CLINIC POLICY AND PROCEDURES MANUAL

(Also see the Schedule of Fees for Dental Services and the Infection Control Manual for other clinic policies)

2012 -2013

Version - August 23, 2012

Compiled by
The Office of the Assistant Dean, Clinics and Building Services,
August 2012

THIS MANUAL IS FOR THE SOLE USE OF THE DALHOUSIE DENTAL CLINIC FACULTY, STAFF AND STUDENTS.

Suggestions for improvements are always welcome. Please pass them on to the office of the Assistant Dean, Clinics and Building Services, Level 1, Room 1210.

Assistant Manager, Patient and Information Services

Available at http://www.dentistry.dal.ca (click on 'Faculty Policies and Manuals' or you can get a printed copy from the Clinical Affairs Office, Room 1210, Level 1.)
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MISSION STATEMENT

We promote and provide oral health care as an integral component of overall health, for regional, national and international communities through quality education, research and service.
IMPORTANT TELEPHONE NUMBERS
(See the Table of Contents for more information)

EMERGENCY (Police, Security, Fire & Ambulance)
[Please do not call 911, University Security arranges '911' service] ........................................ (494) 4109
NOTE: no money needed at Campus pay phones.

MEDICAL EMERGENCY [Please do not call 911, University Security arranges '911' service]
A. Patients, staff, faculty, or students in Dental Cubicles Level 1 and 2
   - Complete Ambulance Request form and bring to Patient Services.
   - If Patient Services is closed use clinic phone, call 4109 and give location and details. ........... (494) 4109
B. Anywhere else in building call 4109 and give location and details. ........................................ (494) 4109
   If possible delegate someone nearby to go to the Main Building Entrance to meet Security and ambulance and direct them to the patient.

OFFICE OF THE DEAN (DENTISTRY) ................................................................. (494) 2824

DENTAL CLINIC - Patient inquiries, appointments, records, accounts .................................... (494) 2101

STUDENT VOICE MAIL (each DDS3, DDS4, QP1, QP2 and DH2
   Students have personal extension numbers provided by Patient Services) ................................ (494) 1000
   plus extension #

AFTER HOURS DENTAL EMERGENCIES
1. Student #1 ....................................................................................................................... 497-2939
2. Student #2 ....................................................................................................................... 497-9344
3. Answering Service .......................................................................................................... (494) 2101
   (5:00 - 9:00 p.m. only on Monday to Fridays;
   9:00 am - 5:00 p.m. weekends and holidays)

BUILDING SERVICES .................................................................................................... (494) 5199
   Email - building.dentistry@dal.ca

INFORMATION TECHNOLOGY SERVICES
University Help Desk ........................................................................................................ (494) 2376
Dentistry Help Desk ........................................................................................................ (494) 6013
Email - helpdesk.dentistry@dal.ca

CLINICAL AFFAIRS ........................................................................................................ (494) 1681
   Assistant Dean, Clinics & Building Services
   FAX machine number .................................................................................................... (494) 1757
   Email - clinicalaffairs.dentistry@dal.ca

DENTAL STORES ........................................................................................................... (494) 1414
   Email - stores.dentistry@dal.ca

FACULTY PRACTICE ......................................................................................................... (494) 3868
   Email - fpc@dal.ca

DR. J.D. McLEAN CONTINUING EDUCATION CENTRE ...........................................(494) 6336/1861

STUDENT AFFAIRS - counseling, advice; has answering machine ....................................... (494) 2876

STUDENT HEALTH - injuries (non-emergency and needle-stick) .......................................... (494) 2171

SEE: Minor Injuries/Illness
If possible see the Clinic Nurse (Room 1311) in Oral Surgery before going to your doctor or the hospital.
Obtain an Incident Report Form and complete and deliver to the Clinical Affairs office (Room 1210) as soon as possible after the incident.
WEB SITES

FACULTY OF DENTISTRY ................................................................. http://www.dentistry.dal.ca

This web site includes the following items (click on the appropriate item):
• Faculty Directory
• Dentistry and Dental Hygiene Links
• Dental Equipment Repair Requests
• Dentistry Computer Support
• Faculty policies and manuals
• Removable Prosthodontics
• Mindfulness in Dentistry
• Faculty of Dentistry Blog
• Management of Needlestick & Mucous Membrane Exposure to Blood/Body Fluids (click on Faculty Policies & Manuals)
• Dal DentX
FIRE AND EMERGENCY EVACUATION PROTOCOL
In case of emergency, please call 494-4109
(Do Not Call 911)

General

In the event of a fire alarm, the building will be evacuated. The Warden System, which co-ordinates staff activities on all floors, has been established to assist with the evacuation procedure. You are asked to please acquaint yourself with all building exits and the location of emergency levers and fire extinguishers near your work site(s) or classes.

Alarm System

Installed in the building and connected to the City Fire Department is an electric alarm system, which can be activated by pulling an emergency lever.

In the event that the electric alarm system is out of order, a person discovering a fire shall:

- Shout "FIRE, FIRE, FIRE." This verbal alarm should be passed throughout the building either by public address system or telephone fan-out, and
- Phone 494-4109 (University Emergency Number) to report the fire. Person receiving the call at this number will call all necessary persons (fire department, security etc.)

Exits

The following marked exits are available for evacuation purposes:

A) University Avenue - Main Entrance
B) University Avenue (stairs from Levels II, III, IV and V
C) Robie Street (stairs from Levels II, III and IV)
D) Robie Street - Emergency Exit Only (stairs from Levels I and II)
E) Robie Street (level III)
F) College Street – Emergency Exit ONLY (stairs from Level I and II)
G) Loading Dock
H) Roof Podium (stairs from all five floors)
I) Carleton Quad – Bookstore Entrance

Evacuation

On the sound of the alarm, complete building evacuation must take place immediately. All occupants are asked to remain calm, and walk to the nearest exit.

Elevators are not to be used under any circumstances, while the fire alarm bells are ringing.

Marshaling shall take place on city sidewalks, a safe distance from the building, on University Avenue and College Street and the Carleton Quadrangle. Designated Floor Wardens shall close and lock each exit door and redirect all evacuees to one of the two marshaling sites. Floor wardens must complete an Evacuation Report Form, carefully noting any problems, and report to the Chief Warden at the main entrance on University Avenue.

Patients must be assisted by students and staff from the Clinic cubicle area and the Clinic waiting area. Accordingly, other guests must be assisted in evacuation by applicable faculty and staff.
Patients Under Sedation

If there is no immediate danger, the moving of patients who are under sedation or have mobility complications, will be at the discretion of the supervising faculty member. The faculty member must stay with the patient and assign a student or staff member to report their location to the Chief Warden, at the main entrance on University Avenue.

If the alarm were a test the student or staff member assigned to report to the fire warden would then return to the patient and companion to report this information.

The prime responsibility, in the event of an emergency, is to the patient.

Responsibilities of Staff and Students

Level I

Dental Assistants

1. Check each cubicle in the immediate work area and ensure that all patients have been evacuated.
2. Assist and direct patients to the proper exits.
3. Ensure that all washrooms, seminar rooms and patient counseling rooms and dental labs have been evacuated.
4. Remove appointment books if possible.
6. Ensure local propane valves are turned off.

Students

1. Under the direction of the Dental Assistants to assist with the evacuation of all patients from the Clinic and surrounding areas.

Administrative Staff – Clinical Affairs Office

1. Assist and direct patients from the main patient waiting area.
2. Check washrooms in waiting areas.

Level II

Dental Assistants

1. Check each cubicle in the immediate work area and ensure that all patients have been evacuated.
2. Assist and direct patients to the proper exits.
3. Ensure that all washrooms, seminar rooms and patient counseling rooms and dental labs have been evacuated.
4. Ensure local propane valves are turned off.

Students

1. Under the direction of the Dental Assistants to assist with the evacuation of all patients from the Clinic and surrounding areas.

Receptionists – Patient Services

1. Assist and direct patients from the main patient waiting area.
2. Check washrooms in waiting area.
3. Remove daily appointment summaries if possible.
Dispensary (MDR)

1. Secure Dispensaries 1 and 2
2. Ensure clinic propane valves are turned off.

Responsibilities of Teachers and Researchers

1. Know the location of all building exits and the location of emergency levers and fire extinguishers near your classes.
2. When emergency bells ring, direct all students under your supervision to the safest exit.
3. Ensure all equipment and propane valves are turned off
4. Close all doors

Fire Drills

Periodically fire drills will be conducted to test the effectiveness of these procedures. On these occasions, it is expected that all procedures be followed and that a complete evacuation of the building take place.

Although fire drills are most effective if they happen without warning, an attempt will be made to advise persons responsible for various clinic areas to ensure the minimum of hazard to patients (see above Patients Under Sedation).

Re-Entry after an Emergency Evacuation or Fire Drill

Once the building is deemed safe to re-enter by the Fire Department, the Chief Warden will assign personnel to inform those waiting at the Marshalling site on College Street.

Under no circumstances is anyone to re-enter the building until permission is granted.

All Dental Building occupants must re-enter the building through the main entrance on University Avenue or the bookstore entrance on the Carleton Quad, all other doors will be locked after an emergency exit.

Any problems/suggestions with this policy or its implementation should be directed to Tammy Chouinard, Assistant Manager of Building Services.
SECTION ONE

RESPONSIBILITIES, QUALITY ASSURANCE,

PATIENT RIGHTS AND PROFESSIONALISM
CLINIC FEES

The current clinic fees are in the Clinic Information System (axiUm). Students and faculty who have an authorized user name and password for axiUm can review fees on the Clinic Information System at any time.

The clinic fees are evaluated and updated each July to reflect the Nova Scotia fee guide changes for that year.

For information about clinic fee policies see Section Three, Part 4 of this manual.
MANDATORY CRIMINAL RECORD CHECK AND CHILD ABUSE REGISTRY CHECK

Students in the Dentistry and Dental Hygiene programs are required to attend clinical sessions at outreach clinics in Halifax Regional School Board elementary schools. Any individual working within the Halifax Regional School Board must submit an up-to-date satisfactory Criminal Record Check and Child Abuse Registry Check directly to the School Board.

When are the checks completed:
The Criminal Record Check and Child Abuse Registry Check is valid for one year, and must be completed annually by students in second, third and fourth year Dentistry and second year Diploma in Dental Hygiene.

DDS3, DDS4 and DH2 students must complete both checks no sooner than 3 months, and at least three weeks, before the start of classes in August.

DDS2 students must complete both checks no sooner than 3 months and before March 31st of second year.

How to complete a Criminal Record Check:
A request for a Criminal Record Check must be completed in person at your local police station. For students who have lived in Halifax for one year prior to the Criminal Record Check, the request should be made at the Halifax Regional Police office at 1975 Gottingen Street. Students must return to the police station to pick up their Criminal Record Check and then forward the completed form to the Halifax Regional School Board, before classes start. This process of a Criminal Record Check takes two to three weeks, and must be completed annually (criminal record checks are valid for 12 months). Students are responsible to pay charges for the check, which is approximately $30.00 if completed at the HRM police office.

How to complete a Child Abuse Registry Check:
Students must complete the Child Abuse Register Consent to Disclosure of Information Form B2 and send it to the Halifax Regional School Board. The form is available from the Dean’s Office, the office of the Assistant Dean of Clinic and Building Services, the Halifax Regional School Board, and will be sent to students in orientation packages.

Where forms are sent:
Send both the completed Criminal Record Check (that you have picked up from the police station) and your completed Child Abuse Register consent form to:

Human Resource Services
Halifax Regional School Board
90 Alderney Drive
Dartmouth, NS,
B2Y 4S8

Contact the Dean’s office if you have any questions about this process.

NOTE: Faculty and staff who work in Halifax Regional clinic will be notified if these checks are required.
STUDENT RESPONSIBILITIES
(see Index for details)

Student participation in the patient treatment process is a privilege. To maintain clinical privileges students must satisfactorily:
- complete the requirements for immunization and CPR certification
- carry a current, valid Dalhousie I.D. at all times
- wear an easily readable and visible name tag or authorized clinic jackets with your name at all times
- review clinic medical emergency procedures annually with Clinic nurse
- observe all the measures of professionalism listed in "Professionalism for Faculty, Staff and students" section.
- know and follow the "Student Code of Conduct" in this manual.
- behave in a professional manner when managing patients and interacting with staff, other students and faculty.
- protect the confidentiality of patient information (paper charts and electronic records, including photos and radiographs)
- provide appropriate management of patients
- observe Clinic dress code at all times
- maintain patient charts and chart control procedures
- maintain appropriate patient, staff and faculty relations
- follow infection control procedures
- maintain appropriate cubicle cleanliness and asepsis
- maintain Clinic Information System data for assigned patient
- communicate with patients about the cost of dental care services
- document communications with patients in the patient charts about account balances above $50.00
- attend all scheduled clinics, including special clinic assignments within the Dental Building and at external clinic sites

Suspension of Privileges

If in the judgment of the Assistant Dean Clinics and Building Services, based on communications from supervising faculty, course directors, clinic support staff and chart audits, a student's conduct or treatment of patients raises doubts about the student's professional attitude and/or conduct, ability to provide appropriate care and/or the welfare of the patient(s) is considered in jeopardy - the Assistant Dean, Clinics and Building Services will suspend the student's patient care privileges. The Assistant Dean, Clinics and Building Services will inform, in writing, the Dean, Assistant Dean Academic Affairs and the Assistant Dean Student Affairs immediately. The Assistant Dean, Clinics and Building Services may consult with the above as necessary and appropriate.

The suspension will be effective until it can be determined that the course of the problem has been resolved and the student is capable of resuming clinic privileges. If unresolved in a reasonable time period, documentation will be forwarded to the appropriate Academic Standards Class Committee.

Cell Phones, Pagers, iPods etc.:

Students are assigned to treat patients and are required to be available to provide these services at all times during all clinic rotations.

Cell phones, pagers and iPods must be turned off and in message mode for you to follow up after the clinic rotation. Vibration mode is not acceptable. Answering or using such devices while treating patients is not permitted.

Students should direct any need for family emergency calls to the Office of the Dean 494-2824 where the staff member will take a message. If the caller indicates this call is for a family emergency, staff will arrange to get the message to the student as soon as possible.

Purchase of personal equipment (e.g. loupes and lights)

The Dental Clinic is not responsible to provide services to students who purchase their own personal equipment (e.g. loupes and lights). The Dental Stores will not be able to assist with repairs, returns, parts etc.
CHART AUDIT
QUALITY ASSURANCE

(Complementary to course D3212/4212
Clinical Comprehensive Patient Care)

CHART AUDITS:

Auditing patient chart quality and accuracy is a Clinic responsibility. Patient Services staff using the approved form will randomly audit charts including those in off Campus clinics.

Necessary corrections will be directed to the instructors or students who last cared for the patient.

Each student (DDS3/QP1, DDS4/QP2 and DH2) will annually have a selection of charts audited and patients contacted by Patient Services staff and/or the Chart Audit Sub-Committee. The process, with rewards and penalties, is described as follows.

Purpose of Audit:

The audit is designed to ensure that:
• patient charts are accurate and complete,
• paper chart records and electronic records agree, and
• patient treatment proceeds in an efficient, timely and professional manner.

Student / Chart Selection:

Briefly, the audit process is:
• personnel from Patient Services, unannounced, will randomly select students and charts for audit each month by the Chart Audit Sub-Committee,
• a copy of the audit report will be issued to students upon each audit completion with necessary corrections and rewards being indicated.
• a copy of the audit record "Dalhousie Dental School Audit" is available from Patient Services for student's information.

D3212/4212

This audit process is associated with the D3212/4212 Clinical Comprehensive Patient care course in that rewards and penalties apply to that course - see course outlines for these courses.

Once the student receives the audit report any necessary corrections are to be completed within 3 weeks of notification. The course director/Assistant Dean, Clinics and Building Services for courses D3212 and D4212 will be notified when corrections are not made in a timely fashion.
POLICY ON STUDENTS AND STUDENT APPLICANTS WITH INFECTIOUS DISEASES

This document is available for view on the Faculty of Dentistry website (http://www.dentistry.dal.ca) in the "Faculty Policy and Manuals" section. It is regularly updated so please review it at least each semester.
FACULTY RESPONSIBILITIES

Faculty must carry a current, valid Dalhousie ID at all times. They must wear the authorized clinic jacket with faculty name at all times.

All clinical faculty must be **physically present in the clinic at the scheduled time** to begin supervising patient care. Clinical faculty members are required to maintain supervision until all patients are safely dismissed from the clinic. If faculty are unable to be present at the beginning of a clinical period they must contact the appropriate Division Head or Department Chair to ensure that alternate faculty coverage is provided.

In the case where a faculty member does not appear for a scheduled clinic assignment, the Assistant Dean, Clinics and Building Services or his designate (normally the Supervisor of Clinical Support) will contact the appropriate Department Chair's office for a suitable alternate instructor to be immediately assigned.

Faculty members or suitable designates must be present in the clinic with their designated student cluster at all times when patient care is being rendered.

Supervising clinical faculty are responsible for the supervision of student clinicians and for the care of patients under their supervision. Out of respect for the patient's time, comfort and quality of care, faculty should direct and intervene in the delivery of treatment by student clinicians when necessary to enable patient care to be satisfactorily completed and the patient to be dismissed at the appropriate hour.

Supervising clinical faculty are responsible to ensure that the patient's chart (paper and/or electronic) is with the patient at all times, that all actions are recorded and decisions are shared with the student and patient.

Faculty are required to **print their surnames** near their daily signature in the Progress Notes in the paper chart and enter their confidential user name and password in the electronic record to approve planned, in progress or completed care.

All clinical instructors must be aware of and follow all clinic procedures and particularly those related to the following topics as detailed in Section Three (Clinic Protocol) of this manual and the Infection Control Manual (for details see Table of Contents):

- Asepsis (Infection Control Manual) [http://www.dentistry.dal.ca in Faculty Policies and Manuals]
- Needlestick / Puncture Wound (Infection Control Manual)
- Sharps (Infection Control Manual – Disposal of Waste Materials)
- Appointment/Attendance Sheet Requirements (See Clinic Attendance/Absence section of this manual)
- Medical Emergency
- Confidentiality of Patient Records and Information in Records
- Fire and Emergency Evacuation
- WHMIS [http://environmentalhealthandsafetyoffice.dal.ca and click on Laboratory Safety]
- Scent-Free Policy
- Records/Chart Control (See Patient Services section of this manual)
- Dispensary (See Dispensary section of this manual)
- Dental Assistant Utilization (See Clinical Services section of this manual)
- Dress Code

As a Faculty of Dalhousie University all faculty and staff are expected to know and follow all University guidelines and policies related to harassment, school harassment, a safe work place, and non-discrimination etc. (See Page 37 and the following websites:

http://www.dal.ca/dept/hr/employee-resources/policies-and-guidelines.html [click on "Prohibited discrimination policy"]
http://www.dal.ca/dept/hr/employee-resources/healthy-dalhousie.html
http://hrehp.dal.ca/Harassment/sexual Policy/ [click on appropriate link]

It is a responsibility of all professional staff working in our Faculty clinics to report to their supervisor or appropriate Course Director and the Assistant Dean, Clinics and Building Services, continued infractions of clinic procedures that affect the health and safety of patients, students, staff or faculty.
After a verbal warning to the offending students, staff or faculty, continued infractions should be reported in writing on the "Breach of Clinic Protocol" form to the Assistant Dean, Clinics and Building Services and to Clinical Course Directors. These forms are available from the Supervisor, Clinical Support or the Dispensary.

**Cell Phones, Pagers, iPods etc.:**

Faculty assigned to work with students and patients are required to be available at all times while patients are being treated to provide support and supervision during the clinic rotation. Cell phones, pagers and iPods must be turned off and in message mode for you to follow up after clinic.

Faculty should direct any need for emergency calls from family or private practices to the appropriate Departmental secretary who will take a message for you. If the caller indicates this call is for a family emergency staff will arrange to get the message to you as soon as possible.

**CPR & Defibrillator Training**

All students, clinical faculty and identified clinical support staff are required to be certified in basic CPR and defibrillator. Annual re-certification is mandatory. Courses are arranged through the Office of Clinical Affairs on a regular basis. Please contact Office of Clinical Affairs for further information (494-1681).
STAFF RESPONSIBILITIES

Staff who provide chair side assistance are responsible to show proof of recertification in CPR and defibulator to the Clinic Nurse. New staff must complete the requirements for immunization and CPR certification before hiring will be authorized.

Staff involved in providing direct patient care or handling items used in patient care are required to provide evidence of current immunization including Hepatitis B vaccination and proof of antibodies as requested by the Clinic Nurse or clinic privileges will be suspended. Staff can either have the injections done through University Health Services (who will bill the office of the Assistant Dean, Clinic and Building Services) or go to their own physician and then present the receipt to the office of the Assistant Dean, Clinic and Building Services for reimbursement. New staff must show this proof as a job requirement before hiring will be authorized.

Staff are required to have a current, valid, Dalhousie I.D. They should be able to produce it on request by Dalhousie Security. They must also wear an approved clinic jacket with their name on it.

Where assigned, all clinic staff must be physically present in the clinic at the scheduled time. Staff are required to provide support and assistance until all patients are safely dismissed from the clinic.

All clinic staff are responsible to remind student or faculty care providers to ensure that the patient's chart is returned to Patient Services after each appointment and that appropriate written and computer chart entries have been made.

In addition to work related responsibilities, staff must be aware of and follow all clinic procedures and particularly those related to (for details see Table of Contents and the Infection Control Manual):

- Asepsis (Infection Control Manual) [http://www.dentistry.dal.ca in Faculty Policies and Manuals]
- Needlestick / Puncture Wound (Infection Control Manual)
- Sharps (Infection Control Manual – Disposal of Waste Materials)
- Appointment/Attendance Sheet Requirements (See Clinic Attendance/Absence section of this manual)
- Medical Emergency
- Reporting of accidents and injuries
- Confidentiality of Patient Records and Information in Records
- Fire and Emergency Evacuation
- WHMIS [http://environmentalhealthandsafetyoffice.dal.ca and click on Laboratory Safety]
- Scent-Free Policy
- Records/Chart Control (See Patient Services section of this manual)
- Dispensary (See Dispensary section of this manual)
- Dental Assistant Utilization (See Clinical Services section of this manual)
- Dress Code

It is a responsibility of all professional staff working in our Faculty clinics to report in writing using the "Breach of Protocol/Infection Control" form, any breach of clinic procedures that affect the health and safety of patients, students, staff or faculty. The completed form signed by the staff member, the student involved (and if possible and appropriate, the supervising faculty person) is to be turned into the Supervisor, Clinical Support or the office of the Assistant Dean, Clinics and Building Services.

As a Faculty of Dalhousie University all faculty and staff are expected to know and follow all University guidelines and policies related to harassment, school harassment, a safe work place, and non-discrimination etc. (See Page 37 and the following websites:

http://www.dal.ca/dept/hr/employee-resources/policies-and-guidelines.html [click on "Prohibited discrimination policy]
http://www.dal.ca/dept/hr/employee-resources/healthy-dalhousie.html
http://hrehp.dal.ca/Harassment/sexual Policy/ [click on appropriate link]
Cell Phones, Pagers, iPods etc.

Staff assigned to work with students and patients are required to be available providing services unless on an approved break outside the clinic.

Cell phones, pagers and iPods must be turned off and in message mode for you to follow up during authorized breaks.

Staff should direct any need for family emergency calls to 494-2101 or 494-1681 where reception staff will take a message. If the caller indicates this call is for a family emergency staff will arrange to get the message to you as soon as possible.

CPR & Defibrillator Training

All students, clinical faculty and clinical support staff are required to be certified in basic CPR and defibrillator use. Annual re-certification is mandatory. Courses are arranged through the Office of Clinical Affairs at the request of the Assistant Managers.
PATIENT RESPONSIBILITIES

All patients /guardians in our dental clinic must:

1) be considerate and respectful of other patients, students, faculty and staff of the Dalhousie Dental Clinic,

2) share honestly and completely information about their medical and dental history, including changes in their health condition,

3) be available for services required and keep scheduled appointments (see Patient dismissal policy)

4) be prepared to pay for all dental treatments and services rendered on the day they are completed.

5) obey staff/student directions during building emergency evacuation procedures (e.g. fire, flood, and electrical failure).

6) for safety reasons, arrange for childcare prior to coming to the Clinic. There are no childcare facilities at the Faculty’s Clinics. Children who are not receiving dental care are not permitted in patient-care areas.

7) turn off all cell phones and pagers while they are in the Clinic treatment area. Patients may use iPods or other headphone musical devises during treatment, as long as it is turned low so that it does not disturb the student providing treatment, and as long as it does not interfere with treatment.

8) defer/cancel their appointment, if infected with communicable illness. See the Infectious Diseases Policy for direction.

9) patients may only have someone accompany them to the clinic cubicle if that person is needed for interpreting or because they are a special needs assistant.

10) No food or drink allowed in the Clinic unless medically necessary (e.g. Diabetes).

11) No pets are allowed in the clinic. This includes all the waiting areas. The only exceptions to this are assistance or service dogs (guide or mobility assistance dogs).

12) Infected Patient:

Patients are asked to not come to the clinics for an appointment if they have any transferable diseases or symptoms (e.g. pneumonia, measles, mumps, head lice, bed bugs, pink eye, cold sores). Please call and arrange for another appointment when you are disease/infection free. Flu symptoms are fever, headache, tiredness, dry cough, sore throat, nasal congestion and body aches. If you are not feeling well call and change your appointment time.

13) Understand and respect Dalhousie's policies on diversity, no discrimination or harassment (http://brehp.dal.ca/Harassment/sexual%20Policy/) and that no requests for alternative care providers or staff support based on any of Dalhousie prohibited groups for discrimination will be accepted. Patients who request a change in student provider, clinical instructor or support staff on the bias of diversity or discrimination policies will be dismissed from the Dalhousie Dental Clinics.
CDA CODE OF ETHICS

Preamble

This Code of Ethics is a set of principles of professional conduct to which dentists must aspire to fulfill their duties to their patients, to the public, to the profession, and to their colleagues.

This Code affirms or clarifies principles that are definitive of professional and ethical dental care. For those about to enter the profession, this Code identifies the basic moral commitments of dentistry and will serve as a source for education and reflection.

For those within the profession, this Code provides direction for ethical practice: in so doing, it also serves as a basis for self-evaluation.

For those outside the profession, this Code provides public identification of the profession's ethical expectations of its members. Therefore, this Code of Ethics is educational, guides behavior and expresses to the larger community the values and ideals that we espouse by reason of trust and commitment.

Principles

This Code is the national guideline of, and expresses the values shared by, the dental profession across Canada. In each province, the licensing bodies have adopted comparable or similar Codes of Ethics to guide and set standards for their jurisdictions.

A dentist's foremost responsibility is to the patient. Dentistry is a profession, in part, because the decisions of its members involve moral choices. Every dental practitioner makes decisions that involve choices between conflicting values while providing care for patients.

A dentist should carefully consider these values and decisions regarding them should be made prior to providing treatment. Among these are the particular values to which the dental profession is especially committed. These are listed here in the order of priority beginning with the most important and include:

Life and Health: The primary concern is the life and general health of the patient.

Appropriate and Pain Free Oral Function: The specific nature of dental health for each individual patient depends on variables including the patient's age, general health, underlying anatomy, and compliance with oral hygiene.

Patient Autonomy: The patient has the right to choose, on the basis of adequate information, from alternate treatment plans that meet professional standards of care. The treatment plan chosen by the patient may or may not be that which the dentist would prefer.

Practice Preferences: Dentists vary in the range of services performed and the method of delivery of those services.

A dentist's individual preference in the delivery of dental care plays an important role in treatment recommendations and decisions. The patient should acknowledge this preference.

Aesthetic Values: Oral and facial appearance is important to the self-image of the patient and an important consideration of dental practice.

Cost: Dentistry often offers treatment choices with a range of costs. Appropriate treatment alternatives are to be presented each with its associated costs and benefits.

Under certain circumstances, a lower ranked value may justifiably be chosen over the next higher. These circumstances will depend upon the clinical situation that may arise. Other external factors may be present but rarely be of such ethical significance as to outweigh the prioritized values, particularly the higher values.
Summary

This Code is intended to guide a dynamic process of interaction between a dentist and patient, and the dental profession and the larger community. It reflects not only current thought on issues, but is also an ethical framework that is responsive to changing needs and values. While change is inevitable - certain truths will always remain for us to identify in our response to the human condition.

To emphasize, the dentist's primary responsibility is to the patient. In fulfilling this responsibility, the dentist shall uphold the honor and the dignity of the profession and shall adhere to professional codes and obligations as well as the required applicable legislation.

Responsibilities to Patients

Article 1: Service

As a primary health care provider, a dentist's first responsibility is to the patient. As such, the competent and timely delivery of quality care within the bounds of clinical circumstances presented by the patient, shall be the most important aspect of that responsibility.

Article 2: Competency

The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill, and experience with which they serve their patients and society. All dentists, therefore, must keep their knowledge of dentistry contemporary, and must provide treatment in accordance with currently accepted professional standards.

A practitioner should inform the dental licensing authority when a serious injury, dependency, infection or any other condition has either immediately affected, or may affect over time, his or her ability to practice safely and competently.

