFocus</td>
</tr>
<tr>
<td></td>
<td>Instrumentarium</td>
<td>123H Rm 5</td>
<td>Ceph &amp; Pan</td>
</tr>
<tr>
<td></td>
<td>Instrumentarium</td>
<td>123G Rm 6</td>
<td>ortho pantomograph OP30</td>
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<tr>
<td>0106</td>
<td>Sirona</td>
<td>123 F Rm 7</td>
<td>Pan</td>
</tr>
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<td>Instrumentarium</td>
<td>123 Rm 8</td>
<td>iFocus</td>
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<td>Instrumentarium</td>
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<td>0105</td>
<td>Imaging Science</td>
<td>125 Rm 14</td>
<td>iCAT</td>
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<td>Gendex</td>
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<td>Instrumentarium</td>
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pantomograph OP200D

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Location of all X-ray Equipment Operational Manuals

Copies of all operational manuals related to the operation of imaging equipment within The College of Dentistry can be found in the office of The Director of Clinics, the office of The Director of Radiology and Room 121-125, Office of the Radiology Clinic Coordinator.

Resources that Reflect/Illustrate College Policy

Reference Levels and Achievable Doses in Medical and Dental Imaging: Recommendations (2012)
National Council on Radiation Protection and Measurements
http://www.ncrppublications.org/Reports/172

2012: ADA updates dental radiograph recommendations

ADA 2012: Radiology – Patient Selection Criteria

Radiation Safety Requirements
2012 ADA Statement
http://www.ada.org/2760.aspx#1

ALARA
http://www.nrc.gov/reading-rm/basic-ref/glossary/alara.html

State Radiation Protection Programs: 2013 Directory
http://www.crcpd.org/Map/default.aspx

Radiation Exposure
2012 ADA Statement
http://www.ada.org/2760.aspx
Dental Radiography: Doses and Film Speed
FDA 2012
http://www.fda.gov/radiation-emittingproducts/radiationsafety/nationwideevaluationofx-raytrendsnext/ucm116524.htm

ADA 2013 Oral Health Topics: Radiography
http://www.ada.org/5160.aspx?currentTab=2#guide-1

Recommendations for Prescribing Dental Radiographs
2012 ADA Statement

New Patient Being Evaluated for Oral Diseases
2012 ADA Statement

Limiting Radiation Exposure
2012 ADA Statement

Cone-beam computed tomography (CBCT)
2012 ADA statement on indications for CBCT examinations

Image Receptor Selection
2012 ADA statement
Patient Shielding and Positioning
2012 ADA statement

Radiation Equipment Operator Protection
2012 ADA statement

Hand-held intraoral dental X-ray Units
2012 ADA statement

Quality Assurance in Dental Radiology
2012 ADA statement

Radiation Risk Communication
2012 ADA statement

ADA Statement 2012: Experts question X-ray study
Association with brain tumors based on patient recall

ADA 2013 continuing education, online courses and seminars
http://www.ada.org/education.aspx

The American Academy of Oral and Maxillofacial Radiology
www.AAOMR.org
Resources for Patients/Public

Alliance for Radiation Safety in Pediatric Imaging: What parents should know about the safety of dental radiology

ADA 2012 statement on X-Rays: A Fact Sheet for the Public

ADA 2012 statement on X-Rays and Pregnancy: A Fact Sheet for the Public

Radiation and Pregnancy: A Fact Sheet for the Public
Center for Disease Control 2012 Statement
http://www.bt.cdc.gov/radiation/prenatal.asp
The State of Illinois Radiation Inspection Certificate
Current certificate is available in the office of the Director of Clinics and in the office of the Director of Radiology.

The State of Illinois Radiation Compliance Statement
Compliance statement is available in the office of the Director of Clinics and in the office of the Director of Radiology.

Questions/comments/concerns/corrections should be addressed to any of the individuals listed below or the appropriate university/state administrative agency.

Richard Monahan
Director of Radiology
rmonahan@uic.edu
(312) 996-7481

Melisa Burton
Director of Clinics

David Clark
Associate Dean for Clinical Affairs

End of document
The Dental Material Advisory committee was appointed by Dr. Stephen Campbell, Head of the Department of Restorative Dentistry. The mission of the committee is to propose guidelines to standardize restorative dental materials and instruments that are used in pre-doctoral pre-patient care courses and in clinics. The advisory committee members are pre-patient care and clinical course directors, clinic managing partners and invited representatives from administration. The current committee members are: Dr. Ana Bedran-Russo (Chair), Dr. Courtney Lamb, Dr. Anna Organ-Boshes, Dr. James Ricker, Dr. Ken Gehrke, Dr. Rand Harlow, Dr. Adriana Semprum-Clavier, Dr. Sahar Alrayyes and Ms Robin Waner.

The committee has identified the following deficiencies related to restorative dental materials in the College of Dentistry:

1- The existing list of accepted dental materials is outdated. Although the intent is that this list would specify the specific materials to be used in College of Dentistry clinics, many of the items on the current list are no longer available or have been replaced by improved products.

2- There is a disconnect between dental materials used in pre-patient care instruction and in clinic. This results in confusion for students as they transition to patient care clinics.

3- Instructors and students are not aware of recommended dental materials options or instructions for proper use of recommended materials.

4- Improper storage of specific materials, such as resin cements, may affect their performance and shelf life.

The following are recommendations made by the committee:

1- An updated dental material list that incorporates all restorative materials that are to be used in pre-patient care instruction and in clinics will be submitted for review and approval by the Head of the Department of Restorative Dentistry and the Assistant Dean for Clinics.

2- There will be an annual review of the approved materials list by the advisory committee.
3- All individuals involved in ordering materials will be instructed to limit orders to the specific materials listed. There should NOT be substitutions with generic alternatives unless approved by the advisory committee.

4- A refrigerator should be purchased for storage of materials that are sensitive to temperature extremes or that require prolonged storage at controlled temperature.

5- Simple instructions or reminders should be placed in bins to allow students and faculty to review materials and their proper use. Indications and contraindications for use of various materials should also be listed on the issue bins.

6- Instructional seminars should be planned for both faculty and students periodically. During these sessions updates for the materials listing should be highlighted and important technique issues should be reviewed.

7- The attached form will be implemented to facilitate requests for addition of materials or instruments that are not currently available. Issues that develop in practice related to the currently accepted materials should be reported to the advisory committee using the same form. The form allows a mechanism for feedback to the clinical or pre-patient care faculty regarding their concerns.

*Criteria for selection of DM materials:* The committee considered current available research evidence, handling characteristics, infection control considerations such as availability of unit dose packaging, and cost when making decisions for this revision. For some assessments materials were evaluated in student clinics or by faculty in their practices.

Selection of an accepted material for use in pulp capping procedures could be used as an example of the process that the committee employs. First a search was conducted to review the current literature for recommendations. Our members expressed some concern regarding the resins that are included in current light activated hard setting materials and after a careful review of the literature and in this case even communicating with experts in this area via e-mail we considered this to be enough of a concern to recommend against these materials. Both literature and practice suggest that a newer material MTA should be considered to replace traditional calcium hydroxide formulations. However, at this time the cost of the MTA is significantly greater than calcium hydroxide, the setting time for the MTA is long, and the student clinical experience with this material is very limited. Due to these concerns traditional calcium hydroxide (Dycal) was selected for the current list. The committee will continue to
monitor reports in the literature and will consult with the Department of Endodontics and the Department of Pediatric Dentistry to determine when a shift to MTA would be appropriate.

The UIC Accepted Dental Material List has been updated (enclosed). Only the specific materials on this list, when approved, are to be used in the pre-doctoral dental clinics and in pre-patient care instructional sessions.
Restorative Dental Materials – Approved List

*The Dental Materials in is being constantly evaluated and updated; therefore check for the most updated version (which will be updated in the intranet)

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<td>3M ESPE</td>
<td></td>
<td>Temporary Cementation</td>
<td></td>
<td>UPON FACULTY REQUEST Not for permanent cementation</td>
<td></td>
</tr>
</tbody>
</table>
Restorative Dental Materials – Approved List

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<table>
<thead>
<tr>
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<th>Company</th>
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<th>Material Category</th>
<th>Indications</th>
<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FINAL CEMENTATION</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Calibra</td>
<td>Dentsply</td>
<td></td>
<td></td>
<td>Resin – Dual-cure</td>
<td>Multi-use resin system for try-in and placement of ceramic restorations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>or chemically</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>initiated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice 2</td>
<td>Bisco</td>
<td></td>
<td></td>
<td>Light cure system</td>
<td>Ceramic veneers</td>
<td></td>
</tr>
<tr>
<td>Fuji-CEM</td>
<td>GC America</td>
<td>Cementation</td>
<td></td>
<td>RMGIC</td>
<td>Final cementation of restorations</td>
<td></td>
</tr>
<tr>
<td>Ketac-Cem</td>
<td>3M ESPE</td>
<td>Glass ionomer</td>
<td></td>
<td></td>
<td>Final cementation of restorations</td>
<td></td>
</tr>
<tr>
<td><strong>DIRECT RESTORATIVE MATERIALS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ultra-etch</td>
<td>Ultradent</td>
<td>Composite</td>
<td></td>
<td>35% phosphoric acid gel</td>
<td>Etching enamel or total etch technique</td>
<td></td>
</tr>
<tr>
<td>Adper Single Bond Plus (unit dose)</td>
<td>3M ESPE</td>
<td>Bonding System</td>
<td></td>
<td></td>
<td>Direct composite restoration</td>
<td>Dual cure</td>
</tr>
<tr>
<td>Renamel Microfill syringe</td>
<td>Cosmedent</td>
<td>Available Shades: A1, 2, 3, 5, 4, 5, 6, B1, 2, 3, 4, zero C1, 2, 3, 4, 5, D2, 3, 4</td>
<td>Composite</td>
<td>Resin Composite Microfill-</td>
<td>Anterior non-stress bearing areas, high polishing</td>
<td></td>
</tr>
<tr>
<td>Renamel Nano Unit dose</td>
<td>Cosmedent</td>
<td>Available Shades: A1, 2, 3, 5, 4, B1, 2, 3, 4, 0 C1, 2, 3, 4, D2, 3, 4</td>
<td>Composite</td>
<td>Resin Composite (nano-fill) Restorative material</td>
<td>Nano filled (particle size) resin composite material. Anterior and Posterior restorations</td>
<td></td>
</tr>
</tbody>
</table>
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<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filtek Supreme Ultra</td>
<td>3M ESPE</td>
<td>B2B, B3B</td>
<td></td>
<td>Resin Composite (nano-fill)</td>
<td>Restorative material</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nano filled (particle size) resin composite material. Anterior and Posterior restorations. Supplement shades not available on Renamel Nano system.</td>
<td></td>
</tr>
<tr>
<td>Enamel Creative Color Opaquers</td>
<td>Cosmedent</td>
<td>Available Shades:</td>
<td></td>
<td>Composite</td>
<td>Shade modifier</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>A1,2,3,3.5,4 B2,3 C1,2,3,4 D3,4 Pink, white</td>
<td></td>
<td>Shade modifier</td>
<td>Shade modifier for direct resin restorations To block out unwanted area beneath restoration. Can be placed between bonded tooth and resin or between layers of composite resin</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Repair small marginal defects and intermediate layer ( &lt; 1mm thick)</td>
<td>Restore cavity preparation</td>
</tr>
<tr>
<td>Wave</td>
<td>SDI</td>
<td></td>
<td>Flowable composite</td>
<td>Repair small marginal defects and intermediate layer ( &lt; 1mm thick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ketac Nano</td>
<td>3M ESPE</td>
<td>Available Shades:</td>
<td></td>
<td>RMGIC</td>
<td>Direct restorative material, non-stress bearing areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>A1,2,3,3.5,4 B2</td>
<td></td>
<td></td>
<td>Direct restorative material, non-stress bearing areas</td>
<td></td>
</tr>
<tr>
<td>Permite Dispersed phase</td>
<td>SDI</td>
<td></td>
<td>Amalgam alloy</td>
<td>Direct posterior restorative material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tytin spherical alloy caps</td>
<td>Kerr</td>
<td>2 spill, 600 mg, regular set</td>
<td></td>
<td></td>
<td>Preferred for large buildups - has higher early compressive strength</td>
<td>By faculty request only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>By faculty request only</td>
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</tbody>
</table>

### POLISHING SYSTEMS FOR DIRECT RESTORATIONS

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Company</th>
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<th>Bin</th>
<th>Material Category</th>
<th>Indications</th>
<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Gloss</td>
<td>Shofu</td>
<td>Cup Midi-point Mini-point</td>
<td>Composite</td>
<td>Finishing/polishing points</td>
<td>Polishing resin composites and glass ionomers restorations</td>
<td></td>
</tr>
<tr>
<td>Sof-lex finishing and polishing strips</td>
<td>3M ESPE</td>
<td>Coarse/med Narrow coarse/med</td>
<td>Inter-proximal strips</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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<th>Material Category</th>
<th>Indications</th>
<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexi disk Mini contouring and polishing disks</td>
<td>Cosmedent</td>
<td>Sizes: 3/8” and ½” Course, medium, fine, superfine</td>
<td>Composite</td>
<td>Composite</td>
<td>Abrasive finishing disks</td>
<td></td>
</tr>
<tr>
<td>Flexi-Buff Mini</td>
<td>Cosmedent</td>
<td>½”</td>
<td>Composite</td>
<td>Composite</td>
<td>Polishing disk</td>
<td></td>
</tr>
<tr>
<td>Enamelize</td>
<td>Cosmedent</td>
<td></td>
<td>Composite</td>
<td>Composite</td>
<td>Polishing paste</td>
<td></td>
</tr>
<tr>
<td><strong>PULP PROTECTION (SEALERS AND LINERS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitrebond Plus</td>
<td>3M ESPE</td>
<td></td>
<td>Base and Liner</td>
<td>RMIGIC Liner</td>
<td>Used as a liner under direct restorations (amalgam or composite) or base material under indirect restorations release fluoride early minimal bond to dentin</td>
<td>direct or indirect pulp cap</td>
</tr>
<tr>
<td>Gluma Desensitizer (Glutaraldehyde/HEMA)</td>
<td>Heraeus Kulzer</td>
<td></td>
<td></td>
<td>Dentin desensitizing compound sealer</td>
<td>combination to penetrate and seal opened dentin tubules – advocated for use after crown and other preparations to treat or prevent dentin hypersensitivity</td>
<td>direct pulp cap</td>
</tr>
<tr>
<td>Dycal</td>
<td>Dentsply</td>
<td>Ivory</td>
<td></td>
<td>Radiopaque Calcium Hydroxide</td>
<td>Vital pulp therapy – DPC Indirect pulp cap</td>
<td>As a base</td>
</tr>
<tr>
<td><strong>PRE-FABRICATED POST SYSTEMS AND CORE BUILD-UP MATERIALS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light-Core</td>
<td>Bisco</td>
<td>Blue Natural</td>
<td>Post and Core</td>
<td>LC Core build-up material</td>
<td>For core build-up prior to fabrication of crown</td>
<td></td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>Para-post XP Casting Technique</td>
<td>Coltene/Whaledent</td>
<td></td>
<td>Post and Core</td>
<td>Custom - parallel sided Post systems – indirect technique</td>
<td>Passive fitting – serrated parallel sided post system – indirect technique (custom cast post and core)</td>
<td></td>
</tr>
<tr>
<td>Para-post XP stainless steel</td>
<td>Coltene/Whaledent</td>
<td></td>
<td>One visit Post systems – pre-fab</td>
<td>Passive fitting – serrated parallel sided post system – direct technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WHITENING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opalescence 10% carbamide peroxide</td>
<td>Ultradent</td>
<td></td>
<td></td>
<td>NGVB</td>
<td>Mild to moderate intrinsic and extrinsic discoloration</td>
<td>Pregnant or nursing Under 16Y old</td>
</tr>
<tr>
<td>Whitestrips Professional 6.5% hydrogen peroxide</td>
<td>Crest</td>
<td></td>
<td>Vital bleaching</td>
<td>Topical fluoride</td>
<td>Mild to moderate intrinsic and extrinsic discoloration</td>
<td>Pregnant or nursing Under 16Y old</td>
</tr>
<tr>
<td><strong>PREVENTIVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealant Kit</td>
<td>Ultradent</td>
<td>Sealant, pit and fissure</td>
<td>To seal pits and fissures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vanish™ 5% Sodium Fluoride White Varnish</td>
<td>3M ESPE</td>
<td>Topical fluoride</td>
<td>management/prevention of dental caries desensitizing agent</td>
<td>Low risk patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride gel or foam – APF or Neutral NaF</td>
<td>Nupro</td>
<td>Topical Fluoride</td>
<td>management/prevention of dental caries desensitizing agent</td>
<td>Low risk patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MATERIALS FOR IMPRESSIONS AND CASTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeltrate Plus (dustless)</td>
<td>Dentsply</td>
<td>Regular set - Canister Beige</td>
<td>Antimicrobial Dustless Alginate Impression Material</td>
<td>Study cast and model</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeltrate Plus (dustless)</td>
<td>Dentsply</td>
<td>Fast set - Canister Pink</td>
<td>Antimicrobial Dustless Alginate Impression Material</td>
<td>Study cast and model</td>
<td></td>
<td></td>
</tr>
</tbody>
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<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extrude</td>
<td>Kerr</td>
<td>Extrude Heavy, Medium Light</td>
<td>Impression</td>
<td>PVS Impression material</td>
<td>For indirect single tooth restorations, fixed prosthodontics, and removable prosthodontics</td>
<td></td>
</tr>
<tr>
<td>Lab Putty</td>
<td>Coltene/Whaledent</td>
<td></td>
<td>Temporization</td>
<td>Polysiloxane condensation</td>
<td>Molds for provisional restorations</td>
<td></td>
</tr>
<tr>
<td>Impression compound sticks (green stick)</td>
<td>Kerr</td>
<td></td>
<td>Impression</td>
<td>Border molding Impressions</td>
<td>For registration of peripheral anatomy for removable prosthodontics</td>
<td></td>
</tr>
<tr>
<td>Plaster</td>
<td>Gilbratar/Henry Schein</td>
<td>white 25lb. bulk form</td>
<td></td>
<td>Regular plaster ***</td>
<td>Removable prosthodontics repairs and plaster/pumice technique for boxing removable prosthodontics impressions</td>
<td>Not for mounting casts</td>
</tr>
<tr>
<td>Microstone</td>
<td>Whip Mix</td>
<td>Golden</td>
<td></td>
<td>Type 3 Dental Stone</td>
<td>Model/study casts CD and RPD master casts</td>
<td>Not for indirect restorations or fixed prosthodontics</td>
</tr>
<tr>
<td>Mounting Stone</td>
<td>Whip Mix</td>
<td>White</td>
<td></td>
<td>Type 3 Dental Stone</td>
<td>Mounting casts to articulator</td>
<td></td>
</tr>
<tr>
<td>Snap stone</td>
<td>Whip Mix</td>
<td>Pink</td>
<td></td>
<td>Type 4 Dental Stone</td>
<td>Quick impression for evaluation of FPD preparations</td>
<td></td>
</tr>
<tr>
<td>Silky Rock Stone</td>
<td>Whip Mix</td>
<td>Violet</td>
<td></td>
<td>Type 4 Dental Stone</td>
<td>Indirect restorations and fixed prosthodontics working casts</td>
<td></td>
</tr>
</tbody>
</table>

**DENTAL WAXES**

<table>
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<tr>
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<th>Indications</th>
<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boxing wax</td>
<td>Miltex</td>
<td>Red strips</td>
<td></td>
<td>Boxing</td>
<td>Boxing impressions for complete dentures and RPDs</td>
<td></td>
</tr>
</tbody>
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<th>Indications</th>
<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Base Plate wax</td>
<td>Schein</td>
<td>Pink sheets</td>
<td></td>
<td>Base Plate</td>
<td>CD and RPD tray relief; tooth setting</td>
<td></td>
</tr>
<tr>
<td>Extra hard Base Plate Wax</td>
<td>Dentsply</td>
<td>Pink sheets</td>
<td></td>
<td>x-hard base plate</td>
<td>Tooth setting</td>
<td></td>
</tr>
<tr>
<td>Sticky wax</td>
<td>Kerr</td>
<td>yellow</td>
<td></td>
<td>Sticky</td>
<td>Retention of wax rim to base plate; aid in mounting casts</td>
<td></td>
</tr>
<tr>
<td>Utility rope wax</td>
<td>Schein</td>
<td>White</td>
<td></td>
<td>Utility wax</td>
<td>Various</td>
<td></td>
</tr>
<tr>
<td>Periphery rope wax</td>
<td>Surgident</td>
<td>Blue</td>
<td></td>
<td>Periphery</td>
<td>Peripheral extension for alginate impression trays</td>
<td></td>
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</tbody>
</table>

