

DALHOUSIE UNIVERSITY
FACULTY OF DENTISTRY

CLINIC POLICY AND PROCEDURES MANUAL

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

2021-2022

Compiled by
The Office of the Associate Dean, Clinical Affairs
July 26, 2021

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 Associate Dean, Clinical Affairs, Level 2, Room 2530.

Available at <http://www.dentistry.dal.ca> (click on Faculty Publication and Policies)

Important Contact Information	6
SECTION ONE.....	7
1. Professionalism (students, faculty and staff) & the Student Code of Professionalism	7
2. Student Responsibilities in Providing Patient Care.....	7
3. Patient Responsibilities.....	7
4. Faculty Responsibilities in Clinic.....	8
5. Clinic Fees.....	9
6. Mandatory Criminal Record Check and Vulnerable Sector Check.....	9
7. Cell Phones, Pagers in Clinic	9
8. Purchase of personal equipment (e.g. lights for loupes)	9
9. Policies on Infectious Diseases (for students, faculty and clinic support staff).....	9
10. Chart Audits.....	9
11. Healthcare Provider CPR/AED certification	10
12. Staff Requirements.....	10
Staff Immunization Requirements	10
Additional Staff Requirements	10
13. Confidentiality of Patient Information	11
14. Dalhousie Discrimination and Harassment Policy	12
15. Food and Drink Policy in Clinics.....	13
16. Oxygen Tanks/Crash Carts/Defibrillators/First Aid Kits/Spill Kits/Emergency Suture Kits	13
17. Nitrous Oxide and Sedation Fee Codes and Fees	14
17. CBCT Guidelines	14
18. Handwash Stations	17
19. Eyewash stations.....	17
20. Reverse Osmosis Water Stations.....	17
21. Veneers	18
22. Endodontic Consults and Retreatment Codes	19
23. Updated Bed Bug Policy.....	19
24. Correcting Errors in the Chart.....	19
25. Beginning of Clinic – Prior to patient care.....	19
26. Blood Pressure Classification and Recommendations for Adult Patients with Hypertension (HTN)	20
27. Policy on Clinical Photography.....	20
28. Clinic Policy on Extractions in General Clinic Blocks (Small Group Practice, Public Health, GAP)	21
29. Guidelines for using Electrosurgery in the Clinic.....	21
L. Maintenance and Cleaning of the Senior Lab	23
SECTION THREE.....	24
General Clinic Information, Policies and Protocols	24
PART 1 - STUDENT INFORMATION	24
A. ACCESS TO THE DENTAL CLINIC LEVELS 1 AND 2.....	24
B. CLINIC CANCELLATION POLICY.....	24
C. DRESS CODE - Mandatory Clinic Policy	24
D. Clinic Jackets and Scrubs	25
E. STUDENT VOICE MAIL.....	27
F. PHANTOM HEADS: (Frasaco, Kilgore and Columbia)	27
G. STUDENT YEAR END CLEARANCE POLICY (Office of the Dean policy) – Faculty Academic Policy.....	27
H. STUDENT FEES – MANDATORY (see the Faculty of Dentistry Calendar) [http://d1m.cal.dal.ca/_DENT.htm] ..	28
I. STUDENT TAX RECEIPT REQUESTS	28
J. CLINIC SUPPLIES AND LOCATION OVERVIEW.....	28