Article 3: Consultation and Referral

Dentists shall provide treatment only when qualified by training or experience; otherwise a consultation and/or referral to an appropriate practitioner is warranted.

Article 4: Emergencies

A dental emergency exists if professional judgment determines that a person needs immediate attention to relieve pain, or to control infection or bleeding. Dentists have an obligation to consult and to provide treatment in a dental emergency, or if they are unavailable, to make alternative arrangements.

Article 5: Provision of Duties

A dentist shall remember the duty of service to the patient and therefore is responsible to provide for care to all members of society. A dentist shall not exclude, as patients, members of society on the basis of discrimination that may be contrary to applicable human rights legislation. Other than in an emergency situation, a dentist has the right to refuse to accept an individual as a patient on the basis of personal conflict or time constraint.

Article 6: Delegation of Duties

Dentists must protect the health of the patients by delegating duties or procedures only to those persons qualified by skill, training and licensure.

Article 7: Arrangements for Alternate Care

A dentist having undertaken the care of a patient shall not discontinue that care without first having given notice of that intention and shall endeavor to arrange for continuity of care with colleagues.
Article 8: Choice of Treatment

A dentist must discuss with the patient treatment recommendations including benefits, prognosis and risks, reasonable alternatives and associated costs to allow the patient to make an informed choice.

A dentist shall inform the patient if the proposed oral health care involves treatment techniques or products that are not in general recognized or accepted by the dental profession.

Article 9: Confidentiality

Patient information acquired in the practice of dentistry, shall be kept in strict confidence except as required by law.

Article 10: Guarantee

A dentist must, neither by statement nor implication, warrant or guarantee the success of operations, appliances or treatment. A dentist has the responsibility to provide a high standard of care and accept responsibility for treatment rendered.

Article 11: Provision of Information

A dentist is obligated to provide to the patient fair comment and opinion of their oral health.

Article 12: Records

A dentist must establish and maintain adequate records of medical/dental history, clinical findings, diagnosis and treatment of each patient. Such records or reports of clinical information must be released to the patient or to whomever the patient directs, when requested by the patient. Original records should be retained and a duplicate provided.

Responsibilities to the Public

Article 1: Representation

Dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists shall not represent their education, qualifications or competence in any way that would be false or misleading.

Article 2: Contractual Services

A dentist, by entering into a contract with an organization or other party involving the practice of dentistry, neither reduces personal professional responsibilities nor transfers any part of those ethical or legal responsibilities to that organization or other party.

Article 3: Choice of Dentist

A dentist shall at all times respect and support the public's right to a free choice of dentist. A dentist must not participate in any plan, scheme or arrangement which might limit or interfere with a person's freedom or ability to choose a dentist.

Article 4: Fees and Compensation for Service

A dentist is responsible to establish usual and customary fees for professional services. While a dentist is entitled to reasonable compensation for services performed, a dentist may not enter into an arrangement whereby the referral of patients results in a fee paid, a commission, a discount or other consideration to the dentist or another party.

Article 5: Third Party Dental Plans

Dentists must ensure that any claims for patient care are accurate statements of services rendered to the patient. A dentist must not determine treatment decisions or fees charged based solely on the existence of a third party dental
Article 6: Community Activities

Dentists by virtue of their education and role in society, are encouraged to support and participate in community affairs, particularly when these activities promote the health and well being of the public.

Article 7: Market Advocacy

Dentists must not lend their name or provide written testimonial for reward or not, to any product or material offered to the public.

Responsibilities to the Profession

Article 1: Support of the Profession

Society provides the profession the privilege of self-regulation. This responsibility is borne and implemented by professional associations and licensing bodies. Therefore, dentists have an obligation to participate in the advancement of the profession, support of its professional organizations and to observe applicable Codes of Ethics.

Article 2: Inappropriate Conduct

A dentist has an obligation to report to the appropriate review body, unprofessional conduct or failure to provide treatment in accordance with currently accepted professional standards.

Article 3: Advertising

Dentists should build their reputation on their professional ability and integrity. Dentists should participate in health promotion programs that are in the best interest of the public and supported by the profession. Dentists shall conduct any promotional activity in accordance with acceptable professional standards and within applicable legislation.

Article 4: Professional Equality

The profession should be viewed as a partnership of equals. Although interests and expertise may vary, all dentists are colleagues that have equal moral status and obligation in the decision making process of the activities of the profession.

Article 5: Patients and Copyright

Dentists have the obligation of making the results of their investigative efforts available to all when they are useful in safeguarding or promoting the health and well being of the public.

A dentist may secure patents and copyrights provided that they and the remuneration derived from them are not used to restrict research, practice, or the benefits of the patented or copyrighted material.

Responsibilities to Colleagues

Article 1: Consultation and Referral

When a patient is referred to another dentist for consultation and/or treatment, a dentist, upon completion of the care contemplated in the referrals, shall return the patient to the referring dentist.
**Article 2:** Judgments in Peer Relations

A dentist should not make disparaging comments of the procedures or qualifications of a colleague to a patient or the public. In the interest of the public dentists are encouraged to consult with a previous dentist, concerning treatment rendered. Through discussion, it should be possible to advise a patient how to achieve an appropriate resolution.

Revised August 1991  Addendum© April 1997

CONFIDENTIALITY OF PATIENT INFORMATION
Faculty Policy - 2009 - 2010

Privacy of Personal Information: The CDA and the NSDA have guidelines for the protection of the personal information of patients.

Canadian legislation FOIPOP and PIPEDA indicate that it is your responsibility, as the dentist, to protect and ensure the confidentiality of patient information in patient records whether on paper or in electronic form.

Throughout this manual the proper handling of patient information is described in detail. All students, faculty members and staff are expected to comply with the guidelines for collecting, using and protecting the privacy of personal patient information.

It is an offence under Provincial and Federal Privacy Protection Legislation (PIPEDA and FDIPOP) to discuss/reveal/share information about a patient's name or condition outside of those professionals directly responsible for the patient's care needs or providing consultation advice on the patient's care needs (this is called the 'circle of care'). These guidelines apply whether the information is shared verbally, on paper or electronically.

A brief summary of important points:

a. Information that identifies a patient by the use of the patient’s name or images of a patient can only be shared by those included in the “Circle of Care”. This includes students, clinical support staff and faculty in the Faculty of Dentistry. Patient’s identities should be protected wherever reasonably and practically possible during case presentations.

b. In teaching research cases or continuing education presentations every effort must be made to ensure the patient is not identifiable by any name/demographic/facial factors or other information. Teaching, research or case presentation materials kept on a laptop or portable memory device that potentially can identify a patient should be carefully encrypted and files password protected. See Craig or Peter in the Carleton Computer Centre for advice and assistance.

c. You are required to remove any information that would identify a patient from any and all correspondence about a patient to anyone outside of the “Circle of Care”.

d. You must not attach written letters, treatment plans, health records, radiographs or any related patient information to e-mail communications. Transfer of patient records, documents, images and/or radiographs must be managed by designated clinical support staff to maintain confidentiality.

e. Confidential patient information or comments about patients you are caring for must not be transmitted in any electronic platform such as e-mail, a personal blog, web site, Face Book or Twitter or in any public presentation such as Table Clinics for example.

f. Patient confidentiality must be maintained when accessing a patient’s chart on any computer through the Clinic Patient information system (axiUm). Particular care must be taken to ensure that anyone outside of the “Circle of Care” does not have access to confidential patient records. Therefore, the use of laptop computers to access patient information in public areas such as coffee shops, internet cafes, public lounges, at home is discouraged unless the information is secure and cannot be viewed by anyone outside the “Circle of Care”.

g. If you choose to "export” any patient information from the Clinic Information system (axiUm) into the secure folder provided for you, then choose to copy this information on to your computer hard drive, and use the information in a way that does not protect the confidentiality of the patient information, you will be personally libel and your academic program may be compromised if there is a formal complaint by the patient or the Faculty under PIPEDA or FOIPOP legislation.

h. A patient’s chart is the property of the Faculty of Dentistry. A patient can ask for a copy of their records at any time. Under no circumstances are notes, comments or correspondence to be added to a patient’s chart that are libelous, discriminatory, rude or demeaning. If there are concerns about a patient’s behavior they should be documented and reviewed with the Assistant Dean, Clinics and Building Services, before being added to a
patients chart. Copies of patient records are only made with knowledge and approval of the Assistant Dean, Clinics and Building Services.

i. Prior to graduation, all confidential patient information (examples include but are not limited to patient health records and images) shall be erased from your computer or any other electronic storage device that is in your possession.

j. It is an offence to open and peruse a patient's paper or electronic chart in any situation where others not involved in the patient's care (outside the 'circle of care') can see and identify the patient or see the contents of the patient's chart in any way.

k. It is an offence to share or discuss information about a patient to anyone outside the 'circle of care'.

l. It is an offence to access, peruse or share information from a patient's chart or electronic record unless you are a member of the patient's 'circle of care'.

Please be very careful and very aware of where and how you access and use patient information. It is your responsibility. The Faculty of Dentistry expects all students, staff and Faculty members to take this responsibility very seriously.

Further details regarding the provincial and federal privacy legislation can be found on the following websites:

- PIPEDA (http://www.priv.gc.ca/leg_c/leg_c_p_e.asp)
- FOIPOP (http://foipop.ns.ca)

The Assistant Manager, Patient and Information Services is the appointed privacy information officer. The Assistant Manager is authorized to hear and follow-up on any patient questions or complaints about the collection and protection of personal information and to review and audit all systems used in the Faculty for these activities. Complaints received concerning a breach of confidentiality of patient record information, upon review and investigation, may result in a report to the appropriate Academic Standards Committee or the Academic Dean for action.

If you have any questions, please see Dr. Cleghorn, Assistant Dean, Clinics and Building Services for clarification. It is your obligation to inform the Clinical Affairs office if you feel patient information has been or is being compromised.
PROFESSIONALISM FOR FACULTY, STAFF AND STUDENTS

1. Professional courtesy and respect must be shown to patients, instructors, students and staff at all times.

2. All faculty, staff and students are expected to maintain confidentiality regarding patient information, and student performance.

3. All faculty (part time and full time), staff and students are expected to be familiar with the Clinic Policy and Procedure manual, Clinic Fee Guide and the Infection Control manual.

4. All faculty, staff and students are expected to be prompt for all clinics, appointments and classes.

5. Appropriate dress code will be adhered to at all times. (see Dress Code)

6. Chewing gum in the clinical areas is unacceptable unless you have approval from the Assistant Dean, Clinics and Building Services. Normally a medical certificate will be required for this approval.

7. Personal items such as kit bags, lab jackets, shoes, boots, books, etc. are not to be stored in the Clinics nor are they to be left there overnight. (see Clinic Lockers)

8. The Assistant Dean, Clinics and Building Services or his designate reserves the right to remove from the Clinic at any time any items deemed to be inappropriate for the clinic care environment.

9. Radios, tape/CD/DVD players may be operated in the clinic only for the benefit of the patient and only if the patient wears earphones. Audible radios, players must not be operated during clinics. The Assistant Dean, Clinics and Building Services or his designee may remove offending equipment from the clinic. Continued offenses may result in student dismissal from the clinic. Some Level 1 clinical areas have piped in music.

10. Cell phones, pagers, iPods and hand held computers must be turned off and in message mode for you to follow up during authorized breaks.

11. a. If in the judgment of the Assistant Dean, Clinics and Building Services or the on-site supervising instructor, a student's conduct or treatment of patients raises doubts about the student's professional attitude, ability to provide appropriate care and/or the welfare of the patient(s) is considered in jeopardy - the instructor will ensure the patient's safety and welfare and then report their decision to the Assistant Dean, Clinics and Building Services for consideration of further action. The Assistant Dean of Academic Affairs will always be informed of any decisions.

   b. Where a suspension is required it will be effective until the Assistant Dean, Clinics and Building Services can determine that the problem has been resolved and the student is capable of resuming privileges. If unresolved in a reasonable time period, documentation will be forwarded to the appropriate Academic Standards Class Committee.

12. Food and beverages are not permitted in the Clinics. If necessary they may be kept in Room 2371 and consumed there.
Preamble

This code is meant to embody the professional values of dental and dental hygiene students with respect to their relationships with fellow students, patients, faculty and staff, society, and Dalhousie University. The intent of this code is to:

1) Foster a high standard of professionalism for all students during their academic years at Dalhousie by adopting the professional values of integrity, honesty, compassion, and competence.

2) Provide guiding principles for ethical decision making including:
   a. **Veracity** – be honest and truthful
   b. **Justice** – be fair regardless of race, gender, age, ethnicity, beliefs or abilities.
   c. **Beneficence** – act in the best interest of others, do no harm.
   d. **Respect for Autonomy** – respect the right of individuals to act in their own best interest. Specifically:
      i. **Informed Consent** - provide adequate information to enable others to act autonomously.
      ii. **Confidentiality** - ensure the privacy of persons.

A. Relationships with Fellow Students

Students should:

1. **Respect** each other in all areas of dental education including:
   1.1 **Academics**
      For example: Arrive on time for classes to avoid disrupting lectures.
      Do not cheat in any way during exams, tests, quizzes, assignments, bell ringers, etc.
      Work equally on group assignments.
   1.2 **Clinic**
      For example: There are a limited number of instructors for all students, and everyone deserves appropriate time and assistance from them.
      Assist each other when possible.
      Do not place your own advancement before that of fellow students.
   1.3 **Socially**
      For example: Act responsibly at social events so as to uphold the professional values of our code.
      Respect all races, ethnicities, religions, genders, beliefs and values of fellow students.

2. Never harm or intend to harm other students by verbal, physical or emotional/psychological means.
3. Respect and have compassion for fellow students when they are having difficulty in any area of personal, academic or clinical practice.
4. Strive for a high level of clinical competence.
5. Respect the rights and needs of others while pursuing personal advancement.
6. Support the advancement of fellow students by sharing knowledge and skills.
7. Address weaknesses in treatments provided by fellow students by first approaching the student.
8. Welcome new students to the dental school, and be open to helping/mentoring junior students.
B. **Relationships with Patients**

   Students should:

   1. Place the well being of patients ahead of personal advancement.
   2. Respect the needs, desires and abilities of all patients when planning and providing treatment.
   3. Treat patients in a caring and compassionate manner.
   4. Respect all persons regardless of gender, race, ethnicity, religion, socioeconomic status, beliefs or values.
   5. Strive to be competent and prepared for all procedures.
   6. Discuss lapses in quality of care with adverse or potentially adverse effects on the patient with the appropriate clinician and the patient.
   7. Gather essential and accurate information about a patient and identify all relevant information associated with patient treatment to the supervising instructors.
   8. Include patients in discussions regarding their treatment needs and care so as to ensure openness and foster a sense of patient responsibility for oral health.
   9. Maintain complete, accurate and confidential records that are not falsified in any manner.

C. **Relationships with Faculty and Staff**

   Students should:

   1. Treat members of the Faculty and staff with respect at all times.
   2. Be open to various methods of teaching offered by different faculty members.
   3. Always maintain a professional relationship with Faculty and staff members.
   4. Be prompt and prepared for all teaching sessions in class and clinic environments.
   5. Be responsible for gaining the knowledge and skills necessary to become competent dentists or dental hygienists.

D. **Relationship with Society**

   Students should:

   1. Promote the oral health and the general health of all citizens and the profession of dentistry.
   2. Behave in a professional manner with all members of our society.
   3. Never be under the influence of alcohol or drugs while participating in patient care, any other professional activity, or any activity related to the practice of dentistry.
   4. Treat all members of society justly and with respect.
   5. Support organized dentistry's aims and goals that promote oral health.
   6. Engage in efforts to promote oral care for the under-served.

E. **Relationship with Dalhousie University**

   Students should:

   1. Respect the rules and regulations set forth by Dalhousie University.
   2. Refrain from behavior that would reflect poorly on the University.
   3. Behave professionally by living up to our values and principles when on an outing as a representative of Dalhousie.
   4. Refrain from advertising or using the Dalhousie University logo without the permission of the University or Faculty.
DALHOUSIE DISCRIMINATION AND HARASSMENT POLICY
[http://hrehp.dal.ca/Harassment/sexual%20Policy/ and click on policies]

Dalhousie University has a clear policy regarding discrimination. As a patient care facility, this policy applies not only to students, staff and faculty but to our patients as well.

Patients may occasionally request reassignment to another student based on a variety of reasons. The Assistant Dean, Clinics and Building Services reviews each of these requests as he is made aware of them. Some patient requests are legitimate and reassignments are made. However, patients requesting reassignment for reasons that include any of the grounds or characteristics listed below will not be accommodated. The Dalhousie University Statement on Prohibited Discrimination prohibits discrimination based on the following:

(i) age
(ii) race
(iii) color
(iv) religion
(v) creed
(vi) sex
(vii) sexual orientation
(viii) physical disability or mental disability
(ix) an irrational fear of contracting an illness or disease
(x) ethnic, national or aboriginal status
(xi) family status
(xii) marital status
(xiii) source of income
(xiv) political belief, affiliation or activity
(xv) association with an individual or a class of individuals having characteristics referred to in (i) to (xiv)

Students, staff and faculty are requested to bring to the Assistant Dean, Clinics and Building Services attention any such requests by patients for accommodation based on any of the above grounds. Any charts with notations that requesting accommodations are also to be brought to his attention for review and action.
SECTION TWO

GENERAL BUILDING AND CLINIC INFORMATION
A. ACCESS TO THE DENTAL BUILDING, STUDENT LABS AND STUDY ROOMS

REGULAR BUILDING HOURS

Monday through Friday  7:00 am to 6:00 pm

AFTER HOUR ACCESS

Monday through Friday  6:00 pm to 10:00 pm
Saturday             10:00 am to 6:00 pm
Sunday & Holidays     12:00 pm to 8:00 pm

Please Note:

- After hour access is available through the College street entrance only
- An active Dalhousie ID (DalCard) is required for entry
- All occupants are expected to vacate the building promptly at closing time

INFORMATION TECHNOLOGY SERVICES

Dentistry Help Desk: located in the Carleton Campus Computer Lab on Level 2, this is your destination for questions related to the Dentistry Laptop program. Help desk staff are available to help you with any laptop computer operating questions. They can also assist with diagnosing hardware problems, which may require referral to an Apple Authorized Service Provider. Please note: drop-in service is preferred.

Drop-in:  Weekdays: 9:00 am - 5:00 pm
Phone:    494-6013
E-mail:   helpdesk.dentistry@Dal.Ca

University Help Desk: organized and operated by Information Technology Services (ITS) has three locations. One is located in the Kellogg Library on Carleton campus, one in the Killam Library on Studley campus, and a third in the B building on Sexton campus. They are available for phone, email, or drop-in support.

Phone:    494-2376
E-mail:   HelpDesk@Dal.Ca
Drop-in:  Weekdays: 8:00 am – 9:00 pm
          Weekends: 9:00 am – 9:00 pm
Website: http://its.dal.ca/helpdesk/

CLASSROOMS & SEMINAR ROOMS

Classrooms and seminar rooms are available for study purposes during regular building hours. Students wishing to use these rooms for study space must contact Building Services (room 2602, 494-5199, building.dentistry@dal.ca).

There are some ground rules that need to be considered when using classrooms & seminar rooms for study purposes:

Personal and Building Safety:

- Students must study in groups.
- There is a VOIP intercom system with a direct line to Security Services in each of the rooms. These should be used to report medical, safety or building emergencies.

Garbage and Furniture:

- Furniture must be returned to its original state, all refuse must be properly disposed of, and spills or crumbs must be cleaned up.
Availability:

- Classrooms and seminar rooms are only available during regular building hours.
- Scheduled classes and events always have priority, so study time may be cancelled with little notice.
- If the room has not been properly booked for study purposes, you may be asked to leave.

B. ACCESS TO THE DENTAL CLINIC LEVELS 1 AND 2

Workdays only – 8:00 a.m. – 4:45 p.m. Monday, Tuesday, Thursday, Friday
- 8:00 a.m. – 4:30 p.m. Wednesday

- All doors are secured at these times but exit is always possible.
- Patient care with a faculty instructor present can continue after 5:00 p.m. until care is complete; this should be a rare, exceptional circumstance.
- Evening clinics can be arranged as needed (usually end at 8:30pm with lock up at 9:00 pm).
- Students may not work in any clinic area without staff or and instructor present.

Students can do preclinical work in the clinic unsupervised by faculty but there must be staff present. In order for staff to know who is there students must sign in at the Dispensary to be in the clinic during non-clinic times.

C. ACCESS TO CLINIC AREAS FOR EXTRA PRECLINICAL PRACTICE

For after hours, main clinic access for students for extra preclinical practice on phantom heads go to the Dispensary. Sign-in at the Dispensary is required.

Monday evenings during Dental Hygiene clinics:

1. The clinic is open from 5:30 pm to 9 pm. Everyone working after hours must turn in all Dispensary items by 8:30 pm and be out of the Clinic by 9 pm.
2. Dental Hygiene students have patients and are supervised by a Dental Hygiene instructor.
3. Dental students must sign-in and out at the Dispensary. Only preclinical practice time on phantom heads in assigned cubicles is permitted.
4. All Clinic dress codes must be adhered to and all activities shall be professional in nature as during a normal clinic day.
5. Absolutely no patient care activities on patients, including friends or classmates, is permitted. Such actions will be reported to the Assistant Dean of Clinics and Building Services and clinic privileges will be jeopardized.
6. Clinic Services staff are available to provide security and emergency/medical response support only. Students are asked to immediately report any need for assistance or injuries to the Dispensary staff.
7. Cubicles must be cleaned up and left as they found it especially on evening clinics as the Cleaning shift will have finished this area for the evening.

Other evenings at the request of Course Directors (to Audra Hayden, Clinic Services Coordinator) and assuming Clinic Services staff are available:

1. The clinic will be open from 5:30 to 7:30PM for extra practice related to the course involved. Please turn in all Dispensary items by 7:15PM and be out of the Clinic by 7:30PM.
2. Unless arrangements are made in advance by the Course Director with the Clinic Services Coordinator and Dispensary staff, normally, any supplies or equipment the students need are to be arranged with the Pre clinical/Lab support person, Marjorie Holm Larsen (phone 3035, at her office Room 2371 or Preclinical Dispensary Room 2408).
3. Please adhere to items 3 to 7 above under Monday Evening Clinics.
Wednesday afternoons in the main clinics (assuming Clinic Services staff are available):

1. The Clinic will be open from 1 to 4:30PM.
2. Please adhere to items 3 to 7 above under Monday Evening Clinics.

Note: For safety and security reasons specific cubicle areas will be assigned for students to work in during these clinics.

D. ACCESS TO SEMINAR ROOMS IN CLINIC AREAS LEVEL 1 AND 2

Access to these seminar rooms are not available evenings and weekends (Rooms 1216, 1225, 1445, 3M Room)

E. SECURITY INFORMATION

Dalhousie Security (494) 6400
Fire, Emergency, Police and Ambulance (494) 4109 (Do not call 911)

If you have to leave your office or study space or locker unattended, even for a few minutes, always ensure that it is properly locked and that your property is protected.

If you have to leave valuables in your vehicle while parked on campus, please ensure that they are locked in the trunk.

DO NOT leave purses, backpacks, laptop computers, CD players, digital cameras or IPods sitting unattended in public areas or dental cubicles for even a moment. If possible, you should avoid bringing extra cash into the building.

Lost or stolen items should be reported to Building Services (room 2602, 494-5199, building.dentistry@dal.ca)

Found items should be turned in to the Lost and Found which is located in Building Services (room 2602). Unclaimed items will be turned over to Security after one week.

Keep an eye out for unfamiliar people or suspicious activities, report anything unusual to Building Services (494-5199) or Security (494-6400).

Access when the Building is Secure:

Exceptions of an individual nature i.e., a student working directly for a faculty member when the building is closed, may be made only with written permission from the faculty member who is responsible for the area in which the student will be working. A copy of the letter of permission is to be forwarded to the Office of Building Services (Room 2602) or contact the Office of Building Services at 494-5199 for more information. Office of Building Services will inform Dalhousie Security if the after hours access is authorized. The authorizing faculty member is personally responsible for the safety of any student working even if the faculty member is not present.

F. ALCOHOL RULES

The following rules pertain to the use of “The Cavity” Student Lounge (Capacity 130 persons):

- All events must be planned in conjunction with the office of Building Services to ensure appropriate custodial and security arrangements have been made. Custodial and Security charges will be the responsibility of the sponsoring student group.

- All events in the Cavity Lounge are limited to a closing time of 10:00 pm. Last call, if alcohol is being served, will be at 8:30 pm and bar closure/expiration of liquor license at 9:00 pm. Requests for a Special Occasion License for later than 9:00 pm must be approved in advance by Building Services. Overtime costs for Cleaning and Security will be the responsibility of the sponsoring student group.

- All patrons are to vacate the building by 10:00 pm, to allow custodial staff sufficient time to clean the lounges, adjacent hallways/elevators and washrooms before the end of their shift.
Alcoholic beverages will not be permitted in the lounge unless arrangements for a *Special Occasion License* are made through the Bar Services Department of the SUB in accordance with the legal requirements of the Liquor Control Act of NS. Bar Services can be reached at 494-6891 or at bar.services@dal.ca.

The person(s) whose name(s) appear on the *Special Occasion License*, hereafter referred to as the **function coordinator**, must be in attendance and be in control of the event. The **function coordinator**, and those acting as Bar Staff for the event, must have taken the *Responsible Server Intervention Program* at the beginning of the current academic year or have other formal training as bartenders and be approved by Bar Services.

For alcohol functions, the **function coordinator** must assign a person to check ID’s at the door. Each patron must have a valid picture ID such as a NS Drivers License. UNIVERSITY ID’S ARE NOT ACCEPTABLE.

Patrons are not permitted to bring their own beverages. Patrons must consume only those beverages that are purchased from the lounge bar that is set-up. Any illegal alcohol that is found will be confiscated.

The **function coordinator** and the sponsoring student group will be held responsible for any property damage resulting from their function.

The **function coordinator** and the sponsoring student group are expected to leave the lounge in a tidy state. This includes disposing of any food items, decorations, etc brought into the space for the event.

The Bar Services Department reserve the right to shut down an event if the **function coordinator** is absent or if alcohol is being managed and/or served improperly, if person(s) under 19 are found possessing or consuming alcohol or if alcohol not purchased from the event bar is found on the premises.

Non-alcoholic beverage choices must be available at all functions.

Alcohol is not permitted beyond the confines of the lounge.

Exterior building doors must not be propped open at any time, for any reason.

The Faculty of Dentistry and Dalhousie Security reserve the right to inspect all functions.

The Faculty of Dentistry cannot assume responsibility for personal property and/or equipment brought onto the premises for an event.

All patrons of the lounge must abide by these rules. Any person deemed to be in violation of any of the policies discussed herein will be asked to leave.

Disorderly conduct is prohibited. Those patrons exhibiting this type of behavior will be asked to leave.

Failure to abide by these rules may result in suspension of Special Occasion License privileges and/or a fine by the SUB, Bar Services, and/or suspension of any lounge Special Occasion License privileges by the Dean of Dentistry.

**G. CLINIC CANCELLATION POLICY**

a. **Cancelled by the Faculty of Dentistry**

   The authority for the cancellation of Clinics resides with the Assistant Dean, Clinics and Building Services once the academic timetable has been developed for the academic year. Requests are to be directed to the Assistant Dean, Clinics and Building Services and should be exceptional in nature. The cancellation of a single clinic can be very disruptive and can have a negative effect on students, staff, faculty and patients.

b. **Cancelled by the University**

   The authority to “Curtail University Activities” resides with the President’s Office. A list of frequently asked questions regarding this policy has been posted on the Human Resources webpage (http://humanresources.dal.ca/personne_7311.html). Please contact Employee Relations, Personnel Services at 494-2962 if you require any additional information.
H. DRESS CODE - Mandatory Clinic Policy

Guidelines for Professional Dress in Clinic (including rotations to Dalhousie clinics out of the Dental Building)

In all Faculty clinics, students, staff and faculty members are to dress in a professional manner in clothing that is clean, neat and in a state of good repair.

Students, Staff and Faculty

1. During patient treatment it is a requirement that personal barriers (gloves, safety glasses, mask) be worn. Procedures that generate a high volume of aerosols (ultrasonic scaling) require the use of a mask and eyewear with side shields or a face shield.

2. Footwear: Winter or rain boots, open-toed shoes and sandals are not to be worn in the Clinic. Athletic footwear purchased for Clinic use and not for street wear is permissible. Shoes must be clean, have closed toes and cover the upper part of the foot. It is recommended that shoes used for clinic activity be limited for that purpose only. Appropriate hose (socks or stockings) must be worn in clinics.

3. A high degree of personal and oral hygiene is essential at all times.

4. Hands and nails should be clean and nails clipped, no nail polish or artificial nails (refer to hand washing technique). Hair is permitted to be worn in keeping with current trends provided it is neat and clean, and not in a style that may hinder a student's performance. Hair that interferes with patient treatment in any manner is to be tied back, (e.g., falling forward over patient, in path of hand piece, etc.).

5. No jewelry is to be worn on hands or wrists during patient treatment.

6. Visible piercings must be limited to ears only.

7. The declaration of casual (attire) days by the Faculty or University does not extend to the Clinic. All guidelines regarding professional dress and deportment will apply whenever patient care is rendered in the clinic.