**DENTAL IMPLANTS**

<table>
<thead>
<tr>
<th>Product Name</th>
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<th>Indications</th>
<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental implants</td>
<td>Nobel Biocare</td>
<td>(Diameters of 3.5mm, 4.0mm, 5.0mm)</td>
<td></td>
<td>Dental implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Implants</td>
<td>Astra tech</td>
<td>(Diameters of 3.5mm, 4.0mm, 4.5mm, 5.0mm)</td>
<td></td>
<td>Dental implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard prefabricated abutments</td>
<td>Astra</td>
<td>(Widths of 3.5mm, 4.0mm, 4.5mm, 5.0mm)</td>
<td></td>
<td>Dental implants abutments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Custom abutments</td>
<td>Atlantis</td>
<td></td>
<td></td>
<td>Dental implants abutments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Custom abutments</td>
<td>Nobel Procera</td>
<td></td>
<td></td>
<td>Dental implants abutments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft tissue moulage</td>
<td></td>
<td></td>
<td></td>
<td>Resin</td>
<td>For simulating the soft tissues on a cast around a dental implant</td>
<td></td>
</tr>
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<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ortho Resin</td>
<td>Dentsply</td>
<td>Acrylic resin</td>
<td></td>
<td>Fabrication of Implant surgical guides and Treatment partial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear splint</td>
<td>Kerr</td>
<td>125mm</td>
<td>Acrylic resin</td>
<td>Fabrication of Implant surgical guides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentsply Trubyte repair material</td>
<td>Dentsply Caulk</td>
<td>Denture Repair</td>
<td>Acrylic resin</td>
<td>For chairside implant attachment pickup</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OCCLUSAL REGISTRATION AND INDICATORS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AccuFilm® II Double-Sided</td>
<td>Parkell</td>
<td>Red/Black</td>
<td>Occlusal indicator</td>
<td>Occlusal adjustment of direct and indirect restorations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shimstock Strip</td>
<td>Almore International</td>
<td>precut strips (300) 12 micron thickness</td>
<td>Occlusal indicator</td>
<td>Occlusal adjustment, delivery of fixed or removable prostheses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regisil PB</td>
<td>Dentsply/Caulk</td>
<td>Impression</td>
<td>PVS Bite registration material</td>
<td>Hard setting PVS material for bite registrations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MOISTURE CONTROL AND HEMOSTATIC AGENTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NeoDrys</td>
<td>Microcopy</td>
<td>Moisture control (Saliva absorbents)</td>
<td>Moisture control during restorative procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubber Dam (Latex)</td>
<td>Hygenic</td>
<td>Medium / green</td>
<td>Dental Dam Moisture control and tooth/teeth isolation</td>
<td>Moisture control and tooth/teeth isolation during restorative and endodontic procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non latex rubber dam</td>
<td>Schein</td>
<td>Dental Dam Moisture control and tooth/teeth isolation</td>
<td>Patient with Latex allergy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrapak</td>
<td>Ultradent</td>
<td>unidose</td>
<td>Retraction cord</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viscostat Ferric sulfate 20%</td>
<td>Ultradent</td>
<td>Hemostatic agent</td>
<td>Hemorrhage control – and accessory to impression making technique</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Restorative Dental Materials – Approved List

*The Dental Materials in is being constantly evaluated and updated; therefore check for the most updated version (which will be updated in the intranet)*

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Company</th>
<th>Shade/sizes/type</th>
<th>Bin</th>
<th>Material Category</th>
<th>Indications</th>
<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viscostat clear Aluminum chloride 25%</td>
<td>Ultradent</td>
<td>clear</td>
<td></td>
<td>Hemostatic agent</td>
<td>Hemorrhage control – and accessory to impression making technique</td>
<td></td>
</tr>
<tr>
<td>Hemodent - Buffered aluminum chloride</td>
<td>Premier</td>
<td>Composite and Impression</td>
<td></td>
<td>Hemostatic agent</td>
<td>Hemorrhage control – and accessory to impression making technique</td>
<td></td>
</tr>
<tr>
<td>OpalDam</td>
<td>Ultradent</td>
<td>Blue</td>
<td></td>
<td>Light curable resin based Gingival Barrier</td>
<td>Gingival protection during porcelain repair and in-office tooth whitening</td>
<td></td>
</tr>
</tbody>
</table>

### MISCELLANEOUS

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Company</th>
<th>Shade/sizes/type</th>
<th>Bin</th>
<th>Material Category</th>
<th>Indications</th>
<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Porcelain Repair Kit</td>
<td>Bisco</td>
<td></td>
<td></td>
<td>Porcelain repair</td>
<td>Repair of chipped/fractured porcelain *dispense with gingival barrier</td>
<td>Warning – The etchant is a severe eye and soft tissue irritant. Soft tissues should be protected and eye-wear available for patient.</td>
</tr>
<tr>
<td>Wedjets 2 sizes (yellow = small, orange = large)</td>
<td>Hygenic</td>
<td>Assorted sizes</td>
<td></td>
<td>Isolation aids</td>
<td>Helps stabilize rubber dam</td>
<td></td>
</tr>
<tr>
<td>Pre-contoured wooden wedges</td>
<td>Premier</td>
<td>Assorted sizes</td>
<td></td>
<td>Direct restoration aid</td>
<td>To achieve tooth separation and marginal adaptation for direct restorations</td>
<td></td>
</tr>
<tr>
<td>Wizard Wedges</td>
<td>Water Pik</td>
<td>Assorted sizes</td>
<td></td>
<td>Direct restoration aid</td>
<td>UPON FACULTY REQUEST ONLY</td>
<td></td>
</tr>
</tbody>
</table>
The Dental Materials in is being constantly evaluated and updated; therefore check for the most updated version (which will be updated in the intranet).

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Company</th>
<th>Shade/sizes/type</th>
<th>Bin</th>
<th>Material Category</th>
<th>Indications</th>
<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waxed mixing pad (3”x3”)</td>
<td>3M ESPE</td>
<td></td>
<td></td>
<td>Mixing dental materials</td>
<td>Mixing cements, liners, and bases</td>
<td></td>
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<tr>
<td>Concepsis scrub CHX</td>
<td>Ultradent</td>
<td></td>
<td></td>
<td>Cementation</td>
<td>Cavity cleaner or disinfectant with abrasive</td>
<td></td>
</tr>
<tr>
<td>Occlude</td>
<td>Pascal</td>
<td></td>
<td></td>
<td>Restoration seating indicator</td>
<td>Aid in fitting and seating indirect restorations</td>
<td>By faculty request only</td>
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<tr>
<td>Pressure indicator paste</td>
<td>Mizzy</td>
<td></td>
<td></td>
<td>Denture Adjustment</td>
<td>Indicator for pressure areas and/or sore spots</td>
<td></td>
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<tr>
<td>Fit Checker</td>
<td>GC America</td>
<td>Black and white</td>
<td></td>
<td>Restoration seating indicator</td>
<td>Aid in fitting and seating indirect restorations</td>
<td></td>
</tr>
<tr>
<td>Color Transfer Applicator (Thompson Sticks)</td>
<td>Great Plains Dental Products</td>
<td></td>
<td></td>
<td>Denture Adjustment</td>
<td>Removable prosthesis adjustment</td>
<td>Mark posterior palatal seal for CD</td>
</tr>
<tr>
<td>Pre-formed metal crowns – not aluminum shell</td>
<td>3M ESPE</td>
<td>Iso-form crowns</td>
<td></td>
<td>Restorative: Temporary metal crown forms</td>
<td>For single unit posterior provisional restorations when custom acrylic provisional is not indicated or not feasible</td>
<td></td>
</tr>
<tr>
<td>Ion Polycarbonate crowns</td>
<td>3M/ESPE</td>
<td></td>
<td></td>
<td>Restorative: Temporary Polycarbonate crowns forms</td>
<td>For single unit anterior provisional restorations when custom acrylic provisional is not indicated or not feasible</td>
<td></td>
</tr>
<tr>
<td>Tofflemire Matrix and stainless steel Band</td>
<td>Henry Schein</td>
<td>#1 Universal</td>
<td></td>
<td>Direct restoration aid</td>
<td>Amalgam restorations</td>
<td></td>
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<tr>
<td>Tofflemire Matrix and stainless steel Band</td>
<td>Henry Schein</td>
<td>#2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Restorative Dental Materials – Approved List

*The Dental Materials in is being constantly evaluated and updated; therefore check for the most updated version (which will be updated in the intranet)*

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Company</th>
<th>Shade/sizes/type</th>
<th>Bin</th>
<th>Material Category</th>
<th>Indications</th>
<th>Contra-indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tofflemire Matrix and stainless steel Band</td>
<td>Henry Schein</td>
<td>“dead soft” (0.0010” thick)</td>
<td></td>
<td>Direct restoration aid</td>
<td>Posterior Resin Composite restorations</td>
<td></td>
</tr>
<tr>
<td>Clear Matrix strips</td>
<td>Henry Schein</td>
<td>.002“ x 4” x 3/8”</td>
<td>Composite</td>
<td>Direct restoration aid</td>
<td>Anterior Resin Composite restorations</td>
<td></td>
</tr>
<tr>
<td>Palodent Sectional Matrix System</td>
<td>Dentsply</td>
<td>Standard Mini Plus</td>
<td></td>
<td>Direct restoration aid</td>
<td>Posterior Resin Composite restorations</td>
<td></td>
</tr>
<tr>
<td>Disposable Scalpels with plastic handles</td>
<td>Henry Schein</td>
<td>#11</td>
<td></td>
<td>Direct restoration aid</td>
<td>trimming dies</td>
<td></td>
</tr>
<tr>
<td>Disposable Scalpels with plastic handles</td>
<td>Henry Schein</td>
<td>#12</td>
<td></td>
<td>Direct restoration aid</td>
<td>Contouring resin composite restorations</td>
<td></td>
</tr>
<tr>
<td>TMS Link pin system (minim)</td>
<td>Whaledent</td>
<td>Uses Kodex K92 replacement drill size (0.021” pin drill size)</td>
<td></td>
<td>Dentin pins for retention</td>
<td>Complex amalgam restorations only</td>
<td></td>
</tr>
<tr>
<td>VPS Adhesive</td>
<td>Kerr</td>
<td>Impression</td>
<td>VPS impressions</td>
<td></td>
<td>Tray adhesive for VPS impressions</td>
<td></td>
</tr>
<tr>
<td>Fixodent</td>
<td>Proctor and Gamble/Oral B</td>
<td></td>
<td>Denture adhesive</td>
<td></td>
<td>Trial rim retention; Retention adjunct for CD and RPD patients</td>
<td></td>
</tr>
<tr>
<td>Thermo-forming mouthguard material</td>
<td>Ultradent</td>
<td>Sof-Tray Sheets (0.9 mm) – specifically for NGVB trays</td>
<td>Thermo molded tray material</td>
<td></td>
<td>Tooth whitening trays</td>
<td></td>
</tr>
<tr>
<td>Thermo-forming surgical guide material</td>
<td>Great Lakes Orthodontics</td>
<td>Surgical stent 0.20</td>
<td>Resin material Thermo molded implant surgical guide</td>
<td>Surgical guide for surgical placement of implant fixtures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermo-forming bleaching tray</td>
<td>Ultradent</td>
<td>0.40</td>
<td>Bleaching tray</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# PATIENT RECORD AUDIT

Record #: ________________________  Pt. Last Name: ___________________________

Auditor: __________________________  Signature: _______________________________

Patient Assignment (home clinic): __________________________  Date of Audit: _________________

<table>
<thead>
<tr>
<th>Evaluation Topic</th>
<th>Satisfactory</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Registration form complete</td>
<td></td>
<td></td>
<td>Check <strong>Personal</strong> Tab and <strong>Codes</strong> Tab</td>
</tr>
<tr>
<td>2) Informed consent forms signed</td>
<td></td>
<td></td>
<td>Check paper chart or Axium (under attachments)</td>
</tr>
<tr>
<td>3) Health history reviewed and documented</td>
<td></td>
<td></td>
<td>Found in the EPR-includes <strong>medical history</strong>, <strong>dental history</strong>, <strong>clinical exam</strong> and <strong>risk factors</strong>.</td>
</tr>
<tr>
<td>4) Medical alert noted in record</td>
<td></td>
<td></td>
<td>Found at bottom any Axium page in <strong>RED</strong>. Also found in upper right corner of EPR page.</td>
</tr>
<tr>
<td>5) Medical consults documented</td>
<td></td>
<td></td>
<td>Should be found in paper chart and written in either the DTR notes or EPR.</td>
</tr>
<tr>
<td>6) Proper precautions taken for medically compromised patient</td>
<td></td>
<td></td>
<td>Premedication alert should be present. Also, should be reflected in daily treatment history.</td>
</tr>
<tr>
<td>7) Diagnostic data is present and approved by faculty</td>
<td></td>
<td></td>
<td>Odontogram, perio chart (unapproved found at the top of perio chart), and any other appropriate specialty data. Must check <strong>ALL EPR's</strong>.</td>
</tr>
<tr>
<td>8) Appropriate and quality diagnostic radiographs taken</td>
<td></td>
<td></td>
<td>Check radiographic exposure records against actual number of radiographs present in the paper chart.</td>
</tr>
<tr>
<td>9) Dental consults documented</td>
<td></td>
<td></td>
<td>Check Perio EPR. Also, check other specialty EPR tabs as indicated.</td>
</tr>
<tr>
<td>10) Phased treatment plan approved by faculty and signed by patient</td>
<td></td>
<td></td>
<td>This is found in the tx. planning module.</td>
</tr>
<tr>
<td>11) Treatment plan follows data obtained</td>
<td></td>
<td></td>
<td>Based on data provided, check for major treatment discrepancies. For example, if a tooth has gross radiographic decay into the pulp chamber and there is a crown tx. planned, but no root canal planned.</td>
</tr>
<tr>
<td>12) Treatment follows sequence of treatment plan</td>
<td></td>
<td></td>
<td>For example, was phase III treatment completed before phase I treatment?</td>
</tr>
<tr>
<td>13) Treatment notes entered by student and approved by faculty</td>
<td></td>
<td></td>
<td>Should be no unapproved notes or procedures. Click the <strong>check out</strong> button located in the upper right corner of the dental chart.</td>
</tr>
<tr>
<td>14) Patient is maintained on a timely basis during active treatment</td>
<td></td>
<td></td>
<td>Patient should be seen within 60 days. Check <strong>contact notes</strong> and daily treatment notes for possible reasons for time lapses.</td>
</tr>
<tr>
<td>15) Patient is placed on recall on a timely basis to meet individual patient needs</td>
<td></td>
<td></td>
<td>Check daily treatment notes to see if pt. is in active treatment or on recall. If on recall, check recall button (located in lower right corner of yellow card).</td>
</tr>
<tr>
<td>16) Record is legible</td>
<td></td>
<td></td>
<td>Spelling, grammar.</td>
</tr>
</tbody>
</table>

**Corrected measures completed:**
Date: _____________  Signature: _____________

**Verification of Corrections by Auditor:**
Date: _____________  Signature: _____________

Appendix F-11

Office for Clinical Affairs  April 2012
Audit #s for ALL Groups: 69 total audits; 50 - 100% satisfactory

# of unsatisfactory topics (defined below): 27

Auditors: Group faculty

Date range of audit report: January 1 to June 30, 2013

<table>
<thead>
<tr>
<th>Evaluation Topic</th>
<th>Satisfactory</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Registration form complete</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td>Check Personal Tab and Codes Tab</td>
</tr>
<tr>
<td>2) Informed consent forms signed</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>Check paper chart</td>
</tr>
<tr>
<td>3) Health history reviewed and documented</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td>Found in the EPR-includes medical history, dental history, clinical exam and risk factors</td>
</tr>
<tr>
<td>4) Medical alert noted in record</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>Found at bottom any Axium page in RED. Also found in upper right corner of EPR page.</td>
</tr>
<tr>
<td>5) Medical consults documented</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>Should be found in paper chart and written in either the DTR notes or EPR.</td>
</tr>
<tr>
<td>6) Proper precautions taken for medically compromised patient</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>Premedication alert should be present. Also, should be reflected in daily treatment history.</td>
</tr>
<tr>
<td>7) Diagnostic data is present and approved by faculty</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>Odontogram, perio chart (unapproved found at the top of perio chart), and any other appropriate specialty data. Must check ALL EPR’s.</td>
</tr>
<tr>
<td>8) Appropriate and quality diagnostic radiographs taken</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>Check radiographic exposure records against actual number of radiographs present in the paper chart.</td>
</tr>
<tr>
<td>9) Dental consults documented</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td>Check Perio EPR. Also, check other specialty EPR tabs as indicated.</td>
</tr>
<tr>
<td>10) Phased treatment plan approved by faculty and signed by patient</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>This is found in the tx. planning module.</td>
</tr>
<tr>
<td>11) Treatment plan follows data obtained</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>Based on data provided, check for major treatment discrepancies. For example, if a tooth has gross radiographic decay into the pulp chamber and there is a crown tx. planned, but no root canal planned.</td>
</tr>
<tr>
<td>12) Treatment follows sequence of treatment plan</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>For example, was phase III treatment completed before phase I treatment?</td>
</tr>
<tr>
<td>13) Treatment notes entered by student and approved by faculty</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>Should be no unapproved notes or procedures. Click the check out button located in the upper right corner of the dental chart.</td>
</tr>
<tr>
<td>14) Patient is maintained on a timely basis during active treatment</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>Patient should be seen within 60 days. Check contact notes and daily treatment notes for possible reasons for time lapses.</td>
</tr>
<tr>
<td>15) Patient is placed on recall on a timely basis to meet individual patient needs</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>Check daily treatment notes to see if pt. is in active treatment or on recall. If on recall, check recall button (located in lower right corner of yellow card).</td>
</tr>
<tr>
<td>16) Record is legible</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td>Spelling, grammar.</td>
</tr>
</tbody>
</table>

Corrected measures completed:

Date: ______________________
Signature: ______________________

Data

Total # of concerns: 144

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<thead>
<tr>
<th>Specific detail</th>
<th># of specific detail</th>
<th>% of concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Casts: improperly articulated</td>
<td>20</td>
<td>13.9</td>
</tr>
<tr>
<td>Cast not surveyed or tripoded (as needed)</td>
<td>18</td>
<td>12.5</td>
</tr>
<tr>
<td>Partial design not included (as needed)</td>
<td>15</td>
<td>10.4</td>
</tr>
<tr>
<td>Working Casts: Need to be articulated</td>
<td>15</td>
<td>10.4</td>
</tr>
<tr>
<td>Need custom incisal guide table</td>
<td>13</td>
<td>09.0</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>09.0</td>
</tr>
<tr>
<td>Diagnostic Casts: improperly articulated</td>
<td>11</td>
<td>07.6</td>
</tr>
<tr>
<td>Diagnostic Casts: needs to be articulated</td>
<td>09</td>
<td>06.3</td>
</tr>
<tr>
<td>Diagnostic Casts: Need cast of provisionals or Dx cast</td>
<td>09</td>
<td>06.3</td>
</tr>
<tr>
<td>Inadequate occlusal reduction</td>
<td>06</td>
<td>04.2</td>
</tr>
<tr>
<td>Diagnostic Casts: need interocclusal record</td>
<td>04</td>
<td>02.8</td>
</tr>
<tr>
<td>Diagnostic Casts: Need opposing cast</td>
<td>04</td>
<td>02.8</td>
</tr>
<tr>
<td>Incorrect custom incisal guide table</td>
<td>04</td>
<td>02.8</td>
</tr>
<tr>
<td>Preparation is undercut</td>
<td>01</td>
<td>00.6</td>
</tr>
<tr>
<td>Need Shade</td>
<td>01</td>
<td>00.6</td>
</tr>
<tr>
<td>Working Casts: margins unclear in impression</td>
<td>01</td>
<td>00.6</td>
</tr>
</tbody>
</table>
### Completed Lab Cases
**by Approving Instructor**
1/1/2013 to 7/1/2013

<table>
<thead>
<tr>
<th>Name</th>
<th>Fixed</th>
<th>Full Dentures</th>
<th>Partial Dentures</th>
<th>Total</th>
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<tbody>
<tr>
<td>Afshari, Fatemeh</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
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<tr>
<td>Bryniarski, James</td>
<td>109</td>
<td>39</td>
<td>23</td>
<td>171</td>
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<tr>
<td>Chan, Christopher</td>
<td>40</td>
<td>5</td>
<td>2</td>
<td>47</td>
</tr>
<tr>
<td>Drahos, Peter</td>
<td>48</td>
<td>10</td>
<td>13</td>
<td>71</td>
</tr>
<tr>
<td>Dunlap, Michael</td>
<td>102</td>
<td>16</td>
<td>34</td>
<td>152</td>
</tr>
<tr>
<td>Dunning, John</td>
<td>78</td>
<td>4</td>
<td>12</td>
<td>94</td>
</tr>
<tr>
<td>Garber, Elliott</td>
<td>15</td>
<td>3</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>Gay, Robin</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Gehrke, Kenneth</td>
<td>10</td>
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</tr>
<tr>
<td>Harlow, Rand</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Jurgens-Toepke, Pamela</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Kaszuba, James</td>
<td>20</td>
<td>0</td>
<td>3</td>
<td>23</td>
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<tr>
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<td>1,108</td>
<td>364</td>
<td>370</td>
<td>1,842</td>
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</table>
PATIENT SURVEY

As part of improvement initiatives, please rate the services you received at the College of Dentistry. Circle the number (from 1-4) that best describes your experience where 1 is poor and 4 is excellent. If the question does not apply to you please mark it as NA. Use the space at the bottom for any comments. This is an anonymous survey.