Comprehensive Care Clinic - Level II	28
Preclinical Supplies.....	28
K. STUDENT SPECIAL CLINIC ASSIGNMENTS AND ROTATIONS	29
L. Guidelines for Patients Needing to be Accompanied to Dental Appointments	29
1. Children Who Do Not Have an Appointment.....	30
2. Minors Treated in Faculty of Dentistry Clinics	30
N. CHILD ABUSE.....	30
PART 2 - CLINIC - GENERAL	33
A. CLINIC ATTENDANCE/ABSENCE	33
B. CLINIC BLOCK TRADES (.....	34
C. STUDENT CLINIC SUPERVISION.....	34
D. Student patient care responsibilities until graduation	35
E. Student relationships with patients.....	35
F. Appointment Procedures - Dental Students.....	37
G. Maintenance and Cleaning of the Senior Lab	39
PART 3 - GENERAL PATIENT INFORMATION (AXIUM, PATIENT CHARTS ETC.)	39
A. CLINIC INFORMATION SYSTEM (AXIUM) BOOKINGS/APPOINTMENTS.....	39
B. CHARTS	39
C. PATIENT CHARTS/DOCUMENTATION	39
D. CONSULTATION RESULTS.....	40
E. MEDICAL HISTORY	40
F. TREATMENT PLANS	40
G. PATIENT CONSENT TO TREATMENT.....	40
RE: Patients Who Have Reached Their Nineteenth Birthday:	40
RE: Patients Who Have Not Reached Their Nineteenth Birthday:	41
PART 4 - CLINICAL PATIENT INFORMATION (REFERRALS, CATEGORIES ETC.).....	41
A. PATIENTS REFERRED TO PRIVATE PRACTICES.....	41
B. PATIENTS REFERRED TO THE DALHOUSIE CLINICS BY PRIVATE PRACTICES	42
C. PATIENT CLASSIFICATION – MEDICAL.....	43
D. MEDICAL CONSULTATIONS.....	45
E. MANAGEMENT OF CHILDREN AT DALHOUSIE DENTAL CLINIC.....	45
PART 5 - FEE GUIDE POLICIES.....	45
A. GENERAL FEE POLICIES.....	45
B. FORMS OF PAYMENT.....	48
C. DELINQUENT ACCOUNTS.....	48
D. RESPONSIBILITIES OF STUDENTS	48
E. PATIENTS ON SOCIAL ASSISTANCE	48
F. M.S.I. Claims (Maritime Medical Services Insurance) FOR PEDIATRIC PATIENTS.....	49
G. THIRD PARTY PAYMENTS.....	49
H. INCORRECT/INSUFFICIENT ADDRESS	49
I. CANCELLATION POLICY / "NO SHOW" POLICY.....	49
J. RESPONSIBILITY / REPLACEMENT / REPAIR INFORMATION	50
K. RELATIVE VALUE UNITS (RVU's).....	51
PART 6 - MEDICAL EMERGENCIES (.....	52
Medical Emergency Protocol	52
Foreign Body Swallowing/Aspiration Incidents in Faculty of Dentistry Clinics	53
PART 7 - DENTAL EMERGENCIES	54

1. Dental Emergency Care During Regular Clinic Hours	55
2. Emergency Care after Regular Clinic Hours and During Clinic Closures.....	56
STUDENT EMERGENCY ROTATION Flow Chart.....	58
3. Pediatric Dental Emergencies.....	59
4. Management of Injuries – cut lip, fall, etc.....	59
PART 8 - SAFETY AND ASEPSIS PROCEDURES	59
A. CUBICLES - HOUSEKEEPING AND INFECTION CONTROL (also see the Infection Control Manual).....	59
B. REMOVAL OF RUBBER DAMS ETC. PRIOR TO PATIENTS LEAVING CLINIC AREAS.....	60
D. ANTIBIOTIC PROPHYLAXIS FOR PATIENTS WITH TOTAL JOINT REPLACEMENTS.....	61
E. NEEDLESTICK, PUNCTURE WOUND POLICY (See Dentistry website – Publications and Policies>Management of Needlestick and Mucous Membrane Exposures to Blood/Body Fluids).....	66
F. Management of Extracted Teeth	66
G. INFLUENZA VACCINATION PROGRAM.....	66
H. Infection Control Checklist FOR DENTAL CUBICLES:	66
I. INFECTION CONTROL MONITORING	67
J. MANAGEMENT OF PATIENTS WITH HERPETIC LESIONS (also see the Infection Control Manual).....	67
K. PROCEDURES FOR INSTRUMENT REPROCESSING/STERILIZATION	69
PART 9 - Radiographic Policies for Dalhousie Dental Clinic	69
PART 10 - Dental Equipment - Care & Maintenance.....	71
Repair Requests to the Technical Services Unit:.....	71
PART 11 - OCCUPATIONAL HEALTH AND SAFETY POLICIES	71
A. WHMIS.....	71
B. Chemical and Biological Spills.....	71
C. Recommended Practices for Potentially Hazardous Materials, Instruments and Equipment.....	72
PART 12 - PROCESSING DENTAL LABORATORY ORDERS	75
A. Patient Acceptability	75
B. OCCLUSAL SPLINTS/BITE PLANES/NIGHT GUARDS.....	76
rC. Finishing, Rubber Wheeling and Polishing PFM and Cast Gold Restorations.....	76
D. Finishing and polishing Composite Restorations	77
E. Polishing Ceramics.....	78
F. Provisional restorations (?Dr. P.-L. Michaud).....	78
G. Check Steps for Patient Treatment in All Clinics.....	78
H. Custom Tray Fabrication.....	78
Trays constructed by students must be fabricated according to the laboratory instructions given to you in preclinical Restorative II exercise. Improperly trimmed and ill-fitting trays will be rejected by Faculty; therefore, get approval of your tray from a Prosthodontic instructor prior to the appointment.	78
I. USE OF POLYVINYL SILOXANE	78
J. Prosthodontic Case Preparation.....	79
K. Alginate Impressions (?Dr. Pierre-Luc Michaud).....	79
L. Check Steps for Patient Treatment in All Clinics	79
M. Protocol for Surgical Guides.....	80
N. Luting Cement Selection.....	82
PART 13 - PROCESSING LABORATORY ORDERS	82
Dental Lab Hours	82
Work Authorizations	83
Decontamination of Prosthetic Materials and Devices	86
PART 14 - ORAL PATHOLOGY POLICIES AND PROCEDURES (CONSULTS, BIOPSIES ETC.)	89