Students

1. All students must wear the prescribed mandatory clinic jacket and scrub tops and bottoms provided through Dental Stores. Appropriate footwear during all clinic activities (both patient care and preclinical). You must maintain a high degree of professionalism and cleanliness when working in clinical settings. (The costs for these garments and the daily laundering are included in your University Auxiliary fees.)

2. Hoodies are not appropriate attire in the clinic. If you are cold, please wear your clinic jacket when you arrive in clinic or wear a suitable t-shirt under your scrubs.

3. Students are required to wear their mandatory Dalhousie jacket and scrubs and protective eye wear when rotating within the QEII Health Sciences Centre (i.e. VGH Oral Surgery Department).

4. Failure to comply with professional dress and personal hygiene guidelines may result in dismissal from the Clinic.

I. CLINIC JACKETS AND SCRUB PANTS

1. Students

Scrubs are required at all times when in clinic. This includes scheduled orientations, pre-clinical and clinical sessions as well as cubicle set up. Scrubs and a clinic jacket are required for all students treating patients (operator or assisting). This includes patient treatment as well as typodont activities. Clinic jackets have high collars, elasticized cuffs and embroidered Dalhousie logo with the students authorized name. Clinic jackets are sized and ordered for the students by Dental Stores, laundered through Dental Stores and available in the Clinic Jacket Room (Room 2604) at all times. Scrubs are to be laundered by students.

First and Second Year Dental students receive 3 Clinic jackets and 2 sets of scrubs in their student kits each year. Extra sets are also available at Dental Stores to purchase.
All QP1 students receive 6 jackets and 4 sets of scrubs in their student kits and extra sets are also available at Dental Stores to purchase.

First Year Dental Hygiene students receive 4 clinic jackets, 5 sets of scrubs and 1 lab coat in their student kit and extra sets are also available at Dental Stores to purchase.

Third and Fourth Year Dental and Second Year Dental Hygiene students can purchase additional jackets and scrub sets at any time from Dental Stores.

Contaminated clinic jackets/lab coats are to be removed on completion of clinical activity and dropped off in laundry bags located at all clinic exit doors for laundering. Clinic jackets are only to be worn in the Clinic areas. If the student wishes to use the same clinic jacket for both the morning and afternoon clinic rotations, they may leave the clinic jacket hanging in the cubicle between the two rotations and discard it in the laundry bag at the end of the afternoon.

Students are not to wear other student’s clinic jackets at any time. If for any reason a student presents at clinic without the proper clinic jacket, a jacket without any embroidered name can be obtained in the Coat Room.

2. Faculty – Clinic Uniforms/Lab Coats:

Faculty must wear Faculty provided clean lab coats embroidered with the Dalhousie logo and the instructor's name for all clinical activity. Contaminated lab coats are to be removed on completion of clinical activity and dropped off in laundry bags located at all clinic exit doors for laundering. They are not to be taken to office areas. Clinic lab coats should only be worn on the Faculty premises. Clinical lab coats must have elasticized cuffs. Older style lab coats are to be phased out of clinical use and restricted to non-patient care activity. Faculty members should see Dental Stores to arrange for jackets for their use in the Clinic. Clean jackets are picked up daily in the Clinic Jacket Room (Room 2604). Only clean coats should be worn outside the clinic work areas.

Dental Stores is responsible for arranging for laundering and maintenance of jackets used by faculty members. Please see Dental Stores staff if you have any questions.

3. Clinical Staff

Clinic support staff involved in patient care activity must wear the mandatory clinic lab coats embroidered with the Dalhousie logo and the staff name. Contaminated clinic jackets are to be removed on completion of clinical activity and dropped off in laundry bags located at all clinic exit doors for laundering. Clinic attire should only be worn on the Faculty premises. Only clean coats should be worn outside the clinic work areas.

Clinic staff assisting faculty or students in patient care activities are asked to wear the standard approved scrub tops and bottoms.

The Dental Clinic provides appropriate embroidered lab coats for full and part-time staff with clinic assignments. Staff members should see Dental Stores to arrange for coats for their use in the Clinic. Clean coats are available in the Clinic Jacket Room (Room 2604).

Dental Stores is responsible to arrange for laundering and maintenance of coats used by staff members as requested. Staff are responsible to launder their own scrub sets.

NOTE: This procedure applies to all Clinics including extramural clinics.

4. Dental Lab Technicians

If part of the technician’s duties are to be involved in Clinic in a patient care activity such as taking a shade, then the clinic dress code policy is to be followed. Appropriate clinic attire should be worn routinely in the event of an unscheduled need to be involved in a clinical activity. Staff should see Dental Stores staff for their coats. Clean coats are available in the Clinic Jacket Room (Room 2604).

5. Medical Device Reprocessing Unit (MDR) Staff

MDR staff working in the decontamination area must remove their lab coats and put on a clean lab coat before entering the clean area of the MDR. Staff should see Dental Stores staff for sizing and ordering.
6. **Clinic Visitors and Others**

Those persons who do not have an embroidered clinic jacket or lab coat who are going into the Clinic areas are required to obtain a clean jacket from the Clinic Jacket Room (Room 2604) and put a name tag on it. This includes non-clinic care staff and visitors.

**J. STUDENT MAILBOXES, VOICE MAIL, E-MAIL AND LOCKERS**

**Patient Related Messages**

The Patient Service staff will not ordinarily directly notify students of cancellations, etc. Students are advised to check their voice mail and clinic information system an average of twice a day for these and other patient related messages. However, staff will take messages for patient cancellations on the morning of the appointment and will also instruct patients to leave a message on the student's voice mail.

**Student Voice Mail**

Telephone calls received by Patient Services staff from patients for students will be redirected to the main number for the Student messages (494-1000) where the caller can enter the student's extension number (given to them by the student) and leave a detailed message which may be forwarded to the students Dalhousie email address. Students are expected to check their messages **at least twice a day and to return patients and staff phone calls as soon as possible**.

**Personal Messages for students who do not have a voice mailbox (DDS1 and DH1 only):**

Messages for students who do not have a voice mailbox will be taken by the Patient Services staff and placed in the Student Message box on the Patient Services front counter. Staff will only attempt to locate the student to give them their message in an emergency.

**E-mail**

Email is an official form of communication at Dalhousie University. The email addresses provided to students by the university are the only email addresses that will be used for official communication.

The Faculty of Dentistry will use your Dalhousie email address to keep you informed of upcoming events and deadlines, as well as to pass along class notes.

Your email account will hold 100 MB of data, if you run over quota; all incoming emails will bounce back to the sender. To check your quota status log in to My.Dal.Ca, click on “Mail Management” and select “Mailbox Quota” from the menu.

Students are expected to monitor and maintain their email account.

**Student Mailboxes**

Mailboxes are assigned by Building Services. Students will keep the same mailbox throughout their academic program. Students are expected to check their mailbox daily.

**Student Lockers**

Lockers are assigned by Building Services. Locker assignments will change as students proceed through their academic program (outlined below):

| Room 1259  | Graduate Student lockers |
| Room 2119  | Male DDS and DH change room |
| Room 2112  | Female DDS and DH change room |
| Room 2135  | Female DDS and DH change room |
| Pre-Clinical Lab | DDS1 & DDS2 equipment lockers |
| Senior Lab | DDS3, DDS4 & QP equipment lockers |
| Clinic – South Aisle | DH1 & DH2 equipment lockers |
| Clinic – South Aisle | DDS2 Phantom head lockers |
Phantom Heads: (Frasaco, Kilgore and Columbia)

Phantom heads will be assigned by number to each student. Students will store their assigned head in their locker. Students may be held responsible for loss or damage of phantom heads. Phantom heads can cost as much as $2,000.00 to replace.

K. STUDENT YEAR END CLEARANCE POLICY (Office of the Dean policy) – Faculty Academic Policy Manual

At the end of each academic year all students must obtain ‘clearance’ from various departments within the Faculty. Year-end clearance forms will not be signed until all outstanding items (e.g., instruments, supplies, hand pieces, charts, etc.) have been returned. Student clinic accounts with outstanding balances for personal clinical dental care and Dental Stores accounts (dentoform teeth, burs, non-returned sign out clinic or lab equipment etc.) must be settled in full in order to obtain clearance. Student grades will not be released until clearance sheets are signed-off by all Departments / units and returned to the Dean's Office.

Students will be expected to pay (Dalhousie’s current replacement costs) for all items signed out in the student’s name from the Dispensary or other sign out items and not returned.

Students are strongly encouraged to rectify any sign out discrepancies as soon as these are apparent during the academic year in order to avoid unpleasant sign out disagreements and unexpected charges.

STUDENTS ARE FINANCIALLY RESPONSIBLE FOR ITEMS THAT HAVE BEEN SIGNED OUT TO THEM AND NOT RETURNED. This includes all equipment, hand pieces, phantom heads, etc.

L. STUDENT FEES – MANDATORY (see the Faculty of Dentistry Calendar) [http://dlm.cal.dal.ca/_DENT.htm]

M. STUDENT TAX RECEIPT REQUESTS

If a student requires a detailed tax receipt of all the instruments they have paid for, they should print their statement or "Account Detail by Term" via Dal Online. These printouts will have the information they require, which is proof of payment of the (non-taxable) instrument fees. If they need a signed and/or stamped copy of just the payment(s) they've made, Student Accounts can assist them.

N. CLINIC SUPPLIES AND LOCATION OVERVIEW (See Index for details)

COMPREHENSIVE CARE CLINIC - LEVEL II

**Dispensary** (Rooms 2431 and 2331)

The Central Dispensary supplies trays, hand pieces, specialized equipment, refrigerated materials and some patient care items (i.e. Ortho bands) are available on a sign-out basis.

**Lost or Stolen Dispensary Items**

STUDENTS ARE FINANCIALLY RESPONSIBLE FOR ITEMS THAT HAVE BEEN SIGNED OUT TO THEM AND NOT RETURNED. THE COST TO PURCHASE REPLACEMENT ITEMS WILL BE CHARGED TO STUDENTS STORES ACCOUNT. (See Year-End Clearance Policy)

**Consumable Supplies**

Consumable supplies are located throughout the clinic in supply cupboards that are situated in each aisle.

Aisle cupboards are unlocked each morning, locked during lunch, reopened for afternoon clinics and locked again for the evening. Please remember to put supplies back on top of the cupboards for the dental assistants to disinfect so that they are readily available for the next use. Should assistance be required in locating supplies, the clinic dental assistants will be able to assist students.
Students are urged to use supplies judiciously and prudently, not only to avoid wasteful expenditure of school funds, but also to assist the student in developing habits of reasonable conservation.

**Sterilized Instruments**

In order to facilitate an adequate and continuous supply of sterilized instruments through the Dispensary, students must return signed out instruments as soon as possible after completion of treatment. Upon completion of patient treatment students must place all other instruments and trays on the cart designated for "dirty" items, which is located on each aisle or return items to the Dispensary 2. so the instruments can be returned for cleaning and sterilizing. Gloves should be worn when handling soiled items and trays. Instrument pickups will be done several times per day. Please do not place contaminated instruments with clean, unused instruments.

**Preclinical Supplies**

Pre Clinical Dispensary room # 2471 Hours of operation: 8:30 - 4:30 Monday through Friday and 5 -8:30 pm during Monday night clinics. Please see the Pre Clinical Dispensary clerk for any supplies needed.

O. **STUDENT SPECIAL CLINIC ASSIGNMENTS AND ROTATIONS:**

All DDS3/QP1, DDS4/QP2 and DH2 students are assigned to clinic cluster assignments, and to special clinic assignments on a rotational basis. Individual student schedules are provided to students at the beginning of each term. These schedules include regular clinic cluster assignments, as well as special clinic rotations, and are also reflected on the axiUm clinic information system. Students are expected to follow these schedules closely in order to avoid scheduling conflicts.

If, for any reason, a student is unable to attend an assignment as scheduled, then it is the responsibility of the student to report this to the Office of the Dean with details of dates and times.

Every effort is made to develop conflict free schedules for all students. It is not permissible for students to make alternate rotation schedule arrangements (e.g., switching with classmates) without prior approval from the Academic Manager, Office of the Dean.

Students are expected to arrive promptly for all Special Clinic assignments. Therefore, when assigned to particular rotations such as the IWK/Grace Dental Dept., V.G. Hospital, Oral Surgery Department, the Harbour View School Clinic or the Nelson Whynder/North Preston clinic, it may be necessary for a student to miss an entire or part of a class session in order to arrive on time at the special rotation. Students are expected to inform their instructors in advance of these authorized absences.

**PLEASE NOTE,** in these circumstances, attendance at Special Clinic Assignments takes precedence over scheduled classes, general practice clinics, etc. Faculty members are aware of the policy; therefore, students who are assigned to special rotations will not be penalized for appropriate absences. Students should inform Instructors ahead of time.

**Policy for Unscheduled Clinic Time**

Students are not to treat patients at times other than during regular scheduled clinic time.

P. **CHILDREN IN CLINIC**

1. **Who Do Not Have an Appointment**

Due to safety reasons, children who are not receiving dental care:

1) must remain in the waiting room area.
2) must be supervised by a responsible adult at all times. The Dental Clinic does not provide for child care services.
3) will not be allowed to accompany their parents into the clinic during the parents' appointment.
NOTE: Due to the length of appointments it is recommended that alternative arrangements be made for children so that they do not have to spend long periods of time at the Clinic.

Clinic staff and students are not responsible for the supervision of children in the Clinic or waiting room areas.

2. Minors Treated in Faculty of Dentistry Clinics

Parents or guardians are expected to be present when their son/daughter is being seen in the clinic. This is to ensure that informed consent can be obtained should there be a change in the treatment plan and to ensure that the child is not left unaccompanied at the end of the appointment.

Under exceptional circumstances, a parent or guardian may leave a contact number if they cannot be present for the entire appointment. This will allow for informed consent if the treatment plan changes during the course of treatment. If informed consent cannot be acquired at the time, the supervising faculty member will decide on the most appropriate course of treatment. This may result in termination of treatment and early dismissal. The parent or guardian, however must be present to take responsibility for the child at the end of the appointment.

Minors at Harbour View and Nelson Whynder Clinics

Parents or guardians have signed informed consent forms and treatment plans for their son/daughter and are not normally present when their son/daughter is being cared for in clinic. If there is a change to the agreed upon treatment during an appointment, an attempt will be made to contact the parent to acquire informed consent. If it is not possible to contact the parent, the supervising dentist will decide on the most appropriate course of treatment and the parent will be contacted after the fact.

Permission to allow minor to attend clinics without parental supervision (Minor must be age 16 or older)

A note must be included in the patient chart signed by the parent or guardian indicating that "I permit my son/daughter to attend dental appointments without parental supervision. If there is a change in the planned treatment, an attempt will be made to contact the parent for approval. If the parent cannot be contacted, the supervising dentist will make a decision to terminate the appointment or proceed with care as is appropriate."

Q. CHILD ABUSE

What is the Law Regarding Child Abuse?

The Children's Services Act, Section 78 states that:

(1) "Everyone who has information, whether or not it is confidential or privileged, indicating that a child is in need of protection and who fails to report that information to an agency is guilty of an offense under this Act."

(2) "No action lies against a person who gives information under Subsection (1) unless the giving of the information is done maliciously or without reasonable and probable cause."

Responsibilities of Faculty Supervisors and Students (as per Children's Services Act)

As providers of health care, dental and dental hygiene students deal with the public on a daily basis and may therefore be required to treat children at the Dental Clinic who have been abused. Therefore, it is important that students are aware of their legal responsibilities in relation to child abuse.

Students should read the following information, obtained from the Department of Community Services, in order to better understand their role and responsibilities should they be involved in such a situation.

What is Child Abuse?

Child abuse is a complex problem that takes many forms, some of which are very difficult to detect.
There are **eight categories of child abuse and neglect**:

1. **Physical Abuse**
   Acts of commission or omission on the part of a parent or custodian of a child that results in injury to a child. These acts include, but are not necessarily restricted to physical beating, parental deprivation, cutting, burning, physical assault, and failure to provide reasonable protection for the child from physical harm.

2. **Sexual Abuse**
   Sexual conduct on the part of a parent or custodian towards a child that can range from rape, intercourse, oral-genital contact, masturbation, fondling and nudity.

3. **Physical Neglect**
   This occurs when the parents are unable or unwilling to provide the minimum physical requirements for childcare such as adequate food, shelter, and clothing. The category also includes abandonment and inadequate supervision of the child.

4. **Emotional Neglect**
   This occurs when the child is deprived of normal childhood experiences that produce feelings of being loved, wanted, secure and worthy. Emotional neglect may be caused by continuous friction in the home, marital discord or mentally ill parents.

   Children suffering from emotional neglect can become emotionally disturbed or can manifest any of the following signs: withdrawal, moodiness, aggressiveness, hostility, anti-social patterns, etc.

5. **Educational Neglect**
   The parent or guardian is unwilling or unable to send the child to school according to the educational requirements set down by law.

6. **Medical Neglect**
   The parent fails to obtain the necessary medical attention that the child requires.

7. **Moral Neglect**
   The parent subjects a child to immoral influences that if uncorrected, will corrupt the child's sense of right and wrong. Typically the child is subjected to the corrupting influences of a parent's immoral practices such as being exposed to crimes, sexual deviation, licentiousness, etc.

8. **Community Neglect**
   This form of neglect occurs when the community is unwilling to become involved or fails to provide the necessary resources thereby condoning abuse and neglect.

**Where to Make a Report**

Students must notify their clinic instructor and the Assistant Dean of Clinics and Building Services as soon as possible of any incident of suspected child abuse. Related notes for the patient's chart are to be guided by the Instructor and a Dean.
SECTION THREE

CLINIC POLICIES AND PROTOCOLS
PART 1 - CLINIC - GENERAL

A. ACCESS TO CLINIC SUPPLIES AFTER 4:30 PM DAILY

Students should plan on completing treatment/procedures and have the patient out of the chair no later than 11:45AM for the morning clinics and 4:15PM for the afternoon clinics. There are occasions, however, when care needs to continue past these times. To gain access to clinic supplies after scheduled clinic times the following process should be followed:

a. the cluster dental assistant is expected to check with all students and instructors at approximately 11:45am/4:15pm (or 15 minutes before leaving) to see if any might be working late and what supplies or equipment might be needed so they can supply these. **Faculty members are able to request the cluster Dental Assistant to stay past 12:00 pm/4:30 pm for the rare occasions their assistance is required.**

b. if the dental assistant staff have left and supplies are needed, the Dispensary staff are available until 12:30 pm /4:45 pm to open aisle cupboards temporarily, for the student or faculty member to get necessary supplies. In the event this happens, the Dispensary Returns door will be closed until the Dispensary Clerk returns. The Dispensary clerk is in the Clinic locking security doors, etc. until 5:00 pm if supplies are needed after 4:45 pm. This should be a very unusual situation.

c. There is no access to supplies after 5:00 pm.

B. PARKING

The Clinic does not provide parking; however, you may park at a street parking meter or at the various public parking lots at the near by hospitals.

C. PERSONAL PROPERTY

The Dental Building and Dental Clinic are **not secure** areas. Do not leave personal items (e.g. clothing, purses, keys and laptop computers) unlocked in the clinic.

The Faculty of Dentistry and Dalhousie University accepts no responsibility for lost/stolen items from the premises.

D. CLINIC ATTENDANCE/ABSENCE

1. It is expected that each student schedule at least one patient for each clinic rotation. The student must attend each assigned clinic rotation to care for the patients. This includes all internal and external rotations and all clinic disciplines in the program.

2. When a patient fails an appointment, the student is expected to be available to see emergency patients, work on endodontic typodont cases (when scheduled in an Endo Block) or assist a fellow classmate.

3. Students are expected to attend all assigned clinics. **Attendance in less that 95% of all assigned clinics will result in an unacceptable evaluation in this category.**

4. Attendance/Appointment sheets are printed daily for each cluster for each clinic session. This day sheet indicates which students are to be in clinic and their appointments. Supervising faculty are to review these sheets and indicate on them whether the student attended clinic or not. The completed sheets are then submitted to the office of the Assistant Dean, Clinics and Building Services.

5. Students will not be penalized for missing clinics due to illness or other legitimate reasons. Reasons for absence from clinic must be submitted to the office of the Assistant Dean (academic). A medical certificate may be requested through that office. Absences that are deemed “excused absences” will be reported to the Assistant Manager, Patient and Information Services who will advise the Assistant Dean, Clinics and Building Services and will not result in any penalty in attendance
6. Unexcused absences will result in loss of marks.

7. All students must present themselves in the clinic in ample time to prepare for a patient’s appointment and receive the patient on schedule.

8. **Prior to beginning any patient care in clinic, the following should occur:**
   - Radiographs should be on the radiograph view box or visible on your laptop (if digital)
   - Medical history should have been reviewed with your patient.
   - Chart should be opened to an approved Treatment Plan (signed and dated by your patient, student and faculty).

   Present the faculty member with a brief synopsis of the patient's medical history and outline the course of treatment for the day based on the current, approved treatment plan.

9. For additional information please see the course outline for DENT/DENQ 3212/4212: Clinical Comprehensive Patient Care.

10. Students are responsible to provide their own transportation to and from clinics within and outside of the Dental Building (e.g. Harbour View School, Victoria General Hospital). Taxi service is provided to and from the Nelson Whynder School in North Preston.

### E. CROSS BLOCKING

Students are permitted to cross-block from their assigned clinic discipline into another clinic discipline, on the following conditions:

1. You are not cross-blocking out of a clinic where a patient is scheduled for you by clinic staff; and

2. A clinic cubicle is available for you in the discipline you wish to join.

Students may cross-block into a DDS3 or DDS4 cubicle/discipline.

Students may not cross-block from their assigned discipline into another cubicle of the same discipline (e.g. cannot cross-block from assigned Periodontics cluster to another Periodontics cluster, unless this is requested by a faculty member).

Immediate Dentures: Students are encouraged to complete immediate denture treatment on Thursday afternoons. Additional space has been made available in the Removable cluster on Thursday afternoon for cross blocking for immediate denture treatment. For Immediate Denture patient arrangements, please see Cathy McLean in the Oral Surgery clinic.

**How to Cross-Block:**

- Decide what discipline you want to switch into for a particular day (am or pm)
- Come to the Dean’s Office and complete a “Cross-Block Permit” request. You will be asked to indicate the discipline you are currently assigned to and the discipline you wish to switch into.
- Leave the request form in the basket on Lorna Fraser’s desk.
- Return to the Dean’s Office to pick up the form, which will assign you to a cubicle in your requested discipline for the specified day (if a cubicle is available).
- Notify your clinic instructor and/or dental assistant on the day of your assigned clinic that you are cross-blocking into a different cubicle.
- Post your “Cross-Block Permit” in your newly assigned cubicle.

Your cooperation is appreciated.
SUMMARY

Student will be absent from scheduled clinic/lecture/lab/seminar. Student is responsible to:

1. Phone the Office of the Dean at 494-2824 and provide notice of and reason for absence with date and times of absences.
2. Contact and reschedule any of their patients as necessary.
3. On the student’s return, supplemental information (doctor’s slip) may be provided to the Office of the Dean or requested of the student by the Dean's Office.

Patient fails to attend or student has no patient booked. Student is responsible to:

1. Document reason for missed appointment in chart as appropriate. Provide as much information as possible so that the reason for the missed appointment is clear.
2. Advise block instructor that you have no patient and have the instructor sign the chart entry as appropriate.
3. Ensure that the patient’s computer record shows the patient failure or cancellation with reason.

Non-Endo Block Assignment

1. Report to the Patient Services Reception Desk and advice staff that you are available for emergency patient assignment.
2. Report to block instructor to assist a classmate if no patients are available.
3. Ensure Clinic Attendance Form (requires instructor’s signature) is accurately filled out with assistance indicated on the form.

Endo Block Assignment

1. Book Endo Typodont Patient
2. Work on Endo Typodont, Endo in Hand or Endo Retreatment exercise.
3. Enter Typodont exercise in Progress Notes and in axiUm and have instructor sign chart entry.
4. Ensure Clinic Attendance Form (requires instructor’s signature) is completed.

F. STUDENT CLINIC SUPERVISION

a) STUDENTS ARE NOT PERMITTED TO RENDER PATIENT TREATMENT (INCLUDING PEERS AND CLASSMATES) AT ANY TIME WITHOUT THE PRESENCE AND SUPERVISION OF A FACULTY AUTHORIZED INSTRUCTOR.

THE PATIENT MUST BE PROPERLY BOOKED IN THE CLINIC INFORMATION SYSTEM (AXIUM) AND THE PATIENT'S CHART MUST BE PHYSICALLY PRESENT AT ALL TIMES DURING THE APPOINTMENT.

For more information on what to do before beginning any patient care see above - D. 8.

Students should be aware that there can be legal repercussions for both themselves and the Faculty in the event that an accident should occur if a patient was treated by an unsupervised student.

b) It is strongly emphasized that students endeavor to complete their patient appointments on time in order that clinics may begin and end according to the time set forth in the timetable.

c) Every patient appointment for the Comprehensive Care Level II Clinics must be entered in the Clinic Information System by the student or Patient Services. Patient Services staff are responsible for patient appointments in all other Clinics (such as Oral Surgery, Treatment Planning, Harbour View, Nelson Whynder, Eldercare, ER, MultiService).

d) All patient visits are 'required' to be entered in the Patient Progress Notes of the patient's chart, dated and signed by an instructor beside their printed name. In addition, it is of vital importance that an appropriate computer entry be completed for each patient visit by the patient's assigned students in the Clinic Information System.
G. STUDENT PATIENT CARE RESPONSIBILITIES UNTIL GRADUATION

Prior to Convocation, the student may complete didactic courses; but scheduled clinical responsibilities and responsibility for the care of assigned patients remains. The student may not “sign out” prior to the last day of clinic and remains responsible for the dental care needs of his/her assigned patients until the day of Convocation. Also, all clinical procedures begun must be complete in order for the student to sign-out and to be recommended to Senate. Students, who leave “cases in the lab” or patient treatment otherwise incomplete, will not be recommended to Senate for the award of the Doctor of Dental Surgery degree.

H. STUDENT RELATIONSHIPS WITH PATIENTS

Students should maintain relationships with patients that are completely professional in context.

Reminder: The patients belong to the Faculty of Dentistry NOT to the individual student. It is a privilege not a right for students to treat patients in this Clinic.

Treatment of Family Members

Treating family members can inject emotional factors into patient-clinician interactions that may occasionally be detrimental to the clinician and/or the patient. Some dentists choose to treat family members, while others do not. Students should consider this issue carefully before treating member(s) of their families, and may want to consult with a clinic instructor or the Assistant Dean, Clinics and Building Services for advice.

Formality in Student-Patient Interactions

Professionalism requires that some degree of formality be assumed by the clinician in conversations with patients. It is inappropriate for students (or clinic staff) to address patients in any way other than, "Mr. ___________ or Ms. ___________", unless specifically requested by the patient.

Communicating with or about patients using internet social networking systems such as Facebook or Twitter is discouraged and may be inappropriate.

Interactions With Patients Outside of the Clinic Setting

Social interactions with patients can endanger the professionalism that must be the foundation for the clinician - patient relationship. Dating a patient is considered to be particularly inappropriate and should be avoided.

Inappropriate Patient Behavior

Students have, in the past, mistakenly tolerated inappropriate conduct by patients in order to complete the patient's treatment for credit in clinical courses. Students should know that they will receive every possible consideration in this regard from the Assistant Dean, Clinics and Building Services and the Dean's office should it be necessary to remove a patient from the student's care because of inappropriate patient conduct. No student should ever tolerate inappropriate conduct by a patient. The clinical care responsibility does not include any obligation to accept inappropriate behavior from a patient.

1. Sexual Harassment

Any incident of sexual or personal harassment must be reported immediately (verbally and in writing in the patient's chart progress notes) to the clinical instructor supervising the clinic and to the Assistant Dean, Clinics and Building Services.

2. Drunkenness, Intoxication, Impairment

For safety reasons, impaired or inebriated patients are not to be treated. If a patient comes to the clinic smelling of alcohol or in an impaired or inebriated state, the student should immediately inform the clinical instructor, who will dismiss the patient with a warning that any repetition of the behavior will result in immediate, permanent
dismissal from the Clinic. The student and clinical instructor must then immediately report the incident to the Assistant Dean, Clinics and Building Services and update and sign the patient's chart progress notes. Students must not treat impaired patients.

3. Telephone/Internet Harassment

**Do not give patients your home phone number or email address.** If you must call from home use * 87 to block your phone number. In rare instances, a patient may repeatedly telephone a student without justification. These incidents must be reported to the Assistant Dean, Clinics and Building Services. Please do not erase any recorded or emailed voice-mail messages of a harassment nature. [SEE - Telephone Procedures for Appointments in Patient Services section]

Do not 'accept' patients as Facebook or Twitter 'friends'.

4. Inappropriate Behavior

Anyone aware of inappropriate patient behavior directed at a student, staff or faculty member must report it to the Assistant Dean, Clinics and Building Services. The person involved must also report incidents of this nature to the Assistant Dean, Clinics and Building Services. Students aware of inappropriate patient behavior directed toward Clinic Staff (e.g., dental assistants) must report the incident to the Assistant Dean, Clinics and Building Services. Staff involved also must report incidents of the nature to the Assistant Dean, Clinics and Building Services.