1. How did you hear about the UIC College of Dentistry? (Check one)
   - I was recommended by a College patient
   - I was referred by my dentist
   - Word of mouth
   - Internet
   - Other_________________

2. Is this your first visit at the College? (Check one)
   - Yes
   - No
   If Yes, what type of appointment did you have?
   - Urgent Care
   - Comprehensive Care/Screening
   - Specialty Clinic (name) ________________

3. Why did you choose the UIC College of Dentistry for dental care? (Check one)
   - Location
   - Prices
   - Reputation
   - Specialized Treatment
   - Other_________________

   If you should rate any of these items as 1 or 2 (poor), please describe your experience in the Comments section.

<table>
<thead>
<tr>
<th>ARRIVAL AND REGISTRATION</th>
<th>Poor------</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Obtaining information before coming to the College was easy.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>5. My waiting time to register was reasonable.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>6. The process was clearly explained to me.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>7. Staff made every attempt to keep my information private during discussions.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>8. Registration staff treated me with dignity and respect.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TREATMENT</th>
<th>Poor------</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. The waiting time for my clinical provider to seat me was reasonable.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>10. My provider listened to my concerns and addressed them.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>11. The time between becoming a patient and starting treatment met my expectations.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>12. I understood the treatment procedures before they were started.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>13. I am satisfied with the work performed.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>14. The providers had good infection control practices (hand washing, used gloves, wore a gown, etc.)</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>15. My provider treated me with dignity and respect.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAYMENT AND FEES</th>
<th>Poor------</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. The fees were clearly explained.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>17. The bill/receipt was easy to understand.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>18. Payment discussion was kept private so others would not overhear.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>19. Fiscal clerks treated me with dignity and respect.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>OVERALL EXPERIENCE</th>
<th>Poor------</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. I feel confident that I will receive high quality dental care at the College.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>21. The College was clean.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>22. I felt that my individual needs were considered while accessing and receiving treatment at the College.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>23. The people at the College were polite and professional.</td>
<td>NA 1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>

Comments: ________________________________

Appendix F-15a
CUESTIONARIO DE SERVICIOS

Con el objetivo de mejorar nuestros servicios, le agradeceremos completar el siguiente cuestionario anónimo sobre los servicios y el personal del Colegio de Odontología de UIC. Marque el número que mejor describa su experiencia, donde 1 es malo y 4 es excelente. Si la pregunta no aplica a su situación, márquela como NA. Escriba sus comentarios en la parte inferior de la hoja. Sus comentarios son anónimos.

1. ¿Cómo llegó usted a la Escuela de Odontología de UIC? (Marque uno)
   - Me lo recomendó un paciente de la clínica
   - Me refirió mi dentista
   - Recomendación de familiares y amigos
   - Internet
   - Otro_________

2. ¿Es esta su primera visita a la Escuela de Odontología de UIC? (Marque uno)
   - Sí
   - No
   ¿Si su respuesta es Sí, qué tipo de cita tuvo usted?
   - Tratamiento de Urgencia
   - Tratamiento Integral
   - Clínicas de Especialidad (nombre)____________________

3. ¿Por qué escogió la Escuela de Odontología de UIC para su cuidado dental? (Marque uno)
   - Ubicación
   - Precios
   - Reputación
   - Tratamiento Especializado
   - Otro_________

Si llegase a darnos una calificación mala o regular (1 o 2) por favor háganos saber su experiencia en detalle en la sección de “Comentarios”

<table>
<thead>
<tr>
<th>LLEGADA Y REGISTRO</th>
<th>Malo-Regular-Excepcional</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Fue fácil obtener información sobre la Escuela antes de mi primera visita.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>5. El tiempo de espera para registrarme fue razonable.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>6. Me explicaron el proceso de registro claramente.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>7. El personal hizo todo lo posible por mantener mi información personal privada.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>8. El personal de registro me trató con dignidad y respeto.</td>
<td>NA 1 2 3 4</td>
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<table>
<thead>
<tr>
<th>TRATAMIENTO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9. El tiempo de espera desde mi llegada a la Escuela hasta que fui atendido por mi estudiante-dentista fue razonable.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>10. Mi estudiante-dentista escuchó atentamente mis problemas y les dio seguimiento</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>11. El tiempo desde que fui registrado hasta que comencé el tratamiento fue razonable.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>12. Entendí la explicación antes de comenzar cualquier tratamiento.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>13. Estoy satisfecho(a) con el trabajo realizado.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>14. Mi estudiante-dentista siguió buenas prácticas de control de infecciones (se lavó las manos, usó guantes, usó una bata, etc.)</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>15. Mi estudiante-dentista me trató dignamente y con respeto.</td>
<td>NA 1 2 3 4</td>
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</table>

<table>
<thead>
<tr>
<th>PAGOS Y COSTOS</th>
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<tbody>
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<td>16. Me explicaron los costos claramente.</td>
<td>NA 1 2 3 4</td>
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<tr>
<td>17. El recibo de costos y pagos es fácil de entender.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>18. Toda discusión sobre pagos se mantuvo privada para que otras personas no pudiesen escucharla.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>19. El personal que me atendió me trató dignamente y con respeto.</td>
<td>NA 1 2 3 4</td>
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<table>
<thead>
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<th>EXPERIENCIA GENERAL</th>
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<td>20. Me siento seguro(a) de que recibiré un tratamiento dental de alta calidad.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>21. Las instalaciones están limpias.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>22. Senti que mis necesidades individuales (lenguaje, rampas, etc.) fueron consideradas al acceder y recibir los servicios de la Escuela.</td>
<td>NA 1 2 3 4</td>
</tr>
<tr>
<td>23. El personal de la Escuela fue profesional, cortés y eficiente en su labor.</td>
<td>NA 1 2 3 4</td>
</tr>
</tbody>
</table>

Comentarios: ________________________________
Protocol for the UIC College of Dentistry

After Hours Emergency Patient Care

(Group Practices)

This protocol is based on the utilization of Endodontic post-graduate students, Oral and Maxillofacial Surgery (OMFS) Residents and Pediatric Dentistry Residents. The residents, with supervision of dental attendings, will provide primary after hours emergency coverage for the College of Dentistry’s active patient population. An Active patient is defined as a person who is under care (within 6 weeks of the call) of the College of Dentistry Undergraduate Group Practices.

General Protocol and Information for After Hours Emergencies:

1. Resident and Attending coverage is provided during UIC/COD non-clinical hours.

2. The Endodontic post-graduate student will have offsite access to the patient Axium record through a designated laptop computer and internet connection. The post-graduate student is responsible for entering complete notes of all after hours contact with patients in the Axium electronic patient record (including date and time of call, chief complaint, working diagnosis, treatment recommendations, prescriptions if needed, referrals if needed, and planned follow up care). A record of all after-hours patient contact will be kept in a separate log and reviewed as needed by the Endodontic Program Director and Associate Dean for Clinical Affairs. Palliative treatment and/or referral are treatment options for the Endodontic post-graduate student.

If a patient is referred to UIC Hospital to be seen by a Pediatric Resident or an OMFS Resident, the Endodontic post-graduate student will inform the patient that there is a Hospital fee for the emergency service provided at the Hospital.

3. EMERGENCY SYSTEM ACTIVATION:

When a patient calls his/her College of Dentistry Group Practice number, the patient is informed by voice mail to page the Emergency Dental Endodontic post-graduate student on call via a pager number. This activates the post-graduate student response to the emergency. Non-English speaking patients will be advised to have an English interpreter available to communicate the nature of their emergency.

The Endodontic post-graduate student receives the contact from the patient via pager and communicates with the patient by telephone. The Endodontic post-graduate student and/or dental attending will determine the nature and severity of the dental emergency and manage appropriately. Dental urgent care (non-emergency) patients will be informed that they will be seen at UIC/COD during normal clinic hours. The post-graduate student will collect the following information:
a. The nature of the dental emergency – history and chief complaint
b. The patient’s level of pain
c. The patient’s name, phone number for call back, birth date and AxIUm number if possible.

The Endodontic post-graduate student on call accesses the Axium patient record System via an internet laptop computer connection, views the patient record and past treatment notes.

The post-graduate student contacts the Attending on call and discusses the emergency if guidance or assistance is needed.

The post-graduate student contacts the patient and discusses the treatment options, including the option of treatment at the UIH Emergency Room and the cost of the treatment provided. If the patient wishes to have Emergency treatment rendered in the UIH ER, the Endodontic post-graduate student will contact the appropriate resident (OMFS or Pediatric) on call to advise him/her of the patient’s situation and decision to be seen at UIC Hospital. Contact protocol as follows:

1) OMFS Residents: call (312)996-7000 and ask to page the “Oral Surgeon On-Call” for immediate assistance.
2) Pediatric Dentistry Residents: call (312)413-2768 and ask to page the “Pediatric Resident On-Call” for assistance.

CALL SCHEDULES:

1. Call schedules for Endodontic post-graduate students and attendings will be prepared approximately 3 months in advance. These schedules will be available to all faculty and post-graduate students involved in after-hours emergency care.

2. Endodontic post-graduate students and attendings will have access to OMFS and Pediatric Dentistry resident call schedules and contact numbers.

Examples of after hours dental emergencies include, but are not limited to:

a. Facial trauma or injury that results in tooth fracture or displacement, avulsion, dentoalveolar fracture, or laceration that requires sutures
b. Dental pain that cannot be relieved by OTC pain medication
c. Significant bleeding or swelling
d. Elevated temperature, difficulty swallowing or breathing secondary to dental treatment and/or infection

Examples of after hour’s situations that usually do not require emergency treatment include:

a. Loose teeth not associated with trauma
b. Loose or missing permanent or temporary crowns
c. Broken or missing fillings
d. Minor gum irritation
e. Loose or missing orthodontic brackets, bands, or wires
Infection control is based on:
1. A clean, organized environment;
2. Prevention of cross infection from contaminated instruments or the environment; and
3. Avoidance of penetrating injuries, splatter, and aerosol contamination.
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# UIC COLLEGE OF DENTISTRY
# INFECTION CONTROL MANUAL

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Introduction

To be effective, infection control policies require the cooperation of students, faculty and staff. Infection control must be achieved through education, demonstration, monitoring, evaluation and diligence.

The application and ultimate effectiveness of infection control principles is a shared responsibility among faculty, staff and students. The main responsibility to monitor the implementation and compliance of this manual relies on faculty, closely assisted by staff, and students.

All faculty, staff and students are required to abide by the principles contained in this manual.

Goal

To protect College personnel and patients from cross infections and exposure to harmful substances related to the dental clinic environment.

This goal will be achieved by:

- Requiring current immunization of all dental healthcare providers against Measles, Mumps, Rubella, Hepatitis B, Varicella Zoster, and other relevant diseases, and annual Tuberculosis Surveillance testing;
- Education and training in the principles and practice of infection control in dentistry;
- Reducing; towards eliminating exposure of clinic personnel to penetrating injuries with needles and sharp instruments;
- Reducing; towards eliminating exposure of clinic personnel and patients to potentially infectious aerosols, splatter, saliva an other body fluids;
- Reducing; towards eliminating contamination of clinical and laboratory environments by the use of optimal aseptic techniques\(^1\)
- Using to the fullest extent possible, intrinsically safe substances, procedures or devices (a.k.a. engineering controls) as primary methods to reduce the exposure of clinic personnel and patients to harmful substances and hazards.

---

\(^1\) Aseptic technique: a method to avoid microbial contamination of materials and surfaces involved in performing a procedure.
INTRODUCTION
SECTION 1

Policy Statement
Policies contained in this manual will be in compliance with current guidelines published by the U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control and Prevention (CDC), the American Dental Association, and the Occupational Safety and Health Administration (OSHA) [references are listed on Section 15]

Medical histories and examinations do not identify all patients infected with HBV, HCV, HIV and other blood-borne pathogens. Therefore, the same blood and bodily fluid procedures must be consistently used for ALL patients, a concept referred to as: Standard Precautions.

Hierarchy of Controls
The CDC describes a hierarchy of controls that categorize and prioritize intervention strategies. These controls are the base of the infection control program at the College of Dentistry and are:

Engineering Controls
These eliminate of isolate hazard by mechanical means. For example, the use of puncture resistant sharps containers, instrument cassettes and unidose packaging all contribute to reducing or eliminating the potential for injury or infection.

Administrative Controls
They include policies, procedures, record keeping and their enforcement. Examples of administrative control include: this manual, annual OSHA/Infection Control online training, periodic email updates and reminders, etc.

Work-Practice Controls
These are the day-to-day procedures that result in safer behaviors, and which should become second nature and habitual. Examples include hand washing, one handed needle recapping, etc.
Section 2 Policies for Dental Healthcare Providers

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Pre-Enrollment/Pre-Employment Immunization Requirements

The University of Illinois requires that all students are immunized against measles (rubeola), rubella, mumps, pertussis, tetanus and diphtheria.

In addition, all dental healthcare providers (i.e., students, faculty and staff who perform tasks that involve potential exposure to blood, body fluids or tissues) of the College of Dentistry are required to provide proof of immunization to Polio (students ONLY), and proof of immunity in the form of positive titers to Measles, Mumps, Rubella, Hepatitis B and Varicella Zoster, and be tested annually for Tuberculosis.

The College of Dentistry’s immunization form found in the following page must be completed by all students and clinical employees prior to the beginning of their program or date of employment.

Immunizations against Hepatitis B (HBV) are provided free to all College dental healthcare employees. Arrangements for immunizations must be made at the Office of the Associate Dean for Clinical Affairs (room 301).

The CDC recommends that individuals be tested for the effectiveness of the immunization (via a blood titer) one to two months after the immunization series is complete. If any titer yields negative results, further alternatives should be discussed with their personal physician.

Dental healthcare workers have much higher rates of exposure to Hepatitis B than the general population. The vaccines currently used are safe and effective. A series of three immunizations at time zero, one and six months stimulates the production of antibodies in >96% of people. Proof of immunity, however, should not lead one to be complacent about injuries during dental treatment.

Immunization records for students are maintained in the Office for Academic Affairs; while records for employees are maintained by the University Health Services.

Inquiries about immunization can be directed to the University Health Services (employees, 312-006-7420) or Family Practice Clinic (students 312-996-2979).
UIC COLLEGE OF DENTISTRY
INFECTION CONTROL MANUAL

POLICIES FOR DENTAL HEALTHCARE PROVIDERS
SECTION 2

UIC/COD Mandatory Medical Immunization Documentation Form

**Mandatory Medical Immunization Documentation Form**

**NOTE:** This is the only form accepted by the UIC College of Dentistry

**PART I: To be completed by the Student/Employee (Please Print)**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle Initial</th>
<th>UIN (If assigned)</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Number and Street)</th>
<th>City and State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Telephone Number</th>
<th>Sex</th>
<th>E-mail Address</th>
<th>Year of Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I authorize the University of Illinois at Chicago to release this immunization record to the Illinois Department of Public Health, or its designated representative, for compliance audits and in the event of a health or safety emergency.

Student/Employee Signature: __________________________ Date: __________

**PART II: To be completed and signed by a healthcare provider. All dates must include month, day, and year. All required titers results must be enclosed with this form. (Check appropriate box.)**

**MEASLES (RUBEOLA)** *Attach copy of laboratory report*
- Immunization Confirmed with blood titer
  - Date of titers: __________/__________/______
  - Result: __________
  - Date of re-immunization: __________/__________/______

**RUBELLA (GERMAN MEASLES)** *Attach copy of laboratory report*
- Immunization Confirmed with blood titer
  - Date of titers: __________/__________/______
  - Result: __________
  - Date of re-immunization: __________/__________/______

**MUMPS** *Attach copy of laboratory report*
- Immunization Confirmed with blood titer
  - Date of titers: __________/__________/______
  - Result: __________
  - Date of re-immunization: __________/__________/______

**TETANUS & DIPHTHERIA (TD, DT or DPT)**
- Tetanus Td (T) is NOT acceptable
  - These immunizations are needed OR date of last booster OR date of adult immunization:
  - Immunization 1 Date: __________/__________/______
  - Immunization 2 Date: __________/__________/______
  - Immunization 3 Date: __________/__________/______
  - Last Booster Date: __________/__________/______
  - Immunization as an adult Date: __________/__________/______

**TUBERCULOSIS**
- Has had the disease: __________
- Has not had the disease: __________
- Note: Only 2 Step tuberculin skin test (TST) or Quantiferon Gold blood test accepted for initial registration with UIC/COD.
  - TST Step 1 date read: __________/__________/______
  - Results: __________ mm induration
  - TST Step 2 date read: __________/__________/______
  - Results: __________ mm induration

**OR**
- Quantiferon Gold date: __________/__________/______
- Results: __________
- If positive test result then a baseline chest xray is required:
  - Date of x-ray: __________/__________/______
  - Positive: __________
  - Negative: __________

- Had BCG vaccine: Date: __________/__________/______
- History of BCG vaccine does not exempt from TB Testing.

**HEPATITIS B** *Attach copy of laboratory report*
- Three immunizations are needed and proof of immunity by titer:
  - Immunization 1 Date: __________/__________/______
  - Immunization 2 Date: __________/__________/______
  - Immunization 3 Date: __________/__________/______

**AND**
- Immunization confirmed by titer date: __________/__________/______
- HB surface antigen: __________
- Positive: __________
- Negative: __________
- HB surface antibody: __________
- Positive: __________
- Negative: __________
- Antibody must be positive or immunization is required.

**MEDICAL EXEMPTIONS**
- Attach physician's statement of medical contraindications with duration of medical condition.

**CERTIFICATION BY HEALTH CARE PROFESSIONAL**
- Circle: RN MD DO Other: __________
- Name of Health Care Provider completing form: __________

**Name and address of Institution or Clinic (or stamp)**

<table>
<thead>
<tr>
<th>Phone (__________)</th>
<th>Fax (__________)</th>
</tr>
</thead>
</table>

I certify that this information is complete and correct to the best of my knowledge.

Signature: __________________________ Date: __________

Revised 05/2010

Appendix F-17
Health Related Work Restrictions
Dental health care workers are responsible for monitoring their own health status. When a provider is known to have an infectious disease, it is their professional responsibility to take steps to prevent its spread.

Acute or chronic medical conditions that render the dental health worker susceptible to opportunistic infection should be discussed with their personal physicians or qualified authority to determine if the condition might affect their ability to safely perform their duties.