Protocol for Referral to Oral Pathology Clinic	89
Protocol on Tissue Biopsy Management for the Grad Periodontics and the GPR Programs	89
PART 15 - DISPENSARY GUIDELINES.....	90
PART 16 - New Clinical and Preclinical Supplies and Equipment (Protocol for Introduction).....	90
SECTION FOUR.....	92
Care Directives	92
Care Directive for the use of 0.12% Chlorhexidine Gluconate Mouth Rinse in Dalhousie University, Faculty of Dentistry Clinics and in associated external clinics, where Faculty of Dentistry students provide treatment.	92
Care Directive for the use and administration of local anaesthesia by Dental Hygienists and Dental Hygiene students in Dalhousie University, Faculty of Dentistry clinics.	94
Care Directive for the use and administration of local anaesthesia by Dental Hygienists in the Dalhousie University, Faculty of Dentistry Faculty Practice and Graduate clinics.....	95
POLICY ON MEDICATION ADMINISTRATION	98
FACULTY OF DENTISTRY ORAL SEDATION PROTOCOL.....	102
Propane Use in the Pre-Clinical Lab	104
SECTION FIVE.....	105
SPECIFIC CLINIC SUPPORT UNITS	105
BUILDING SERVICES UNIT.....	105
CLINICAL AFFAIRS OFFICE.....	106
Clinic Information Systems.....	107
CLINICAL SUPPORT	108
DENTAL LAB	110
DENTAL STORES UNIT	111
MEDICAL DEVICE REPROCESSING (MDR)	114
PATIENT SERVICES UNIT.....	116
PRECLINICAL DISPENSARY AND LAB SERVICES	121
TECHNICAL SERVICES UNIT (Rob Sidebottom)	122

SECTION ONE

1. Professionalism (students, faculty and staff) & the Student Code of Professionalism

The standards for professionalism and how breeches are managed are outlined in detail in the Faculty of Dentistry Academic Policy Manual. It is incumbent on all students, staff and faculty to be knowledgeable of and adhere to these standards.

2. Student Responsibilities in Providing Patient Care

Patient care includes any and all procedures on any patient (classmate, family member or any assigned patient)

Student participation in the patient treatment process is a privilege. To maintain clinical privileges students are expected to