5. Documentation of Inappropriate Patient Behavior

Any incident of inappropriate patient behavior must be recorded in the patient's chart and signed by the student, the clinic instructor and/or Assistant Dean, Clinics and Building Services.

The Assistant Dean, Clinics and Building Services will normally request a written complaint containing a detailed description of the incident(s) from the complainant when corrective action is required.

I. APPOINTMENT PROCEDURES - DENTAL STUDENTS

1. Comprehensive care patient appointments are made with patients by students and entered into the Clinic Information System (axiUm) by the students.

   All appointments are, wherever possible, to be entered AT LEAST 24 hours prior to the appointment time to receive your chart efficiently. Late entries will result in delays.

2. After each completed appointment students are responsible to ensure the patient:
   a. reports to Patient Services Counter to pay their account
   b. has next appointment entered in the Clinic Information System
   c. pays for all 'services rendered'
   d. has their patient chart up-to-date and signed
   e. a up-to-date signed treatment plan in the patient's chart

3. All patient appointments, changes, cancellations are made on the Clinic Information system.

4. Every patient appointment, whether treated by students or faculty members, must be entered in the Clinic Information System regardless of the length or reason for the appointment. There are 'no exceptions'.

5. Students are responsible to develop an initial patient appointment list, and enter the next appointment after each appointment using their clinic timetable for the entire semester for their whole patient family.

6. Appointments should correspond with the presence of appropriate instructors as indicated in the Clinic timetable on the CIS.

7. Students are responsible to update their appointments whenever they reappoint patients.
Students are responsible for:

(a) the accurate and complete entry of treatment and procedures during and after every appointment

(b) accompanying the patient to the Patient Services counter at the completion of each appointment and to make certain the patient understands they are to pay their account at that time.

Cancellation Policy / "No Show" Policy (see Fee Guide, page v)

Specialty and Extramural Clinics

Appointments and reminder calls (where time allows) for all the following clinics are made by Patient Services staff in cooperation with assigned staff. Students whose patients require 'care' in these clinics are responsible to identify the chart # and patient name to the staff in the appropriate clinic or Patient Services staff for appointing. (Listed in no particular order and others may be added as required)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Location</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Surgery</td>
<td>Harbour View</td>
<td>DDS3 Pedo Clinic</td>
</tr>
<tr>
<td>Perio Surgery</td>
<td>Treatment Planning</td>
<td>Multi-Service Clinic</td>
</tr>
<tr>
<td>TMD</td>
<td>Implant Surgeries</td>
<td></td>
</tr>
<tr>
<td>Oral Pathology Mouth Clinic</td>
<td>Eldercare</td>
<td>Emergency/Recall</td>
</tr>
<tr>
<td>Faculty Practices</td>
<td>Implant Clinic</td>
<td>Dental Public Heath</td>
</tr>
</tbody>
</table>

Students are responsible for all data entry in patient charts and on the CIS for patients they provide treatment for.

Telephone Procedures for Appointments

1. Telephones for local calls to patients by students are available in both Clinic aisles - north and south.

2. Long distance requests are to be made to Patient Services Reception with chart information. With long distance call approval, students will use the phone by Patient Services.

3. Students will not be reimbursed for long distance calls made on their cell or home phones. Long distance phone has been provided by Patient Services.

4. Students are encouraged to keep in touch with patients about their appointments or care.

5. Students are required to keep the status of all appointments current on the CIS (delete, cancel, no show, rescheduled).

6. Phone number confidentiality
   a. While you are encouraged to call a patient from home to follow-up on surgery or reminder calls, students are asked **not** to give their personal home numbers to patients. Students are to give all of their patients the voice mail number 494-1000 and their local box number.
   b. To avoid your home phone number being printed out on a patient's telephone viewer MT&T has advised that by dialing *87 before placing the call (*87-494-2101), your personal telephone number will be blanked out. Alliant advises this is a free service.

Monitoring of Patient Care

1. If problems should arise, either in the rendering of treatment, personality conflicts, etc., these should be promptly directed to the students' Prosthodontic Advisor and the Assistant Dean, Clinics and Building Services in order that these problem(s) may be resolved.
2. Patient treatment progress will be closely monitored by your advisor. The treatment status of each patient undergoing active treatment at the dental clinic will be summarized on the computer which all students and advisors may access via the Dental Chart module in the CIS.

3. Comprehensive Patient care audits will be carried out regularly by the Clinic. This will include chart audits, appointment histories, and patient interviews/questionnaires/surveys.

Patient Dismissal

Although every effort will be made by the clinic staff, faculty and students to inform clinic patients about their rights and responsibilities in the treatment process, patients will be suspended from the Dalhousie Dental Clinic on the basis of,

1) three (3) failed appointments (No Shows) (less than 24 hours notice),
2) multiple cancelled and/or late appointments,
3) overdue account balances.

Patients dismissed from the Dalhousie Dental Clinic may, at the discretion of the Assistant Dean, Clinics and Building Services, or Patient Services Coordinator, be considered for readmission to the clinic system.

The Patient Services Assignment clerk will endeavor to assign new patients to students whenever a patient is dismissed.

Co-Signed Letters

There are several types of letters, co-signed by the Assistant Dean, Clinics and Building Services available to students to sign.

The decision to send any letters will be made in consultation with the student and Assistant Dean, Clinics and Building Services, Patient Care Coordinator or the Assistant Manager of Patient and Information Services, as appropriate.

Regular Form Letters

The following is a list of letters that are sent to our patients as required:

a) Treatment Complete, Limited Care, Perio, Pros, and Ortho care completed
b) Patient dismissed from Clinic
c) Unable to contact patient
d) Too many failures or cancellations

PART 2 - GENERAL PATIENT INFORMATION (AXIUM, PATIENT CHARTS ETC.)

A. CLINIC INFORMATION SYSTEM (AXIUM) BOOKINGS/APPOINTMENTS

- All patients must be booked in the axiUm ‘scheduler’ before they can be seen in clinic.
- The bookings should be made and entered into the computer by 3:00 pm the previous working day. Bookings after that time can result in delays in having the chart pulled. To make it easier, once a patient has attended their first appointment, book their next appointment before they leave the clinic for the day.
- Update axiUm at the end of the day if there is no time to enter the appointment while in clinic.

B. CHARTS

- Patients are never to be in clinic without their chart present.
- Do not seat patients in the chair and then enter the axiUm booking to get the patient’s chart.
- Faculty instructors will not permit clinic care to proceed without the patient's chart.
C. PATIENT CHARTS/DOCUMENTATION

Signatures in charts are often difficult to identify and shall be accompanied by a printed name. Dates throughout the chart (including birth dates) are to be in the formate of month day year (e.g. June 28, 2012). The month can be abbreviated if necessary (e.g. September shown as Sept.). The most recent version of the Progress Notes form calls for a signature and printed name for both faculty and student. To make identification of entries more clear and accurate, do the following:

1. Students are to print and sign their names immediately after their entry in the Progress Notes and not in the column on the right hand side.

2. Reserve the right hand column for the printed names and signature of supervising faculty members.

3. The frequency of and documentation for medical history updates should be more formalized. Students should be asking their patients whether there has been any change to their medical history before each and every appointment. The first entry in the Progress Notes will be N/C Med Hist when there has been no change. If there has been a change, it should read Change in Med Hist - See Medical Update.

4. Once the instructor has signed the Progress Notes form, the student can print the instructor’s name underneath the signature (if is hasn’t been printed by the instructor).

5. A chart must be present whenever a patient is seen. If a chart can’t be located, the patient either must be dismissed or a temporary chart must be generated. This must include a signed consent form, medical history and a copy of the treatment plan.

D. CONSULTATION RESULTS

All internal consultation results are to be recorded in the chart on page number 25, CONSULTATION AND TREATMENT PLAN CHANGE FORM (form # 121), instead of in the Progress Notes. This will allow for a consolidation of the entries. The only exceptions to this are consultations that are normally managed by a referral form. These forms are to be attached in the chart next to this page.

E. MEDICAL HISTORY

• Ask each patient as they enter the clinic if their medical history has changed.
• If there has been no change record in Progress Notes – N/C Med Hist.
• Record all changes on the appropriate form in the chart and advise your instructor.

F. TREATMENT PLANS

• Review and verify the accuracy of the treatment plan when you see a patient for the first time.
• Develop a treatment plan and update it and print a new one and get the patient's signature for approval before proceeding.
• Have the treatment plan ready for review by the instructor when requested.
• Follow the sequence indicated in the treatment plan and check to make sure that you are performing the correct treatment on the correct tooth (or area or sextant, etc.)
• **Patients should not be treated without a current, accurate signed treatment plan.** A rare exception to this is the provision of emergency treatment.

G. PATIENT CONSENT TO TREATMENT

Although the law in Canada and Nova Scotia may say anyone (at any age) who understands the treatments proposed (along with pros, cons, risks, benefits and associated costs) may consent to treatment, the Faculty feels a more workable and responsible arrangement is required. Because a thorough understanding of treatment and associated fees and payment arrangements are needed, the procedure described below will be used when securing consent to treatment and patient treatment plan approval.
RE: Patients Who Have Reached Their Nineteenth Birthday:

a) Patients who are able to understand and be responsible for their part of the proposed treatment (e.g. attendance, payment) may sign both Treatment Plan and Information Use section (page 2 of the chart), and the Patient line of the proposed treatment plan. This would include most of our adult patients.

b) Patients who may not qualify as described under (a) must be accompanied by a legal guardian or official care provider. The Treatment Planning and Information Use section of the chart must be signed by the legal guardian or care provider before treatment beyond examination is commenced.

c) Emergency care involving pain, infection or hemorrhage may require variance from the above. Any variance will be agreed upon by the patient, dental/dental hygiene student and attending instructor in order to resolve the emergency.

RE: Patients Who Have Not Reached Their Nineteenth Birthday:

a) Patients who present for examination (at any of our clinics, i.e. Dalhousie Dental building, Harbour View School or North Preston) and who are not accompanied by parent, legal guardian or official care provider must present a dated "permission to do dental examination" signed by the parent, legal guardian or official care provider.

b) Patients who present for treatment must have the Statement of Release and Patient line of the proposed treatment plan signed by parent, legal guardian or official care provider before any treatment beyond examination is provided. In addition to this being common courtesy and good public relations, this is required for informed consent.

c) Patients whose parent, legal guardian or official care provider do not sign the Patient line of the proposed treatment plan will not be treated by members (which include students) of the Faculty of Dentistry, Dalhousie University.

d) Emergency involving pain, infection or hemorrhage may require variance from the above. Any variance will be agreed upon by the patient, dental/dental hygiene student and attending instructor in order to resolve the emergency.

For most clinic patients the following (not all inclusive) summary applies:
• 19 years or older - patient signs Consent to Treatment and Treatment Plan.
• younger than 19 years – parent/guardian must sign Consent to Treatment and Treatment Plan.

PART 3 - CLINICAL PATIENT INFORMATION (REFERRALS, CATEGORIES ETC.)

A. PATIENTS REFERRED TO PRIVATE PRACTICES

From time to time, the Dalhousie Dental Clinic has need to refer patients to private practice for continued care, usually to dental specialists within the metropolitan area. Referrals are made normally for two reasons, namely either because the anticipated treatment is too complex to be undertaken within this Clinic or because continuance or correction of treatment begun within this Clinic is required.

The Dalhousie Dental Clinic policy regarding this Clinic's financial liability for referral patients

TREATMENT TOO COMPLEX

When treatment is recognized as being too complex to be undertaken within the Comprehensive Care student clinics, normally patients are directed to make contact with an appropriate specialist. Usually several specialists are suggested and the patient makes the final selection. Sometimes a formal letter of referral is generated within this Clinic if the patient or specialist so requests. In this situation, the patient is responsible to the specialist for any and all charges associated with the treatment. This Clinic accepts no financial responsibility for such referrals. When a Clinic letter accompanies such a referral, the lack of Clinic financial responsibility is stated.
Continuance, Expedition, Correction, or Repeat of Treatment

When continuance, expedition, correction, or repeat of treatment started within this Clinic is the cause of the referral then normally a letter of referral to a specific specialist is generated by the Assistant Dean, Clinics and Building Services. Quite often either a telephone call from or personal meeting between the Assistant Dean, Clinics and Building Services and specialist accompanies the letter. In this circumstance, normally the Dalhousie Dental Clinic does assume financial responsibility for specialists' fees. A letter of referral from the Assistant Dean, Clinics and Building Services is sent to the specialist and states that responsibility for payment of specialists' fees will be borne by the Clinic.

Occasionally, patients have "self-referred" themselves to specialists' and have announced that the Dalhousie Dental Clinic sent them with apparently no knowledge by anyone at this Clinic. While that may be or may not be true, such a presentation does not mean that Dalhousie is responsible to pay specialists fees for services rendered.

In summary, the Dalhousie Dental Clinic's policy regarding Clinic financial responsibility for referrals to specialists is:

| The Dalhousie Dental Clinic will accept financial responsibility for treatment rendered by specialists for Clinic patients only when indicated in writing and signed by the Assistant Dean, Clinics and Building Services, in advance of the care being provided, to that effect. Normally this letter will precede or accompany the referral. Please do not assume the Clinic will pay the fees unless the specialist has received written verification signed by the Assistant Dean, Clinics and Building Services. |

B. PATIENTS REFERRED TO THE DALHOUSIE CLINICS BY PRIVATE PRACTICES

Limited Treatment Patients

1. All patients referred by letter from a dentist or physician will receive treatment for the referred request only.

2. The patients will not be treated out of an appropriate dental care sequence regardless of the needs of the school or the wishes of the referring dentist, physician or patient.

3. Should some phases of treatment be required prior to the commencement of the services for which the patient was referred, the referring dentist will be asked to undertake these phases should they desire. The patient will be asked to contact their dentist to arrange the necessary appointments. Should the dentist and the patient wish the School to undertake these other phases of treatment, then appropriate arrangements will be made. Chart progress notes must be up-to-date on these decisions and signed by the student, patient and instructor.

4. Following treatment in the dental school the referring dentist will be notified of the completion of the patient's treatment in the school. The patient will also be informed that treatment is completed and that they are to return to their practitioner for continuing care. As well, the patient will be informed of any recall or follow-up visits that might be requested within the dental school.

Comprehensive Treatment Patients

All patients referred by letter from a dentist or physician for comprehensive care will receive a comprehensive examination and a total 'treatment plan' will be developed and discussed with the patient.

Implant Maintenance Patients

The Dalhousie Dental Clinic does not accept patients for maintenance of implant supported prostheses when the implant fixtures and prostheses have not been placed as part of the Faculty's current implant programs.

Orthodontic Maintenance Patients

The Dalhousie Dental Clinic does not accept patients for maintenance of orthodontic prostheses when the orthodontic fixtures and prostheses have not been placed as part of the Faculty's current orthodontic program.
Active Patient of Record (a definition)

Active patients are those who have been 'diagnosed' and 'treatment planned' within the last 12 months regardless of whether or not they have been assigned to a student for treatment. This includes "dental hygiene only" patients as well as patients who have had treatment completed in the Faculty Clinic less than one year ago.

Inactive Patient of Record (a definition)

Inactive patients are those patients who have not been 'diagnosed', 'treatment planned' or treated in the Clinic within the last 12 months. This also includes those persons who have not been a patient at the Dalhousie Dental Clinic.

C. PATIENT CLASSIFICATION - MEDICAL

To facilitate communications among the various dental management team members responsible for the treatment of a patient in the Dalhousie Dental School, we have adopted the following classification guidelines of patient medical problems. This classification assesses the degree of risk involved in carrying out a dental procedure on a patient with a systemic problem. It should be used only as a guide and should not preclude continued assessment of the patient's health condition during the course of dental treatment and changing the classification as necessary.

Under customary (new patients) diagnostic procedures, and following the review of the current and past medical history with the patient, a notation of the medical classification should be entered in the 'diagnostic summary' of the chart. For emergency or recall patients, and following the review and update of the medical history with the patient, a notation of the classification should be entered in the 'summary of diagnostic findings' of the chart. In the event of change in status during active treatment, the changed medical classification status should be noted in the Progress Notes of the chart and, if appropriate, the 'medical alert' section of the chart should be completed with the change in medical status.

PHYSICAL STATUS CLASSIFICATION
(from ADA - American Society of Anesthesiology)

CLASS I  - A normal, healthy patient. Patient in good health and all dental procedures may be carried out with no specific precautions.

CLASS II  - A patient with mild systemic disease. Some precautions must be observed in treating this patient. Examples include (but are not limited to) patients who:
- take multiple medications
- have drug or other significant allergies
- have rheumatic heart disease
- require pre-medication
- have controlled diabetes and other controlled systemic disease
- are HIV or hepatitis positive
- have mild asthma managed with puffers

CLASS III - A patient with severe systemic disease. Precautions must be observed in treating this patient. Often patients with a Physical Status Classification III are not accepted for routine dental care in this undergraduate student clinic. Examples include (but are not limited to) patients who:
- have any of the diseases/conditions listed in CLASS II above with the disease/condition being out of control
- have blood dyscrasias which preclude dental care
- have an undiagnosed condition and who have raised serious questions in the minds of the dental examiners concerning their health status
- are unwilling or who are unable to cooperate with dental personnel in providing sufficient information about their ailment, abnormality or health status.

CLASS IV and CLASS V patients are described for the sake of completeness. Patients classified as such would not be treated within the Dalhousie Dental Clinic.

CLASS IV  - A patient with severe systemic disease that is a constant threat to life.
CLASS V - A moribund patient who is not expected to survive.

WHEN POSSIBLE, THE INSTRUCTOR WHO SIGNED THE INITIAL MEDICAL CLASSIFICATION SHOULD BE THE ONE TO CHANGE IT TO ANOTHER CLASSIFICATION, FOLLOWING RECEIPT OF THE APPROPRIATE INFORMATION.

Medically Compromised Patients

The following activities should be carried out by the student for all patients receiving concurrent treatment for a significant medical problem.

- identify the problem from the Health Questionnaire
- review the history of the problem with the patient
- document the problem in the chart
- investigate dental implications of the problem
- communicate with the patients' physician prior to treatment using Request for Medical Information form.

D. MEDICAL CONSULTATIONS

- Whenever appropriate, it is preferred that medical consultations are confirmed in writing (letter or fax).
- Guidelines for conditions that require a written medical consultation will be outlined by the Division of Oral Surgery.
- All written (letters and faxes) medical consultations must be attached as a chart page next to the medical history chart page.
- When phone consultations with physicians are performed, the student and instructor should discuss what information is to be requested prior to the student making the call.
- Documentation of phone consultations are to be made in the appropriate section of the Consultation Result section of FORM 121 TX PL DIAGNOSIS.

PART 4 - FEE GUIDE POLICIES

A. GENERAL FEE POLICIES

1. Fees are charged for ALL services provided in this Clinic.

2. Most fees charged for student-rendered services are approximately fifty percent of the (professional) fees for the same services listed in the “Nova Scotia Dental Association Suggested Fee Guide for Dental Services Provided by General Practitioners”. Normally laboratory fees are not charged in addition to those fees for undergraduate student services except for denture and partial denture repairs and additions.

3. A Treatment Plan signed by the patient/guardian and a faculty dentist indicates that the Dalhousie Dental Clinic will provide dental treatment and the patient will settle his/her account when payment is due. For some services, payment is due when a procedure is complete. For other services, payment is due before treatment is started. When laboratory work is involved, a portion of the fee is due before work will be accepted by the Dental Laboratory. The patient's entire account balance must be zero before Patient Services or Dental Lab receptionist will issue a 100% paid stamp, which is required for the release of work from the Dental Lab.

Students MUST discuss payment arrangements with their patients and verify that accounts are settled prior to beginning irreversible procedures (e.g. tooth preparation for crowns, bridges) and final impressions for dentures, appliances etc.

4. The Schedule of Fees for Dental Services is reviewed and revised annually, usually in the early summer. The revised Schedule nullifies (including fees and conditions) all previous schedules however, all previously quoted fees recorded on a current official treatment plan and signed by the patient and clinical instructor will apply until the treatment contracted on that treatment plan is complete or for two years, whichever comes first.
5. **Fees for Dental Treatment Services for Students, Staff Members of Dalhousie University**

Dalhousie University students, staff members, and faculty must pay for dental treatment whether provided by students or faculty members. A 5% discount will be given to any students, staff or faculty only if the current Dalhousie ID card is shown to Patient Services staff at the time the treatment is completed and paid. This 5% is not retroactive and will not be applied after the Treatment is paid.

Students will not be cleared for graduation unless all their account charges for personal dental treatment are paid in full at Patient Services.

6. **Endodontic Fees**

Once endodontic treatment has begun, the appropriate code is to be put "in progress". 50% of the fee is expected at the initial appointment and the remaining 50% is due at the time of completion of endodontic treatment. Except for emergency endodontic management a signed treatment plan must be developed that includes endodontic therapy and the definitive restoration for the tooth before proceeding with endodontic appointments.

Before endodontics is begun, be sure that:

(a) The tooth can be restored after endodontic completion

(b) The patient knows and is in agreement with the restorative plan and associated fees for the tooth

Restorative treatment may involve:
- periodontal surgery/crown lengthening
- post/core system of appropriate design
- crown of appropriate design

(c) The patient knows that the fee for endodontics does not include fees for restoration of the tooth.

7. **Laboratory Fees**

Generally when Dental Lab work is involved, the patient’s outstanding account balance must be paid in full and 50% payment of the fee for the prosthesis/appliance is to be paid before the Dental Lab will accept the work. The balance of fee payment must be paid and a 100% paid stamp must be obtained before the completed prosthesis/appliance is allowed to leave the Dental Lab or the Clinic. Make sure that the patient understands the entire fee obligation for treatment (by means of a signed treatment plan and discussion for options) before starting any treatment that involves laboratory fees.

8. **Denture Fees**

Patients must pay 50% of the denture fee before the Dental Lab can accept work for processing. The other 50% must be paid prior to the Dental Lab releasing the denture to the student for insertion. The patient's entire account balance must be zero before Patient Services will issue a 100% paid stamp, which is required for the release of work from the Dental Lab.

The fees for immediate CUD and CLD include the fees for necessary soft tissue conditioning and for one laboratory processed denture reline. The **processed (hard) reline must be completed within one year** from the date of denture placement. The denture fees do not include fees for extractions.

9. **Orthodontic Fees**

The orthodontic treatment services and fees identified by the following "80000" codes do not include the two orthodontic examinations, namely: 01901 and 01902
The 01901 and 01902 fees are not refundable if the patient is not accepted for treatment or if the patient declines treatment.

100% payment is due after the Orthodontic Treatment Plan is developed and approved by the patient and Clinic and before treatment is started. Orthodontic treatment and hence fees, includes provision for retention following active tooth movement. When band and brackets have been cemented students are to complete the codes pertaining to this treatment. At all of the patient’s next appointments students are to enter the code 80602 as Observe/adjust appliances to follow treatment progress and appointments on computer.

The orthodontic treatment services and fees identified by the 81113 through 81292 codes include the fabrication, placement, observation and adjustment of any and all appliances required to achieve the desired results.

Where appropriate, treatment fees include the fabrication, placement and adjustment (for up to one year from the date of placement) of appropriate retention appliance (often a removable retainer). Replacements for lost appliances and/or repairs to damaged appliances will be done at the patient's expense.

10. **TMD Fees**

100% of the fee for a bite plane is due before the patient can leave with the appliance. The patient's entire account balance must be zero before Patient Services will issue a 100% paid stamp to the Dental Lab.

11. **Restorative Fees**

Patients must be informed, normally before the treatment procedure is started, if there will be or may be a deviation from the written treatment plan. Examples:

(a) The restoration will/may involve more surfaces than indicated on the treatment plan. Therefore the fee charged will/may be greater than originally agreed upon.

(b) There will/may be a pulpal exposure as the result of caries or existing restoration excavation. Therefore either root canal therapy (plus restoration) or extraction will/may be the result. Additional fees will apply.

12. **Miscellaneous Fees**

Miscellaneous fees (e.g. fees for consultation, referrals for radiographs) are due upon the completion of the service. Where a "product" is generated (e.g. duplicate chart, duplicate films, etc.) the fee must be paid prior to release or mailing of the product. Patient Services will advise amounts of fees for miscellaneous services.

13. **Fee Waivers and Refunds/Credits**

Fee waiver / credit requests must be entered in the chart progress notes by the supervising faculty member and student and then authorized by the Assistant Dean, Clinics and Building Services. The Assistant Dean, Clinics and Building Services and the Assistant Manager of Patient and Information Services are the only ones who can authorize treatment at no charge or any other fee variance.

**B. FORMS OF PAYMENT**

1. Patients are expected to pay for services on the day the service is completed (or partly in advance when Dental Lab work is involved.)

2. Payment may be made by cash, debit card, American Express, MasterCard or Visa. Cheques are **not** accepted.

3. Advance payment on account is acceptable (i.e. "Lay Away" Plan). Any positive balance remaining at the completion of active treatment will be refunded or applied as a credit against future treatment.
4. The Dalhousie Dental Clinic **does not** arrange Payment Plans. Patients do not have the privilege of devising their own payment schedule outside Clinic payment regulations.

5. Students are not permitted to pay for services to patients.

C. **DELINQUENT ACCOUNTS AND N.S.F. CHEQUES**

1. A patient's account balance, which has $50.00 or more in arrears after 120 days, will be sent to a Collection Agency and the patient will be suspended from the Clinic.
   
   a. Interest is not charged on overdue accounts.
   
   b. When an account goes to a collection agency the entire balance owing is due.
   
   c. When an account goes to a collection agency the patient’s chart is flagged inactive/collection agency unless d., below applies.
   
   d. Active treatment of an irreversible nature which was begun prior to the account being sent for collection and the resulting suspension, will be completed to the point where the patient is made stable and can seek treatment elsewhere. The patient’s chart then becomes inactive.
   
   e. No further treatment will be done until the account is **completely paid** and the collection agency has formally advised the Patient Services office of payment received. All accounts that have been sent to the Collection Agency are **only payable to the collection agency**, not the Dalhousie Dental Clinic.
   
   f. The Clinic reserves the right to refuse readmission to active treatment for any patient whose account has been sent to the collection agency including after the account is fully paid.
   
   g. A patient who is allowed to return as an active patient after paying the collection agency will be required to pay an additional administrative fee of $20.00 before further appointments are arranged.

2. Account balances of **less than** $50.00 in arrears at 120 days will have no monthly statements printed. Patient’s chart is flagged inactive/suspended until full payment is received.

D. **RESPONSIBILITIES OF STUDENTS**

1. Students are expected to inform and have their patient pay their accounts before further work is done.

2. The Clinic reserves the right to suspend a patient's appointments until any outstanding balance is paid.

E. **PATIENTS ON SOCIAL ASSISTANCE**

1. Patients, whose treatment fees are covered by the Social Services Department of the Halifax Regional Municipality or the Province of Nova Scotia, require **prior** approval from the agency before any treatment may be rendered. Treatments that have been authorized by Social Services are for one year from date of approval only. Claim forms, letters of authorization and estimates **must** be submitted to Patient Services for processing. Therefore, in these situations, students must ensure that the Assignment Coordinator has given written approval in chart progress notes before treatment is commenced. Payment is received from Social Services only after the approved dental treatment has been completed. Only pre-approved treatment services may be done.

   If the Social Services patient must personally pay part of his/her account, then the “co-pay” payment must be paid in full prior to the beginning of any treatment.

   Normally, the Faculty does not accept payment by “Quikcard”. "Quikcard" is accepted at the Nelson Whynder School Clinic.

F. **M.S.I. CLAIMS (MARITIME MEDICAL SERVICES INSURANCE) FOR PEDIATRIC PATIENTS**

1. A "Consent to Treatment" form must be signed by the parent before treatment begins. Students must enter into the computer **the day of** (either at the satellite clinic or the main Clinic) all treatment rendered during the day in order that accounts are kept up to date. All parents are to be informed that MSI does not cover all treatment for children and therefore they may be required to pay for part of their child’s dental treatment.
G. THIRD PARTY PAYMENTS

1. Patients whose treatment fees are covered by a third party payment plan, such as private dental insurance, must pay their fees in full to Clinic Patient Services before insurance claim forms will be completed. The Dalhousie Dental Clinic does not accept fee assignment. Once the patient's treatment is completed and paid for, Patient Services staff will print a standard insurance form based on information entered into the computer (and charts, if need be). These are then forwarded to the patient. Therefore, it is very important that students record accurate and complete information in the chart and in the computer. It is the patient's responsibility to submit the claim form to the insurance company for reimbursement.

2. Most insurance companies require a preliminary estimate of treatment cost (sometimes called "predetermination") for crowns, bridges and prosthetics. Such estimates are completed by the Clinic Patient Services staff based on the Treatment Plan and often after consultation with the dental student and the supervising faculty instructor. These predeterminations are sent to the patient for forwarding to their insurance company.