Guidelines for Dental Health Providers with Hepatitis B, C, D, or HIV
It is the responsibility of the dental health provider who has been infected with Hepatitis B, C, D, or HIV to:

- Promptly inform their supervisor of their status, who will in turn inform the Associate Dean for Clinical Affairs.
- Refrain from providing dental care until the College of Dentistry has made recommendations in conjunction with the Associate Dean for Clinical Affairs and the advisory committee.
- Follow the recommendations made by the Associate Dean for Clinical Affairs and the advisory committee.

About the Infection Control Advisory Committee
The Advisory Committee will be formed by the Associate Dean for Clinical Affairs, the Infection Control Officer, and any additional experts required to make a fair and educated decision.

It is the responsibility of the Associate Dean for Clinical Affairs and the advisory committee to:

- Maintain the confidentiality of the dental health care provider at all times.
- Determine any additional precautionary measures for the dental healthcare worker to determine any restrictions applicable to their clinical activity and inform the dental healthcare worker of the recommendations within thirty (30) days of the notification.
- Determine whether to inform any dental healthcare worker’s patients of the infected dental healthcare worker’s status.
The administration of the College of Dentistry reserves the right to restrict individuals from providing patient care or impose restrictions on dental health care workers in the event that an infectious disease is deemed to be at a level that presents an unsatisfactory risk of transmission. All decisions will be based in current research.
<table>
<thead>
<tr>
<th>Disease/problem</th>
<th>Work restriction</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctivitis</td>
<td>Restrict from patient contact and contact with patient's environment.</td>
<td>Until discharge ceases</td>
</tr>
<tr>
<td>Cytomegalovirus infection</td>
<td>No restriction</td>
<td></td>
</tr>
<tr>
<td>Diarrheal disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute stage (diarrhea with other symptoms)</td>
<td>Restrict from patient contact, contact with patient's environment, and food-handling.</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Convalescent stage, <em>Salmonella</em> species</td>
<td>Restrict from care of patients at high risk.</td>
<td>Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures</td>
</tr>
<tr>
<td>Enteroviral infection</td>
<td>Restrict from care of infants, neonates, and immunocompromised patients and their environments.</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Restrict from patient contact, contact with patient's environment, and food-handling.</td>
<td>Until 7 days after onset of jaundice</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures</td>
<td>No restriction‡; refer to state regulations. Standard precautions should always be followed.</td>
<td></td>
</tr>
<tr>
<td>Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone procedures</td>
<td>Do not perform exposure-prone invasive procedures until counsel from a review panel has been sought; panel should review and recommend procedures that personnel can perform, taking into account specific procedures as well as skill and technique. Standard precautions should always be observed. Refer to state and local regulations or recommendations.</td>
<td>Until hepatitis B e antigen is negative</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>No restrictions on professional activity. † HCV-positive health-care personnel should follow aseptic technique and standard precautions.</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital</td>
<td>No restriction</td>
<td></td>
</tr>
<tr>
<td>Herpesvirus (herpetic whitlow)</td>
<td>Restrict from patient contact and contact with patient's environment.</td>
<td>Until lesions heal</td>
</tr>
<tr>
<td>Orofacial</td>
<td>Evaluate need to restrict from care of patients at high risk.</td>
<td></td>
</tr>
<tr>
<td>Human immunodeficiency virus; personnel who perform exposure-prone procedures</td>
<td>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures that personnel can perform, taking into account specific procedures as well as skill and technique. Standard precautions should always be observed. Refer to state and local regulations or recommendations.</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 7 days after the rash appears</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty</td>
<td>From 8th day after first exposure through twenty-first day after last exposure, or 4 days after rash appears.</td>
</tr>
<tr>
<td>Meningococcal infection</td>
<td>Exclude from duty</td>
<td>Until 24 hours after start of effective therapy</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 9 days after onset of parotitis</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty</td>
<td>From 9th day after first exposure through twenty-sixth day after last exposure, or until 9 days after onset of parotitis</td>
</tr>
</tbody>
</table>


* Modified from recommendations of the Advisory Committee on Immunization Practices (ACIP).
† Unless epidemiologically linked to transmission of infection.
‡ Those susceptible to varicella and who are at increased risk of complications of varicella (e.g., neonates and immunocompromised persons of any age).
†† Patients at high risk as defined by ACIP for complications of influenza.
**TABLE 1. (Continued) Suggested work restrictions for health-care personnel infected with or exposed to major infectious diseases in health-care settings, in the absence of state and local regulations**

<table>
<thead>
<tr>
<th>Disease/problem</th>
<th>Work restriction</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediculosis</td>
<td>Restrict from patient contact</td>
<td>Until treated and observed to be free of adult and immature lice</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Exclude from duty</td>
<td>From beginning of catarrhal stage through third week after onset of paroxysms, or until 5 days after start of effective antibiotic therapy</td>
</tr>
<tr>
<td>Postexposure (asymptomatic personnel)</td>
<td>No restriction, prophylaxis recommended</td>
<td></td>
</tr>
<tr>
<td>Postexposure (symptomatic personnel)</td>
<td>Exclude from duty</td>
<td>Until 5 days after start of effective antibiotic therapy</td>
</tr>
<tr>
<td>Rubella</td>
<td>Exclude from duty</td>
<td>Until 5 days after rash appears</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty</td>
<td>From seventh day after first exposure through twenty-first day after last exposure</td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em> infection</td>
<td>Restrict from contact with patients and patient’s environment or food handling.</td>
<td>Until lesions have resolved</td>
</tr>
<tr>
<td>Carrier state</td>
<td>No restriction unless personnel are epidemiologically linked to transmission of the organism</td>
<td></td>
</tr>
<tr>
<td>Streptococcal infection, group A</td>
<td>Restrict from patient care, contact with patient’s environment, and food-handling.</td>
<td>Until 24 hours after adequate treatment started</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Exclude from duty</td>
<td>Until proved noninfectious</td>
</tr>
<tr>
<td>Active disease</td>
<td>No restriction</td>
<td></td>
</tr>
<tr>
<td>PPD converter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chicken pox)</td>
<td>Exclude from duty</td>
<td>Until all lesions dry and crust</td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td></td>
</tr>
</tbody>
</table>
| Postexposure (susceptible personnel)                     | Exclude from duty                                          | From tenth day after first exposure through twenty-first day (twenty-eighth day if varicella-zoster immune globulin [VZIG] administered) after last exposure |}

| Zoster (shingles)                                         |                                                             |                                               |
| Localized, in healthy person                             | Cover lesions, restrict from care of patients at high risk or contact with such patients' environments during community outbreak of respiratory syncytial virus and influenza | Until all lesions dry and crust               |
| Generalized or localized in immunosuppressed person      | Restrict from patient contact                              | Until all lesions dry and crust               |
| Postexposure (susceptible personnel)                     | Restrict from patient contact                              | From tenth day after first exposure through twenty-first day (twenty-eighth day if VZIG administered) after last exposure; or, if varicella occurs, when lesions crust and dry |
| Viral respiratory infection, acute febrile               | Consider excluding from the care of patients at high risk or contact with such patients' environments during community outbreak of respiratory syncytial virus and influenza | Until acute symptoms resolve                  |


1 Modified from recommendations of the Advisory Committee on Immunization Practices (ACIP).
2 Unless epidemiologically linked to transmission of infection.
3 Those susceptible to varicella and who are at increased risk of complications of varicella (e.g., neonates and immunocompromised persons of any age).
4 Patients at high risk as defined by ACIP for complications of influenza.
Section 3 General Concepts in Infection Control

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General Concepts in Infection Control

The Centers for Disease Control offers an extensive glossary pertinent to Infection Control in the Dental Setting at the following address:
http://www.cdc.gov/OralHealth/infectioncontrol/glossary.htm

Paths to Exposure to Microorganisms

There are 4 main ways that a dental healthcare worker (DHCW) can be exposed to microorganisms:

1. Direct contact with blood, body fluids or other patient materials
2. Indirect contact with blood via contaminated objects (e.g. instruments or environmental surfaces)
3. Contact of conjunctiva, nasal or oral mucosa with droplets (e.g. splatter) containing microorganisms generated from an infected person and propelled a short distance (e.g. by coughing, sneezing or talking).
4. Inhalation of airborne microorganisms that can remain suspended in the air for long periods.

Infection through any of these routes requires that all of the following conditions be present:

1. A pathogenic organism of sufficient virulence and adequate numbers to cause disease
2. A reservoir or source that allows the pathogen to survive and multiply (e.g. blood)
3. A mode of transmission from the source to the host
4. A susceptible host
5. A portal of entry through which the pathogen can enter the host
   - Penetration of skin with a sharp contaminated object;
   - Broken skin or mucosa that allows splatter of contaminated material to enter;
   - Transfer of contaminated material from environmental surfaces into airway;
   - Aerosol inhalation (e.g. common cold, TB).

Surface Categories

Environmental surfaces can be divided into **clinical contact surfaces** and **housekeeping surfaces**. Because housekeeping surfaces (e.g., floors, walls, and sinks) have limited risk of disease transmission, they can be decontaminated with less rigorous methods than those
used on dental patient-care items and clinical contact surfaces. Strategies for cleaning and disinfecting surfaces in patient-care areas should consider the 1) potential for direct patient contact; 2) degree and frequency of hand contact; and 3) potential contamination of the surface with body substances or environmental sources of microorganisms (e.g., soil, dust, or water).

**Definition of Operatory Areas**

Establishing defined areas in the operatory for placement of instruments, items, and material prevents cross-contamination by controlling the movement of these materials during dental procedures. These areas are categorized depending on their clinical contact or non-contaminated status. There are 5 designated work areas in the operatory, indicated in the following diagram:
Clinical Contact Surfaces

AREA 1. The bracket table
   For items that are used frequently in the procedure and which come into direct contact with mucous membranes and/or body fluids.

AREA 2. The top of the instrument cabinet/rolling cart
   For items which are infrequently used in the procedure but will be contaminated (e.g. the syringe, rubber dam equipment, burs, impression trays, etc.).

AREA 3. The countertop adjacent to the sink
   For preparing and dispensing cements, impression materials, etc.; and for patients' models, dies, and registrations; water baths; etc. These items will eventually become contaminated. Apparatus which cannot be disinfected properly (fiber optic light source, ultrasonic unit, etc.) must be protected with a barrier (bag, plastic film, etc.).

Non-Contaminated Areas:

AREA 4. The remaining area of the countertop
   This is where the computer is located since it can not be sterilized or disinfected. The computer keyboard and mouse must not be touched without the use of a barrier. This is where the dental chart should also be located. This is a housekeeping surface.

AREA 5. The top of the operatory cabinets
   This is where supplies such as the yellow supply bins are kept during the patient visit, once all the supplies needed for the visit are removed.

Items not involved in the proposed patient treatment must not be visible at the unit.
Sterilization

Sterilization is the use of a physical or chemical procedure to destroy all microorganisms including substantial numbers of resistant bacterial spores. This can be achieved by a variety of methods including moist heat, dry heat, chemicals,

Types of Sterilization

There are two methods used for sterilizing objects in the College of Dentistry: moist heat (autoclaving); and dry heat. Autoclaving (the use of moist heat under pressure) is the most common method of sterilization in our clinics. Not all items or materials can or should be autoclaved. For example, sharp instruments tend to dull more quickly after repeated autoclaving compared with dry heat sterilization.

Operation of Sterilizers

Moist Heat (Autoclaving)

Autoclaving occurs when the following conditions are met:

- Sterilizer temperature is set to 121°C (250°F).
- Sterilizer time is set for a minimum of 30 minutes.
- Sterilizer pressure is set for a minimum of 15 psi.

The cycle of any steam sterilizer is not complete until the instrument bags are dry! Damp instrument bags allow bacteria and other germs to penetrate the paper and contaminate the instruments inside. This drying must take place in an environment that prevents their contamination.

Large Automatic

The cycle for bagged or closed containers must be used. These sterilizers may appropriately be used for all bagged instruments.

Small Automatic (Statim®)

These autoclaves should have the appropriate cycle chosen. If there is no active drying portion of the cycle, do not expose the instruments immediately at the end of the cycle but instead, remove the cassette from the autoclave and allow it to cool to room temperature before opening. In all cases, follow the manufacturer’s directions.
Small Manual
See manufacturer’s directions for proper operation. In small manual steam autoclaves in which there is no provision for the active drying of the contents after sterilization, immediately after the pressure has dropped to zero, open the door about ¼ inch and wait approximately 15 minutes before removing the bagged instruments. Adjust this dry time until an adequate drying period is found. Whether there is an active drying cycle or not, instrument bags in the center of the load should not be damp. Instrument bags must be dry when removed from the autoclave!

The door must be opened immediately because the only heat for drying is that of the instruments and that of the chamber itself. If there is a delay in opening the chamber following the sterilization cycle, the chamber and instruments will cool and there may be no drying. If instrument bags are moist when removed from the autoclave and handled or placed on a surface, the microorganisms on the hands or the surface will be “wicked” into the inner surface of the bag where they will contaminate the instruments.

Dry Heat
Dry heat sterilization, or “oven sterilization” must be used for some burs and orthodontic instruments.

Instruments for oven sterilization should be prepared in the same way as for autoclaving. They must be completely dry before packaging and placing into the oven.

Dry heat sterilizers should be set to a temperature of 170°C (340°F) and allowed to come up to that temperature before placing packages inside.

Each dry heat sterilizer must have a thermometer so that accurate temperature may be ascertained.

Packages must be treated for a full 2 hours without opening the door during the cycle. If the door is opened in mid-cycle then the timing must begin again.

When the door is opened, the temperature of the contents goes down and, while it probably remains warm in the center of the load, it will take an unknown length of time to heat the center up to where it was. So, the only sure thing is to begin the timing all over again.
Chemical Sterilization

Chemicals may be used to sterilize only those items that cannot be sterilized by autoclaving or dry heat. The chemical agent used is glutaraldehyde, usually formulated in a 2% solution, and it is used full strength.

Since Glutaraldehyde vapors are toxic and can cause blindness and skin sensitivity, the following precautions must be followed:

- The container used must have a self-sealing lid
- The container must have a basket to avoid splashing.
- Avoid prolonged breathing of the vapor.

Instrument Processing

1. Put on a pair of heavy-duty, nitrile rubber gloves and protective eyewear.
2. Clean and dry all instruments to be sterilized.
3. Immerse them for at least 10 hours in the full-strength glutaraldehyde solution. It is important to use the basket to immerse items in order to avoid hazardous splatter that occurs when items are dropped into the solution. Every time that an item is added to the solution, the solution and everything in it become contaminated. Therefore, the timing begins when the last item is added to the solution.
4. Wash the item(s) free of the glutaraldehyde, using sufficient water, and dry.

If an item is to be kept in a sterile state, it must be held with a sterile forceps or other suitable holder and the washing must be done with sterile water. Drying must be done in a manner that does not contaminate the instrument(s) which must then be placed into a closed, sterile container.

Glutaraldehyde solutions have a certain useful life which varies with their chemical makeup (chemical formula and brand) and is dependent on the bioburden present on the instruments immersed in it. It is difficult to determine whether a solution, used or unused, is still active. Therefore, these solutions must be discarded on a regular basis (weekly).

Most equipment currently produced for use in dental settings is able to be autoclaved. Chemical sterilization is potentially hazardous and unreliable and should only be used as a last resort.
Instrument Processing for Autoclave and Oven Sterilization

- Handle sharp instruments to be autoclaved, wearing a pair of heavy-duty, nitrile rubber gloves.
- Thoroughly clean and dry the items.
- Items in cassettes should be placed into a sterilization pouch so that the name and barcode of the item is visible through the clear side of the pouch. A chemical process indicator that changes color when heated must be placed inside the pouch. If the pouch does not have a built in chemical process indicator (changes color when heated), affix a piece of sterilization indicator tape on the outside as a second indicator.
- Any item to be sterilized singly is placed into a sterilization pouch. A chemical process indicator that changes color when heated must be placed inside the pouch. If the pouch does not have a built in chemical process indicator (changes color when heated), affix a piece of sterilization indicator tape on the outside as a second indicator.
- Place packages vertically in the sterilizer rather than stacking them on top of each other.
- Do not overload the sterilizer. The steam or hot air must be able to flow freely around each object.
- If instrument cassettes are used, the lids should fit loosely to allow the steam to circulate inside the cassette. Cassettes must be designed with holes for air circulation.

Instruments of carbon steel or low quality stainless steel are prone to rusting when processed routinely in an autoclave. It is recommended that instruments be coated with 2% sodium nitrite (Proclave® protective emulsion) after washing and drying and before moist heat sterilization.

Monitoring Procedures
The proper functioning of all sterilizers is to be checked with mechanical indicators (time, temperature and pressure gauges) and biological indicators (spore tests). Records of all mechanical and biological indicator tests must be maintained.

Biological indicator tests are recommended at the following times:
- At least weekly
Any time an implantable device is being sterilized. The device should not be
used until the results of the biological indicator test have been received.

The following is to be carried out by those responsible for operating the sterilizers:

- On Friday morning, pick up the red box containing the necessary spore strip
envelope(s) from the baskets attached to the outside of the Microbiology
Laboratory door (room 522-1). The boxes will be labeled as to the clinic or area
to be checked. The envelopes will be labeled as to the sterilizer to be checked.
- Place the spore strip envelope inside a bag, pack, or cassette. Place this package
in the center of a normal load in a normal sterilizer cycle.
- Upon completion of the cycle, remove the spore strip envelope and return it to
the red box.
- Return the red box, before 4:30 p.m. Friday, to one of the baskets attached to the
Microbiology Laboratory door.
- Respond appropriately if informed that the sterilizer failed the spore test.

Processing of each spore strip is carried out in the microbiology laboratory according to
the following protocol.

- Each strip is aseptically removed from its envelope, dropped into a tube of
Tryptic Soy Broth, and incubated at the appropriate temperature (37°C for steam
sterilizers and 56°C for dry heat sterilizers) for 1 week.
- Tubes will be examined for growth on the following Monday and each day
thereafter.
- For any tubes showing growth, after ruling out false positives, the appropriate
sterilizer operator will be immediately informed of the situation and the cause of
the failure determined and corrected if possible.
- Records of results of all tests will be kept by the Microbiology Laboratory and a
note with the individual sterilizer results will be included in the red box the
following Friday. If there is a positive test result the department will be
informed immediately.

Positive Biological Indicator Test Results

1. Remove the sterilizer from service and review sterilization procedures (e.g., work
practices and use of mechanical and chemical indicators) to determine whether
operator error could be responsible.
2. Retest the sterilizer by using biological, mechanical, and chemical indicators after correcting any identified procedural problems.

3. If the repeat spore test is negative, and mechanical and chemical indicators are within normal limits, put the sterilizer back in service.
   - Do not use the sterilizer until it has been inspected or repaired or the exact reason for the positive test has been determined.
   - Recall, to the extent possible, and reprocess all items processed since the last negative spore test.
   - Before placing the sterilizer back in service, rechallenge the sterilizer with biological indicator tests in three consecutive empty chamber sterilization cycles after the cause of the sterilizer failure has been determined and corrected.

**NOTE: CONTACT MAINTENANCE IMMEDIATELY FOR ANY UNEXPLAINED STERILIZER MALFUNCTION**

---

**Disinfection**

Disinfection is the inactivation of pathogenic microorganisms but not all microorganisms and not all spores.

**Levels of Disinfection**

Three levels of disinfection have been differentiated, depending upon the type and form of microorganisms destroyed.

*High-level disinfection* is a process that can kill some, but not necessarily all, bacterial spores. It is also tuberculocidal.

*Intermediate-level disinfection* is a process that kills *Mycobacterium tuberculosis* var. *bovis* but may not be capable of killing bacterial spores. Intermediate-level disinfection will also kill the Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV).

*Low-level disinfection* is the process that kills most bacteria, some fungi, and some viruses. It does not kill bacterial spores or *Mycobacterium tuberculosis* var. *bovis*.

**Disinfecting Agents**

Disinfectants are regulated by the EPA. By law, users must follow the manufacturer’s directions of use, or assume liability for injuries resulting from off-label use. The following are used at the College of Dentistry clinics:
Glutaraldehyde

The brand of glutaraldehyde presently used in the College is Sterall®. When used full strength, Sterall® can sterilize items immersed in it for 10 hours. It can be used as an immersion disinfectant when used full strength or diluted 1:10 with water (1 part glutaraldehyde and 9 parts water).

