# 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 Clinics 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
- O₂ 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
   - 1740 West Taylor Street
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
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 (pages9-10) 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-disclosable 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 the College’s Intranet site at: http://dentistry.uic.edu/intranet/chairside/incident_reporting/ 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 healthcare 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
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training and present a copy of their certificate to the Office for Clinical Affairs, Room 301.

The College may provide exemptions to the BLS/CPR requirement in accordance to the Illinois Dental Practice Act: "The Department shall provide by rule for exemptions from this requirement for a dentist or dental hygienist with a physical disability that would preclude him or her from performing BLS."

In the rare event that a healthcare provider expresses an inability to perform BLS services, the College follows protocols defined by Campus University Health services. If it is determined by appropriate University offices that an accommodation is needed, faculty schedules will be revised and modified if needed to ensure that other faculty are always available to assist in such situations. Records of such accommodations will be kept in the Office for Clinical Affairs. These providers will still be required to attend the cognitive portion of the CPR course. Records of completion will be kept in the office for Clinical Affairs.
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.
Once clinical providers have been given the appropriate level of access into the axium electronic records, security training will be provided upon start of functions and yearly thereafter so that all those who access, receive, transmit, or otherwise use High Risk data are familiar with the Information Systems Security Program and the clinical provider/staff responsibilities regarding that Program. Training will include but is not limited to the following:

- HIPAA Business Associate Policy (where appropriate; http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/contractprov.html).
- HIPAA Sanction Policy (where appropriate).
- University Policies including Information Systems Security Policies.
- Relevant State and Federal Regulations.

**Protection of College of Dentistry Patient Privacy**

The following actions are prohibited:

- Access of patient demographic/billing/insurance information and/or EHR when it does not relate to the provision of health care, financial, or educational activities.
- Sharing of University/College provided passwords.
- Failing to safeguard patient photographs saved in electronic devices.
- Failing to safeguard EHR by leaving axium session open and unattended.
- Inappropriate access of health information/documentation of multiple patients, or multiple times for the same patient, when it does not relate to the provision of health care, financial, or educational activities.
- Unauthorized and intentional disclosure of PHI to a 3rd party, including:
  - Discussing PHI in a public setting.
  - Sharing any portion of PHI in social media.

Further, the audio and/or videotaping of healthcare provided at the College of Dentistry is prohibited by patients, parents, guardians and the general public.

**Policy on ePHI for student/resident/faculty presentations**

The following computers are acceptable to create, store, access, transmit or receive ePHI:

1. Clinical Workstations at the UIC College of Dentistry
2. Personally owned computers and removable devices that have been secured/encrypted by UIC CoD in compliance with UIC CoD standards
3. IPad Computers provided by the UIC CoD to students at the College of Dentistry

For all portfolios and/or patient presentations, students will do the following:
1. Eliminate all patient identifiers from the presentation
2. Submit the presentation electronically
3. Submit to the course director a hand printed hard copy form that has the student name and patient axiUm number. The form will not have additional patient identifiers.

Detailed College policies can be found in the HIPAA Policies Intranet section at: http://dentistry.uic.edu/intranet/training__compliance/hipaa_policies. Patient information is available on the COD’s public website http://hospital.uillinois.edu/Patient_Care_Services/Dentistry.html, and by request in room 301 or the Office for Registration and Records.
Management of Environmental Concerns

The UIC office of Environmental Health and Safety Office (EHSO) offers an online Emergency Guide with specific emergency preparedness protocols, at: http://www.uic.edu/depts/envh/Departmental/UICEmergency.html

It is important to keep in mind that no instructions can cover all contingencies. In case of an emergency, evaluate your situation, try to remain calm and take actions that will keep you and others safe.

Non-urgent concerns may be directed to dentfacilities@uic.edu, or to the EHSO directly, at health-safety@uic.edu

Urgent concerns may be reported to dentfacilities@uic.edu, or to the EHSO via telephone at 6-SAFE.

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 form in Central Sterilization (room 205/305). They will request a pickup from the EHSO at 6-SAFE (312 996-7233)

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<th>BOTTLE SIZE</th>
<th>STATE (cold/one)</th>
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*SURPLUS CHEMICALS MUST BE SEALED, UNUSED AND IN GOOD CONDITION.

QUESTIONS???
CALL 3-CHM (3426)

ALL CHEMICALS MUST BE IN A SEALED CONTAINER WITH THE CONTENTS IDENTIFIED ON THE LABEL.

20
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/Lab/Room</th>
<th>Description</th>
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<td>PHASE 1 (North)</td>
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<td><a href="mailto:blandder@uic.edu">blandder@uic.edu</a></td>
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<td>PHASE 2 (South)</td>
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</table>

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Captains