H. INCORRECT/INSUFFICIENT ADDRESS

1. Patient's whose outstanding account statements are returned by the post office as no address, wrong address or otherwise undeliverable will be suspended by Patient Services from future appointments until sufficient suitable address information is provided and the account is paid in full. It is the patient's responsibility to inform the Clinic's Patient Services office of change of address. Patient failure to receive bills because of their address change does not alter the aging and handling of accounts by the Clinic, Patient Services unit.

2. Active treatment of an irreversible nature, which was begun prior to the account suspension, will be completed to the point where the patient is made stable and can seek treatment elsewhere.

I. CANCELLATION POLICY / "NO SHOW" POLICY

Patients who cancel with less than 24 hours notice or who do not show up for appointments will be penalized as follows:

a) The first, short-notice cancellation / no show is recorded in Progress Notes by the student and signed by the faculty instructor.

b) The second and subsequent short-notice cancellations / no shows are recorded in Progress Notes as above and the patient is charged a fee of $14.00 which is added to his/her account by the student. The fee code for all cancellations and no-shows is 94303.

c) If a total of three (3) short-notice cancellations / no shows are recorded in Progress Notes, the patient will be suspended by Patient Services and informed in writing. Active treatment of an irreversible nature which was begun prior to the account suspension will be completed to the point where the patient is made stable and can seek treatment elsewhere.

d) Re-admission to the clinic is at the discretion of the Assistant Dean, Clinics and Building Services or the Assistant Manager of Patient and Information Services and the administrative fee for this will be $20.00.

J. RESPONSIBILITY / REPLACEMENT / REPAIR INFORMATION

Range of Services Available:

The Dalhousie University, Faculty of Dentistry Clinic is primarily an undergraduate dental student teaching clinic. The faculty and students will provide only those treatment procedures that the supervising faculty instructors and students together feel confident in completing successfully. All treatment services, which the dental profession can offer, are not necessarily available at the Dalhousie Dental Clinic.

Unsatisfactory Care

Unfortunately even when the best judgment of care-providers is used, unforeseen circumstances cause treatments to be unsuccessful or less successful than anticipated. By agreeing to treatment at the Dalhousie Dental Clinic, the patient accepts that he/she is treated primarily by undergraduate dental and dental hygiene students and accepts that the risks and rewards are influenced by the lack of experience and judgment of the student operators.
The Faculty of Dentistry will provide treatment in a caring and technically competent manner within the limitations of the knowledge, experience, judgment and skills of the students and instructors working together. There is no guarantee, explicit or implicit, provided by the Dalhousie Dental Clinic.

**Referrals to Dentist Practicing External to the Clinic**

From time to time Clinic patients may be referred to dentists who practice external to this Clinic. Often the reason is that the required treatment cannot be successfully completed within this Clinic. Normally the Clinic accepts no financial responsibility for treatment performed by the dentist to whom the patient is referred. The referral must be accompanied by the official referral form (available only at the office of the Assistant Dean, Clinics and Building Services). This form must be signed by the dental student, clinical instructor, Assistant Dean, Clinics and Building Services (or designate) and the patient.

**Damaged/Broken/Lost Appliances**

As numerous treatment services involve placement of prostheses * or devices *, the Dalhousie Dental Clinic's policy is as follows with respect to replacement / repair costs. (* These include: fillings, crowns, bridges, removable dentures whether partial or complete, orthodontic appliances and retainers, bite guards)

1. The Clinic assumes no responsibility, financial or otherwise for the replacement of prostheses/devices lost, purposely altered or broken by the patient and/or his/her acquaintances.

2. The Clinic assumes no responsibility financial or otherwise for intra-oral deterioration of the patient due to misuse of any prosthesis/devise which was properly placed initially or for any prosthesis/devise lost/unused and not reported in a timely fashion to the Faculty.

3. The Clinic assumes no responsibility financially or otherwise for manufacturing errors and/or defects, which are beyond the control of the Faculty.

4. The repair / replacement policy is that any prosthesis / device (which includes fillings, crowns, bridges, dentures, orthodontic appliances, bite guards and possibly other items) which in the judgment of the patient concerned and supervising dental faculty has failed within one year from the date of placement, due to breakage or has been lost for reasons related to placement or otherwise does not perform as planned, will be repaired or replaced with the cost of the repair or replacement borne entirely by the Clinic after authorization from the Assistant Dean, Clinics and Building Services or the Assistant Manager of Patient and Information Services.

**Failure or loss of prostheses / devices after one year from the date of placement is not Clinic responsibility. The costs of repair or replacement of prostheses / devices after one year from the date of placement are entirely the patient’s responsibility.**

**K. RELATIVE VALUE UNITS (RVU’s)**

The “Clinical Comprehensive Patient Care” course uses relative value units as a measure of student clinical production.

RVU figures are determined by the amount of time, skill required and responsibility associated. The accumulation of RVU’s over the period is a measure of the value and volume of experience gained by the student. The accumulation of RVU’s during the course will be used toward determining part of the student’s course grade in Clinical Comprehensive Care III and IV. See the course outlines for more details.

The RVU values for selected treatment procedures, identified by CDA service codes are programmed into the Clinic computer and are displayed in the electronic Clinic fee guide along with CDA codes and associated fees.
PART 5 - MEDICAL EMERGENCIES

1. Medical Emergencies – During Regular Clinic Hours

<table>
<thead>
<tr>
<th>Medical Emergency Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Rescuer</strong></td>
</tr>
<tr>
<td>• Position patient</td>
</tr>
<tr>
<td>• Declare an emergency</td>
</tr>
<tr>
<td>• Establish an airway</td>
</tr>
<tr>
<td>• Begin CPR, if necessary</td>
</tr>
<tr>
<td>• Monitor vital signs (BP, P, R)</td>
</tr>
<tr>
<td><strong>Second Rescuer</strong></td>
</tr>
<tr>
<td>• Obtain oxygen, AED (if necessary), emergency cart and faculty instructor</td>
</tr>
<tr>
<td>• Administer oxygen, if necessary</td>
</tr>
<tr>
<td>• Assist First Rescuer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Take charge of emergency</td>
</tr>
<tr>
<td>• Initiate treatment and administer medications</td>
</tr>
<tr>
<td>• If further emergency services are required, complete Ambulance Request form and bring to Patient Services or call Dalhousie Security (4109)</td>
</tr>
<tr>
<td>• Document incident in patient’s chart</td>
</tr>
<tr>
<td>• Inform Clinic Nurse or her designee</td>
</tr>
<tr>
<td>• Copy of Ambulance Request form goes to Clinic Director</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Services / Dalhousie Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Upon request, call ambulance</td>
</tr>
<tr>
<td>• Meet ambulance at the main University Avenue entrance</td>
</tr>
<tr>
<td>• Escort attendants to patient</td>
</tr>
</tbody>
</table>

In an Emergency phone 4109 (Do not call '911' directly.

2. Emergency Response Carts

There are four medical emergency response carts (Level 1 CE Centre; Level 1 Oral Surgery; Level 2 Main Clinic Centre Aisle near the student phones; and, Level 2 Main Clinic South Aisle near the chart cabinet). These are open and accessible. Emergency meds (Ventolin and Epinephrine) are available from the Dispensary until 5:00 p.m. Please see Clinic Nurse or the Supervisor of Clinical Support if you would like an orientation to the use of the emergency carts.

3. AED’s

There are currently 3 AED units in the Faculty of Dentistry. They are located at the following places:

a. Level 1 - In the hallway of the Dr. J.D. McLean CE Centre (outside the 3M Room)
b. Level 2 - In the centre hallway on the wall next to the Dispensary 1 counter
c. Level 5 - In the main hallway on the wall between the 2 washrooms
4. **Medical Emergency after regular Clinic hours**
   
a. If a medical emergency must be declared after 4:30 p.m., the responsible staff member or instructor on duty must go to the nearest telephones and dial 4109 (not 911). Dalhousie Security will answer your call. Provide the necessary details (what the emergency is, location of emergency, cubicle number, room number, etc.) Security will arrange to meet the ambulance at the main front doors and escort the ambulance assistants to the location of the emergency and assist in the situation. Dalhousie Security has Clinic access keys as the Clinic doors are secured at 4:45 p.m.
   
b. If a fire/building emergency that requires evacuation pull the nearest fire alarm, call 4109 if possible and meet Fire Department and Security at the main entrance on University Avenue.
   
c. If a 4109 call is not required, ensure the individual gets to suitable medical care and fill out the Incident Report form.

**PART 6 - DENTAL EMERGENCIES**

1. **Dental Emergency Care During Regular Clinic Hours**

The following non-prioritized guidelines are intended for use by Patient Services reception staff as well as students when receiving and dealing with requests for emergency treatment within the Faculty's dental clinic.

The Dental Clinic has a moral and ethical responsibility to provide emergency treatment for ‘Active’ patients regardless of the status of a patient's account. All patients will be charged for emergency treatment services unless waived by the Assistant Dean, Clinics and Building Services based on a chart review of 'treatment in progress'.

<table>
<thead>
<tr>
<th>Active Patient of Record (a definition)</th>
<th>Inactive Patient of Record (a definition)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active patients are those who have been 'diagnosed' and 'treatment planned' within the last 12 months regardless of whether or not they have been assigned to a student for treatment. This includes &quot;dental hygiene only&quot; patients as well as patients who have had treatment completed in the Faculty Clinic less than one year ago.</td>
<td>Inactive patients are those patients who have not been 'diagnosed', 'treatment planned' or treated in the Clinic within the last 12 months. This also includes those persons who have not been a patient at the Dalhousie Dental Clinic.</td>
</tr>
</tbody>
</table>

a. **Active Patients Emergency Treatment - During Clinic Operating Hours**

Students are expected to provide emergency care for their own assigned patients whenever needed. When possible this should be carried out during regular clinic hours under the supervision of a clinic instructor. Students are to adjust their patient appointments to accommodate their own emergency patients.

**NOTE:** If a student's patient calls twice in the same day with an emergency and has received no response from the student, the patient will be booked in the Multiservice Clinic and notification of this will be passed on to the Assistant Dean, Clinics and Building Services and the Assistant Dean, Academic Affairs.

**STUDENTS ARE NOT PERMITTED TO RENDER ANY TREATMENT WHATSOEVER WITHOUT THE KNOWLEDGE, PRESENCE AND SUPERVISION OF AN INSTRUCTOR AND THE PATIENT'S CHART IS PHYSICALLY PRESENT.**
b. **Multiservice Clinic (staffed by supervised students)**

Multiservice Clinic is for active patients of students who are not available to handle a dental emergency (for example they are on rotation at VG, IWK or an external clinic, or they are out on an excused absence.

Normally Multiservice Clinic patients are to be seen in the SciCan Clinic. The Director of the ER clinic will supervise the patient's treatment in this clinic. The exception to this is Thursdays when the patient will be seen on Level 2 in the student's assigned chair and supervised by the covering clinical instructor.

Multiservice clinic appointments will be made by Patient Services staff for active patients of record as defined above.

Students assigned to Multiservice Clinic care will pick-up patient charts from the Patient Services at the start of their half-day assignment. These charts must be returned to the Dr. J.D. McLean Centre reception the same day.

The overall **objective** of the Multiservice Clinic is to relieve pain and infection, and to manage hemorrhage and broken prostheses until the patient's assigned student can see the patient and continue their treatment.

c. **Appointment Procedures (Multiservice Clinic)**

The Patient Services staff member receiving the patient request for Emergency care will:
- receive the patient call,
- determine if the patient is currently assigned to a student and if so notify the student to contact the patient
- if not currently assigned to a student, determine whether or not the patient qualifies for dental emergency care in our Clinic,
- check status (financial, attendance, etc.) of the patient's chart and if OK,
- assign the patient an appointment during Multiservice Clinic time, on the Clinic Information System,
- Enter appointment into the Clinic Information System for the student and ensure charts are available for each half day schedule for student to pick up and return to the Dr. J.D. McLean Center reception desk.

d. **Records/Patient Charts**

Details of treatment rendered and disposition of the patient must be recorded by the student in the patient's chart progress notes and signed by the supervising instructor, when you are on Multiservice clinic rotation.

A regular, clinic **health history** form must be filled out and checked by each patient, student and supervising dentist.

e. **Patients who normally DO NOT QUALIFY for Emergency care by Dental Students in the Multiservice Clinic**

Patients who normally will be appointed to the Emergency/Recall Clinic in the SciCan Clinic, if this clinic is operating. Otherwise the patient is to notified to go to a private dentist or their family doctor or a walk in clinic. This would include:

- any person who is not an 'active' patient of the Dalhousie Dental Clinic.

- any 'active' patient whose account is in arrears and is in the possession of the Collection Agency.

- any 'inactive' Clinic patient whose treatment has been completed longer than one year from the date of emergency care or repair/maintenance request.

- patients who have been dismissed from the clinic for various reasons (e.g. treatment too difficult, non-attendance, consistently late arrival at appointments).
f. Post Extraction Emergencies

Patients who experience post-operative difficulties will contact the student who performed the procedure through the voice mail system (494-1000 or 494-2101 if treated in the E/R Clinic). This will provide students with a realistic understanding of what types of post-op emergencies arise and how they should be handled. The student must ensure that the patient knows how to make contact with the student.

• On days when there is an Oral Surgery clinic, the student will attend to the patient in the Oral Surgery area, Level I

• Emergencies before 5:00 pm Monday - Friday when there is NO Oral Surgery clinic (i.e.: Wed PM, etc) the students are to call the VG clinic at 473-7914 to discuss the case with the Oral Surgery resident.

• Emergencies after 5:00 pm on weekdays and on weekends - the student who preformed the extraction will contact the on-call emergency student (497-2939 for student #1 and 497-9344 for student #2) who will seek assistance from the on-call emergency dentist.

• Post-op emergencies generally occur within 72 hours of the procedure therefore it is important that the student be available during this time to meet their patient's needs

2. Emergency Care after Regular Clinic Hours and During Clinic Closures

The Dalhousie Dental Clinic provides a dental emergency service for after hours, during the weekends and during those times that the clinic is closed for active patients. This service is provided by dental students supervised by licensed dentists on an on-call basis. During holidays such as Christmas, Study Break and Summer holidays the emergency service is provided by outside contracted private dentists. This service includes:

a. Conventional dentures - sore spots
   Delivery can be made by the assigned student as long as there is time for one recall. Patients calling with sore spots will not normally be seen in the ER clinic or by after hours dentists. Patients are to be advised to remove denture and contact student and be seen when clinics resume

b. Immediate dentures - sore spots, pain, bleeding
   Delivery deadline is to be at least 2 weeks prior to the end of the clinics in Term 1 and 2 weeks prior to Study week. Patients with pain, swelling or bleeding will be seen in the E/R clinic or by After Hour dentists.

c. Prosthodontics - lost, loose, broken provisional restorations
   • PFM impressions must be in the Lab 3 weeks prior to the end of the clinics in Term 1, Study week and summer closure; patients should not be left with provisional restorations over extended breaks; on rare occasions when they must, provisional restorations should be luted with GIC or zinc phosphate cement.
   • FVC impressions must be in the Lab 2 weeks prior to the end of clinics in Term 1, Study week and summer closure; patients should not be left with provisional restorations over extended breaks; on rare occasions when they must, provisional restorations should be luted with GIC or zinc phosphate cement.

d. Endodontics - pain, swelling
   Any teeth that need an emergency opening should have this done whenever necessary during scheduled clinics. E/R clinic and After hour students/dentists will manage any active patient who call with pain, swelling or bleeding.

e. Oral Surgery - post op pain, bleeding
   E/R clinic and After Hour students/dentists will manage any active patients who call with pain, swelling or bleeding.
f. Orthodontic emergencies (loose broken wires, appliances) E/R clinic and After Hour students/dentists will manage any active patients who call and determine whether patient needs to be seen; will contact the Orthodontic instructor as required.

SEE PAGE 77 FOR "STUDENT EMERGENCY ROTATION" FLOW CHART

3. Pediatric Dental Emergencies

   All Pediatric dental emergencies are managed in the Dental School following school protocol for adult patients. Emergency care will be provided in the Multi-Service clinic during the day and the After Hour Emergency services in the evening and on the weekends.

   If there is an emergency that requires the assistance of the hospital dental service the Resident on call who is supported by a staff Paediatric dentist on call can be reached by calling the IWK switchboard at 470-8888 and asking the operator to page the Resident on call.

PART 7 - SAFETY AND ASEPSIS PROCEDURES

A. CUBICLES - HOUSEKEEPING AND INFECTION CONTROL (also see the Infection Control Manual)

   Housekeeping Guidelines:

   While students normally have an assigned cubicle the cubicle may be used by other students or instructors at anytime. Students may be assigned to other cubicles at any time.

   1. **Laptops in Clinic Operatories** - Regardless of whether the laptops are being used for clinical or pre-clinical activities, whenever your laptop is used in a clinic operatory, the laptop must be placed under the plexi-glass shield and the cleankeys glass keyboard is to be used for entries.

   2. The Medical Emergency Procedure Card must be clearly visible at all times.

   3. Cubicle counters and ledges are to be cleared of all non-essential items. Hand cleanser, disinfectant, chair cleaner and scrap amalgam containers are permitted.

   4. A calendar and clock may be placed in the cubicle.

   5. Although they are not encouraged, personal photos which are framed and in good taste may be displayed (maximum 3) as long as they do not interfere with cubicle asepsis procedures.

   6. Dentally related posters and pictures may be displayed, if they are in good taste, do not interfere with cubicle asepsis procedures and are in good repair and are not excessive in numbers.

   7. All study casts and final impressions are to be stored in Ortho boxes (available from Stores).

   8. Lab pans containing current cases may be kept in the cubicle on the day of the patient’s appointment. At all other times, lab pans, casts, and models are to be stored in assigned lockers or cubicle ice box.

   9. Students are to bring into the Clinic only those items necessary for that clinical activity. Knapsacks, briefcases and other items not needed for the clinic session should be left in the student’s lockers. These items can be a hazard due to limited storage capabilities at the cubicle. They can also be stolen.

   Management of Clinic Waste (see Part 10 F)

CONTINUED ON PAGE 78
STUDENT EMERGENCY ROTATION
Flow Chart
June, 2010

Patient calls

Dental Clinic at 494-2101 and talks to Answering Service

Answering Service confirms:
1. Problem? Dental or Miscellaneous
2. Pain, bleeding or swelling?
3. Patient name and phone #
4. Active patient?
   [as per Clinic Policy and Procedure Manual]

Dental

Answering Service pages / calls one of the 2 on call students

On-Call student calls the patient and completes the information on the questionnaire.

Contacts on call dentist to review patient call. On call dentist will decide if patient is to be seen or not seen, or if Oral Surgery to be contacted.

Patient to be seen

Arranges to meet patient at Dental Clinic for resolution of problem.

AND

Contact other on call student.

On call student to call patient and advise them as to what to do as per on call dentist.

Patient is not to be seen

Their assigned student

If assigned student can not take care of problem, they are to call the on-call student (cell # 497-2939).

Miscellaneous

Patient advised to call the Dental Clinic on the next working day

On Call student calls the patient and completes the information on the questionnaire.

The patient and the on call dentist and both on call students go to the Dental Clinic at the Security entrance. One student meets with patient while the other student and dentist will go to the McLean Centre to set up. Patient must not be seen until all three persons are there. On call dentist will have the keys.

Emergency chart generated

Patient seen and treated. If it is determined that patient needs to go to Oral Surgery or Pediatric Dentistry. Contact information in the Emergency cupboard.

Treatment information entered into Clinic Information System by student using faculty's log in information

Clinic area to be cleaned prior to dentist and students exiting area. Information to be placed in tray on Reception Desk. Return keys.

Next working day the completed chart pages are to be taken to Supervisor of Patient Services by reception staff for review of fee charge and distribution.
CONTINUED FROM PAGE 76

10. **Sound Systems**

   Personal radios or tape recorders are **NOT** permitted in cubicles during clinic hours. If any of these items are turned on or used during clinic hours the student may be dismissed from the clinic.

11. **Notices in Clinic**

   Notices shall only be posted on bulletin boards provided.

   All posted notices must have approval signature from the Office of Clinical Affairs.

   Only professional notices shall be posted on the Dental Clinic bulletin boards. Any offensive notices will be removed.

   No ‘Live at 5’ or pub crawl notices are permitted in the Clinic areas.

B. **REMOVAL OF RUBBER DAMS ETC. PRIOR TO PATIENTS LEAVING CLINIC AREAS**

   Students and supervising faculty are to ensure that endo files, rubber dams and clamps are removed before the patient exits the clinic for fire or emergency reasons. The same policy applies if a patient leaves the clinic to fill a parking meter. Patients needing to use the washroom should use the washrooms in the clinic. Rubber dams do not require removal in this scenario.

C. **IMMUNOCOMPROMISED PATIENTS**

   The Canadian Dental Association (1996) advises the following procedures for treating known immunocompromised patients:
   - consult with the patient's physician and/or an infectious disease specialist to determine if antibiotic therapy is required.
   - use rubber dam if appropriate
   - have patient rinse with 0.2% chlorhexidine 15 ml for 30 seconds prior to initiating treatment

D. **MANAGEMENT OF LATEX-SENSITIVE PATIENTS**

   The Faculty of Dentistry is working towards a latex-reduced clinical environment given the increasing incidence of latex allergies among health care workers and patients.

   a. **Screening**

      1. Identify high-risk patients using the health questionnaire.
      2. If the history indicates that the patient may be latex sensitive, refer to an allergist to verify their condition.
      3. After a definitive diagnosis, note in chart that the patient has a latex allergy.
      4. If immediate treatment is required consider the patient to be latex-sensitive and use latex-free products/equipment available from the Clinic Dispensary. Dental assistant staff can assist.

   b. **Precautions and Protocol**

      1. Schedule latex-sensitive patients at the beginning of the day to reduce their exposure to air-borne latex powder.
      2. Ensure that all dental personnel are aware of patient’s allergy to latex by posting NO LATEX SIGN in the cubicle.
      3. During patient treatment wear non-latex gloves and use products/equipment which are latex-free.
4. Dental personnel should be aware of the warning signs of a latex allergy and be prepared to handle an anaphylactic reaction.

E. PREVENTION OF INFECTIVE ENDOCARDITIS

Guidelines from the American Heart Association (Circulation: Journal of the American Heart Association, April 2007)

<table>
<thead>
<tr>
<th>Table 3: Cardiac Conditions Associated with the Highest Risk of Adverse Outcome from Endocarditis for Which Prophylaxis with Dental Procedures Is Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prosthetic cardiac valve</td>
</tr>
<tr>
<td>• Previous infective endocarditis</td>
</tr>
<tr>
<td>• Congenital heart disease (CHD)*</td>
</tr>
<tr>
<td>- Unrepaired cyanotic CHD, including palliative shunts and conduits</td>
</tr>
<tr>
<td>- 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**</td>
</tr>
<tr>
<td>- Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)</td>
</tr>
<tr>
<td>• Cardiac transplantation recipients who develop cardiac valvulopathy</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Table 4: Dental Procedures for which Endocarditis Prophylaxis is Recommended for Patients in Table 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa *</td>
</tr>
</tbody>
</table>
| *The following procedures and events do not need prophylaxis: routine anesthetic injections through noninfected tissue, taking dental radiographs, placement of removable prosthodontic 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.

<table>
<thead>
<tr>
<th>Table 5: Regimens for a Dental Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation</td>
</tr>
<tr>
<td>Oral</td>
</tr>
<tr>
<td>Unable to take oral medication</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin</td>
</tr>
<tr>
<td>Oral</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin and unable to take oral medication</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

*IM – intramuscular; IV – intravenous.
**or other first or second generation oral cephalosporin in equivalent adult or pediatric dosage.
†Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticaria with penicillins or ampicillin
F. ANTIBIOTIC PROPHYLAXIS FOR PATIENTS WITH TOTAL JOINT REPLACEMENTS

- The American Academy of Orthopaedic Surgeons (AAOS) released a new position paper in February 2009 regarding prophylactic antibiotic recommendations in patients with total joint replacements.
- The AAOS is now recommending that all patients with total joint replacements have antibiotic prophylaxis prior to any dental procedures causing a bacteremia irregardless of when the joint replacement surgery was completed.


Prophylaxis is recommended if patient:
- had a joint replacement less than 2 years ago
- had previous infections in artificial joint
- has an inflammatory type of arthritis, type 1 diabetes, or hemophilia
- has a suppressed immune system or is malnourished
- has a history of prior or present malignancy

Dental procedures with a high risk of bleeding or producing high levels of bacteria in patient’s blood:
- all dental extractions
- all periodontal procedures
- dental implant placement and replantation of teeth that were knocked out
- some root canal work
- initial placement of orthodontic bands (not brackets)
- certain specialized local anaesthetic injections
- regular dental cleaning (if bleeding is anticipated)

Preventive Antibiotics:
- Amoxicillin Adults: 2 grams Oral, 1 hour before the procedure
- Clindamycin Adults: 600 mg. Oral, 1 hour before the procedure

G. PRESCRIPTION WRITING and MEDICATION DISPENSING

A. Prescription Writing

Two types of prescription pads are used within the Dental Clinic:

1. **Triplicate forms**
   
   In accordance with the Nova Scotia Prescription Monitoring Program these are to be used to order narcotic medications for patients. **Faculty are required to carry their own pads with them while working in the clinic.** Two copies of the prescription must be given to the patient to present to the pharmacy.

2. **Dalhousie University forms**
   
   These should be used to order other medications for patients.

B. Medication Dispensing in Clinic

The Oral Surgery Department maintains only sufficient quantities of analgesics and antibiotics to address emergency problems. Analgesics and antibiotics will not be dispensed on a regular basis. Faculty and students should ensure that patients receive appropriate prescriptions to facilitate their treatment.

C. Narcotic/Controlled Drug Record

Narcotic and controlled drugs are not used within the Clinics.
D. **Student Responsibilities**

Prescriptions and medications are **NOT** to be left with the Receptionist. It is the responsibility of the student to give these directly to the patient. A detailed **record** must always be made in the **progress notes** of prescriptions or medications given to the patient.

E. **Before Issuing a New Prescription**

Ask the patient if they have received "additional" prescriptions from any other prescribers (MD/DDS) within the last 30 days. (re 'Double Doctoring' Narcotic Act Legislation).

H. **SEDATION OF PATIENTS**

While it is rare for faculty to authorize and supervise the use of sedation in our intra and extra mural clinics, there is no policy preventing the use of sedations. However the use of sedation does not lend itself to our clinic operations.

Please be advised that the provincial guidelines summarized in the following list must all be observed if sedation is to be used. Students may not sedate patients without the expressed knowledge and one-to-one supervision of the assigned licensed dentist instructor.

1. No sedative drug may be given or prescribed for off site (i.e. out of clinic) use by the patient.

2. All patients must receive written pre-op and post-op instructions. Such instructions must include a warning not to drive after taking the sedative.

3. No person who has been sedated may be discharged on their own recognizance and must be accompanied from the clinic by a responsible adult who will accompany them all the way home.

4. The patient must be monitored continuously throughout the procedure by an appropriate person and by means appropriate for the modality used. The monitoring person must be specifically trained to do so.

5. Appropriate rescue drugs and reversal agents must be immediately at hand during the procedure.

6. The person administering the drug must have specific documented training in its use.

7. A record of pre-op intra-op and post-op vital signs, drug administered and times of administration and discharge must be recorded in the patient’s chart along with the name of the accompanying adult.

I. **NEEDLESTICK, PUNCTURE WOUND POLICY** (See Infection Control Manual)

J. **MANAGEMENT OF EXTRACTED TEETH**

Extracted teeth are generally not to be given back to patients. The teeth will be used for research purposes at the Faculty of Dentistry, sterilized and mounted for preclinical Endodontic lab exercises or disposed of as biohazardous waste. Paediatric patients will receive a certificate entitling them to a visit from the Tooth Fairy in place of receiving their extracted tooth back.

The explanation that can be given to parents is that these teeth are contaminated with bacteria and must be treated as such.

K. **STAFF INOCULATIONS**

Personnel who have contact with patients’ oral mucosa or with items contaminated by patients’ blood/body fluids are required to show proof of immunization against measles, mumps, rubella, varicella, tetanus and influenza. This would include staff, faculty members and student employees working in CSU, the dental lab and the dental clinic. Evidence of tuberculin testing (2 step Mantoux) is also required.
It has long been the practice for the Faculty of Dentistry to cover the cost of staff and faculty members receiving immunization against the Hepatitis B virus. Usually, people have the injections done through University Health Services and we are billed. However, if a person went to their own physician to receive the injection, the individual would be reimbursed by the Faculty, once documentation was provided.

No new employees with patient care or asepsis/sterilization responsibilities will be hired unless they have documentation and blood tests to verify inoculation coverage.

L. **INFLUENZA VACCINATION PROGRAM**

All students will be required to receive annual influenza immunization, unless it is against the advice of their physician. Contraindications include a history of hypersensitivity (allergy) and especially anaphylactic reactions to eggs, egg products, or the preservative thimerosal.

M. **INFECTION CONTROL CHECKLIST FOR DENTAL CUBICLES:**  
(see the Infection Control Manual)

Prior to seeing a patient, students must perform the following procedures:

1. Flush all water lines for **3 minutes** at the beginning of the day.
2. Disinfect cubicle surfaces and allow to air dry for 3 minutes.
3. Set out all necessary supplies and equipment.