Glutaraldehyde solutions should be discarded monthly.

| Glutaraldehyde solutions have a certain useful life which varies with their chemical makeup (brand) and the number of instruments that have been immersed in them (extent of bioburden). It is thus difficult determining whether a solution, used or unused, is still active. Therefore, these solutions must be discarded on a regular basis. |

Cavicide

Cavicide is an intermediate-level surface disinfectant with Isopropanol and Ethylene Glycol Monobutyl Ether as active ingredients. The stock Cavicide comes ready to use and has a shelf life of two years. For Cavicide to be fully effective, surfaces must be exposed to the agent for the recommended amount of time, according to the manufacturer’s instructions. Refer to Section 6 of this manual for dental operatory disinfecting procedures using Cavicide.

The following table depicts the effectiveness of Cavicide when used as recommended.

<table>
<thead>
<tr>
<th>Exposure Time</th>
<th>Pathogens Killed</th>
</tr>
</thead>
</table>
| 3 minutes     | • Mycobacterium tuberculosis var: bovis (BCG)  
• Staphylococcus aureus 
• Pseudomonas aeruginosa 
• Salmonella enterica 
• Trichophyton mentagrophytes |
| 2 minutes     | • Methicillin Resistant Staphylococcus aureus (MRSA) 
• Vancomycin Resistant Enterococcus faecalis (VRE) 
• Staphylococcus aureus with reduced susceptibility to vancomycin 
• Hepatitis B Virus (HBV) 
• Hepatitis C Virus (HCV) 
• Herpes Simplex Virus Types 1 and 2 
• Human Immunodeficiency Virus (HIV-1) 
• Human Coronavirus (not associated with Severe Acute Respiratory Syndrome or SARS) |
Sodium Hypochlorite (bleach)
Sodium hypochlorite is used at a 1:10 dilution (1 part bleach and 9 parts water). Hypochlorite solutions should be discarded at the end of each day. These solutions should be used only once and never reused.

Diluted sodium hypochlorite has a short period of activity. It is rapidly inactivated by any bioburden and should therefore only be used once.

Ultrasound Cleaners
These devices use waves of high-frequency acoustic energy (a process known as "cavitation") into a container filled with a cleaning solution to break up debris on instruments and appliances.

Instrument Processing:
- Always wear nitrile rubber gloves and protective eyewear.
- Pre-rinse all instruments.
- Use only a cleaning solution manufactured for use in ultrasonic cleaners.
- If dirty instruments will be placed into a plastic bag for cleaning, first place the washed instruments into the bag, making sure that the bag is not damaged in the process. Then fill the bag with enough cleaning solution to completely cover the instruments. Remove almost all the air from the bag and close with the zip-lock closure.
- Make sure instruments are completely immersed.
- Keep instruments the proper distance from the bottom of the tank.
- Keep the solution 1½ inches below the top of the tank.
- Operate the unit only with a well-fitting cover in place.
- Clean instruments for an adequate amount of time. This will vary depending on the amount of soiling and whether debris has dried on surfaces. Hinged instruments also will take longer. Follow the manufacturer’s recommendations when using a thermal disinfector.
Unit Maintenance procedures

Change the cleaning solution daily.

- Disinfect the unit tank and dry it at the end of the workday.
- Test the unit for cleaning efficiency at least once a month as follows:
  1. Cut a piece of lightweight aluminum foil about 1 inch shorter than the length of the chamber and 1 inch longer than the depth of the solution in the chamber.
  2. Insert the foil vertically into the filled chamber with the length of the foil running the length of the chamber and the bottom of the foil about 1 inch above the bottom of the chamber. Do not let the foil touch the bottom of the tank.
  3. Run the unit for 20 seconds.
  4. Inspect the immersed portion of the foil for small, uniformly spaced indentations.
     - Uniform pitting or indentations indicate the unit is functioning properly.
     - One or more smooth areas surrounded by indentations indicate irregular or sporadic cleaning and that the unit needs to be serviced.

Thermal Disinfectors

Thermal disinfectors are an automatic cleaning device which uses hot water and chemical cleaners.

Instrument Processing

- The instruments are loaded into the thermal disinfector. Do not pack instruments tightly or the water jets will not be able to reach all instrument surfaces.
• The thermal disinfector is set to automatically go through a rinse cycle with heated water and then a disinfecting cycle, where it automatically releases the chemical disinfectant.

• Follow manufacturer’s recommendations when using a thermal disinfector.
Section 4 Personal Hygiene and Personal Protective Equipment

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  Recommended Procedure for Hand Hygiene
  Using Soap/Antimicrobial Soap and Water
  Using Alcohol-based Hand Sanitizer
  Hand Hygiene Methods and Applications (Chart)*

Personal Protective Equipment (PPE)
  Gloves
  Mask
  Protective Eyewear or Face Shield
  Gowns
  Head Covering
    Religious Head and Facial Covering
  Shoe Coverings
Personal Hygiene

Clinic Attire
The following guidelines apply to ALL clinic personnel (students, faculty and staff) while involved in patient treatment:

- Dental health care workers are expected to present a clean and neat appearance.
- Long hair must be kept away from the face, and tied back so that it does not get caught in equipment or hang over the patient’s face or the instrument tray.
- Beards and mustaches must be covered by a facemask or shield.
- The wearing of jewelry (including wedding bands, bracelets, earrings or wristwatches) is not recommended. Do not wear hand or nail jewelry if it makes donning gloves more difficult or compromises the fit and integrity of the glove.
- Fingernails must be clean and short (no longer than the fingertips) and smooth so as not to compromise the integrity of the gloves.
- Artificial fingernails are not permitted.
- Nail polish must be maintained so that it does not show cracks or chips. The wear of nail polish is not recommended.

Hair and nails are known to harbor higher levels of bacteria than skin. Long nails, cracked nail polish, and jewelry are more difficult to clean and harbor bacteria. Artificial nails have a potential for microbial growth in gaps within the adhesive. In addition, some dental materials may damage or discolor jewelry.

- Cosmetics, lip balm and contact lenses cannot be applied or manipulated in clinical areas.
- Dental healthcare workers who have exudative lesions (including weeping dermatitis) must refrain from all direct patient care and from handling patient care equipment and devices used in performing invasive procedures until the condition resolves.

Dental healthcare workers should always take particular care of their hands since gloves may not offer complete protection. Injured or cracked skin, erosions or eczema on hands or arms require additional caution until the lesions are healed.

1 Invasive Procedure: Any procedure that pierces skin or mucus membranes or enters a body cavity or organ.
Hand Hygiene

Hand hygiene (i.e. hand washing, hand antisepsis or surgical antisepsis) is the most effective method of reducing the risk of the transmission of disease.

Hand Hygiene includes:
- Hand washing with plain soap and water
- Antiseptic hand washing with antimicrobial soap
- Antiseptic hand rub

Hand Hygiene is MANDATORY
- Before putting on gloves
- After removing gloves
- When hands are visibly soiled
- After inadvertent barehanded touching of contaminated surfaces or objects
- After completing laboratory activities

Hand Hygiene is RECOMMENDED
- Before beginning patient care
- After contact with your own face
- After sneezing, coughing, blowing your nose or combing your hair
- After using the toilet
- Before and after smoking
- Before and after eating or handling food
- Before and after any invasive procedure
- At the completion of any patient care

Recommended Procedure for Hand Hygiene

Using Soap/Antimicrobial Soap and Water

1. Remove all jewelry from hands and arms
2. If necessary, remove visible debris from hands and arms with appropriate cleaner/solvent. Do NOT abrade skin by using a brush or sharp instrument.
3. Wet hands and wrists under cool to lukewarm running water.
4. Dispense a small quantity of “residual antiseptic soap” onto the hands.
5. Rub the soap gently onto all areas of the hands and wrists for 15 seconds. Pay particular attention to areas around nails and between fingers.
6. Rinse under cool water.
7. If the sink must be turned off by hand, do so with the paper toweling before discarding it.
Using Alcohol-based Hand Sanitizer
This method is only used if there is no visible material on the hands

1. Remove all jewelry from hands and arms.
2. If necessary, remove visible debris from hands and arms with an appropriate cleaner/solvent. Do NOT abrade skin by using a brush or sharp instrument.
3. Apply a dollop of hand sanitizer onto the palm of one hand.
4. Rub both hands and spread the sanitizer over all parts of the hands.
5. Continue rubbing gently until the sanitizer is gone.

<table>
<thead>
<tr>
<th>Method</th>
<th>Agent</th>
<th>Duration (minimum)</th>
<th>Purpose</th>
<th>Indication*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine hand wash</td>
<td>Water and nonantimicrobial soap (e.g. plain soap)</td>
<td>15 seconds</td>
<td>Remove soil and transient microorganisms</td>
<td>• Before and after treating each patient (e.g., before glove placement and after glove removal).</td>
</tr>
</tbody>
</table>
| Antiseptic hand wash | Water and antimicrobial soap (e.g. chlorhexidine, iodine and Cavicides, chloroxylenol [PCMX], triclosan) | 15 seconds | Remove or destroy transient microorganisms and reduce resident flora | • After barehanded touching of inanimate objects likely to be contaminated by blood or saliva.  
  • Before leaving the dental operatory or the dental laboratory.  
  • When visibly soiled.  
  • Before regloving after removing gloves that are for surgical procedures torn, cut, or punctured. |
| Antiseptic hand rub | Alcohol-based hand rub                          | Rub hands until the agent is dry |                                            |                                                                             |
| Surgical antisepsis | Water and antimicrobial soap (e.g. chlorhexidine, iodine and Cavicides, chloroxylenol [PCMX], triclosan) or | 2- minutes Follow instructions for surgical hand-scrub product with persistent | Remove or destroy transient microorganisms and reduce resident flora (persistent effect). | Before donning sterile surgeon’s gloves for surgical procedure |
Personal Protective Equipment (PPE)

Mucosal surfaces of the eyes, mouth, and nose are vulnerable areas for contagious agents spread by splatter and aerosols. Appropriate attire in the clinic serves several purposes: It protects the operator from contamination by aerosols and splatter to skin and mucous membranes and it prevents contamination of the operator's clothes which would carry contamination outside the clinical environment.

WHEN CONTACT WITH BLOOD OR OTHER BODY FLUIDS IS ANTICIPATED all dental healthcare workers must wear appropriate attire to prevent skin and mucous membrane exposure.

| Water and non-antimicrobial soap (e.g. plain soap†) followed by an alcohol-based surgical hand-scrub product with persistent activity | activity |


Gloves

There are three categories of gloves:
### Indications

<table>
<thead>
<tr>
<th>Gloves Type</th>
<th>Indications</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient examination gloves</strong></td>
<td>Patient care, examinations, and other non-surgical procedures involving contact with mucous membranes, and laboratory procedures</td>
<td>Medical device regulated by the Food and Drug Administration (FDA). Non-sterile and sterile single-use disposable.</td>
</tr>
<tr>
<td><strong>Surgeon’s Gloves</strong></td>
<td>Surgical procedures</td>
<td>Use for one patient and discard appropriately.</td>
</tr>
<tr>
<td><strong>Non-medical gloves</strong></td>
<td>Housekeeping procedures (e.g., cleaning and disinfection) Handling contaminated sharps or chemicals</td>
<td>Not a medical device regulated by the FDA. Commonly referred to as utility, industrial, or general purpose gloves. Should be puncture- or chemical-resistant, depending on the task. Latex gloves do not provide adequate chemical protection. Sanitize hands after use.</td>
</tr>
</tbody>
</table>

*CDC, Guidelines for Infection Control in Dental Health-Care Settings – 2003, MMWR, Vol. 52, No. RR-17, December 19, 2003.*

Gloves must be worn for all contact with oral mucous membranes, body fluids, and extracted teeth and other biological specimens and any potentially infectious material.

New gloves must be worn for each patient.

Inspect gloves carefully for defects when putting them on. Discard gloves if there is any doubt of their integrity.

Gloves may not be washed, disinfected, or sterilized.

If gloves are torn or punctured, they must be replaced immediately.

Plastic over gloves (food handler’s gloves) may be worn over contaminated treatment gloves (over gloving) to prevent contamination of clean objects handled during treatment.

Hands must always be cleaned and dried before putting on gloves.
If it is necessary to leave the chair side during patient care, contaminated gloves must be removed, hands washed, washed again after returning, and new gloves put on before resuming patient care.

This therefore requires that:

- gloves not be worn while obtaining materials from the supply areas;
- gloves that have been used during patient treatment not be worn outside the clinic; and
- gloves are removed before answering the telephone.

Gloves must be removed immediately after patient treatment.

There is no situation in which double gloving is recommended as the effectiveness of wearing two pairs of gloves in preventing disease transmission has not been demonstrated.

**Mask**

A surgical mask must be worn during dental procedures in which splattering of blood or saliva is likely.

Masks must cover both the mouth and the nose.

Masks must not contact the mouth while being worn.

Masks must not be slipped down around the chin or neck or up onto the forehead as this may contaminate these other areas.

**Protective Eyewear or Face Shield**

Either protective eyewear or a chin-length plastic face shield must be worn during dental procedures in which splattering of blood, or saliva is likely.

A face shield does not substitute for a surgical mask.

Protective eyewear must possess side shields. Protective eyewear consists of goggles or glasses with solid side shields. Side shields for glasses are available at the dispensing windows.

*Standard eyeglasses do not provide adequate side protection and are not considered "protective eyewear" unless equipped with side shields.*

If protective eyewear or a face shield is used to protect against damage from solid particles, it must meet American National Standards Institute (ANSI) Occupational and Educational Eye and Face Protection Standard (Z87.1-1989) and be clearly marked as such.

A full face shield may be worn when using the ultrasonic scaler in addition to a face mask.
Gowns
Fluid resistant gowns must be worn for patient treatment, clean-up, and any procedure where a risk of splash or splatter may occur. Hospital scrubs are not acceptable as outerwear.

During patient treatment, gowns must completely cover street clothes above the waist and provide neck coverage and go beyond the waste.

Gowns must be changed at least daily or more often if they are visibly soiled.

Clinic gowns must not be worn outside the clinic except for visits to the dispensing/sterilization room or another clinic on the same floor.

The fluid resistant clinic gowns are flammable and care must be taken when working with flame. These gowns are not to be used in the clinic support laboratory.

If blood or other potentially infectious material penetrates a garment, the garment must be removed as soon as feasible. Any contaminated clothing beneath the garment must also be removed. If contaminated clothing cannot be removed without potential contact of the contaminated cloth with the face, the clothing must be removed by cutting it up the back. Contaminated skin must be washed with a disinfectant soap.

Fluid resistant disposable gowns are to be disposed of into the correct receptacle. If the gown is soaked with bodily fluid or if blood has dried and is flaking off, the gown should be disposed of in a red bin. Otherwise gowns may be disposed of in a regular garbage receptacle. Used gowns should never be stored at the University with other personal clothing.

The fluid resistant clinic gowns MUST BE BLUE.
Non-clinic gowns may be any color except blue.

The following are guidelines for the use of gowns:

<table>
<thead>
<tr>
<th>The disposable clinic gowns are worn:</th>
<th>The disposable clinic gowns may be worn:</th>
<th>The disposable clinic gowns MUST NOT be worn:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• During all clinical patient care.</td>
<td>• When escorting a patient to the clinic’s reception desk.</td>
<td>• When entering any office, classroom, seminar room or lecture hall.</td>
</tr>
<tr>
<td>• During set-up and</td>
<td>• When escorting a patient</td>
<td></td>
</tr>
</tbody>
</table>
clean-up of the dental unit.

- During transport of contaminated instruments, supplies or dental appliances.
- During instrument processing.

between clinics on the same floor.

- When obtaining supplies or equipment during the appointment.

- When using the washroom facilities.
- When going between floors.
- While “Hanging out” in the clinic when you do not have a patient.
- In non-clinical areas, such as the 4th and 5th floor.
- Anywhere that food is located.

In the specialty clinics, gowns are worn whenever there is a risk of splash or splatter of body fluids. The specialty programs maintain their own clinical guidelines.

Head Covering
A head covering that provides an effective barrier is recommended during any invasive procedure that is likely to result in the splattering of blood or other body fluids.

Religious Head and Facial Covering
Religious head and facial coverings worn during procedures likely to result in the splattering of blood or saliva should be treated the same as the clinic gown; i.e. changed at least daily, or more often if they are visibly soiled. If it is acceptable, the addition or substitution of a surgical cap or other disposable covering during patient treatment is recommended.

Religious head and facial coverings pose no threat to the patient if they are worn in such a way that they do not contact the patient or any part of the environment. Because they will become contaminated during procedures likely to result in the splattering of blood or saliva, religious head and face coverings used during patient treatment do present an infection hazard to the practitioner.

Shoe Coverings
Shoe coverings are used for periodontal and other surgeries. They are removed using a bare hand by placing the hand inside the covering behind the heal, pulling the covering down and forward. Dispose of shoe coverings in a regular waste receptacle.
Section 5 Pre-Patient Care and Simulation Laboratories

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<tr>
<td>Handling of Biological Specimens (Including Extracted Teeth)</td>
<td>3</td>
</tr>
</tbody>
</table>
Pre-Patient Care and Simulation Laboratories

Infection Control Protocol

The pre-patient care and simulation laboratories represent a learning space where “simulated” patient care activities occur. In addition, in the pre-patient care curriculum, students treat patients in different courses such as the Preventive Periodontics course and they handle human material in Endodontics and Comprehensive care courses.

The College of Dentistry Clinic Manual outlines the following guidelines which are to be adhered to in all pre-patient care and simulation laboratories:

- The environment of the dental clinics must always be clean and neat. Invasive procedures\(^1\) are routinely carried out in these areas, and therefore routine application of infection control procedures is mandatory.
- Storage of anything on the floor at any time is prohibited.
- Materials used for patient treatment must never be stored under the sink.
- Stored material must never be visible during patient treatment.
- Food and drink is only permitted in private offices and in the 1\(^{st}\), 4\(^{th}\) and 5\(^{th}\) floor commons areas.
- Food and drink may not be kept in refrigerators, freezers, shelves cabinets, on countertops, or on bench tops in the clinics, clinic support laboratories or pre-patient care laboratories.
- At NO time is food or drink permitted in
  * patient waiting/reception areas,
  * patient treatment areas,
  * adjacent laboratories,
  * adjacent seminar rooms (except during lunch-time meetings)
  * instructor bay areas.

This includes regular clinic times as well as all other times.

\(^1\) Invasive Procedure: Any procedure that pierces skin or mucus membrane or enters a body cavity or organ.
To conform to the standard blood and body fluid precautions, and to train students on proper techniques all pre-patient care and simulation laboratories will follow the same infection control guidelines as clinical locations except as outlined in the following chart:

<table>
<thead>
<tr>
<th>Personal Protective Equipment (PPE)</th>
<th>When working on biological material, including patients (classmates) and extracted teeth</th>
<th>When working on dentoforms with no biological material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear:</td>
<td><strong>USE STANDARD PRECAUTIONS</strong></td>
<td><strong>USE EDUCATIONAL AIDS</strong></td>
</tr>
<tr>
<td>Mask</td>
<td><strong>Cover Dental Unit:</strong></td>
<td><strong>Cover Dental Unit:</strong></td>
</tr>
<tr>
<td>Gloves</td>
<td>• Plastic Coverings (Bags and strips)</td>
<td>• NONE</td>
</tr>
<tr>
<td>Eye Protection</td>
<td><strong>Turning Over Dental Unit</strong></td>
<td><strong>Turning Over Dental Unit</strong></td>
</tr>
<tr>
<td>Disposable Gowns</td>
<td>• Disinfect Unit</td>
<td>• No Disinfection Needed</td>
</tr>
<tr>
<td></td>
<td>• Disinfect Manikin Stick and Head and Dentoform if used</td>
<td></td>
</tr>
<tr>
<td>End of Session</td>
<td><strong>Management of Exposures</strong></td>
<td>This is not an exposure, but take it as a learning experience to become more diligent</td>
</tr>
<tr>
<td></td>
<td>• Empty the water bottle and flush the lines free of all water at the end of the session</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clean off the counter tops and make sure that all items are turned in or put away</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Raise the chair to the highest position</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Turn off the dental unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Put the foot pedal on the top of the chair, on top of a paper towel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Put the head rest in the head rest slot on the dental unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Put the light down over the top of the head rest</td>
<td></td>
</tr>
</tbody>
</table>

2 Exposure: parenteral or mucous-membrane contact with blood or other body fluids or a cutaneous contact involving large amounts of blood or prolonged contact with blood - especially when the exposed skin is chapped, abraded, or afflicted with dermatitis.
Handling of Biological Specimens (Including Extracted Teeth)

- Gloves and a disposable gown must be worn by anyone handling or processing tissues, specimens, blood, and/or body fluids. Gloves must be removed, and hands washed after completion of processing.