- provide patient care only when under the direct supervision of an assigned faculty instructor, with an assigned cubicle and with the patient's chart (electronic and paper) present
- provide patient care only to patients that have been assigned to that student
- comply with the requirements for immunization and CPR certification
- carry a current, valid Dalhousie I.D. at all times
- observe the **clinic dress code** at all times
- have their name visible on their clinic jackets (either a name tag or embroidered name on the jacket)
- review clinic medical emergency procedures annually with Clinic Nurse. This is done during orientation at the beginning of the academic year. Any student who does not attend this session must have an individual review of the emergency procedures with the Clinic Nurse
- observe all the measures of professionalism listed in "Professionalism for Faculty, Staff and students" section in the Academic Policy & Procedures Manual
- know and follow the "Student Code of Conduct" in the Academic Policy & Procedures Manual
- protect the confidentiality of patient information (paper charts and electronic records, including photos and radiographs)
- provide appropriate management of patients
- maintain accurate patient charts and follow chart control procedures
- maintain appropriate patient, staff and faculty relations
- follow infection control procedures
- maintain appropriate cubicle cleanliness and asepsis
- refrain from consuming food and drink in clinical areas and laboratories
- 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

Failure to comply with any of these responsibilities may result in loss of clinic privileges

3. Patient Responsibilities

All patients /guardians in our dental clinic must

- be considerate and respectful of other patients, students, faculty and staff of the Dalhousie Dental Clinic
- share honestly and completely information about their medical and dental history, including changes in their health condition
- be available for services required and keep scheduled appointments
- be prepared to pay for all dental treatments and services rendered on the day they are completed
- follow the directions of staff/student during building emergency evacuation procedures (e.g. fire, flood, and electrical failure)
- 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
- turn off all cell phones and pagers while they are in the Clinic treatment area. Patients may use iPods or another headphone musical device during treatment, as long as it is turned low so that it does not disturb the student providing treatment or surrounding patients and students, and as long as it does not interfere with treatment
- defer/cancel their appointment, if infected with communicable illness. 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 include fever, headache, tiredness, dry cough, sore throat, nasal congestion and body aches. If you are not feeling well call and change your appointment time

- 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
- no food is allowed in the Clinic
- be told that no drinks are allowed in clinic unless medically necessary (e.g. diabetes)
- no pets are allowed in the building unless medically necessary (ie. service dogs)
- understand and respect Dalhousie's policy on Prohibited Discrimination <http://www.dal.ca/dept/hr/employee-resources/policies-and-guidelines.html> 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

Failure to comply with these responsibilities may result in loss of clinic privileges

4. Faculty Responsibilities in Clinic

Faculty must carry a current, valid Dalhousie ID at all times. They must wear an authorized clinic jacket/lab coat with faculty name on the jacket or have a name tag attached at all times when in clinic.

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 Associate Dean, Clinical Affairs or their designate (normally the Assistant Dean, Patient Care) 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 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 via Yubi Key to approve planned, in progress or completed care.

Clinical faculty must be knowledgeable of and follow all clinic policies and procedures.

Faculty must also be aware of and follow all university policies and procedures, paying particular attention to policies related to harassment, a healthy workplace, and discrimination.

<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/index.php> [click on appropriate link]

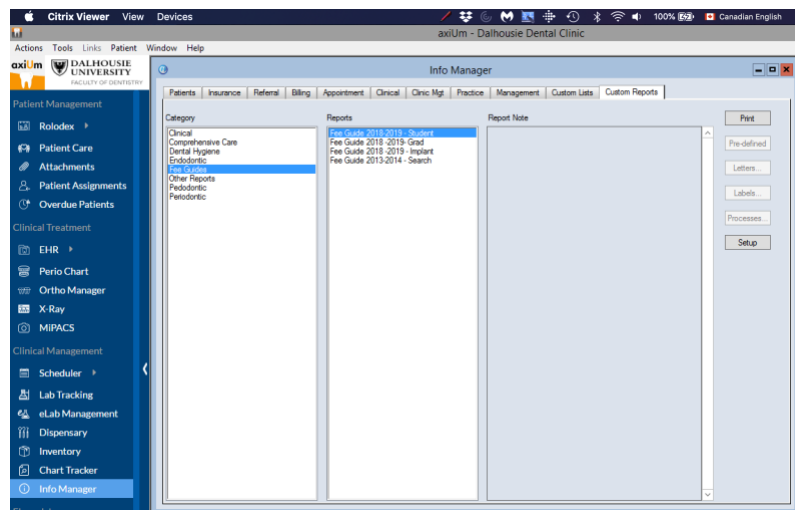
http://www.dal.ca/academics/academic_calendars/Undergraduate_Calendar_2013_2014/Smoke_Free_Scent_Free_Dalhousie.html

It is a responsibility of all professional staff working in our Faculty clinics to report to their supervisor or appropriate Course Director and the Associate Dean, Clinical Affairs any continued infractions of clinic protocol or infection control 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 CLINICAL PROTOCOL/INFECTION CONTROL BREACH FORM to the Associate Dean, Clinical Affairs. These forms are available in the clinic or from the Clinical Affairs office.