**After each patient appointment, students must perform** the following procedures:

1. Remove all needles, suture blades and other sharp items with a hemostat and discard in the sharps container.
2. Remove all gross debris from instrument trays, open hinged instruments and replace the lid.
3. Discard patient contaminated waste (suction tips, gauze etc.) in the headrest cover and tie closed.
4. Disinfect low volume evacuation line by placing hose in 1 litre of prepared evacuation cleaner, allow 10 minutes contact time.
5. Flush all water lines for 30 seconds.
6. Disinfect all cubicle equipment and soiled cubicle surfaces.
7. Clean, dry and lubricate hand piece, run after lubrication and ultrasonic scaler prior to bagging for sterilization.

**Note:** These procedures must be completed before leaving the Clinic floor for class, lunch or at the end of the day.

N. **INFECTION CONTROL MONITORING**

It is the responsibility of faculty (dentistry and dental hygiene) and clinical support staff to monitor clinic protocol and infection control protocol in the clinics. Students should be provided with feedback when and where necessary if infection control protocol has been breeched. Documentation of breeches of clinic protocol violations (including infection control) by faculty is through the **Skills Assessment Form**. Clinical support staff and dental hygiene faculty document breeches of infection control through a **Clinic Protocol/Infection Control Breech Form**.

Breeches in infection control protocol will be followed up on an individual basis by the Supervisor of Clinical Support, Infection Control Nurse or the Assistant Dean, Clinics and Building Services depending on either the frequency or severity of the breech.
Action taken may include any or all of the following:
1. one on one feedback
2. remediation
3. loss of clinic privileges

Evaluation of infection control protocol is included in the Clinical Comprehensive Patient Care courses.

O. MANAGEMENT OF PATIENTS WITH HERPETIC LESIONS (also see the Infection Control Manual)

All stages of recurrent herpetic lesions are potentially contagious, including the prodromal and immediate post-lesion stage\(^1\). Lesions in the vesicular stage, however, are the most contagious\(^1\). Therefore, the guidelines that follow are based on the changing degree of infectivity of the lesions\(^1,2\). Patients who have a history of recurrent herpetic lesions should be advised to contact their oral health care provider if they have a herpetic lesion present before their appointment. Rescheduling of the appointment prevents the inconvenience of dismissing the patient should they attend with an active lesion\(^3\).

Confirm diagnosis of herpetic lesion with dentist prior to any treatment. Location of the recurrent herpetic lesions extra-orally could include the lips or nasolabial folds. Intra-orally they are almost always found on the gingival or hard palate.

<table>
<thead>
<tr>
<th>Stage of Lesion Development</th>
<th>Dental and dental hygiene treatment*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PRODROMAL STAGE</strong></td>
<td>• no treatment restrictions.</td>
</tr>
<tr>
<td>• infectivity +</td>
<td>• modify appointment schedule</td>
</tr>
<tr>
<td>• patient is aware lesion will appear in a few hours.</td>
<td>to avoid lesion in the vesicular stage.</td>
</tr>
<tr>
<td><strong>2. VESICULAR STAGE</strong></td>
<td>• treatment should be limited to relief of pain/infection.</td>
</tr>
<tr>
<td>• infectivity +++</td>
<td>• no elective treatment should be performed**</td>
</tr>
<tr>
<td>• most infectious stage</td>
<td></td>
</tr>
<tr>
<td>• small gray or white vesicle</td>
<td></td>
</tr>
<tr>
<td><strong>3. ULCERATIVE STAGE</strong></td>
<td>• treatment should be limited to relief of pain/infection.</td>
</tr>
<tr>
<td>• infectivity +++</td>
<td>• no elective treatment should be performed**</td>
</tr>
<tr>
<td>• infectious stage</td>
<td></td>
</tr>
<tr>
<td>• small gray or white vesicle</td>
<td></td>
</tr>
<tr>
<td><strong>4. CRUSTING STAGE</strong></td>
<td>• treatment should be limited to procedures that don't produce aerosols or splatter. (no cavitron or gross scaling or polishing, care in removing rubber dam).</td>
</tr>
<tr>
<td>• infectivity ++</td>
<td></td>
</tr>
<tr>
<td>• less infectious than vesicular stage</td>
<td></td>
</tr>
<tr>
<td><strong>5. IMMEDIATE POST-LESION STAGE</strong></td>
<td>• no treatment restrictions.</td>
</tr>
<tr>
<td>• infectivity +</td>
<td></td>
</tr>
</tbody>
</table>

* all patients are to be treated using normal barrier protections (gloves, mask, patient/operator glasses) or universal precautions.

** exceptions depend on:
1) agreement between supervising faculty, student and patient.
   and
2) nature of procedure.

It may be reasonable to perform some procedures under Rubber Dam if aerosols are minimized and the patient is comfortable during treatment.

3) Cover lesion with petroleum jelly prior to treating patient. Take care not to rub the lesion as this can result in spreading the lesion locally.

4) Ensure that the herpetic lesion is not a marker for any underlying systemic disorder, that the patient understands to apply any medications that may be prescribed, that the patient understands how to avoid inoculation and cross-infections.
**Oral Health Care Workers with Herpetic Whitlow**

Due to the highly infectious nature of an active lesion, oral health care providers should be removed from clinical activity during this time. Oral health care providers with an active lesion are to report to the Infection Control nurse for recommendations. An outbreak of HSV-1 gingivostomatitis occurred over a 4-day period where 20 of 46 patients seeing a dental hygienist were infected. Although this occurred before the routine use of latex gloves, the highly infectious nature of this condition dictates this prudent course of action.

1. Siegel MA. Diagnosis and management of recurrent herpes simplex infections. JADA 2002;133:1245-1249.

**P. PROCEDURES FOR INSTRUMENT REPROCESSING/STERILIZATION**

Students must place used instrument trays on aisle cart designated for "dirty" items or return to Dispensary 2 upon completion of patient treatment for pickup. Students should wear gloves when handling dirty trays. Students must return items signed out from the Dispensary back to the Dispensary as soon as possible after completion of treatment. Students will disinfect the top of their cubicle daily. Students are responsible to ensure that gross debris and sharps are removed from the trays and instruments and that all instruments are replaced on the trays. Please ensure that hinged instruments are placed on trays in the open position. Prior to leaving the clinic for an assignment or rotation you are responsible for returning all used instrumentation to the Dispensary.

**PART 8 - RADIOGRAPHIC POLICIES FOR DALHOUSIE DENTAL CLINIC**

The primary goal of the following list is to aid students, staff, and faculty with the Radiology Unit policies.

1. The Radiology unit handles all the processing / scanning and examination of images for the Dental Clinic. This unit is located on Level I, adjacent to the Treatment Planning Clinic. The unit consists of 2 scanning rooms, one student darkroom, 15 x-ray cubicles and 2 specialized rooms for panoramic, TMJ, orthopans and cephalometric images. There is also a scanning room on Level 2 (Room 2459).
2. Patient xrays can be scanned on Level 2 in Room 2459 or in the Radiology Unit by staff assigned to these areas.
3. Lead protection will be used on all patients at all times. Please hang aprons back on hangers provided.
4. The CIS software keeps records of all radiographic exposures. The information needed on each patient for processing is: PATIENT NAME, CHART NUMBER, STUDENT OR INSTRUCTOR'S NAME, NUMBER OF FILMS and WHICH RADIOLOGY CUBICLE was used. All of this information must be recorded on the envelope, before the PSP’s can be processed for the student. A record of all radiographic exposures is to be
entered on the inside back cover of the patient chart.

5. All patients who need EXTRA ORAL RADIOGRAPHS must have an instructors’ signature in the progress notes with the request for the specific exposure. The chart will be with the patient at all times when they are in the Radiology Unit on Level I. Students are not able to take any extra oral images. All extra oral images are to be taken by a staff person.

6. The proper procedure for taking intra oral radiographs at the Faculty of Dentistry is the paralleling technique. This technique is to be used at all times unless circumstances warrant other methods be used, e.g., endo, gagging patients, etc. The paralleling kits are available at the Dispensary on Level II and from the Radiology unit on Level I.

7. The PSP plates are signed out for patient exposures from the Scanning Room (Room 2459) on Level 2 and the Radiology Unit on Level 1.

8. The exposed PSP plates are then DRIED OFF COMPLETELY with the kleenex provided in each cubicle. DO NOT WASH OR DISINFECT FILMS. Put exposed PSP plates in small plastic bags provided in each cubicle before putting them in envelopes. Ensure all information is filled out on the envelopes provided and take PSP plates to the scanning room (Radiology unit on Level 1 or Room 2459 on Level 2).

9. Students may view their images on their laptop approximately 5 minutes after they have been received. Times may vary when there are more clinics in happening (e.g. Oral Diagnosis/Screening clinic).

10. DO NOT FAIL to seek assistance if your processed images are not acceptable.

11. All radiology cubicles are to be kept neat and clean. After every patient the student shall wipe down all parts of the cubicle they have touched with disinfectant solutions provided, e.g., tube head, button, dispenser.

12. All PSP plates are to be signed into the scan room or Radiology Unit on Level 1.

13. Faculty and staff may be observing any radiographic procedure. It is, therefore, wise for all students to observe carefully all correct radiographic procedures, i.e., lead aprons, collars, infection control, etc. Gloves are to be worn when working with patients.

14. The Radiology processing room and the Scan Room on Level 2 will be open from 8:45 a.m. - 11:45 p.m. and 1:15 p.m. - 4:15 p.m. Any film brought to be processed after this will be done the following morning.

**Radiology Unit**

The Radiology unit offers the following:
- a printing service for radiographs taken at the Faculty clinics and for private practices. The original images are not to leave the Dental Faculty. The patients will be charged for this service and the cost depends on the amount and type of images that need to be duplicated. There is a turn-around time of about two days for clinic patients and approximately one week for private dentists depending on the amount received and the workload in the darkroom.
- Camera sign-out for intra and extra oral photos
- Importing all digital images to axiUm
- Printing digital x-rays as requested

**PRECLINICAL:**

**Radiology Labs - Preclinical Training - Film:**

1. The DXTTR phantom heads that students use in the preclinical lab exercises are to be handled with care and to be returned to their proper storage spaces at the end of each lab in room 1702.

2. The films for the lab exercises will be provided for you. They will be located just outside the main darkroom door (room 1222) in specific containers on the cart.

3. Students working in the radiology preclinical labs will process their own films in the student darkroom (room 1220) or other facilities as announced.
4. If there are problems with the student processing facilities please let the darkroom staff know as soon as possible.

**Radiology Labs - Preclinical Training - PSP Plates:**

1. The DXTTR phantom heads that students use in the preclinical lab exercises are to be handled with care and to be returned to their proper storage spaces at the end of each lab in room 1702.

2. The PSP plates for the lab exercises will be provided for you in your first year kits (DDS1, DH1). **Do not use the patients only PSP plates.**

3. Students working in the radiology preclinical labs will scan their own PSP plates in Room 1216 or other facilities as announced.

4. If there are problems with the student processing facilities please let the darkroom staff know as soon as possible and your PSP plates will be processed for you through the main processing room.

**Preclinical Student Darkroom and Portable Processors for films**

1. The student darkroom is **ONLY** to be used for all preclinical radiographic processing. (e.g. preclinical labs).

2. The student darkroom will be open during scheduled preclinical times.

3. All students must fill out the radiographic form (located outside the darkroom) indicating their name and the number of films they are processing for quality assurance.

4. Lead foil is separated from all processed film packets and collected for recycling. Containers are available for the collection of lead foil and the disposal of empty film packets in the student darkroom.

5. The student darkroom processors will not be available on Wednesday afternoons due to maintenance of equipment.

**Preclinical Endo Typodont Processing:**

1. Scanners are located on Level II Room 2459 for preclinical labs.

2. The room will be accessible during lab times only and all PSP plates will be scanned by staff.

**PART 9 - DENTAL EQUIPMENT - CARE & MAINTENANCE**

Senior dental and dental hygiene students are assigned fully equipped clinic cubicles at the beginning of each academic year.

Students are responsible for the general, routine care and maintenance of the equipment in their assigned cubicles. This includes proper handling and cleaning of equipment and avoiding misuse.

Students are requested to turn off the unit "master on/off toggle" switch and operating light when equipment is not in use.

All intra-oral instruments and hand pieces must be signed out from the Sterile Dispensary for each patient.
Repair Requests to the Technical Services Unit:

Equipment repairs are to be reported to the Equipment technician by completing the Clinic Equipment Repair Form on your laptop computers located from the Citrix sign on page, or from the Faculty of Dentistry website by clicking on the Dental Equipment Repair Request. Fill out and submit the request and the technician will then contact you directly in your cubicle about the repairs.

If any equipment, including hand pieces, chair, light, operator's cart, etc. becomes damaged or malfunctions a Clinic Equipment Repair Form must be completed promptly. All students, staff and Faculty needing equipment repairs are to use the Equipment Repair Request. Maintenance or repairs will be done as soon as possible.

Prior to being repaired it is necessary that exterior surfaces of the equipment be cleaned by the student. If it is necessary to repair the interior of a piece of equipment every effort should be made to disinfect or if possible sterilize it first. Protective barriers should be worn by the technician (glasses and mask if splatter is expected, gloves for handling objects contaminated with patient fluids).

PART 10 - OCCUPATIONAL HEALTH POLICIES

A. WHMIS

Dalhousie University utilizes the Workplace Hazardous Material Information System (WHMIS) to ensure that all persons are informed about hazardous materials used on campus. Please contact the Assistant Manager of Clinical Services if you require any additional information.

B. Chemical Spill Instructions

The Dental student is responsible to clean up spills, which occur in clinical areas, with assistance from the Dental Assistant.

The Infection Control Officer provides all supplies for chemical spills in the Chemical Spill Cupboard. [Locations are: Level 1 Oral Surgery by the emergency cart; Level 2 one by each of the emergency carts]

Use protective attire as necessary.

An absorbent pillow or Kimtuff wipes are to be used to clean up the spill.

Contain waste materials. Place in alginate container and label as to contents. Broken glass is to be boxed and labeled. (Boxes and markers are available at Dental Stores.)

Labeled, contained chemical waste and boxed material should be transported to loading area on Level 2. (Material is available at Dental Stores. Ask your Dental Assistant or Dispensary clerk to contact the Office of Clinical Affairs and Building Services if clean up assistance from a custodian is required.

Please ensure the Spill Incident Report available inside each Spill cupboard has been completed and returned to the office of the Manager of Clinics and Building Services (Room 1210).


a. Acid Etch Solutions and Gels

- Dental personnel and patients must wear protective eye wear when acid materials are being used.
- Handle acid-soaked material with forceps or gloves.
- Use high-volume vacuum evacuation to minimize aerosol dispersion while rinsing after acid etching.
- Avoid skin, soft tissue or eye contract with acid etch solutions or gels.
- If there is skin or eye contact with acid etchant, rinse with a large amount of running water. Seek medical help.
b. **Flammable Liquids**

These include acetone, ethyl alcohol, isopropyl alcohol and methyl ethyl ketone.

- Store flammable and combustible liquids appropriately.
- Minimize the amount of flammable liquid in storage.
- Keep flammable and combustible liquids in areas physically separated from other activities in the building either by distance or by fire-resistant barriers.
- Have fire extinguishers available at locations where these liquids are stored or utilized.
- Provide adequate ventilation.
- Avoid sources of ignition in the storage or work areas or in the path of the vapor.

c. **Mercury**

- Alert all personnel involved in handling mercury to the potential hazards.
- The protective cover of the amalgamator shall be closed while agitator is functioning.
- Pre-measured disposable capsules shall be used.
- Work in well-ventilated spaces.
- Avoid direct contact or handling of mercury.
- No free mercury shall be evident in or around amalgamators or counter tops, on floors or on other dental equipments.

d. **Organic Chemicals**

These include alcohol, ketones, esters, aromatics such as benzene and toluene, ethers, most solvents and thinners, formaldehyde, and monomers such as methyl methacrylate and dimethacrylates. Halogen-containing organic liquids include chloroform and carbon tetrachloride as well as some solvents and cleaners.

- The dental clinic maintains Material Safety Data Sheets to provide detailed information on precautions and proper handling of materials.
- This information shall be used to educate personnel on proper handling and hazards of organic chemicals.
- Store containers on flat sturdy surfaces.
- Keep containers tightly closed when not in use.
- Avoid inhalation of volatile vapours.
- Do not allow skin to contact materials containing organic liquids or monomers; never touch materials with bare hands.
- Use forceps or gloves when handling contaminated gauze or brushes.
- Do not eat, drink or smoke in vicinity of these materials.
- Do not use or place materials near an open flame.
- Clean outside surfaces of containers after use to prevent skin contact.
- Use a flammable solvent clean-up kit in case of spills.

e. **Radiographic Chemicals**

- Avoid skin contact with radiographic chemicals and solutions.
- Wear heavy duty gloves when handling radiographic chemicals.
- Wash off chemicals with large amounts of water and pH balanced soap if contact occurs.
- Work in well ventilated areas. Venting to outside is desirable if there are high levels of air contamination.
- Store radiographic solutions in tightly covered containers in a dark cupboard.
- Clean up spilled chemicals immediately.

f. **Pickling Solutions**

- Educate personnel in the handling and hazards of pickling solutions.
- Use in well-ventilated areas.
- Wear safety goggles for eye protection.
- Use forceps to hold the object for pickling.
- Minimize the formation of airborne droplets and agitation of the solution.
- Avoid splatter of solution.
- Rinse prosthesis thoroughly after pickling.
- Cover solution containers when not in use.
- Store solution glass in containers on sturdy surface to prevent accidental spilling or breakage.
- Keep a commercial acid spill clean-up kit available.
- Rinse with a large amount of running water in case of eye or skin contact and seek medical attention as necessary.

**g. Plaster and Other Gypsum Products**

- Use gypsum powders and trim models and investments in areas equipped with an exhaust system.
- Minimize agitation of powder during handling.
- Use eye protection (goggles) while handling powders or trimming models.
- Burn out investments only in areas with an exhaust system.
- Plaster traps are to be cleaned on a regular basis but not with acidic drain cleaners.

**h. X-Radiation – see Radiographic Services**

**i. Visible Light (Radiation)**

- Use protective filtering devices and either eyeglasses or eye shields while curing visible light-activated resins.
- Select protective eyeglasses matched to the energy spectrum being used for adequate protection of the eyes.

**j. Sharps [see Management of Needlestick and Mucous Membrane Exposures - in the Faculty of Dentistry Infection Control Manual]**

- Handle sharp instruments and needles carefully to prevent unintentional injury.
- Use one-handed scoop method to recap used needles.
- Do not bend, break or otherwise manipulate used needles by hand.
- Use hemostats to remove used needles from dental syringe and scalpel blade from handle.
- Dispose of in the cubicle 'sharps' containers only.

**D. Eye Protection (Patient Safety)**

To minimize the risk of eye injury during dental treatment the student must provide safety glasses to the patient and they must be worn for every visit. Patients may choose to wear their own prescription eyeglasses.

**E. Scent-Free / Smoke-Free Policy**

Dalhousie is a national leader among universities for its scent-free and smoke-free policies. We are committed to providing a safe and healthy environment in which to work and study.

Fragrances can trigger asthma attacks, allergies and other medical conditions in some individuals; others may react poorly when exposed to second-hand smoke. To prevent harm to people who suffer from chemical sensitivities, please avoid wearing scented products including soaps, perfumes and personal care products to school or work. Smoking is prohibited on campus; those who wish to smoke must leave university property to do so.

Faculty, staff and students are expected to participate in the scent-free / smoke-free initiative. Students are asked to politely inform all patients of these policies.

Please remember, we all share the same air.
F. Waste Disposal

a. Chemical and/or Biohazardous Wastes

As per Safety Office guidelines, It is no longer acceptable to drop off chemical or biohazardous waste in Dental Stores.

- The new collection site is in the Level 1 freight elevator vestibule.
- All chemical waste must be transferred to an approved plastic container and properly identified on labels provided by the Safety Office.
- Copies of the Safety Office guidelines, chemical waste schedule, chemical containers/labels and Chemical Lab Pack Disposal Forms are available from Building Services/Dental Stores upon request.

Acid Etch Solutions and Gels

i. Wear safety glasses and examination gloves
ii. Flush empty acid etch syringe with water to remove any residue
iii. Discard empty acid etch syringe in regular garbage

Flammable Liquids

These include acetone, ethyl alcohol, isopropyl alcohol and methyl ethyl ketone. Do not dispose of in the sanitary sewer system.

Mercury

Empty amalgam capsules are non-hazardous and can be discarded in the garbage.

Non-contact amalgam that has never been in the patient's mouth, can not be discarded in the garbage, washed down the drain, or placed in the sharps container. Discard amalgam in sealed plastic jars labeled Mercury Waste: Non-contact Amalgam. These jars are available in each cubicle for easy access. No other materials (capsules, floss, cotton rolls etc.) are to be placed inside. The Dental Assistant staff will be responsible for their maintenance.

Contact amalgam is suctioned from a patient's mouth, when old restorations are removed or new restorations are shaped/polished. The Dental Assistant staff will maintain the suction traps. Extracted teeth with amalgam restorations cannot be discarded in the garbage. They are to be collected in sealed plastic jars labeled Mercury Waste: Extracted Teeth with Amalgam Restorations. These jars are available in Dispensary 2, SciCan Clinic and the Oral Surgery clinic.

Organic Chemicals

These include esters, aromatics such as benzene and toluene, ethers, most solvents and thinners, formaldehyde and monomers such as methyl methacrylate and dimethacrylates. Also, any halogen containing liquids which include chloroform and carbon tetrachloride.

Do not dispose of in the sanitary sewer system.

b. Biomedical Wastes

Providing dental care creates wastes which must be handled safely and in accord with local, provincial and federal regulations.

Sharps

- Used needles, scalpel blades and other sharps are to be placed in puncture resistant-containers at the site of use.
• When the container is three quarters full, the Dental Assistants will seal the container using the attached lid.
• With the lid in place, Dental Assistants will deliver the filled containers of sharps to Dental Stores.
• As required the Clinic staff will transport the containers to room 1740 where they will be placed in the appropriate BioBin.
• Sharps containers will be collected monthly by the Safety Office for disposal by incineration.

A licensed carrier (All Points/Medic Courier) will collect full containers of sharps from off site clinics.

Single Use Dental Burs and Endodontic Files

Surgical burs used for periodontal and oral surgery procedures are deemed to be single-use. Given the difficulty in assuring the cleanliness and sterility of these reprocessed items, they are to be discarded at chair side, immediately after use. The operator or dental assistant will place the used bur in the sharps container.

Nickel Titanium rotary instruments used during endodontic procedures are designed as single-use by the manufacturer. They are to be discarded at chair side, into a sharps container, immediately after patient treatment.

Fluids

Blood, suctioned fluids and other liquid waste may be carefully poured into a drain connected to a sanitary sewer system. If Group IV, Schedule VII* organisms are known or suspected to be present, disinfect fluid waste prior to discarding.

Glass collection bottles should be cleaned and dried before reattaching to the suction system. Plastic collection bottles should be rinsed free of blood prior to collapsing and placing in the garbage.

Solids

Solid waste, i.e., gloves, masks, suction tips contaminated with blood or body fluids are to be placed in sealed, sturdy, impervious bags to minimize human contact. Items that are dripping blood, or saturated with it, may be reduced to general waste by simply squeezing or rinsing out over a sink. If Group IV, Schedule VII* organisms are known or suspected to be present, solid wastes must be autoclaved prior to disposal.

Clinic waste should be collected in dark green garbage bags and placed in the dumpsters outside the building for pick up every 24 hours. To discourage vandalism, no garbage should be left in the dumpsters over the weekend.

G. Minor Injuries/Illness (Faculty, Staff, Student or Building Visitor)

In the event of a minor injury or illness in the Dental Clinic, the following guidelines should be adhered to in obtaining medical assistance.

If the person sustains a minor injury but feels that he/she should be seen by a doctor, they may report to University Health Services located in Howe Hall (corner of LeMarchant and Coburg Road).

NOTE: An Accident Report Form must be completed within 24 hours. They may be obtained from the Office of Clinical Affairs (Room 1210, phone number 494-1681) or Ms. C. MacLean, RN (phone number 494-1673). Completed forms must be returned to the Office of Clinical Affairs within 24 hours. Copies of all Accident Report Forms are forwarded to the Dalhousie Safety Office for follow-up.

H. Personnel Pre-requisites (immunizations) - See the Faculty of Dentistry Infection Control Manual.
I. Management of Needlestick and Mucous Membrane Exposures - See the Faculty of Dentistry Infection Control Manual.

PART 11 - PROCESSING DENTAL LABORATORY ORDERS
(DENTAL CLINICAL SCIENCES REQUIREMENTS)

THE FOLLOWING INFORMATION HAS BEEN PROVIDED BY THE DEPARTMENT OF DENTAL CLINICAL SCIENCES FOR YOUR INFORMATION.

A. PATIENT ACCEPTABILITY
Divisions of Removable & Fixed Prosthodontics, Implant Dentistry
Faculty of Dentistry, Dalhousie University
Revised by G. Doyle: January 28, 2011

UNDERGRADUATE STUDENTS

1. Patients with the following conditions will NOT be treated at the Faculty of Dentistry:
   1. Amount of treatment required cannot be managed in a reasonable time period.
   2. Dentate patients requiring an increase in the occlusal vertical dimension.
   3. Patient with insufficient interocclusal space for replacement teeth.
   4. Patient requires removable partial denture (RPD) with onlay rests.
   5. Patient who has more than four cast restorations in the treatment plan. A case with more than four restorations requires written permission of the Head of the Division of Fixed Prosthodontics or Implant Dentistry (must be a signed chart entry – consultation page preferably).
   6. Patient wanting or requiring intra or extra coronal attachments (no precision/semi-precision RPD’s).
   7. Teeth that must be double abutted.
   8. FPD’s that include a pier abutment.
   9. Multiple porcelain veneers (more than one) will only be provided by the ART elective students after screening by the ART elective director.
   10. Medical or other contraindications to treatment.
   11. Unreasonable expectations/suspected emotional/psychological problems that students could not handle reasonably.

2. Patients with the following conditions will NOT be accepted for COMPLETE DENTURES:
   1. Patient can’t commit to time required to make dentures.
   2. Minimal/no residual ridge.*
   3. Floor of mouth is higher than the residual ridge (with or without tongue raised).*
   4. Movement of lip, cheeks, or tongue causes attached mucosa over the ridge to move.
   5. Patient who has had or requires ridge augmentation or vestibuloplasty.
   6. Complete upper denture opposing only six anterior mandibular teeth, unless patient in agreement to removable partial mandibular denture.
   7. Complete upper denture only opposing edentulous mandibular arch.
   8. Partial lower denture opposing existing complete upper denture (often teeth not in appropriate position).
   9. Medical or other contraindications to treatment.
   10. Unreasonable expectations/suspected emotional/psychological problems that students could not handle reasonably.
   * possible implant patient

3. IMPLANT CLINIC (All Other Cases Refer to Private Practice)

Normally only patients who fit the following criteria will be accepted for treatment. This is not an all-inclusive list.
A. **Implant Elective Program**
   1. Implant retained overdentures with acceptable residual ridges and not requiring vestibuloplasty.
   2. Single tooth replacement cases.
   3. Multiple tooth replacement cases for fixed restorations **NOT** exceeding **SIX** units.
   4. Cases that require restorations of multiple edentulous sites **NOT** extending beyond **SIX** units.

B. **Non-Elective Implant Program**
   1. Single tooth replacement cases (except for cases deemed too difficult by faculty).
   2. Multiple tooth replacement cases for fixed restorations **NOT** exceeding **THREE** units.

C. **Non-Acceptable Cases for Implant Supported Restorations**
   1. Patients who require vestibuloplasty or other surgical procedures that would render the case too complex. This does not include sinus lift procedures that would normally be considered routine.
   2. Patients whose treatment cannot be managed in a reasonable time period or who must travel long distances thus making their predictable attendance at appointments difficult, especially in winter.
   3. Patients who will be unavailable for appointments for extended periods of time (e.g. patients who winter away from Nova Scotia).
   4. Dentate/Implant patients requiring an increase in vertical dimension of occlusion.
   5. Patients with insufficient interarch space for replacement teeth.
   6. Patients who may require cantilevered pontics in the posterior segments.
   7. Patients with unreasonable expectations with regard to their potential implant restorations and treatment relating to either esthetics or function.
   8. Patients who demand immediate placement of implants following tooth extraction.
   9. Patients who demand immediate loading of implants following placement.
   10. Patients requesting materials or restorations deemed non-acceptable in certain situations.
   11. Patients who have had implants placed outside the faculty without proper diagnostic restorative input or who have implant systems placed that we normally do not restore at Dalhousie.
   12. Patients who will not accept the suggested number of implants or implant restorations that the faculty deem necessary for treatment.
   13. Patients who refuse to have the required number of radiographs during treatment.
   14. Patients with medical conditions that may contraindicate implant treatment.
   15. Patients whose smoking habits may contraindicate implant treatment.

B. **Occlusal splints/bite planes/night guards** *(Memo from Dr. D. Matthews, received April 16/10)*

For purposes of standardization and simplicity, we will use the following design for all occlusal guards in the clinic. The same design is appropriate for managing TMD patients, protecting the periodontium in cases of secondary occlusal trauma, or protecting teeth and fixed prostheses from parafunction.