- Masks and protective eyewear must be worn if aerosols, splatter, or parts of the specimen may come into contact with eyes or other mucous membranes.

- All specimens must be put into an approved, labeled, leak proof biohazard container with a secure lid to prevent leakage during transport and storage. Care must be taken when collecting specimens to avoid contaminating the outside of the container and any laboratory form accompanying the specimen. If the outside of the container is contaminated it must be cleaned and disinfected with Cavicide or placed in an impervious, clean bag.

- Before extracted teeth are manipulated in dental educational exercises, the teeth must first be cleaned of adherent patient material by scrubbing with detergent and water or by using an ultrasonic cleaner. Teeth must be stored in a hydrated state in a well constructed closed container that is labeled with the biohazard symbol.

  - Teeth that do not have amalgam restorations may be sterilized in a steam autoclave.
  - Teeth with amalgam restorations must be disinfected by being immersed in 10% formalin for a minimum of two weeks.
  - All teeth are to be kept wet during storage to prevent cracking
Section 6 Infection Control Procedures In the Operatory

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Preparation of the Operatory

Preparing the Operatory for the Week

One day each week, an assigned employee will purge and disinfect the water system as follows:

Before proceeding, check the solids trap for the presence of any amalgam and, if found, empty amalgam scrap into the clinic’s designated receptacle. Amalgam scrap must be stored under water or in an “Amalgam Safe” which is treated with chemicals to absorb mercury vapor.

Preparing the Operatory for the Day

- Clean and wash your hands.
- Verify that there is no water in the bottles.

Preparing the Operatory for Each Patient

1. Flush all water lines for 30 seconds before attaching handpieces to the lines.
2. If an ultrasonic scaler is to be used, flush the scaler line for 30 seconds before attaching the tip.

It has been shown that water bacteria multiply in the water lines, especially during periods of inactivity.

3. Cover the following items with PLASTIC BAGS of appropriate size (large, small) if they will be touched at any time during treatment.
   - The unit is bagged with a large bag (Don’t bag the handpieces), and tied loosely at the side.
   - The chair back is bagged with a large bag.
   - The computer keyboard is covered with a small bag.
   - The curing light tip is covered with a disposable plastic sheath.
   - The arm that holds the suction is covered with a small sheath.
4. Cover the following items with PLASTIC WRAP (cover all strips) if they will be touched at any time during treatment.
   - Light handle(s)
   - Light switch(es)
   - Ultrasonic scaler hose (if used) (2 feet from coupling)
   - X-ray viewer box light switch
   - Computer mouse
   - The adjustment handle under the seat of the operator chair

5. No bags or cover all strips are needed on the arms of the dental unit or the hoses.

6. A tray cover or white PAPER square is used to cover:
   - AREA 2
   - AREA 3

   Any surface (horizontal or vertical) within three feet of the patient's mouth is considered contaminated after providing treatment that produces aerosols or splatter. Covering surfaces with impermeable barriers eliminates the need for disinfection of these surfaces after each treatment. Surfaces that are difficult to clean must be covered or wrapped with barriers such as impervious paper, clear plastic film, or bags.

7. Attach saliva ejector tip, high-speed evacuation tip, sterilized handpieces, and disposable three-way syringe tip.

8. Place a white tray cover on the bracket table.

9. Set up all items to be used in the planned procedure. Instruments and items that may or will contact the patient's mucous membranes must be disposable or sterilized prior to use. Inspect the integrity of each package containing sterile instruments/equipment. Open each package aseptically.

10. If a bridge, denture, or other prosthesis that has been fabricated is to be inserted into the patient's mouth, be sure that it has been adequately disinfected.

11. Whenever possible and appropriate, individual portions of material should be dispensed ahead of time and placed in AREA 2 or 3. This includes materials provided in a bottle, tube or jar. Materials supplied in bottles (e.g. hemostatic agents, adhesives) should be dispensed into a cup or into a disposable dappen
dish. Items provided in a tube (e.g. impression material) should be dispensed onto a mixing pad, sterile gauze, or a glass slab.

*Dispensing materials ahead of time prevents contaminating the outside of bulk containers.*

12. Equipment that is carried to the operatory from the dispensary must be bagged and placed in the correct AREA.

*Light-curing units* must have their on/off switches covered with cover-all strips and the area of the light pen/gun that will be held must be covered with plastic wrap.

*Water baths* cannot be adequately covered. The base will need surface disinfection during cleanup and the tub is sterilized after use.

*Amalgamator* buttons must be covered with cover-all strips.

*Ultrasonic scalers* must be covered with a large bag and the scaler handle covered with plastic wrap or a small bag.

*Shared items and equipment are potential sources of cross-contamination. Items that have been contaminated must be disinfected or sterilized before being used on a different patient.*

13. Cabinet doors and drawers must be kept closed during treatment to avoid contaminating the contents.

14. **ALL PERSONAL BELONGINGS ARE TO BE STORED IN THE LOCKER ROOM.** Personal belongings are not permitted at the unit during regular clinic hours.

15. Patient coats are hung on the unit coat hook and purses or other packages are stored at the base of the dental unit.
Protocols During Patient Care

Sterility of Instruments

All instruments used in the mouth MUST have been sterilized or must be single-use, disposable. Instruments penetrating tissue must be sterile. "Cold sterilization" is not an acceptable method for general-purpose sterilization.

High-speed handpieces, nose cones, contra angles, low-speed motors, motor-to-angle adapters, reusable prophylaxis angles and all other dental instruments must be autoclaved before use in the mouth.

Blood, saliva, or gingival fluid may contaminate the exterior and interior of the handpiece and only heat treatment can assure the killing of all microbial contaminants.

High-Speed Evacuation System

High-speed evacuation should be used when using the high-speed handpiece, three-way syringe, ultrasonic scaler, or whenever a procedure could cause splatter.

Appropriate use of the high-speed evacuation system has been shown to reduce splatter and aerosol.

Damage to Gloves during Treatment

If a glove is torn during patient treatment, both gloves must be removed, the hands washed, and a new pair of gloves put on. If the tear was caused by an instrument used in an invasive procedure, replace the instrument with a STERILE one.

Dropped Instruments

An instrument that is dropped must not be picked up and reused.

If the instrument is essential for the procedure, either it must be sterilized or a sterilized replacement instrument must be obtained.
Cleanup of Operatory after Treatment

After Patient Treatment
SHARP WASTE IS EXTREMELY HAZARDOUS. HANDLE IT WITH GREAT CAUTION.

Following patient treatment, use the following protocol, in the order given, for cleaning-up:

1. Write up all forms and record entries (in AREA 4) relating to the treatment.
2. Complete all entries in the computer.
3. Remove gloves.
   Remove the first glove by grasping it at the base of the palm with the other hand and pulling it off. Place the first glove into the palm of the gloved hand and close your fingers around it. Then slide the fingers of the ungloved hand, palm to palm, into the opening of the second glove at the wrist. Push your hand forward inside the glove until the glove pops off the palm of the second hand. Grasp the inside surface of the glove and pull it completely off. At no time should you touch the outside of either glove with your bare hands. Dispose of gloves in regular trash.
4. Wash your hands immediately.
5. Dismiss the patient.
6. Put on heavy-duty, nitrile rubber gloves.
   Nitrile rubber is more puncture resistant than latex. Nitrile gloves may not prevent a puncture in your skin but they may prevent blood or other contamination on the instrument from entering the wound.
7. Discard needles and any disposable sharp instruments (e.g. scalpel blades, suture needles, broken instruments, endodontic instruments, used burs, orthodontic wires, and any item that could puncture skin) into the rigid biohazard (sharps) container at your unit. Use forceps to pick up these items. Be sure you can see the opening to the container as you drop the sharp into it. Sharps containers must remain on the unit countertop where they are readily visible and within horizontal reach of the user.
8. Remove all disposables from AREAS 1, 2, and 3 and discard into a rigid waste receptacle. If the item is such that blood or saliva can be squeezed out, the item is considered “regulated medical waste” and must be discarded in a red trash
If size permits, transfer the items to a plastic water cup to facilitate carrying to the red receptacle.

9. Hold the high-speed handpiece over the high-speed evacuator and activate the handpiece water line and air line (bur in) for 30 seconds before removing the handpiece.

10. Place handpieces into the transportation cassette and place them to the side.

11. Place all the dental instruments back into their cassettes in the correct order, removing all composite, amalgam and other non-biologic waste.

12. Disinfect all portable equipment and supplies with Cavicide disinfectant as follows: SPRAY with Cavicide disinfectant and WIPE clean of visible debris using paper towel. Then SPRAY again with Cavicide and KEPT MOIST for at least 5 minutes.

13. Remove un-used dental instruments from the sterilization pouch.

14. Return the dental instruments, handpieces and bur cassettes to sterilization.

15. If the sterilization window is closed, place all dental instruments, handpieces and bur cassettes in a large plastic bag. Do not contaminate the outside of the bag. Store bag in your locker overnight and promptly return instruments in the morning.

16. Return portable equipment to the supply room.

17. Remove ALL barriers, one at a time, from the unit and any portable equipment and discard into the plastic waste bag. When all barriers are removed, place the waste bag in a rigid waste receptacle. Avoid touching the contaminated side (outside) of the barriers against any clean surfaces.

18. Any surface which is visibly contaminated with blood and all surfaces within 3 feet radius of the patient's mouth that were not covered during patient treatment, including cabinet doors, all hoses, and portable equipment that has become contaminated, must be SPRAYed with Cavicide disinfectant, WIPEd clean of visible debris, and then SPRAYed with Cavicide and KEPT MOIST for at least 5 minutes.

All surfaces within a 3 feet radius of the patient’s mouth are considered contaminated and are treated as clinical contact surfaces. All disinfectants take time to act—often 5 minutes or more. Using them on surfaces as you would use a furniture polish will not achieve disinfection. The surface must be wetted and it must remain wet for the full length of time required.
19. Discard the paper towels and napkins.
20. Flush all vacuum lines with tap water to prevent drying of blood and debris in the lines.
21. Place the Cavicide spray bottle in the cabinet under the sink.
22. Remove gloves and discard.
23. Wash hands.
24. Remove facemask by grasping its elastic band at a point behind your head and bring the band over the top of your head. If the mask has ties, untie them. Do not allow the outside of the mask to come in contact with any skin. The mask must NEVER be left dangling from the neck, hanging from an ear or sitting on the chin.
25. Remove safety glasses or face shield by using two hands to grasp the earpieces just in front of the ear and lifting them off. Remove face shields by grasping behind the head, if it is the style that has a band encircling the head, or in a manner similar to safety glasses.
26. Wash safety glasses in the sink, rinse, and spray with the Cavicide disinfectant. Keep glasses moist with disinfectant for at least 5 minutes. Rinse and dry. If using magnifying loops then follow the manufacturers’ recommendations on the types of disinfectant compatible with their lenses.
27. While wearing gloves, wash safety glasses or face shield with regular soap and water and rinse well. Disinfect by spraying with Cavicide disinfectant and keeping the surfaces wet with the disinfectant for 5 minutes. Rinse and set aside to dry. Remove and dispose of gloves and wash hands.
28. Remove head covering by grasping it at the back of the head and remove by bringing your hand over the top of your head.
29. Remove gown such that your hands do not touch the contaminated outside. Remove gown carefully and then roll it in on itself so that the inside becomes the outside. Place soiled gown in proper receptacle.
30. Wash hands.
31. If you leave the clinic area\(^1\) any time after beginning treatment of a patient, all personal protective equipment must be removed; i.e., gloves, mask, safety glasses or face shield, and head covering, and clinic gown.

**Cleanup at the End of the Day**

IT IS THE STUDENT'S RESPONSIBILITY TO KEEP THE OPERATORY AND UNIT CLEAN AT ALL TIMES.

1. Using heavy-duty, nitrile rubber gloves and Cavicide disinfectant, clean all operatory items and surfaces. This includes the dental chair, unit pedestal and arms, power module, and light post. Wipe the smooth surfaces with a paper towel and the irregular surfaces with a clean hand brush or denture brush.

2. Disinfect all surfaces by liberally spraying them with Cavicide disinfectant. Avoid aiming the spray directly at any control switches on the chair or light as a short circuit may result. Surfaces must remain wet for a minimum of 3 minutes.

<table>
<thead>
<tr>
<th>Exposure time for full effectiveness</th>
<th>Pathogens killed</th>
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<tbody>
<tr>
<td>3 Minutes</td>
<td>• <em>Mycobacterium tuberculosis</em> var: <em>bovis</em> (BCG)</td>
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<td>• <em>Staphylococcus aureus</em></td>
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<td>• <em>Pseudomonas aeruginosa</em></td>
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<td></td>
<td>• <em>Salmonella enterica</em></td>
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<td></td>
<td>• <em>Trichophyton mentagrophytes</em></td>
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<tr>
<td>2 Minutes</td>
<td>• Methicillin Resistant <em>Staphylococcus aureus</em> (MRSA)</td>
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<td></td>
<td>• Vancomycin Resistant <em>Enterococcus faecalis</em> (VRE)</td>
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<td></td>
<td>• <em>Staphylococcus aureus</em> with reduced susceptibility to vancomycin</td>
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<tr>
<td></td>
<td>• Hepatitis B Virus (HBV)</td>
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<td></td>
<td>• Hepatitis C Virus (HCV)</td>
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<td></td>
<td>• Herpes Simplex Virus Types 1 and 2</td>
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<td></td>
<td>• Human Immunodeficiency Virus (HIV-1)</td>
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<tr>
<td></td>
<td>• Human Coronavirus-not associated with Severe Acute Respiratory Syndrome (SARS)</td>
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<tr>
<td></td>
<td>• Influenza A2 Virus</td>
</tr>
</tbody>
</table>

\(^1\) The clinic area includes the supply windows and front desk. It does not include the elevators, escalators, bathrooms or any other area not mentioned above.
3. Make sure the handpieces have been removed from the tubings and then purge the unit of water as follows. Hold the handpiece tubings and syringe over a sink, basin, bucket or high speed evacuation. Operate the dental unit's handpiece flush valve and syringe until all of the water has been purged from the unit. After purging with the flush valve, operate the foot control to purge any remaining water from the unit's control blocks. **The Sterisil water purification system used at the College does not require emptying or removing bottles.**

4. Clean the sink and amalgam trap. Empty amalgam scrap into the designated receptacle found in each dental unit.

5. Before removing the nitrile utility gloves, wash them just as you would wash your hands, and then dry them with paper towels. They can then be removed in a normal manner.

6. If gloves exhibit any signs of deterioration, replace them.

7. The power module, all surfaces of the operatory, and the sink must be left clean after patient treatment. No charts, paper towels, or other items may be left at the operatory. No items may be placed on the top of the operatory except plastic wrap.

8. In order to permit adequate floor cleaning by the housekeeping staff, hoses must not be left on the floor, the chair must be raised to its highest position, and the foot controller placed on a paper towel on the seat.

**Broken Instruments**

Broken equipment that has been contaminated with blood or other body fluids must be decontaminated and cleaned before being repaired in the laboratory or transported to the manufacturer for repair. If the item cannot be completely decontaminated, it must be labeled with a standard BIOHAZARD label, the parts of the equipment that remain contaminated must be noted, and the item placed into a leak proof heavy-duty container.

**Storage and Transport of Contaminated Items**

If items such as models, dies, and bite registrations become contaminated, they are to be sprayed with Cavicide disinfectant, left wet for 5 minutes, rinsed, and placed into a clean container. Disposable containers must be used for one patient only and then discarded.
Disinfection

Disinfection of Hard Surfaces
Surface disinfection is done using the Cavicide disinfectant. **Glutaraldehyde based compounds should not be used for surface disinfection due to their potential toxicity!**

1. Clean the surface using the Cavicide and paper towels.
2. Spray the surface liberally with the Cavicide and make sure it remains moist for at least 5 minutes.
3. Dry the surface with paper towels or allow it to air dry.

Disinfection of Equipment
Glutaraldehyde or Cavicide is used for the disinfection of instruments and equipment that cannot be sterilized or will not penetrate tissues.

Heavy-duty, nitrile rubber gloves and protective eyewear or face shields must be worn when mixing and/or using chemical sterilants or disinfectants.

**GLUTARALDEHYDE CAN CAUSE BLINDNESS AND SKIN SENSITIVITY and THE VAPOR IS TOXIC.**

<table>
<thead>
<tr>
<th>Note: With the availability of heat resistant products the use of chemical sterilization should not need to be utilized in the College of Dentistry.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Put on a pair of heavy-duty, nitrile rubber gloves and protective eyewear.</td>
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<tr>
<td>2. Clean and dry all instruments to be disinfected.</td>
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<tr>
<td>3. Immerse them for at least 5 minutes in the glutaraldehyde or Cavicide solution. It is important to use the basket to immerse items in order to avoid hazardous splatter that occurs when items are dropped into the solution. <strong>Timing begins when the last item is added to the solution.</strong></td>
</tr>
</tbody>
</table>

When an item is added to the solution, the solution and everything in it become contaminated. Therefore, timing begins each time an item is added. Disinfection of DIRTY items will take much longer and complete disinfection may not be achieved. Therefore, soaking dirty items in disinfectant will reduce the hazard present during the later cleaning of these items, but they must NOT be considered disinfected.

| 4. Following disinfection, items must be rinsed with water, dried, and stored in a manner such that they will not become contaminated. |
Miscellaneous Equipment

Clinic Materials

Various clinic materials need to be sterilized, disinfected or disposed. The following table indicates the treatment for these items.

<table>
<thead>
<tr>
<th>Item</th>
<th>Sterilize</th>
<th>Disinfect</th>
<th>Dispose</th>
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</thead>
<tbody>
<tr>
<td>Air-Water Syringe</td>
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<tr>
<td>Air-Water Syringe tip</td>
<td>+(Metal)</td>
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<tr>
<td>Alginate Spatula</td>
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<tr>
<td>Anesthetic Syringe</td>
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<tr>
<td>Cement and Wax Spatulas</td>
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<tr>
<td>Composite Finishing Discs</td>
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<tr>
<td>Diamond Disc, Diamond and Carbide Burs</td>
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<td>Dappen Dish</td>
<td>+(Glass)</td>
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<td>Face-Bow Bitefork</td>
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<td>Fox Guide Plane</td>
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<tr>
<td>Glass Slab</td>
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<table>
<thead>
<tr>
<th>Item</th>
<th>Sterilize</th>
<th>Disinfect</th>
<th>Dispose</th>
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<tbody>
<tr>
<td>Hand Instruments</td>
<td>+</td>
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<tr>
<td>Handpieces</td>
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<tr>
<td>Impression Trays-Metal</td>
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<tr>
<td>Impression Trays-Plastic, Custom Acrylic</td>
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<td>Matrix Retainer</td>
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<td>Matrix Strips</td>
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<td>Measuring Cups</td>
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<td>Occlusal Rim Former</td>
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<td>Occlusal Plane</td>
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<td>Orthodontic Pliers</td>
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<tr>
<td>Plastic Brushes</td>
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<td>Plastic Cheek Retractors</td>
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<td>Plastic Rulers</td>
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<tr>
<td>Prophy Cups</td>
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<tr>
<td>Rubber Dam Forceps, Clamps, Metal Frame</td>
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<td>Rubber Bowl</td>
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<tr>
<td>Rubber Polishing Points and Discs</td>
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<td>Sable Brushes</td>
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<td>Shade Guides</td>
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<tr>
<td>Wooden Wedges</td>
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</table>
Thermometers
Only disposable thermometers (or those with disposable tips or sheaths) should be used to take body temperatures. Discard thermometer, tip or sheath, as appropriate. If a thermometer with a disposable tip or sheath is used, avoid contaminating the reusable portion. If this portion becomes contaminated it must be disinfected.