5. Clinic Fees

The current clinic fee schedules are available through 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. **Go to Info Manager>Custom Reports>Fee Guides.**



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 5 of this manual.

6. Mandatory Criminal Record Check and Vulnerable Sector 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 or within the Nova Scotia Health Authority (NSHA) facilities must complete and submit an up-to-date satisfactory Criminal Record Check, Vulnerable Sector Check and Child Abuse Registry check. The Dean's Office is responsible for coordinating these processes and will provide detailed information to students.

7. Cell Phones, Pagers in Clinic

Cell phones and pagers must be turned off or put on vibration mode while in clinic. Answering or using such devices while involved in patient care in clinic is not appropriate.

8. Purchase of personal equipment (e.g. lights for loupes)

The Dental Clinic is not responsible to provide services for personal equipment (e.g. lights for loupes) that students purchase on their own. Dental Stores will not be able to assist with repairs, returns, parts etc.

9. Policies on Infectious Diseases (for students, faculty and clinic support staff)

The documents are available on the Faculty of Dentistry website (<http://www.dal.ca/faculty/dentistry/current-students/publications-policies.html>) in the "Publications and Policies" section. They are regularly updated so please review the applicable policy at least each semester.

10. Chart Audits

Ensuring that chart records are complete and accurate are the responsibility of the assigned student. The supervising faculty are also responsible for ensuring that the records are complete and accurate. Auditing patient chart quality and accuracy is

the responsibility of clinic faculty and clinic staff. Patient Services staff, the Assistant Dean, Patient Care and the Associate Dean, Clinical Affairs regularly audit and review charts for accuracy and completeness. Necessary corrections will be directed to the instructors or students who last cared for the patient.

Assistant Dean, Patient Care and/or Associate Dean, Clinical Affairs or their designates perform regular chart audits on charts that are flagged due to

- 1) fee problems
- 2) patient complaints
- 3) patient consent issues
- 4) treatment planning, treatment sequence problems
- 5) Daily Clinic Assessments or Skills Assessments of 0 or 1 automatically trigger a meeting with the student and those often involve a chart review

Students are advised of chart errors and are given a time frame to correct them.

Problems are resolved through meetings with students, staff, faculty and/or patients as required.

11. Healthcare Provider CPR/AED certification

All students, clinical faculty and identified 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 on a regular basis. Please contact the Office of Clinical Affairs for further information (494-1681).

12. Staff Requirements

Staff Immunization Requirements

Dental Assistants and those who work directly with patients must provide proof of up to date immunization for the following (Tetanus, Diphtheria, Polio, Measles, Mumps, Rubella, Chicken Pox and Hepatitis B). A copy of the lab report for Hepatitis B surface antibodies (6 week post-test) must be provided, along with evidence of the 2 Step Mantoux (Tuberculin) test. Annual Influenza inoculation is recommended. The staff person must keep their immunization status current during their employment. They are also required to have Healthcare Provider CPR/AED certification and this must be renewed annually.

Dental Lab Technicians (who do not treat patients directly but work with items that have been in patient's mouths) must provide current immunization records (Tetanus, Diphtheria, Polio, Measles, Rubella, Chicken Pox and Hepatitis B), Hepatitis B surface antibodies (6 week post-test), along with evidence of the 2 Step Mantoux (Tuberculin) test. Annual Influenza inoculation is recommended. The staff person must keep their immunization status current during their employment.

New staff must show this proof as a job requirement before hiring will be authorized.

It is highly recommended that any other clinic staff who might not fall within the two categories above have up to date immunization for their own protection. Please refer to the Dentistry website for the full policies (**Publication and Policies>Policy on Faculty and Clinical Support Staff with Infectious Diseases**).