The Dental Lab has been instructed to fabricate occlusal appliances as follows:
   - Maxillary hard acrylic
   - No palatal coverage
   - No clasps
   - Light, even occlusal contact with freedom in excursive movements
   - Slight anterior ramp to allow for anterior guidance and cuspid rise where possible.

If you have questions or concerns, please feel free to discuss this with Dr. Matthews.

C. **Finishing, Rubber Wheeling and Polishing PFM and Cast Gold Restorations**

**Ceramic Alloys**

Three alloys are used in the Dental Lab: Degudent H (an extra hard noble metal), Classic IV (a hard hi-noble metal, usually used for single crowns and 3-unit fixed appliances) and Rexillium V (a non-precious metal, used for etched bridges). These metals are difficult to polish, compared to conventional gold, e.g. type II and III casting gold. The secret to achieving an acceptable surface quality is to eliminate the oxide layer, which builds up on the metal while in the porcelain furnace.
The following steps should be routinely followed:

a. Refine the occlusal anatomy – if necessary – using a #1 round bur.

b. Gross metal recontouring removal can be accomplished using a heatless stone. The white rubber wheel (which is very abrasive) can be used to initially polish the areas adjusted with a heatless stone.

c. The pink rubber wheel is used to eliminate the oxide layer and smooth any surface roughness on the axial walls. These pink wheels can also be used to polish the porcelain, as can the Dialite ultra-fine wheel. The margins should be finished using mounted points – brown, then green – Do not remove excess metal!

d. To produce a shiny surface and to polish the occlusal surface, three points are available: blue, red and gray. These can be used in that order to produce a highly polished surface.

e. Following polishing using rubber wheels and points, a final polish can be done using soft Robinson bristle brushes and polishing pastes, e.g. yellow (Tripoli) and green (Jeweller’s rouge) in that order. Use a separate brush for each paste and only a small amount of polishing compound.

f. Steam clean inside and out before inserting.

**Type II and III Gold**

Without the oxide layer to contend with, finish and polish of conventional type II and III castings is reasonably easy to attain.

Before attempting to polish the restoration, mark the contact areas using articulating foil. Once the restoration is seated on the #3 die, refine the occlusal surface, removing gross interferences with a heatless wheel and a white rubber wheel. The following steps then should produce an acceptable polished surface:

a. The occlusal anatomy may be refined using a #1 round bur. Polishing of the occlusal surface can then be accomplished using a series of mounted points, e.g. white, brown and green in that order.

b. The buccal, lingual and proximal surfaces may be finished and polished using one of two methods:

   1. Brass centered Moore paper discs, using medium garnet, fine sand and fine cuttle. These discs are followed by Robinson bristle brushes and polishing pastes, e.g. yellow (Tripoli) and green (Jeweller’s rouge). Exercise caution when polishing near or at the margin so as not to remove metal.

   2. Rubber wheels, which roughly correspond to the paper disc in abrasiveness. The white is very abrasive and will not normally be used. Pink, then brown and finally green should produce a smooth surface. As with the discs, the final polish and high shine should be attained using bristle brushes and the two polishing pastes.

c. The restoration must be steam cleaned before insertion.

Following insertion, any minor adjustments and touch-up can be accomplished using a friction grip head – preferably slow speed – and the small sharp points – the blue, red and gray (Dialite) points for ceramic alloys, and the white, pink and green for the conventional casting materials.

**D. Provisionals (from a memo from Dr. G. Zwicker dated May 19, 2006)**

The addition of bisacryl composite provisional materials - specifically 3M Protemp 3 Garant - was introduced to students in Prosthodontics III several years ago. The guidelines relative to the indication for use at Dalhousie are unchanged, and are:

a. DDS4/QP II students will be permitted to fabricate provisionals, using Protemp 3 Garant, on bitstone dies **indirectly**. The impression will be made using a polyvinyl siloxane impression material, with cord retraction. Students must be aware of the type of template they must use, e.g. lab putty, not Cuttersil.
b. INSTRUCTORS ARE ENCOURAGED NOT TO PERMIT STUDENTS TO FABRICATE THESE PROVISIONALS DIRECTLY (IN THE MOUTH). There may be exceptions, and if so, instructors will make the decision and maintain strict supervision of the procedure. The use of the materials directly will not be permitted for competency situations.

c. It is recommended that Protemp 3 Garant not be used in the construction of multiple unit provisionals for a fixed prosthesis.

E. Dual Arch Impression Lab/Clinical Protocol (from a memo from Dr. G. Zwicker dated Oct.1, 2008)

Following making an impression, (using a dual arch tray) deemed satisfactory by the clinical instructor, the clinical instructor will sign the 001 lab prescription form in the area identified as “dual arch technique”.

The impression will then be submitted to the production laboratory; a laboratory technician will pour the #1 and #2 dies, the maxillary and mandibular arches and articulate the case on the special articulators and return the articulated casts and dies to the student.

The student will trim the dies and have the laboratory prescription completed and signed by a clinical faculty member (preferably the same person who approved the impression). The case is then submitted for fabrication of the restoration.

The dual arch technique may be used for posterior post and cores, but will not be used for restorations in teeth that do not have a distal proximal contact. The technique cannot be used for restorations that are being used as abutments for removable partial dentures, which involve other abutments on the contralateral arch.

F. Custom Tray Fabrication (from a memo from Dr. G. Zwicker dated Sept. 30, 2005)

All impressions that are made using polyvinyl siloxane - removable prosthodontics, fixed prosthodontics or crowns/inlays/veneers require custom trays.

The Dental laboratory provides custom trays for complete dentures and removable partial dentures. Students are responsible for tray fabrication for fixed prosthodontics and crowns. Generally, these trays are made using Triad material, or in the senior lab using self-curing acrylic material. Full arch trays are mandatory.

Trays constructed by students - Triad or acrylic - must be fabricated according to the laboratory instructions given to you in preclinical Cariology II exercise. Improperly trimmed and ill-fitting trays will be rejected by Faculty; therefore, get approval of your tray prior to the appointment from a Prosthodontic instructor.

In the event that a remake of an impression is necessary, a quadrant tray is useful. These quadrant trays are also custom trays, and it is the student's responsibility to fabricate these as well. Preformed quadrant trays, drawn from the Dispensary, are not an option.

G. Check Steps for Patient Treatment in All Clinics (Updated November 17, 2005)

- Patient, procedure and unit must be booked into axiUm by 3:00 PM the previous day
- Patient’s chart must be present at unit at all times during appointment
- Medical history must be reviewed before each appointment; document changes as required on Medical Update page; enter NC Med Hist on Progress Notes if no change has occurred
- Planned procedure on approved Treatment Plan or added as minor addition on page 12
- Instructor must be present and all proposed treatment verified and approved prior to any and all intraoral procedures (examples include clinical examination, anaesthesia, impressions)
- Any change to treatment plan/prosthesis design must be approved and documented
- Any laboratory prescription must be prepared prior to sending to the Laboratory
- Completed restoration or prosthesis must be checked prior to patient dismissal
- Patients are to have all procedures completed and are to be dismissed from the clinic by 11:45 AM or 4:15 PM.
Operative Dentistry
- Proper rubber dam isolation
- Removal of defective restoration or gross caries
- Completed preparation
- Matrix with wedges and appropriate base/liner
- Completed restoration

Fixed Prosthodontics
- Preliminary irreversible hydrocolloid impressions
- Shade selected for porcelain restorations
- Review of preparation design and diagnostic mounting
- Completed preparation
- Retraction cord in place prior to final impression
- Hydrocolloid or PVS impression for indirect provisional
- Provisional restoration (uncemented)
- Provisional restoration cemented
- Final impression
- Facebow and occlusal records
- Master casts and dies with completed prescription
- Finished restoration on master cast
- Adjusted restoration prior to cementation
- Cemented crown after complete removal of cement

Removable Prosthodontics
- Complete and Removable Partial Dentures
- Preliminary irreversible hydrocolloid impressions
- Adjusted custom tray prior to border molding
- Order molded custom tray (including or RPD modified cast impressions)
- Final impression
- Adjusted record bases and occlusion rims at proper OVD
- Facebow record on patient and on articulator
- Centric jaw relationship record prior to mounting mandibular cast
- Protrusive record on articulator with condylar adjustments completed
- Shad and mold selections
- Wax tryin after complete assessment of setup
- Pressure indicator paste on adjusted denture bases
- Centric record for clinical remount prior to mounting mandibular cast
- Adjusted occlusion on articulator after clinical remount
- Removable Partial Denture Additional Steps
- Unadjusted RPD framework intraorally with student suggestions for adjustment
- Adjusted RPD Framework (fit and occlusion)

H. FABRICATION OF ORTHODONTIC RETAINERS

It is required that orthodontic patients who are having their braces removed also have their retainers inserted within 24 hours. In order for the Dental Lab to fabricate appliances within 24 hours, the following protocol must be followed:

1. The retainer insertion appointment is booked with 1) the patient 2) the instructor who will cover the insertion on the following Tuesday morning and 3) the Dental Lab NO LESS THAN 1 WEEK AHEAD OF TIME.

2. The orthodontic debond appointment is a 9 AM Monday morning appointment during Ortho blocks. The debonds ARE NOT to be booked later in the morning and only that one patient is to be booked when debonding.
3. The models for the retainers must be poured and delivered to the Dental Lab with the lab script prior to noon on the Monday in order to ensure the retainer can be made for the following day. Models are not to be delivered to the Dental Lab at the end of clinic Monday afternoon. And, the Dental Lab would prefer if the models could be brought up as soon as possible as often there are multiple cases that require retainers the next day.

4. The retainer will be inserted on Tuesday AM. The student must prebook an orthodontic instructor to cover them for the retainer insertion (see #1).

Please follow the protocol so we can continue to have the retainers made for a 24 hour insertion.

I. REPLACEMENT/REPAIR POLICY FOR PROSTHESIS/DEVICES

See the Clinic Fee Guide for this information (RESPONSIBILITY/REPLACEMENT/REPAIR INFORMATION)

J. MANAGEMENT OF CHILDREN AT DALHOUSIE DENTAL CLINIC

1. The Faculty of Dentistry has made a commitment to two elementary schools, Harbour View and Nelson Whynder to provide dental care for each child that is seen for dental treatments and to provide basic preventative, restorative and emergency care that is deemed necessary by the supervising dentists.

2. This policy includes the provision of care for all children even those that are over the age of 10 (not covered by MSI). Parents are to be made aware of the fees for services for their children over 10 years and that they will be sent a statement of treatment at the end of the month. The parents will receive these statements for 3 months and after that time the Faculty will reconcile their accounts as necessary. If the parents are unable to afford care for their child, necessary preventive, emergency and restorative treatment will still be provided by our students. Parents unable to make payments must be informed by staff at these clinics that their child will still be provided with the above-mentioned care.

3. Patients covered by Quik Card at Nelson Whynder are to have pre-authorization for care managed through the Clinic coordinator/Dental Assistant, Juliette Thomas. The child is to receive the care they require whether the procedure is covered or not which includes treatment in the Oral Surgery Clinic at Dalhousie Dental Clinic.

4. In summary, once we have made a commitment to provide dental care for the children at our clinics, basic preventative, restorative and emergency care will always be provided when appropriate pediatric coverage is available.

PART 12 - PROCESSING LABORATORY ORDERS

(DENTAL LABORATORY REQUIREMENTS)

1. The Clinic Dental Labs are located on the third floor in the northwest corner of the building. These labs are staffed by trained dental technicians who provide a wide range of laboratory services.

2. Dental Lab staff are not authorized to be class instructors to demonstrate in classes. Course directors who wish to utilize Lab staff must submit a written request to the Assistant Dean of Clinics and Building Services for review and consideration.

3. Normally, tooth shade selection is to be done by students and their instructors - not by Lab staff. The Dental Lab supervisor's authorization is required for this service in the Clinic. Custom shades are done for anterior teeth only.

4. Work Authorizations

a. Any and all dental laboratory requests for work must be submitted to the Faculty's in-house Dental Laboratory via the window on Level 3, Room 3240 including any work that may be fabricated in an outside lab.
b. Registration of submitted requests will be carried out by the receiving personnel on a computer. Work received by 10:00 a.m. will be considered to have been in the laboratory for that work day. (see below for return times)

c. All prosthetic materials and devices received by the lab must have first been cleaned and disinfected by the student. (see below for Decontamination of Prosthetic Materials and Devices)

d. The work must be accompanied by properly completed and color coded work authorizations that are designated for the specific work involved:

1. FPD
2. RPD framework
3. Removable Prosthodontics
4. Ortho

and all casts and other related materials must be placed in a yellow numbered laboratory pan. The work will not be accepted if there are recognizable deficiencies.

5. Work will be assigned and prioritized by the Dental Laboratory according to the time schedule (at the end of this section) or at the discretion of the supervisor of the laboratory.

6. No student or faculty member may submit a request for laboratory services directly to any commercial dental laboratory other than the Faculty's in-house Dental Laboratory. In the rare instance that laboratory work must be sent "outside" the student must present the request to the Receiving Staff in the Dental Laboratory for laboratory adjudication, authorization and assignment of a Purchase Order through the Dental Lab supervisor.

7. No student may directly contract the services of an external dental laboratory for treatment of Dalhousie Dental Clinic patients. This regulation applies even if the student and/or patient are willing to directly pay fees for the laboratory services. The cooperation of local commercial dental laboratories has been requested and secured regarding this.

8. At the discretion of the supervisor of the Dental Laboratory, any items such as casts, dies, mounted casts, which may present problems for the laboratory staff can be returned to the student for correction, notwithstanding the fact that the student has properly completed a work authorization requesting a laboratory procedure to be accomplished. The supervisor and the Assistant Dean, Clinics and Building Services have the responsibility for the quality control of work.

9. **Comments Regarding Laboratory Work Authorization**

Prior to releasing completed products for delivery, the Dental Lab will require an authorization stamp from Patient Services that the patient's account is paid in full. Payment in full means that all completed procedures, including the laboratory dependent procedures, are paid for.

a. Must be legible and the description of work must be in sufficient detail to be easily followed.

b. Each laboratory procedure requires a work authorization **signed** by a faculty member.

c. A work authorization for remake must have the reason for the remake detailed on the new work authorization and precious metal used must be returned.

d. A tentative date for completion must be on the work authorization and the time the patient will be scheduled - keeping in mind the schedules posted and commercial laboratory schedules. A.S.A.P. is not an acceptable date.

e. Time to complete laboratory work as outlined on the schedules will not start until an acceptable work authorization has been received.
f. When work authorizations are deemed inadequate, the student will be notified by the receiving and shipping staff.

g. Notification will be given to the student if work cannot be completed as scheduled at least 24 hours in advance.

h. The quality of the products you receive from the laboratory is directly proportional to the quality of your submission and cooperation you give the laboratory.

i. When Dental Lab work is involved, the patient’s outstanding account balance must be zero and 50% payment of the fee toward prosthesis/appliance is to be paid (credit on account) before the Dental Lab will accept the work.

j. The work authorization form (lab script) must be stamped authorizing that 50% of the treatment fee has been paid.

k. The balance of the treatment fee must be paid and a 100% paid stamp must be obtained before the completed prosthesis/appliance is allowed to leave the Dental Lab.

l. Before a soldered bridge can be released from the Dental Lab for try in, 100% of the cost needs to be paid.

10. Sign-out Procedures - Material and Equipment

Materials and equipment for patient use can be signed-out for one working day. Articulators can be signed-out for extended periods of time. One per student. **Students are financially responsible for items they have signed out.**

11. Decontamination of Prosthetic Materials and Devices
12. Payment Policy for Dental Treatment Requiring Laboratory Procedure

In order to facilitate dental procedures that require lab work the following steps should be followed:

a. Any treatments that require a lab procedure must have 50% of the fee paid before it can be accepted into the Lab. The students can check the patient's account to ensure patient payment has been received without going to Patient Services by looking on the patient's card in AXIUM.

b. The patient should be encouraged to put the entire procedure fee (100% of the fee) on their account as soon as the process begins to avoid delays.

c. When 50% of the specific procedure has been paid on the patient's account, the student can obtain a 50% stamp from Patient Services or the Dental Lab receptionist. All procedures must be put in process in order to receive this stamp.

d. This process should be followed for the 100% stamp as well.

e. Once you have checked the patient's account yourself and see that payment has been made, you can see the Patient Services staff or the Dental Lab receptionist at your convenience.

f. If you cannot get a Lab stamp from Patient Services due to lack of money on the account, then there is no need to go to the Lab and you can reschedule your patient.

g. Communicating this process with your patient will minimize any delays with their treatment and reduce the unnecessary trips to the Lab for the student.

h. If the patient has not paid the balance in full before the scheduled delivery appointment, you will be unable to pick up the case from the Lab.

13. Protocol for adding Lab bills for denture repairs (complete and partial)

The following process is to be followed for all denture repairs (both complete and partial) that require lab procedures:
a. Students are to inform the patient that there is a lab fee for every denture repair before treatment begins. Advise the patient that the actual fee can not be determined until the case is received by the Lab.

**NOTE:** Student should ask for an estimate from the Lab when they bring the case to be processed in order to give the patient an idea of how much money they will need to pay to have their prosthesis repaired.

b. Students are to complete the exam and treatment plan the appropriate repair procedure code.

c. When you plan this code you will **NOW** be prompted to plan a lab code.

d. A popup screen will appear, and you are to **ADD** the lab bill code where indicated.

e. When you approve the two planned treatment codes you will see another screen pop up called the Treatment Split screen. On this screen you will see where you are to add the lab fee when you have the bill from the Lab.

f. Leave the fee blank until you have the exact fee from the Lab.

g. When the student receives the repaired prosthesis and the bill from the Lab they are to ensure that the repair has been completed as per the Lab script.

h. Students are then to complete the procedure code that they had planned as well as the lab procedure code.

i. When you complete the lab procedure code, the Treatment Split screen will pop up and you are to enter the **exact fee** from the lab bill that was returned to you with the case.

j. Students are to walk the patient to Patient Services with the lab bill for the staff to verify the lab bill and to accept payment from the patient.

k. All repairs must be paid for before the patient leaves with the prosthesis.
Consultation

Oral Pathology Clinic consultations can be arranged by filling out the Internal Referral form, checking the Oral Path option. Then you are to have the floor instructor sign it, and then giving it to the receptionist at the Dr. J.D. McLean Centre for booking.

Students are encouraged to investigate and closely monitor all oral lesions and/or symptoms of their patients. To this end they should request consultation from the appropriate Oral Pathology Faculty.

A patient will be seen on the general clinic floor during general clinic time on an emergency basis if his/her signs and symptoms are likely to be non-diagnostic within a few days and are deemed sufficiently serious to be seen immediately. Examples of such cases are patients with intact vesicular lesions clinically judged to be other than recurrent herpes labialis and/or severe reactions presumed to be due to dental treatment. Call the Division of Oral Pathology (1678) for faculty members.

Biopsies, Cytology Smears and Cultures

Biopsies and cytology smears are processed routinely in the Oral Pathology Laboratory and can be requested by any faculty member. All requests should be accompanied by the proper requisition form provided by the Division of Oral Pathology and contain both the faculty member's name and the student's name. Biopsy bottles and kits for cytology smears, as well as requisition forms, are provided to the main clinic floor (Level II) as well as the Mouth Clinic (Level I). In case of problems call the Oral Pathology Lab (3768) or the Division of Oral Pathology (1678).

Collection of Biopsies, Cytology Smears and Microbiology Culture Swabs

1. General Instructions
   a) Formalin bottles for biopsy specimens, smear kits, fixative spray, and the appropriate requisitions are kept on Level 1 in the Oral Pathology cupboard in Oral Surgery unit (available from the Oral Surgery nurse).
   b) All requisitions must be clearly filled out with patient's name, address, chart number.
   c) It is imperative from a legal aspect that all requisitions for histopathology biopsy and cytology smears be identified with a faculty member's name and/or signature.
      In the space where "doctor " or "dentist" appears on the requisition form write the name of the faculty member responsible for the procedure. The faculty member must then take responsibility for any follow-up on these clinic patients, e.g., for prescription of antimycotic agents, etc.
   d) All specimen containers and cytology smear slides must be clearly identified with the patient's name, area of lesion and date. Once the specimen has been taken, the student is responsible for its delivery to the Oral Pathology secretary on the 5th floor for immediate processing.
   e) Requests for consults in Oral Pathology must be carefully completed by student, with patient's name, address, telephone number, instructor's and student's name as well as reason for requesting consult.

2. Specific Instructions
   a) Biopsies:
      A. All biopsies must be immediately fixed in 10% Buffered Formalin and taken to Room 4247 or to the Oral Pathology secretary on the 5th floor.
B. For proper orientation of specimen the fresh tissue is to be placed on a small piece of cardboard, with the epithelial surface away from the paper, air-dried for 2 minutes and then placed in formalin bottle.

C. Carefully complete all information requested on the requisition form indicating on the diagram the site of the biopsy.

b) Cytology Smears: Instructions

A. From the Oral Cavity:
   1. Split wooden tongue depressor lengthwise.
   2. Label slide(s) with patient's name and area smeared (use lead pencil only).
   3. Scrape area of lesion with split tongue depressor.
   4. Pass same edge over glass slide in either of the following patterns:
      From a center make increasing circles.
      Spread four lines in same direction without touching any of the glass slide borders.
   5. Fix smear immediately by spraying with fixative (Cytospray) from a distance of about six inches until the slide is thoroughly wet.
   6. Lay slides on flat surface to air dry.
   7. Complete requisition form.
   8. Pack carefully.
   9. Take to Oral Pathology Laboratory or to the Oral Pathology secretary on the 5th floor.

B. From Dentures
   1. **Do NOT WASH** denture before taking smear!
   2. Split wooden tongue depressor lengthwise.
   3. Label slides with patient's name and which denture is being examined. E.g., Ms. Jane Doe (Upper Denture).
   4. Scrape the surface of the denture that comes in contact with patient's lesion. Smear as in Section A-4. If denture is dry, soak in distilled water for a few minutes before taking sample.
   5. Fix smear immediately by spraying with Cytospray from a distance of about six inches until the slide is thoroughly wet.
   6. Lay slides on flat surface to air dry (2-5 minutes).
   7. Pack carefully ensuring that the requisition is filled out.
   8. Take to Oral Pathology secretary on the 5th floor.

If you have any inquiries, please call the Oral Pathology Division Lab at 3768 or the secretary at 1678.

**PART 14 - DISPENSARY GUIDELINES**

1. Students (Dental and Dental Hygiene) Information

**STUDENTS ARE FINANCIALLY RESPONSIBLE FOR ITEMS THAT HAVE BEEN SIGNED OUT TO THEM AND NOT RETURNED.** (See Year-End Clearance Policy)

- The Dispensary will close at 5:00 pm.
- Dispensary chits must be filled out before arriving at the Dispensary.
- It is the student's responsibility to ensure they have everything indicated on the chit before leaving the Dispensary.
- When all signed out items have been returned, the student will initial the chit.
- Supplies, instrument trays, etc. will only be dispensed at the dispensing wicket.
- All used sign out items must be returned to the Dispensary. Gloves should be worn when handling soiled return items.
- A new chit must be generated every time the student comes to the Dispensary requesting supplies etc.
- All items must be returned morning and afternoon. **Failure to do so will result in refusal to dispense you anything from the Dispensary including instrument trays.**
- If the same patient is treated in both the morning and the afternoon clinics, all instruments, trays, supplies, and equipment must be returned to the Dispensary after each session. The clinic is not a secure area and there is no means to ensure that items have not been tampered with over the lunch hour.
- In order to protect custodial staff, the operatory must be cleared of debris and disinfected after each treatment session. This includes pre-clinical sessions.
- Please request the items you require for the afternoon appointment and proceed with patient treatment.
- The student who has signed out any item from the Dispensary is responsible to return it themselves.
- Non-sterile pesso reamers and gates glidden, etc. will only be accepted at the Dispensary if in a plastic bag (1 baggie) or dixie cup.
- You are responsible for all impression trays and bite forks signed out from the Dispensary. These items must be returned free of gross debris. Maximum sign out time for impression trays is 48 hours for all students.
- Hygiene students will collect their sterile hygiene trays from cupboard A3.
- Students are required to return their instrument trays to the Dispensary if they finish early or have had a cancellation.
- Students who have failed to sign up for trays will not receive trays from the Dispensary until 9:30 in A.M. and 1:30 in P.M. (exception - if no students are being served prior to these times.) Exception, student covering emergency clinic.
- Students on emergency are to indicate such on day sheet so the dental assistant will supply you with 2 exam trays or proper instrument trays if you know the procedure in advance.

2. Tray Information

- A list of outstanding chits will be posted outside the Dispensary. Do not ask for supplies until the outstanding items are returned.
- All signout trays will not be accepted containing sharps or gross debris.
- Students are required to disinfect cavitrons and the container. The foot pedal is to be bagged in a 9 lb. bag and placed in the container.
- See cluster dental assistant for what is available at the Dispensary.

3. Infection Control Violations

- An Infection Control Monitoring log book is kept at the Dispensary.
- All infection violations are recorded per student and after 3 violations per student is reported to the Assistant Dean, Clinics and Building Services.

FOR ADDITIONAL INFORMATION SEE "PART 7 N. INFECTION CONTROL MONITORING".

4. Clinic Security Violations

- Students who are in violation of propping open locked doors will be reported to the Assistant Dean, Clinics and Building Services or Assistant Manager of Clinical Services for action which, after review, may include clinic grades.

5. Single Use Dental Burs and Endodontic Files

**Surgical burs** used for periodontal and oral surgery procedures are deemed to be single-use. Given the difficulty in assuring the cleanliness and sterility of these reprocessed items, they are to be discarded at chair side, immediately after use. The operator or dental assistant will place the used bur in the sharps container.

**Nickel Titanium rotary instruments** used during endodontic procedures are designed as single-use by the manufacturer. They are to be discarded at chair side, into a sharps container, immediately after patient treatment.

While the Clinics are always interested in keeping current with the oral health care industry in order to provide the best care possible to our patients, it is challenging to introduce new equipment and consumables into a large and complex teaching environment whether for pre-clinical or clinical instruction.

Variables that have to be considered include:

1. Education of the students and staff in the safe and proper use of the item.
2. Knowledge of the products WHMIS characteristics.
3. Review and testing of the product for asepsis and infection control variables.
4. Cost and availability.
5. Storage and handling principles.
6. When equipment is involved parts, maintenance and service support need to be arranged.
7. In what course will the item be introduced and taught pre-clinically?
8. What would be the time frame for introduction if there is a lot of old stock to use up for course planning to be arranged?
9. Who will teach/orient Dispensary and Dental Assistant staff about the safe and approved use of the product?

There may be others.

Therefore, any new or replacement equipment or consumable products will not be permitted in any clinics operated by the Faculty of Dentistry until and unless they have been reviewed and screened for all these variables and approved for purchase and use by the Office of Clinical Affairs.

Request forms for new/replacement equipment or consumables are available from Sandra Wallace in Dental Stores. Once they have been completed by the requestor Sandra will ensure all service units review and authorize/reject the product for final review by the Assistant Dean, Clinics and Building Services.

Please see the Assistant Manager of Clinical Services or Assistant Dean, Clinics and Building Services with any related questions or suggestions.
SECTION FOUR

INFORMATION ABOUT CLINIC SUPPORT UNITS

[These units are in alphabetical order.]
BUILDING SERVICES UNIT  
(Centralized Faculty Support / Building Maintenance)

Hours of Operation: 8:00 am - 4:00 pm

Room: 2602

Telephone Number: 494-5199

Staff: Mr. Robert Creaser  
Ms. Corinne Crowdis

This unit reports to: Mrs. Tammy Chouinard  
Assistant Manager, Building Services  
Phone: 494-4818

The Faculty of Dentistry has centralized support for the budgeting and co-ordination of all essential services. Serving all sectors of the Faculty, this unit is charged with the planning and implementation of a wide range of activities including:

- Building maintenance, upgrades and renovations
- Building safety
- Pest control
- Office furniture & equipment
- Space planning
- Communications
- Meeting and event planning
- Stationery supplies
- Security and access control (keys)
- Mail and courier service

**Reporting Procedures**

Problems with clinic or lab equipment, including the services required to operate the equipment (air, water, suction, electricity) should be reported to Technical Services via the online "Dental Equipment Repair Request" form (http://www.dentistry.dal.ca/erform/index.html).

All other building maintenance issues, or requests should be reported to Building Services at 494-5199 (building.dentistry@dal.ca).
CLINICAL AFFAIRS OFFICE

Hours of Operation: 8:30 a.m. - 12:00 noon
1:00 p.m. - 4:30 p.m.

Staff Office: Room # 1210

Staff person: Ms. Roberta Emms
Administrative Assistant

Telephone Number: (494-) 1681

Email Address: clinicalaffairs.dentistry@dal.ca

Staff Person reports to: Dr. Blaine Cleghorn,
Assistant Dean, Clinics and Building Services

Ms. Kathy McInnis
Assistant Manager, Patient and Information Services

Ms. Audra Hayden
Assistant Manager, Clinical Services

This office is responsible for all aspects of the Dental Clinic.