Blood Pressure Cuffs
If a blood pressure cuff was used on a patient with dermatitis or open wounds and the cuff was not protected with a barrier, it must be sprayed with Cavicide disinfectant and kept moist for 5 minutes.

Weekly and Monthly Operatory Infection Control Procedures

Cleanup at the End of the Week
Clean and disinfect housekeeping surfaces that are not disinfected daily, e.g. walls, fronts and tops of cabinets, base of dental unit and chair, inside of dental light shield, and junction box.

Cleanup at the End of the Month
Clean and disinfect insides of drawers and cabinets. Complete monthly log duty sheet (available on following page).
**Undergraduate Clinics**  
**Dental Operatory Checklist**

<table>
<thead>
<tr>
<th>Date</th>
<th>Unit Number</th>
<th>Cabinet Supplies</th>
<th>Cart Supplies</th>
<th>Soap Dispenser</th>
<th>Dental chair: arms, back of chair, base</th>
<th>Provider Stool</th>
<th>Dental Light &amp; Cover</th>
<th>Sharps Container</th>
<th>Amalgam Container</th>
<th>Waterline Flushing</th>
<th>Suction trap</th>
<th>Notes</th>
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Section 7 Considerations for Patient Care

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Considerations for Patient Care

For Patients Requiring Antibiotic Prophylaxis

- Check that the medication has been taken
- Have patient rinse for 30 seconds with a mouthwash shown to be effective in reducing microbial counts, such as Listerine® or one containing chlorhexidine gluconate (i.e. Peridex®). Note: screen patients for alcohol intolerance and use a nonalcoholic mouthwash if necessary.

For Latex Allergic Patients

- Schedule latex allergic patients at the start of the day to minimize exposure to latex residue and powder.
  
  Latent allergens in the ambient air can cause respiratory or anaphylactic symptoms among persons with latex hypersensitivity.

- Use non-latex gloves, non-latex rubber dams, and avoid any other latex-containing products.

For Patients Having a Disease with a Prion Etiology

- Wherever and whenever possible, use disposable instruments.

For All Patients

1. Seat the patient and place the napkin with a disposable product such as tape.
2. If not already done, let the patient rinse with mouthwash for 15 to 30 seconds. Note: screen patients for alcohol intolerance and use a nonalcoholic mouthwash if necessary.
3. Give the patient a pair of safety glasses and make sure they properly wear them.
   
   Safety glasses for patients provide protection from accidentally dropped instruments, chemical splashes, and injury from other foreign objects.

4. Adjust the chair to the appropriate position.
5. Turn on and adjust the operatory light.
6. Wash your hands and wrists as described on Section 4 and put on gloves. After you have put on gloves, do not touch items which are not to be used on the patient or which are not covered with a barrier.
7. If you are applying an ointment or emollient to a patient’s lips to prevent drying and cracking, use a cotton swab rather than a gloved finger, in order to prevent the agent from compromising the latex of the glove. If possible use a petroleum-free product.

8. When inserting the saliva ejector, instruct the patient to **not** close their mouth completely around the tube.

   *It has been shown that closing the mouth around the saliva ejector tube can cause a back flow of liquids from the line into the patient’s mouth.*

**Solutions Used Prior to the Beginning of Treatment and for Irrigation**

Only sterile solutions are to be used for procedures that involve the intentional penetration, incision, excision, or ablation of oral or perioral tissues and that will expose previously uncontaminated bone or soft tissue.
Section 8 Disposal of Hazardous Waste

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Disposal of Hazardous (Infectious) Waste

Sharps
Disposable syringes, needles, scalpel blades and discarded burs, endo-files, and dental instruments must be placed in red puncture-resistant containers labeled with the biohazard symbol or the word "SHARPS."

These red plastic sharps containers are placed so that the operator is able to see the top of the container to prevent getting stuck should something be protruding. Sharps containers may be found:

- under the sink in every unit in the clinic
- on the counter between units in the pre-patient care clinic
- mounted on the operatory wall in some surgical areas

Sharps containers should be checked regularly by dental assistants and must be replaced when it reaches 75% of its capacity following the procedure described below.

Full Sharps Containers
Full sharps containers are left open (or opened if closed) and turned in to sterilization. A piece of indicator (autoclave) tape is placed on the container, and the container is then autoclaved in an upright position for at least 30 minutes. Processed containers are then closed and placed in sturdy, red plastic bags and given to the maintenance department, who moves them to the dock for pick-up and destruction by physical plant. Please contact the Office of Patient Services (room 301, 996-3544) if you have any difficulties with the replacement of full sharps containers.

Human Tissue (Extracted teeth, blood, suction fluids, etc.)
Human tissues that are not to be fixed or disinfected for future use should be handled in the same manner as sharps.

Extracted teeth may be given to the patient after removing any excess soft tissue and rinsing under water and drying with paper towels.

Blood and suctioned fluids may be carefully poured into any drain that is connected to the sanitary sewer system. Use the sink.
Spills of Blood or Body Substances

1. Wear nitrile gloves, and protective eyewear.
2. Wipe up spill with paper towel(s) or other absorbent material.
3. Dispose of the paper towels or absorbent material as regulated or unregulated medical waste as described below.
4. Clean the area with warm water and detergent using a disposable sponge, cloth or paper toweling. Dispose of the sponge, cloth or paper toweling appropriately.
5. If contact with bare skin is likely, disinfect the area by placing paper towels over the area and wetting them with 1:10 bleach. Leave in place for 5 minutes. Flooding the area with Cavicide disinfectant is also effective.
6. Clean and disinfect eyewear and gloves.
7. Wash hands.

Regulated Medical Waste

If a porous material contains a quantity of blood or saliva such that, when squeezed, the liquid can be squeezed out, or if the dried blood or saliva is likely to flake off it is considered regulated medical waste. Regulated medical waste is disposed of in the red-bag-lined biohazard waste containers present in certain clinics. In the Oral Surgery and Periodontics clinics, all materials that have been contaminated with blood or saliva must be disposed of in these biohazard waste containers.

Because the disposal of regulated medical waste is very expensive, unregulated waste must never be placed in biohazard containers.

Unregulated Medical Waste

In other clinical areas, materials that have been contaminated with blood or other fluids do not require special precautions. Gloves, masks, wipes, drapes, etc. must be placed in sealed, sturdy, impervious bags to prevent human contact and disposed of in the same manner as other solid waste.

Amalgam

Dental amalgam has been studied and reviewed extensively, and has established a record of clinical safety and effectiveness. Mercury in the environment is bioaccumulative, which means that it can build up in fish and cause health problems in humans and other animals that eat fish. Less than one percent of the mercury released into the environment comes from amalgam, and even this amount is in the form of amalgam and not methylmercury, the form of particular environmental concern. Nevertheless, because dentists are good stewards
of the environment, it is prudent to limit the release of any dental amalgam waste to the environment, when feasible.

Mercury may enter the body by ingestion, inhalation or absorption through the skin. In order to minimize mercury exposure, the operator and the environment the following guidelines must be followed:

1. In the dental clinics only pre-capsulated amalgam may be used in order to ensure optimum mercury to metal ratios.

2. Any time that amalgam is to be used the operator must wear personal protective equipment including gloves and a mask. If the amalgam makes contact with bare skin then the operator should immediately stop and wash the area of contact with soap and water.

3. Mercury vapor is released from the amalgam when the amalgam is heated. Never heat amalgam and NEVER PLACE AMALGAM IN THE SHARPS CONTAINER as mercury vapor will be released during the sterilization and disposal process.

4. When working with amalgam in the clinics and pre-patient care areas:
   - An amalgam waste container with a screw on lid is found next to the sharps container in every dental unit. This container is labeled with biohazard and environmental hazard stickers.
   - All waste amalgam is disposed of in this container. Waste amalgam includes but is not limited to:
     - excess unused amalgam
     - open capsules with improperly mixed amalgam
     - the capsule that contained the amalgam (as there may be mercury left in the capsule)
     - amalgam collected in the dental unit traps that is recovered during routine maintenance of the unit.
   - The amalgam waste container must be kept tightly closed to prevent the leakage of mercury vapor.
   - Waste must be sprayed with disinfectant.
   - During their monthly preventive maintenance in the clinics the maintenance department will dump the smaller containers into a larger
The dental traps containing amalgam waste will also be changed and placed into the larger collector.

- If the amalgam waste container becomes full between the scheduled preventive maintenance the dental assistant will contact the maintenance department to collect the amalgam waste.
- The maintenance department will empty the larger containers containing the amalgam waste into a large drum that is housed on the loading dock.
- The waste recyclers are called by the maintenance department to collect the large drum once it is full or every 90 days, whichever comes first.
- The waste recycler will replace large drum with a new, empty drum.
- The waste recycler supplies the College of Dentistry with proof of proper recycling once the process is complete.

**Record Keeping of Infection Waste Disposal**

The Office for Clinical Affairs keeps records of the disposal and recycling of all hazardous waste.
# Section 9 Radiology Hygiene

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Radiology Procedures

Taking Radiographs

Personal protective equipment including gloves, gown, and safety glasses must be worn when taking intra-oral radiographs.

Use protective coverings to prevent contamination of X-ray equipment. Fresh coverings are to be used for each patient.

- Cover the X-ray tube head, arm, and cone with one plastic bag.
- Cover the control knob and button with plastic wrap.
- Cover the chair in the usual manner.

Film packets that have been placed in the mouth must be handled in a manner to prevent transmission of infection.

If only 1 or 2 films are to be taken, each film is placed into the film holder and the combination is wrapped in plastic wrap. The result, when the film is aseptically removed from the holder, is an uncontaminated film.

If many films are taken, they may be loaded into the film holder without additional wrapping and, after exposure, placed into a plastic water cup. Avoid touching the outside of the cup with contaminated hands. This procedure will result in contaminated films in a cup that is uncontaminated on the outside.

Remove gloves and discard in regular trash.

Using one of the methods described above, expose films in the proper manner and process as described below.

All film holders and devices used in the mouth (i.e. XCP equipment) must be heat sterilized.

Film Processing

All film processing is performed in such a way as to not contaminate the processor.

Processing Radiographs in a Daylight Loader

- Place a piece of plastic wrap on the bottom of the bin.
- Place the cup with contaminated films on one end, an empty cup in the center, and another empty cup at the other end.
Radiology Hygiene
SECTION 9

- Put on gloves.
- Put your hands through the armholes.
- Aseptically open the packets, drop the exposed films into the cup in the center, and place the debris in the third cup.
- When all films are in the center cup, pick up the original cup and push it into the third cup, thus compacting the debris.
- Grasp these two cups with one gloved hand and close your fingers around the cups, crushing them into the palm of your hand.
- Using the second hand, aseptically remove the glove from the first hand, pulling it over the cup and debris.
- Hold this packet in the palm of your second hand and aseptically remove the second glove, again pulling it over the first glove and debris. The outside of this glove-waste packet is now uncontaminated with patient material, since the contaminated side is on the inside.
- Place the uncontaminated films into the developing slots.
- Pull your ungloved hands out of the loader.
- Open the top of the loader, wrap all trash in the plastic wrap, and discard in a regular trash receptacle.
- Wash your hands.

Processing Radiographs in a Darkroom

- Turn on safelight and turn off other lights.
- Place a plastic-backed napkin and a paper towel on the bench.
- Put on gloves.
- Aseptically open the packets, drop the films on the paper towel, and place the debris on the napkin.
- Discard all debris in a regular waste receptacle.
- Remove and discard gloves in a regular waste receptacle.
- Process films.
- Wash hands.
Panoramic Radiography

The bite guide must either be covered with a disposable cover or sterilized following patient use or disposed of in a proper trash receptacle in the case of single use disposable bite guides.

Digital Radiography

With digital radiography heat sterilize components that are heat resistant and use barriers and disinfect the semi-critical components that are not heat sterilizable. In this instance both barriers and disinfecting are required. A barrier does not replace disinfection in this instance due to the high rate of failure with the barriers in association with the digital sensors.
Section 10 Dental Laboratory Hygiene

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Disinfection of Patient Impressions Wax Registration Records

Items that have been in contact with patients must be disinfected before working on them in the clinic laboratory.

1. Thoroughly rinse the impression, model, or wax registration record under running water.
2. Spray all surfaces with Cavicide disinfectant or immerse in Cavicide, glutaraldehyde, or diluted (1:10) sodium hypochlorite (bleach) as per one of the tables below. Place sprayed items in a closed container (box or plastic bag).
3. Maintain contact with the disinfectant for 5 minutes. Do not exceed this time with polyether impression materials.
4. Using uncontaminated gloves remove the item and rinse with water.
5. If a cast is to be made, pour up immediately.

<table>
<thead>
<tr>
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<th>Glutaraldehyde</th>
<th>Cavicide</th>
<th>Bleach</th>
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<tr>
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<td>ZOE Impression Paste</td>
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<td>Jaw Relation Records</td>
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<tr>
<td>Wax Rims</td>
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Clinical Support Laboratories

Eye protection, mask, and protective clothing must be worn when working in the laboratory.
Contaminated items must be disinfected upon entering AND leaving the laboratory.

Disinfection of Models

Polishing and Grinding

Lathes and model trimmers must be fitted with protective shields.

The item to be ground or polished must first be disinfected if it has had previous patient contact.

A newly sterilized rag wheel or stones must be used for each patient case.

1. Line the lathe bin with aluminum foil.
2. Place an appropriate amount of freshly prepared premixed polishing agent in the bin. A 1:20 bleach solution can be used as a mixing medium.
3. Polish the item.
4. Close the foil over the polishing agent and discard.
5. Either discard or clean and prepare for sterilization, as appropriate, the rag wheel or stones.

The following table may be used as a guide for the treatment of laboratory items after contact with patient material.

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<thead>
<tr>
<th>Item</th>
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<th>Disinfect</th>
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<tr>
<td>Rag wheels</td>
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<td>Carbide and Acrylic Burs</td>
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<td>Plaster and Alginate Spatulas</td>
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<td>Face-Bow</td>
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</table>
Pipetting

**Mouth pipetting is not permitted.** All pipetting must be performed with mechanical pipetting devices.

Central Dental Laboratories

- Dental laboratory personnel should always wear a clean uniform.
- Disposable gowns and gloves must be worn for handling contaminated items.
- A facemask and safety glasses or full face shield must be worn when engaging in any activity that may produce splatter.
- Wash hands frequently throughout the day.
- A laboratory receiving area must be designated. This area must be cleaned and disinfected daily with the Cavicide disinfectant.
- All items which have been in contact with patients must be disinfected before laboratory work is begun AND on completion of the work. Disposable containers should be used for storage and transport of models.
- Separate sets of instruments, attachments, and materials must be maintained for new and for existing dental prostheses. This includes polishing instruments and burs, as well as separate pumice pans.
- Instruments that have been used on contaminated materials, must be cleaned and either disinfected or sterilized after each use.
- The procedure for polishing is described above.
- Instruments, work surfaces, and exposed equipment must be cleaned and either sterilized or disinfected daily.
- Air filtration systems must be used in the laboratory.

External Dental Laboratories

- All items (i.e. frameworks, impressions, denture wax models) exiting the clinics to an external laboratory must be disinfected before packaging.
• Items that are returned from the laboratory must be clean and disinfected before placing into a patient’s mouth.

• Maintain good communications with the dental laboratory so that all parties know who is disinfecting and sterilizing each case.
Section 11 Sterilization Room Protocols

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Sterilization Room Protocols

The College of Dentistry sterilization room has two main functions:
- To process and sterilize all the dental instruments and
- To perform instrument management functions

Zones in the Sterilization Area

The sterilization area is divided into three zones which flow from dirty to sterile.

The Dirty Zone:
This is where the used dental instruments are located. These instruments have potentially been exposed to blood or body fluids. Infectious waste containers are also found in this area.

The Disinfected Zone:
This area is where items which have undergone a disinfection technique that kills most micro-organisms are placed.

The Clean / Sterilized Zone:
This is where items that have been through a sterilization process are kept and stored for future use.

Clinic Attire for Sterilization Staff

Clean, matching scrub tops and bottoms must be worn when working in the sterilization areas.

Solid construction (no open toes or open sides) shoes must be worn.

After use, protective attire must be removed and placed into laundry or disposal bags before leaving the dental treatment facility.

A high temperature (~60°C -70°C) wash cycle with chlorine bleach (sodium hypochlorite), followed by machine drying (~100°C) is recommended if clothing is visibly soiled with blood or other body fluids. A normal laundry cycle, dry cleaning, or steam pressing will also kill HIV.

Personal Protective Equipment:
When contact with blood or other body fluids is anticipated all sterilization room associates must wear appropriate attire to prevent skin and mucous membrane exposure. Personal Protective Equipment must be worn when working in the Dirty Zone of the sterilization area. (See Personal Protective Equipment on section 4).
Instrument Management

Instrument Sorting and Disinfection
Each student must return all borrowed, soiled instrument to the appropriate window of the sterilization area. They must bring their I-card with them and swipe the card through the card reader in order to have their soiled instruments scanned back into register their receipt.

The dirty instruments are sorted into groups:

1. Instrument cassettes are placed into the rack in the washer / disinfector.
2. Loose instruments are placed into a basket in the washer, disinfector, or ultrasonic cleaner.
3. Bur and File cassettes are placed into baskets in the Ultrasonic Cleaner.
4. Handpiece cassettes are placed on the counter in the dirty zone. (See processing of handpieces below.)

Once the washer/disinfector is full the cycle is started.

Once the ultrasonic cleaner is full the lid is securely closed and the unit is started. Let the unit run for as long as necessary to remove all debris from the instruments (at least 5 minutes). (See ultrasonic cleaners on section 3).

Instrument Inspection and Bagging
After the completion of the washer/disinfector cycle the instruments are removed from the machine and placed in the disinfected zone.

The cassettes are opened and inspected.

Broken and Missing Instruments:

- Broken instruments are removed from the cassette.

- If a replacement instrument is available the proper color rubber bands must be placed on the new instrument and then the new instrument is placed into the cassette. The cassette is then bagged and set on the rack for sterilization.

- If no replacement instrument is available the cassette is bagged and a note is placed on the sterilization bag indicating what instrument is missing. The missing instrument in that particular cassette is noted in Axium.

- The sterilization supervisor is informed, so a new instrument can be ordered.

All instruments present and in good condition:

- The cassette is bagged so that the bar code may be read through the clear plastic. Set bagged cassette on the cart for sterilization.
Loose Instruments
The loose instruments are inspected and are treated in a similar manner as the instrument cassettes.

Bur and File Blocks
The bur and file blocks are opened and inspected:
Missing burs are replaced from stock.
All instruments cassettes, bur and file blocks and loose instruments are bagged so the bar code may be read through the clear plastic.
The bagged block is placed on the rack to go into the sterilizer.

Handpiece Inspection, Cleaning, and Bagging:
The Handpieces are not disinfected so work is performed in Dirty Zone and Personal Protective Equipment is worn.
The handpiece cassette is opened and the contents inspected.

1. Sterilization personnel checks that the correct number of components are present. If any component is missing:
   • If a replacement component is available it is placed into the cassette. The cassette is then bagged and set on the cart for sterilization.
   • If no replacement instrument is available the cassette is bagged and a note is placed on the sterilization bag indicating what instrument is missing. The missing instrument in that particular cassette is noted in Axium.
   • The sterilization supervisor is informed, so a new component can be ordered.

2. Using gauze moistened with alcohol the handpiece is wiped down to remove any debris.

3. Using a cotton tip applicator moistened with alcohol, wipe the inside of the base of the handpiece motor.

4. Handpiece Lubrication:
   • Kavo handpiece components must be cleaned and lubricated after each use. Equipment is available for sterilization staff to perform this function on a regular basis.
   • Wipe down handpiece components with alcohol after being removed from the lubricating equipment.
• All other brands of handpieces are to be cleaned and lubricated following the manufacturer’s directions.

5. Place all the components back into the cassette.

6. Wrap the cassette so that the bar code can be read through the clear plastic.

7. Place the cassette on the cart to be sterilized.

Storage of Sterile Instruments
Store instruments in a clean, dry environment in a manner that maintains the integrity of the package. Sterile materials should be stored at least 8 inches above the floor in an area that is clean, dry, dust free with limited access.

The shelf life of sterilized, wrapped instruments is event-related, not time-related. Thus, the shelf life of a package ends when the integrity of the package becomes compromised; e.g., torn, punctured or moistened.

Instruments must be repackaged and re-sterilized if there is any sign of damage to the wrapping. If any part of the sterilized instrument package becomes damp, the instrument is no longer considered sterile and must be re-sterilized.

Any instrument package that was exposed during patient treatment must not be returned to storage. The instruments must be removed and re-sterilized.

Labels or other information added to an instrument package after it has been sterilized must be added via a pencil or piece of tape containing the information. Do not write on sterilized paper packages with ink. If a pencil is used, take care to avoid puncturing the paper. Do not staple or paperclip anything to the package.

Puncturing and writing on packages with ink compromise the integrity of the paper and permit germs to enter the package.

Clinic Carts
When using a clinic cart (i.e. Radiology or PG Endodontics) soiled instruments will be brought to the sterilization area by a dental assistant.

Remove soiled cassettes from cart and process them in the same manner listed above. Then use a surface disinfectant (Cavicide) to clean and disinfect the cart.

1. Clean the surface using the Cavicide and paper towels.
2. Spray the surface liberally with the Cavicide and make sure it remains moist for at least 10 minutes.
3. Dry the surface with paper towels or allow it to air dry.
4. The cart is now ready to receive the next set of dental instruments.
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Dental Unit Waterlines

Studies have demonstrated that dental unit waterlines can become colonized with microorganisms, including bacteria, fungi, and protozoa. These microorganisms colonize and replicate on the interior surfaces of the waterline tubing and form a biofilm, which serves as a reservoir that can amplify the number of free-floating (i.e., planktonic) microorganisms in water used for dental treatment. Certain reports associate waterborne infections with dental water systems, and scientific evidence verifies the potential for transmission of waterborne infections and disease in hospital settings and in the community.

The number of bacteria in water used as a coolant/irrigant for non-surgical dental procedures should be as low as reasonably achievable and, at a minimum, <500 CFU/mL. Additionally, the ADA has set a goal of <200 CFU/ml.

Procedures to Maintain Dental Unit Water Quality

Most Dental Units in the College of Dentistry have an independent water source in the form of a water bottle which attaches to the dental unit. The Postgraduate Orthodontics (room 131) and Undergraduate Pediatric Dentistry (room 231) clinics have an innovative water purification system called VistaClear that works through a complex combination of methods including: purified media to alter the oxidation/reduction potential of the water, then, ceramic mechanical filtering (up to .90 microns), and finally chemical agents. Filters are changed at least annually.

Procedures for Dental Units with independent water source

- Water Reservoir
  - The water bottle should be filled at the start of each day.
  - The water bottle should be emptied at the end of each day and placed back on the dental unit.
  - Every three weeks the maintenance staff will switch out the water bottle with a disinfected bottle. The old bottle will be subjected to mechanical forces using a bottle brush to disrupt any bacterial growth and soaked in bleach to kill pathologic microorganisms.

- Sterisil System
  - The College of Dentistry uses the Sterisil system to destroy any potentially harmful pathogens present in the dental unit water system.
  - The Sterisil system consists of a straw that is installed by a quick connect to the existing water pickup tube within the water reservoir bottle.
♦ The straw is made of a silver impregnated resin which reduces biofilms and leaves effluent water at less than 10 cfu.

♦ The Sterisil straw will be exchanged for a new one every year by the maintenance staff (and more frequently if waterline testing indicates).

Regardless of the water source, waterlines in all units will be run for 20-30 seconds between each patient to flush out any materials that might have entered the system.

**Dental Unit Waterline Monitoring**

Testing will occur in every dental clinic quarterly. One dental unit in each clinic will be chosen each cycle. No unit will be repeated until every unit has been tested.

- The service ConFirm is used to provide waterline monitoring
- When the package from ConFirm arrives place refrigerant pack in the styrofoam lid and place in freezer overnight.
- Collecting the water sample
  1. Obtaining samples should always be conducted just prior to any scheduled waterline maintenance or treatment. Samples must be shipped on Monday, Tuesday or Wednesday only. Do not ship samples on any day preceding a holiday.
  2. Flush waterlines for a minimum of 2 minutes before taking samples.
  3. Collect water samples using the provided sterile collection vials. Fill vials to approximately ¾ full. Do not touch the outlet of the waterline or the interior of the collection vial. Note: The collection tubes contain a dehydrated chlorine neutralizer which is visible in the bottom of the vial.
  4. Label each DUWL sample. Use a permanent marker or the labels provided. Indicate the sample location and the source. For example, samples taken from the air/water syringe in the Endodontics clinic, Operatory 3 will be labeled as: Endo, Op3, a/w.
  5. Complete the sample submission form and return with samples.
  6. Complete the internal monitoring form and keep in the college’s central sterilization file
- Drop the samples off at the Office for Clinical Affairs for mailing. Place the frozen refrigerant pack with the water samples in the styrofoam shipper, then inside the mailer box.
Complete US Express Mail shipping label and affix to box. The package must be mailed the same day the samples are taken, and sent overnight.

Results will be faxed or e-mailed to the College after 7 days of incubation.

Any units that have high test results will be reported to maintenance for a “shock” treatment and evaluation of that clinic area’s waterline maintenance program.
# Section 13 Computer and Patient Chart Protocols

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Computer Use and Patient Chart Protocols

Working with the Computer
Over the last decade the prevalence of Computers in the health care setting has been consistently increasing. During this time studies have shown that without proper infection control techniques, computer components can become a potential vector for cross contamination of micro-organisms between patients. To this end the following policy has been developed for use in the University of Illinois, College of Dentistry.

Before Each Patient
- The computer keyboard is to be placed inside a plastic bag.
- The top and sides of the mouse are to be completely covered with impervious plastic.
- Turn the Computer on.

During Patient Care
- If possible work with an assistant who can enter information into the computer while you work on the patient.
- While wearing gloves do not touch the monitor, the CPU or any surface not covered with proactive plastic wrap.

After Patient Care
- Disinfect the counter top under and around the keyboard and mouse.
- Remove the plastic coverings from the keyboard and mouse, being careful not to contaminate the surface that was under the barrier.
- DO NOT spray disinfectant on the keyboard, mouse, monitor, CPU or any part of the computer.

Weekly Maintenance or as Necessary
- Wipe the screen, keyboard, CPU, mouse and cords with the single use computer cleaning cloth.
- Do NOT use Cavicide, soap or water on any part of the computer.
Working with the Dental Chart

Do not touch the patient record while wearing gloves. If an entry has to be made in the record during treatment, appropriate barriers must cover the pen/pencil and the portion of the record that the hand touches. Covering the chart with a plastic backed napkin, plastic side down, works well for this. It is recommended that gloves be removed when making entries in the record. One may also use a voice-activated tape recorder to collect the pertinent information and then write this entry in the chart. It is strongly recommended that students assist one another when charting or ask the dental assistants for help.
**Section 14  Management of Exposure to Blood-borne Infection**

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Management of Exposures to Blood-borne Infection

Definitions

Exposure
A person is considered exposed to blood and body fluids if he/she receives a parenteral (e.g., needlestick or cut) or mucous-membrane (e.g., splash to the eye, nasal mucosa, or mouth) exposure to blood or other body fluids or has a cutaneous (skin) exposure involving large amounts of blood or prolonged contact with blood - especially when the exposed skin is chapped, abraded, or afflicted with dermatitis.

Note: This policy is to be followed for all staff and students who have an exposure to blood or bodily fluid.

Sharps Safety Devices

Engineering Controls now includes safer medical devices, such as sharps with engineered sharps injury protections and needleless systems. Engineering Controls still include all control measures that isolate or remove a hazard from the workplace including medical devices designed to reduce the risk of percutaneous injuries.

- **Sharps with engineered sharps injury protection**, which OSHA defines as "a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident";

- **Needleless systems** describes devices that do not use needles to collect bodily fluids or withdraw body fluids (after initial vascular access is established), administer medication or fluids, or perform any other procedure involving the potential for occupational exposure to blood borne pathogens due to percutaneous injuries from contaminated sharps.

All new sharps safety devices are to be evaluated in various areas in the College of Dentistry such that input is collected from all levels of clinical and administrative personnel. Based on the feedback from students, staff and faculty a decision will be made by the Infection Control Committee on whether to recommend the implementation of the new sharps safety devices.
General Policy

Management of faculty, staff or students experiencing needlesticks, sharps injuries, or other exposure to blood/body fluids includes providing for appropriate medical care and obtaining blood samples from both the exposed person and the source case, if possible.

Serologic testing for HBV, HCV, and HIV will be provided to all DHCWs who are concerned that they may have become infected.

The College of Dentistry will not assume responsibility for medical expenses incurred by individuals who do not follow established procedures.

Questions involving infection control policy and procedures should be addressed to the Office for Clinical Affairs, room 301 (ext. 6-3544).

Procedure for Exposures within the College of Dentistry

1. Provide self with immediate wound care, which includes washing site with soap and running water. If exposure is to the eye or mucus membranes flush with running water only. Inform your supervisor or the Office for Clinical Affairs (room 301) of the incident. (During boards inform the Chief Examiner)

2. Conclude the procedure in progress as soon as it is reasonable without compromising patient care, or arrange to have it completed.

3. Obtain verbal consent from the patient for testing for serologic evidence of HBV, HCV and HIV infection. (Written consent is not required). Patients are taken to Oral Surgery where blood is drawn by the resident, nurse or faculty member on duty. (On weekends the patient will be taken with the provider to the Emergency Room)
   - For adults, obtain two 10ml red topped tubes of blood.
   - For pediatric patients, consult the pediatrician and laboratory staff as needed to determine whether to test and, if so, the amount of blood to draw.

4. Take the blood specimen from the source patient, in a zip-lock bag labeled “biohazard” to the University Health Services (UHS) or to the Emergency Services Department (ESD), depending on the time of day or day of the week that treatment
is being sought. (This is the only instance in which students will use the University Health Service.) The specimens should be labeled with the patient’s Dental Chart ID Number and Name.

- Report to University Health Services (UHS):
  Medical Science Building
  835 S. Wolcott Ave. room E144
  7:00 a.m. - 3:00 p.m. Monday through Friday

- Report to UIC Emergency Service Department (ESD) when UHS is closed.

5. Comply with follow-up procedures. Obtain results and interpretation of source patient’s test results from UHS.

6. Patient’s test results are confidential.

7. Complete the following reports which are available in your clinic, the “Clinic Chairsite” intranet site, or the Office for Clinical Affairs (room 301) as soon as possible after the exposure:
   - Supervisor’s First Report of Occupational Injury or Illness (employees only)
   - Occurrence Report
   - Make an entry in the patient’s file in Axium.

8. Fees:
   - UIC employees are covered by Workers’ Compensation
   - Students must first submit bills to their health insurance. Any non-covered portion will be covered by the College of Dentistry. Bring both bills (Doctor’s Services and Emergency Room) to room 301.
     Exposures during boards are not covered by the College.
   - During Boards anyone hired by a candidate is treated as that candidate’s employee and the candidate is responsible for their bills.

Procedure for Exposures that Occur at the Community Partner Sites

1. Provide self with immediate wound care, which includes washing wound site with soap and running water. If exposure is to the eye or mucus membranes flush with running water only. Inform the dentist in charge of the incident.

2. Conclude the procedure in progress as soon as it is reasonable without compromising patient care, or arrange to have it completed.
3. Work with the community partners to follow the appropriate Post-Exposure Procedures for their site. This should include obtaining the patient’s blood and your blood and running tests for HBV, HCV and HIV.

- A list of contacts is available at the end of this section. You should ultimately speak with the supervising faculty at your community site.


5. Patient’s test results are **confidential**.

6. Complete a the following reports:

   - Any paperwork from the Community Partner’s location
   - A Patient Occurrence Report is to be completed as soon as you return to the College of Dentistry. This form is found on the intranet site (“Clinic Chairsde”) and should be turned into the Office for Clinical Affairs, room 301.

7. If you receive any bills for the testing or prophylactic medications related to the exposure incident please:

   - Submit to your health insurance company for initial payment.
   - Submit any unpaid balance to the Office for Clinical Affairs, in room 301 and the University will pay any fees not covered by your health insurance company.
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<td>Crusader Clinic (Rockford)</td>
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</tr>
<tr>
<td></td>
<td>1215 N. Alpine Road Rockford, IL 61107-2299</td>
</tr>
<tr>
<td></td>
<td>(815) 391-7800</td>
</tr>
<tr>
<td>Illinois Masonic Medical Center</td>
<td>Illinois Masonic Occupational Health</td>
</tr>
<tr>
<td></td>
<td>811 W. Wellington Chicago, IL 60657</td>
</tr>
<tr>
<td></td>
<td>(773) 975-1600</td>
</tr>
<tr>
<td>Infant Welfare Society of Chicago</td>
<td>Illinois Masonic Medical Center Occupational Health</td>
</tr>
<tr>
<td></td>
<td>811 W. Wellington Chicago, IL 60657</td>
</tr>
<tr>
<td></td>
<td>(773) 975-1600</td>
</tr>
<tr>
<td>Lake County Health Dept. Clinic</td>
<td>Lake Forest Hospital Occupational Health Services</td>
</tr>
<tr>
<td></td>
<td>660 North Westmoreland Road Lake Forest, Illinois 60045-9989</td>
</tr>
<tr>
<td></td>
<td>(847) 535-6172</td>
</tr>
<tr>
<td>Lawndale Christian Health Center</td>
<td>LCHC Ogden site</td>
</tr>
<tr>
<td></td>
<td>3851 W. Ogden Ave. Chicago, IL 60623</td>
</tr>
<tr>
<td></td>
<td>(773) 521-8243</td>
</tr>
<tr>
<td>Northwestern Community Healthcare</td>
<td>Northwestern Community Hospital Main location</td>
</tr>
<tr>
<td></td>
<td>800 W. Central Road Arlington Heights, IL</td>
</tr>
<tr>
<td></td>
<td>(847) 618-1000</td>
</tr>
<tr>
<td>Oak Park-River Forest Infant Welfare Society</td>
<td>West Suburban Hospital Occupational Health Dept.</td>
</tr>
<tr>
<td></td>
<td>3 Erie Court, Oak Park, IL 60302</td>
</tr>
<tr>
<td></td>
<td>(708) 453-0744</td>
</tr>
<tr>
<td>Spang Center for Oral Health</td>
<td>Heartland Health Outreach Main clinic</td>
</tr>
<tr>
<td></td>
<td>1015 W. Lawrence Avenue, 2nd Fl, Chicago, IL 60640</td>
</tr>
<tr>
<td></td>
<td>(773) 751-4107</td>
</tr>
<tr>
<td>Milestone</td>
<td>Brookside Immediate &amp; Occupational Care</td>
</tr>
<tr>
<td></td>
<td>1215 N. Alpine Road Rockford, IL 61107-2299</td>
</tr>
<tr>
<td></td>
<td>(815) 391-7800</td>
</tr>
<tr>
<td>UFCW Union Medical Center</td>
<td>Follow UIC-COD Protocol:</td>
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<td></td>
<td>University Health Services</td>
</tr>
<tr>
<td></td>
<td>835 S. Wolcott Ave. Room E144</td>
</tr>
<tr>
<td></td>
<td>(312) 996-7420</td>
</tr>
<tr>
<td>Erie Family Health Center</td>
<td>7:30-3:00 Monday through Friday</td>
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<tr>
<td></td>
<td>OR UIC Medical Center Emergency Room</td>
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</table>
Management of Splashes into the Eye

Either protective eyewear or a chin-length plastic face shield must be worn during dental procedures in which splattering of blood, or saliva is likely. A face shield does not substitute for a surgical mask.

Protective eyewear must possess side shields. Protective eyewear consists of goggles or glasses with solid side shields. Side shields for glasses are available at the dispensing windows. A full face shield may be worn when using the ultrasonic scaler in addition to a face mask.

In the event of a splash into the eye, follow this protocol:

- Stop the procedure
- Go to the closest eyewash station
- Turn on eyewash and flush open eye for at least 2 minutes.
- Repeat as necessary
  - If possible take someone with you to assist.
  - Do NOT rub your eyes!!!

After flushing, report the incident to the Office for Clinical Affairs (room 301) where you will be directed on how to get medical attention.
Section 15 Appendices

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Appendices

Management of Patient and Provider Latex Allergies

Latex Allergy - Providers
If a provider knows they are allergic to latex or develop symptoms consistent with latex allergy then they must:

- Pre-doctoral and IDDP students and staff must inform the Director of Clinics and their Managing Partner
- Post-doctoral students, Faculty and Staff must inform their Program Director or Department Head.
- Provide certification from a physician stating they have a latex sensitivity.
- The provider will be given nitrile gloves and latex free supplies for one month to facilitate the time needed to obtain physician certification of the latex allergy.
- Once a latex allergy is confirmed the provider will receive non-latex products for the duration of their time at the UIC College of Dentistry.

Latex Allergy - Patients
In treating a patient with known sensitivity to latex, precautions must be utilized such as use of non-latex gloves, non-latex rubber dams, and avoidance of any other latex-containing product. Patient appointments should be scheduled earlier in the day when there is less latex particles scattered in the air.

Multidrug Resistant Organisms (MRSA)
Multidrug-resistant organisms (MDROs), including methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE) and certain gram-negative bacilli (GNB) have important infection control implications.

MDROs are defined as microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents.

In most instances, MDRO infections have clinical manifestations that are similar to infections caused by susceptible pathogens. However, options for treating patients with these infections are often extremely limited.
Patients vulnerable to colonization and infection include those with severe disease, especially those with compromised host defenses from underlying medical conditions; recent surgery; or indwelling medical devices (e.g., urinary catheters or endotracheal tubes.)

There is ample epidemiologic evidence to suggest that MDROs are carried from one person to another via the hands of health care provider.

**Screening Patients for MDROs**

1. All patients should be screened for MDRO’s when taking the health history. This is part of the health history.
2. If a patient states that they have an MDRO:
   - Record details on how long they have had the MDRO and whether they are under the care of a physician.
   - Once the determination is made and recorded inform the faculty member in charge and, if necessary, the Office of Patient Services.

**Treating Patients with MDROs**

Due to a lack of proper facilities the College of Dentistry does not treat patients with active MDROs. Patients with urgent care dental needs should be referred to the University of Illinois Medical Center for treatment.

If a patient with an MDRO is in the dental operatory no care is to be provided and the following procedures are to be implemented immediately to prevent the potential spread of the MDRO:

- Standard Precautions and Contact Precautions must be used in order to prevent transmission from potentially colonized patients.
  - Gloves, mask, gown and eye protection
  - Diligent hand hygiene is critical
- If the patient has any active lesions have the patient don a gown and gloves.
- The operator must wear a gown, mask, eye protective device and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient’s environment.
  - Don personal protective equipment
Discarding gown and gloves before exiting the operatory, DO NOT move from the operatory wearing potentially contaminated PPE (this includes the gown!).

- Enhanced environmental cleaning after patient care
  - Don new PPE before returning to the operatory
  - Disinfect entire unit, including the outside of the vertical surfaces of walls and cabinets.
  - Disinfect all equipment and place in clean clear plastic bags
  - Remove PPE and discard, perform hand hygiene and put on clean PPE
  - Return bagged instruments and equipment to sterilization
  - Inform sterilization that the equipment was used on a patient with a MDRO.

**Treating Patients with Tuberculosis**

The College of Dentistry does NOT have the proper facilities to treat patients with infectious tuberculosis. Patients with urgent care dental needs should be referred to the University of Illinois Medical Center for treatment.

The following are recommendations issued by the CDC in 2005 that illustrate the safe management of patients with suspected or confirmed TB Disease in settings where they would not be usually encountered, such as the College of Dentistry.
If a patient with Tuberculosis is in the dental operatory no care is to be provided until confirmation of non-infectious status is obtained from a medical provider. All standard precautions must be followed.
Section 16 References and Reading Materials

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References and Reading Materials


Cleveland, J., Robison, V., Panlilio, A. Tuberculosis epidemiology, diagnosis and infection control recommendations for dental settings, JADA, September 2009 vol. 140 no. 9, 1092-1099.


Copies of these reading materials may be obtained from the Office for Clinical Affairs, in room 301.