Also associated with the office: Dr. Terry Ackles
Patient Care Coordinator (axiUm Academic Trainer)
Room 1413
(494-) 4146

SETTING UP APPOINTMENTS TO SEE DR. CLEGHORN OR DR. ACKLES

In order to see either Dr. Cleghorn or Dr. Ackles you need contact Roberta Emms to set up an appointment. Drop ins are not encouraged. Normally student appointments are set up on:

Dr. Ackles - Mondays and Tuesdays from 12 noon to 1:30 pm

Dr. Cleghorn - Tuesdays and Wednesdays from 12 noon to 1:30 pm

In the case of a true emergency or for those times when either dentist is unavailable during the regular meeting times, an alternative time can usually be arranged.

You can reach Roberta to set up an appointment with Dr. Cleghorn or Dr. Ackles by either going to her office in Room 1210, phoning her at 494-1681 or by emailing her at dentclin@dal.ca.

Thank you for your co-operation with this process.
CLINIC INFORMATION SYSTEMS

Hours of Operation: 8:30 am - 12:00 pm
1:30 pm - 4:30 pm

Employee: Angela Pitman, CIS Training Officer

Office: Level 2 Room 2019

Contact Information: 494–1979 / axium.dentistry@dal.ca / axiUm Messenger Module

Immediate Supervisor: Ms. Kathy McInnis
Assistant Manager, Patient & Information Services
Room 1209
Phone: 494–2270

General Duties:

- Manage training documentation for patient information system (axiUm) on O.W.L
- Customize and facilitate software training sessions for students, staff and faculty
- Provide orientations for the laptop program use in a clinical environment
- Troubleshoot hard and software issues with clinic computers
- Assist with management of user accounts for clinic information system
- Support Assistant Dean of Clinics and Building Services
- Assist and support software updates
- Provide one on one training as needed
CLINIC INFORMATION SYSTEMS - DENTISTRY HELP DESK POSITION

Hours of Operation:
9:00 am - 1:00 pm
2:00 pm - 5:00 pm

Employee: Alex Plumb, Computer Support Technician

Office: Level 2 Room 2603 (Carleton Campus Computer Lab)

Contact Information: Drop in preferred, or 494-6013, dentistry.support@dal.ca
Immediate Supervisor: Craig Sheppard
Lab Manager & Macintosh Support Specialist
Office: 2603C
Contact Information: 494-7148

General Duties:
Walk-in computer support for Students, Faculty, and Staff of Dentistry and Dental Hygiene
A. DENTAL ASSISTANTS

General Duties

The undergraduate comprehensive care clinic, specialized treatment clinics and extramural clinics are staffed by licensed dental assistants, who are trained in all aspects of dental assisting, including Dental Auxiliary Utilization (DAU), Coronal Polishing and Implants.

These staff provide chair side assistance, stock and maintain supply cupboards, maintain cubicle asepsis protocol and general clinic operations as required, monitor and audit student performance of clinic policies and protocols.

Dental Assistant Regulations (under the Nova Scotia Dental Act)

See http://www.gov.ns.ca/JUST/REGULATIONS/regs/dassist.htm

Dental Assistant Duties Priorities

Dental assistant assistance will be provided at the direction of the Clinical Support supervisor subject to review by the Assistant Manager of Clinical Services and/or Assistant Dean, Clinics and Building Services.

Where there is occasion to make priority assignments due to staff availability dental assistants will be assigned at the discretion of the Clinical Support supervisor based on operational demands.
Affiliation with N.S.C.C.I.T. Dental Assisting Program

Dalhousie Faculty of Dentistry is affiliated with the N.S.C.C.I.T. dental assisting program and provides scheduled opportunities for practicums at the Dalhousie clinics. While at the clinic these students are assigned to various clinical areas giving them an opportunity to practice chair side assisting skills as well as providing them with exposure to the team concept in the delivery of dental health care.

Procedure Priority List

The following is the procedure priority list based on the difficulty of the procedures. It is to be used at the discretion of the dental assistant or faculty member.

1. Medical Emergencies
2. Rubber dam application
3. Final Impressions (crown prep, ultra cast, alginate)
4. Cementation of crowns
5. Upper crown prep/Upper restorative without rubber dam
6. Lower crown prep/Lower restorative without rubber dam
7. Upper Restorative/fixed prosthodontics with rubber dam
8. Lower Restorative/fixed prosthodontics with rubber dam
9. Endodontic access prep
10. Alginate impression
11. Temp bond cementing at discretion
12. Perio charting

Priority is given at the discretion of staff and faculty for patient management needs. Competency procedures do not take priority over listed procedures.

Cross Blocking- 4th year dental students cross-blocking into 3rd year block – DDS3 will receive higher priority.

Dental assistant coverage is provided as time permits. Students may have to wait for assistants.

B. DISPENSARY

1. Dispensary Staff Duties

   Please Note:

   a. Dispensary staff only dispense supplies requested. It is not their responsibility to know what you require to do a procedure.

   b. Direct requests for DA support to the Supervisor of Clinical Support.

   c. Dispensary staff:

      - dispense supplies, trays, etc. to students and faculty, accepting a signed Dispensary chit that indicates what they are signing out.
      - check off supplies, equipment, etc., as returned and ensure complete as well as free of gross debris and sharps.
      - ensure returned items are cleaned properly before returning.
      - pick up trays and equipment from the clinic floor during the lunch hour and at the end of the day (Dalhousie staff).
      - ensure students and faculty return what is signed out to them, putting deadlines and numbers on amounts to be signed out to any one person.
      - maintain record of signed out equipment and supplies.
      - report loss or failure to return signed out items to supervisor.
      - participate in year-end sign-out clearance procedures.
      - turn on "suction" for clinic at the beginning of each day.
- ensure security of various door and cupboards elevator and clinic entrances
- turn on propane in clinic in morning and turn off at the end of the day and when the fire alarm is going

C. RADIOLGY UNIT

**Recommended Procedures for Control of Ionizing Radiation at Dalhousie University**

The following procedures have been developed in the interest of establishing a consistent standard concerning the use of ionizing radiation within the Faculty of Dentistry. The primary goal of this policy is to assure the safe and effective use of ionizing radiation and to minimize, as much as possible, any potential risk from adverse biological effects to patients, students, faculty and staff.

A. General Procedures For Radiation:

Please see Radiology Unit for general and specific policies and procedures regarding radiation.

The radiographic examination is a diagnostic procedure; the frequency of each radiographic examination will be determined by the professional judgment of qualified personnel or a faculty member/instructor.
The Dental Lab is a secured area. No students are to be in this area without proper authorization.

A. The Clinic Dental Labs are located on the third floor in the northwest corner of the building (Room 3240). These labs are staffed by trained dental technicians who provide a wide range of laboratory services.

B. Dental Lab staff are not authorized to be class instructors to demonstrate in classes. Course directors who wish to utilize Lab staff must submit a written request to the Assistant Manager of Patient and Information Services for review and consideration.
DENTAL STORES UNIT

Hours of Operation:
Monday to Friday
8:00 a.m. to 1:30 p.m. Open
1:30 p.m. to 4:00 p.m. Closed
(Office is closed to complete work assignments.
Please phone for urgent requirements after 1:30 p.m.)

Room #: 2602
Telephone Number: 494-1414
Email address: stores.dentistry@dal.ca
Staff: Mr. Archie Hutchison
Ms. Sandra Wallace
This unit reports to: Ms. Kathy McInnis
Assistant Manager, Patient and Information Services
Room 1209
Telephone: 2270

General Operations

Dental Stores is located on Level II, Room 2602. It is the main purchasing, storage and dispensing area for all clinical supplies as well as the receiving area for shipments to the Dental School.

Requisitions for Clinic Supplies

Dental Stores requisitions must be completed (indicating date required) by the dental assistants or other clinic persons wanting supplies. A clinic location code (i.e. Aisle A) and signature must be provided (see Dental Stores staff for location codes.) Order forms can be dropped off at Dental Stores at anytime during the normal hours of operation (see above).

Items are to be ordered using the item POSIM I.D. found in the Dental Stores catalogue where possible. If your Department requires a copy of the catalogue please contact Dental Stores.

Procedures for Individual Student Purchases

During the year students may wish to purchase additional instruments, and/or supplies through Dental Stores.

Student purchases made through Dental Stores will be put on their Stores account. This account can be paid at Patient Services at any time with cash, Master Card, American Express, Visa or Interac. All Stores accounts (except DDS3) must be paid in full as part of the Faculty Year End Clearance Policy before grades will be released. DDS3 may carry over a maximum balance of $200.00 into their DDS4 year.

Student Purchase Vouchers must be signed for all Dental Stores transactions and students are to keep their copy to check their statements.

Purchasing for Researchers/Departments

1. Researchers/Departments may wish to purchase clinic stock items from Dental Stores, rather than dealing directly with the supplier.
2. Please contact Dental Stores staff at phone number 1414 with catalogue order information.
3. Full names and a University account number are always required for supplies for non-Clinic Departments.
4. Custom orders for stock not carried at Stores are the responsibility of researchers and Department clerical staff unless arrangements can be made with Stores staff.

**Clinic Supplies**

All requests for new stock items, deletions or substitutions of current stock items to be purchased through Dental Stores for Clinic use must first be authorized by submitting requests in writing to their respective Chair and approved by the Assistant Dean, Clinics and Building Services and the Assistant Manager of Patient and Information Services (forms available at Dental Stores). Existing stocks may need to be used before new items are stocked.

**Student Kits**

The Faculty obtains these kits in advance to ensure delivery in time for the academic year and to 'standardize' the kit items, handling, warranties and repairs. There shall be (a.) no substitution and (b.) no refunds or rebates based on prior ownership. However, if a student officially leaves the program and after they have 'cleared' (see Faculty Clearance) from the Faculty, they can apply to the Assistant Dean, Clinics and Building Services, through the Assistant Dean, Student Affairs, for consideration to return unopened/unused kit items (equipment or supplies) for a rebate as long as the items are still Faculty authorized inventory types and models. If consideration is approved, each item must be submitted to the Assistant Dean, Clinics and Building Services for approval as unopened/unused. Approved items for rebate will be returned to Dental Stores inventory and a credit will be applied to the student's account at the Student Accounts office (A&A Building) based on the unit prices paid for the items by Dental Stores tenders in the year of the approved rebate. Such rebates do not apply to personal items such as magnifying loupes or 'replacement items'.

A check-off procedure is done with the students during orientation week to ensure their kits are complete.

Student Kit changes must be submitted to Sandra Wallace, Dental Stores by the first week of January each year. (Forms are available at Dental Stores.)

**Items on Consignment**

Some equipment items are received on 'consignment' (loan) for evaluation and are normally returned to the Supplier within one year's time. The Faculty accepts no responsibility for loss or damage or shipping costs on consignment equipment.

**Protocol for Introduction of New Clinical and Preclinical Supplies and Equipment** - See Section 3 Part 14
MEDICAL DEVICE REPROCESSING (MDR)

Hours of Operation: 7:30 a.m. - 5:45 p.m. Monday to Friday
Room #: 1734 (Level 1)
Telephone Number: 494-1744
Supervisor: Mr. Paul Hunter
Supervisor's Office #: 1007 (Level 1)
Supervisor's Telephone #: 494-4145
Email address: mdr.dentistry@dal.ca

Dispensary Unit

Hours of Operation: Are posted outside of each room
Dispensary Room #: 2431/2331
Dispensary Telephone Number: 494-1298

These Units reports to: Ms. Audra Hayden, Assistant Manager
Clinic Services
Room 1212
Telephone: 494-1861

The Medical Device Reprocessing unit is located on Level I (northeast side) and handles sterilization of all clinic instruments and trays. It is staffed by 5 people from 7:30 am - 5:45 pm and generally remains open all day.

1. Medical Device Reprocessing Access

   Access to this area is restricted. For entry, use the buzzer next to Room 1734 (Level 1).

   All persons entering MDR room (Dirty, Processing, Clean) are required to wear personal protective equipment which are provided at each door. There is signage posted at each door with instructions.

2. Student Information

   Tray Instruments
   
   (a) Supply

   All Clinical instrumentation will be supplied to students by trays or sterilized packages normally through the Clinic Dispensary - Level II.

   Note: It is not permissible to use any instruments other than sterilized instruments to treat patients.

   A detailed list of instrument trays, their contents and pictures are available at the Dispensary.

   (b) Clinic Dispensary Distribution of Sterilized Instrument Trays

   The majority of sterilized tray sets will be stored in the Dispensary Level II, Room 2331.

   All 2nd year Dental Hygiene Instrument trays will be stored in the locked cupboard on Aisle A South.

   All 1st year Dental Hygiene Instrument trays will be stored in the locked cupboard in Room 2291.
Sterilization Procedures

Students must place used instrument trays on aisle carts designated for "dirty" items or return to Dispensary 2 upon completion of patient treatment for pickup. Please do not place contaminated instruments with clean, unused instruments. Gloves should be worn when handling soiled return items and trays. Students must return items signed out from the Dispensary back to the Dispensary as soon as possible after completion of treatment. Students will disinfect the top of their cubicle daily. Students are responsible to ensure that gross debris and sharps are removed from the trays and instruments and that all instruments are replaced on the trays. Please ensure that hinged instruments are placed on trays in the open position. Prior to leaving the clinic for an assignment or rotation you are responsible for returning all sign out instrumentation to the Dispensary.

Loss of Instruments

Students will be required to purchase and/or replace lost/missing instrument(s). It is recommended that students do not "loan" or "borrow" instruments to or from other students.

STUDENTS ARE FINANCIALLY RESPONSIBLE FOR ITEMS THAT HAVE BEEN SIGNED OUT TO THEM AND NOT RETURNED. (See Year-End Clearance Policy)

Privately Owned Instruments and Supplies

Privately owned instruments and supplies are not permitted in any Dalhousie clinical facility. Students must only use sterile Dental Clinic instruments and supplies for patient treatment. Personal instruments and supplies used in patient treatment will be confiscated and may be grounds for suspension.

Instrument Rental Kits

The Academic Clinic Fee is paid by Dental and Dental Hygiene students at the University Student Accounts Office when they pay their tuition. This fee is used to maintain quality and availability of all the dental hand pieces, trays, burs and chair side equipment used by students for patient care. These funds also pay for some disposable supplies used by students (gloves, face masks, etc.)

To facilitate preclinical lab work, the Academic Clinic Fee also provides rental instrument kits and other items, such as hand pieces. At any time throughout the year, if a student needs a broken item replaced, they should return it to the Preclinical Dispensary in the Clinic, Room 2371. Any instruments which are issued to students for use in the lab are NOT to be used in the Clinic for patient treatment.

At the end of the year, students are expected to return all rented items. The value of any items issued and not returned will be charged to the student's Dental Stores account.

3. Dental Instrumentation Product Advice

All instruments and equipment used for patient treatment must have documentation of the cleaning, maintenance, and sterilization requirements. This information must accompany requests for new and loaned instruments and equipment. The Faculty of Dentistry Equipment or Product Advice Form available at Dental Stores must be completed and approved, before the item is made available for patient care.
(a) **PATIENT SERVICES UNIT**

- **Hours of Operation:** 8:30 a.m. - 4:30 p.m.
- **Room #:** 2024 and 2023
- **Telephone Number:** 494-2101
- **Supervisor:** Ms. Kore-Lee Cormier  
  Patient and Information Services
- **Supervisor's Office #:** 2023
- **Supervisor's Telephone #:** 494-1756
- **This unit reports to:** Ms. Kathy McInnis  
  Assistant Manager, Patient and Information Services
  
  Room 1209
  Telephone: 494-2270

(b) **SECURITY**

*Patient Services is a secure area - only Clinic Patient Services staff, Assistant Dean, Clinics and Building Services or his designate(s) and Finance Office staff have access to this area.*

(c) **PATIENT SERVICES PATIENT PROCEDURES**

Prospective patients, who contact the clinic (either by phone or in person) requesting information regarding clinic services available or are interested in becoming clinic patients, are provided with information via the Patient Services receptionist. If the patient wishes to receive treatment at the clinic, they will be booked for a 'treatment planning' appointment when one is available.

At the treatment planning appointment an estimated treatment plan will be developed, and explained to the patient.

If the patient's treatment plan needs fit the care needs of the curriculum, the patient will be asked to review and sign the treatment plan and any other conditions of acceptance including but not limited to account payment procedures, attendance at appointments, etc. After acceptance as a patient, Patient Services staff will assign them to a student.

If the patient's treatment needs cannot be met by the Clinics the patient can request duplicate radiographs and treatment plan to take to a private dentist.

Students who have special screening requests (e.g., spouses) should consult with the Patient Assignment Clerk. Requests will be treated on an individual basis and the student will be accommodated if appropriate.

**Infected Patient:** Patients are asked to not come to the clinics for an appointment if they have any transferable diseases or symptoms (e.g. pneumonia, measles, mumps, head lice, bed bugs, pink eye and cold sores). Please call and arrange for another appointment when you are disease/infection free.

**Reception**

1. Patients arriving for scheduled or emergency appointments will be received by Patient Services at main entrance, Level II foyer and then directed to the appropriate waiting area.

2. Students are responsible to check in the waiting areas in time for any scheduled appointment. Patient Services Reception staff will check in patients at the front desk, enter their arrive into the CIS, and keep all students/faculty providers aware of patient arrivals in axiUm.
3. Students are responsible to inform Patient Services Reception if they are delayed so arriving patients can be informed. Students must personally inform patients in the waiting area of delays.

4. Staff will direct patients to call the student voice mail system for messages or to contact the student.

Charts

1. Charts are the property of the Dental Clinic and are confidential, legal documents. They are "loaned" to students and/or faculty members to document "our" patients' treatment and should be treated accordingly.

2. Charts are to be returned to Patient Services (Level II) after appointments and chart requests at all times. (Central Records area - Room 2023)

3. It is an academic and professional offense to keep incomplete records or sign incorrect/inaccurate progress notes.

4. Charts that are requested by student, faculty or staff become their 'legal' responsibility for the completeness, accuracy, and supervising dentist signatures.

5. Charts are regularly audited for accuracy, appropriate signature and completeness.

6. Charts must be returned by the end of the same day with progress notes completed and signed by the student even if faculty signatures are still required.

7. Clinic privileges may be suspended by the Assistant Dean, Clinics and Building Services for any student / faculty provider with outstanding charts. (48 hours)

8. Charts are not to be removed from the building. Charts are not to be kept in student lockers. If a patient emergency arises staff and faculty must have access to that chart in Patient Services.

9. Students must return all charts when the patient cancels or fails. Patient Services staff do not collect charts each day from the file cabinet in the clinic.

Patient Charts / Documentation - (See Section 3 - Part 2, C Patient Charts/Documentation)

Charts for Patients with Appointments (registered on the Clinic Information System)

1. When a patient appointment is properly entered on the Clinic Information System, Patient Services staff will pull the chart each morning and have them put in the file cabinet on Level II. All appointments should be entered at least the day before the time of the appointment. (See APPOINTMENT PROCEDURES of this manual.) Students who enter appointments late will have to wait for their charts.

2. For all other clinics, (specialty, treatment planning, Multiservice and extramural clinics) Patient Services and dental assistant staff will ensure that charts are available.

Chart Sign-Out Policy for Chart Reviews or Seminar Preparations

1. A Request For Chart must be entered in the computer by the student. The patient must be assigned to the student for this request. Faculty members that require charts must give the list to the Records staff at least 24 hour in advance. Charts will be pulled as soon as possible depending on staff availability. (A chart request is not to be used when seeing a patient for an appointment.)

2. Upon receipt of a clinic chart, the student or faculty care provider is responsible for that chart and its contents until it has been returned to Central Records. They are not to be given to others.
Chart Information and Updates

1. The front portion of the chart (medical history, name, address, etc.) is to be filled out by the patient in consultation with the student before proceeding to examine the patient. On each subsequent visit, this information is to be updated.

2. An entry must be made on the treatment progress notes in the patient's chart on the day of each appointment, whether or not treatment has been rendered. Information should include, in the space provided, the following:
   a) date
   b) treatment rendered (if any)
   c) patient's absence and reason if possible
   d) printed name and signature of instructor
   e) printed name and signature of student

3. The chart also provides for clinic observations of the student, treatment plan, treatment rendered and any additional comments the student may wish to record. The student is responsible for recording and maintaining correct and complete information in this chart as it provides necessary data for the future evaluation and treatment of the patient.

4. This chart should be signed by the student and an instructor whenever it is accessed.

Maintaining of Archival Records

1. Consultation with the Provincial Dental Board of Nova Scotia has resulted in the following guideline:
   • We are required to maintain the archival records for each patient for 10 years after their last dental visit.

2. Patient Services staff will review all patient charts as needed to determine which charts meet this criteria.

3. When patient charts are destroyed the radiograph films are to be separated from the patient charts into 2 cu. ft. boxes. The Assistant Dean, Clinics and Building Services is to be advised before any radiographs are shredded so that the radiographs can be reviewed for teaching purposes.

4. After the radiographs have been reviewed Building Services will make arrangements for pick up and on-site shredding.

5. Building Services will make arrangements for the pick up and on-site shredding of the old patient files/charts.

Patient Assignment

Patient Assignment is primarily the responsibility of the Patient Services Assignment clerks (DDS and DH) using criteria from Clinic Course Directors, cluster monitors and the Curriculum Committee as appropriate. Each dental and dental hygiene student will be given access to a list of assigned patients at the beginning of the academic year in the clinic information system and it will be the responsibility of each student to render the necessary treatment for their respective patients and to complete their contracts as agreed upon by student and monitor/instructor.

Every effort will be made to assign patients with the proper mix of treatment procedures in order that students may meet the required academic standards of the Faculty. However, should a student discover that he/she requires modifications to his/her list of assigned patients, this may be done by submitting a "Patient Request Form" which has prior approval by the appropriate monitor/instructor or Assistant Dean, Clinics and Building Services, to the Assignment Clerk. The student will be notified when an assignment has been made or deleted via axiUm mail module.

Medical Referrals Forms
Students are to bring these forms to the Patient Services front desk staff person assigned to do this. She will fax the form and then ensure that it is entered into the system and form is placed in patient chart.

Medical Consults for Total Joint Replacements

Effective immediately, we are discontinuing the use of the blue medical referral forms for patients with a history of total joint replacements. Until the guidelines change, we will follow the current AAOS guidelines and prescribe prophylactic antibiotics as per the regimen described in the guidelines. Medical Referrals can be sent as needed to MDs to confirm the nature of the surgery and that the patient actually has received a total joint replacement.

(d) ACCOUNTS AND PATIENT INQUIRIES

Patient account statements are mailed to patients the first week of each month. Financial transactions pertaining to clinic fees for patient treatment services are handled through Clinic Patient Services, located on Clinic Level II.

All Dental Clinic patient fees become payable at the Patient Services office when each treatment is completed. Policies describing payment terms are included in this section.

Patient Treatment

1. Students are expected to have their patient pay their accounts before any further work is done. Students may continue to treat patients whose accounts are not in arrears in excess of $50.00.
2. The Clinic reserves the right to suspend a patient's appointments until any outstanding balance over $50.00 is paid.
3. Social Services patients where a signed authorization is in the chart, may have work done to the value of the pre-approval. **Only pre-approval services may be done.**
4. Management of children (see page 83 - Section I. MANAGEMENT OF CHILDREN AT DALHOUSIE DENTAL CLINIC)

Patient Suspensions

1. **Collection Agency** (see Section 3, Part 4 - Fee Guide - Deliquent Account and NSF Cheques)
2. **Incorrect / Insufficient Address** (see Fee Guide in Section 3, Part 4)

Account Disputes

1. All patient inquiries regarding account matters/concerns are to be handled by Patient Services staff with the objective of settling the matter.
2. The Supervisor, Patient Services is to resolve questions/disputes of accounts and will seek approval from the Assistant Manager of Patient and Information Services or Assistant Dean, Clinics and Building Services if necessary.
3. The Supervisor, Patient Services will use discretion in decision making guided by sense of fairness to the patient and the business policies of this Faculty. (Either the Assistant Manager of Patient and Information Services or Assistant Dean, Clinics and Building Services are available, upon request, by the supervisor to assist in decision making.)
4. Questions/disputes involving large account changes are to be disposed of in the same manner, as discussed above, except the Assistant Manager of Patient and Information Services is to be advised, usually verbally, especially where there is no applicable clinic, faculty or Patient Services policy.
5. In all cases of account dispute and hopefully resolution, the Supervisor is to ensure:
a. A chart entry to record the details (date of inquiry, nature of concern, decision or action taken) of the problem and must be entered in the Progress Notes section of the appropriate patient chart, signed and dated.

b. Where a decision/action results in a change to a patient’s financial record, the Supervisor must authorize extra comment lines.

Patient Inquiries - Quality of Care and Timely Progress of Care

1. Patient inquiries regarding ethical or legal concerns of a patient or concerns of the patient about the quality of treatment received here must be brought to the attention of the Assistant Manager, Patient and Information Services.

2. These inquiries are to be referred to the Assistant Dean, Clinics and Building Services by the Assistant Manager, Patient and Information Services, along with:
   - brief description of inquiry and return telephone number of patient
   - patient chart
   - patient account statement

Fee Guide Policies - See Section 3 Part 4 of this Clinic Policy and Procedure Manual

Forms of Payment - See Section 3 Part 4 of this Clinic Policy and Procedure Manual

Receipts for Income Tax Purposes

Receipts for Income Tax purposes are provided to the patient at the time of payment. If a patient requests further receipts, Clinic Patient Services will issue a receipt upon request for payments received for the past year. This information will be mailed to the patient in 2 to 3 days from the date of the request.

Third Party Claims (see Fee Guide Section 3, Part 4 of this Clinic Policy and Procedure Manual)

M.S.I. Claims (Maritime Medical Services Insurance) (see Fee Guide Section 3, Part 4 of this Clinic Policy and Procedure Manual)

Patients on Social Assistance (see Fee Guide Section 3, Part 4 of this Clinic Policy and Procedure Manual)

Treatment Fees Policies

1. Treatment fees are a percentage of the Nova Scotia Dental Association fee schedule. Fees quoted in the Treatment Plan are for the current academic year only. Fees can be changed at any time with 90 days notice to all patients. Fees can be quoted by accessing the Clinic Information System (CIS). You must indicate who the ‘Provider’ will be by name.

2. Fees are charged for ALL services provided in this Clinic.

See Fee Guide - Pages i and ii for specific policies for individual units.
Section 3, Part 4 of this Clinic Policy and Procedure Manual
PRECLINICAL DISPENSARY AND LAB SERVICES

Room #: 2471 (Preclinical Dispensary - middle of clinic on B aisle)
Telephone Number: 494-3035
Email Address: preclinical.dentistry@dal.ca
Staff Person: Ms. Marjorie Holm-Laursen
Supervisor: Ms. Shirlene Dancause
Supervisor's Office #: 2221
Supervisor's Telephone #: 494-4593
This Unit reports to: Ms. Audra Hayden, Assistant Manager
Clinic Services
Room 1212
Telephone: 494-1861

General Duties of the Preclinical Lab Assistant:

• works directly with Preclinical course directors, clinical staff and students

• ensures that anything that is signed out from the Dispensary for use in a preclinical exercise, is returned at the end of the exercise.

• assigns phantom or manikin heads to students in September and collects them from students at year end signout.

• ensures that all supplies, equipment, etc. used for each preclinical exercise are returned to the appropriate cupboard or cart.

• fills all requisitions for preclinical supplies requested by the Course Directors for the school year. (Requires one (1) week notice for class supplies.)

• supplies preclinical materials to students.

• reinforces students clean-up responsibilities after working in the preclinical labs.

• reinforces students attention to clinic and lab sharps handling and disposal policies.

• endeavors to prevent preclinical supplies from being hoarded by students.

• arranges for special requests for use of materials, etc. other than those supplied during regular preclinical exercises, with course directors.

• provides instrument kits and replacement instruments required for preclinical activities to students in labs or clinics in cooperation with the supervisor of the MDR.
TECHNICAL SERVICES UNIT
(CLINIC AND LAB EQUIPMENT / CLINIC OPERATING SYSTEMS)

Hours of Operation: 8:30 a.m. - 4:30 p.m.
Room #: 1704, 1705 and 1714
Telephone Number: 494-1698
Email address: techincalservices.dentistry@dal.ca
Supervisor: Mr. Ron McDonald
Supervisor's Office #: 1705
Supervisor's Telephone #: 494-1698
This Unit reports to: Ms. Audra Hayden, Assistant Manager
Clinic Services
Room 1212
Telephone: 494-1861

The Faculty of Dentistry has two staff members who specialize in the maintenance and repair of all dental and dental lab equipment including clinic operating systems (air suction) in the clinics and dental labs.

Generally all requests for repairs to dental equipment and clinic operating systems should be entered directly into the Dental Equipment Repair Request Form which is available on the Faculty of Dentistry website (http://www.dentistry.dal.ca/erform/index.html).

General Building Maintenance

Building maintenance issues (plumbing, lighting, custodial and environmental comfort) should be reported to Building Services (room 2602, 494-5199, dentbldg@dal.ca).

Please do not send building maintenance requests to the Technical Services Unit by using the Dental Equipment Repair Request Form.