Additional Staff Requirements

Staff are required to have a valid Dalhousie ID. They should be able to produce it on request by Security Services. They must also wear an approved clinic jacket with their name on it or a name tag. Access to the clinics and labs requires a valid DalCARD.

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

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.

Clinic support staff must be knowledgeable of and follow all clinic policies and procedures.

It is a responsibility of all professional staff working in our Faculty clinics to report in writing using the **CLINIC PROTOCOL/INFECTION CONTROL BREACH 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 in to the Clinic Nurse or the office of the Associate Dean, Clinical Affairs.

Staff must also be aware of and follow all university policies and procedures, paying particular attention to policies related to harassment, healthy workplace, and discrimination.

<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/index.php> [click on appropriate link]

<http://academiccalendar.dal.ca/Catalog/ViewCatalog.aspx?pageid=viewcatalog&catalogid=71&chapterid=3826&loaduserredits=False>

13. Confidentiality of Patient Information

Faculty Policy – effective August 1, 2009

Revised August 1, 2013

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 and PHIA legislation in Nova Scotia indicate that it is your responsibility, as a health care provider, 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 (PHIA, 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. Patients' identities should be protected wherever reasonably and practically possible during case presentations.
- b. In teaching, research case presentations or in 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. Contact the helpdesk for assistance at support@dal.ca.
- 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 Electronic Health Records 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 "copy" 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 PHIA, PIPEDA or POIPOP 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 behaviour they should be documented and reviewed with the Associate Dean, Clinical Affairs, before being added to a patient's chart. Copies of patient records are only made with a consent signed by the patient and the knowledge and approval of the Associate Dean, Clinical Affairs.
- 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:
PHIA (<http://novascotia.ca/dhw/phia/>)
PIPEDA (http://www.priv.gc.ca/leg_c/leg_c_p_e.asp)
FOIPOP (<http://foipop.ns.ca>)

The Assistant Dean, Patient Care is the appointed Privacy Information Officer. They are 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 and the University Privacy Office.

If you have any questions, please see the Associate Dean, Clinical Affairs for clarification. It is your obligation to inform the Clinical Affairs office if you feel patient information has been or is being compromised.

14. Dalhousie Discrimination and Harassment Policy

[\[http://www.dal.ca/content/dam/dalhousie/pdf/hr/Policies-and-Guidelines/Policy-Prohibited-Discrimination.pdf\]](http://www.dal.ca/content/dam/dalhousie/pdf/hr/Policies-and-Guidelines/Policy-Prohibited-Discrimination.pdf)

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 Associate Dean, Clinical Affairs or the Assistant Dean, Patient Care reviews each of these requests as he/she 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 Associate Dean, Clinical Affairs or Assistant Dean, Patient Care's 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/her attention for review and action.

15. Food and Drink Policy in Clinics

The food and drink policy for the Faculty of Dentistry clinics was written to be in compliance with the Department of Labour regulations for healthcare facilities. No food is allowed in clinics. Signs are posted on the clinic doors to reflect this.

We have been able to designate specific areas in clinic where drinks only may be consumed. Those rooms are away from chemical hazards and from patient care. The rooms are identified by green sheets on the entrances (see below).



16. Oxygen Tanks/Crash Carts/Defibrillators/First Aid Kits/Spill Kits/Emergency Suture Kits

These are located on both Level 1 and Level 2 clinics. Please familiarize yourself with their locations. An Emergency suture kit was added last year and is on each of the 4 crash carts in clinic (2 in Level 2-UG clinic, 1 in Level 2 Surgery clinic and 1 on Level 1-UG clinic).



17. Nitrous Oxide and Sedation Fee Codes and Fees

5 operatories in the new Surgery clinic on Level 2 have been plumbed in for N₂O. Two portable N₂O units are on site for use in Oral Surgery, GPR and Grad Perio programs.



17. CBCT Guidelines

Faculty members and Grad Residents that have completed Dr. Gregoire's CBCT course or any OMFS faculty member can prescribe CBCTs for Faculty patients.

To date, the faculty members that have completed the CBCT course with Dr. Gregoire and who can now prescribe and interpret CBCTs are:

Haider Al-Waeli
Ayman Awad
Cynthia Andrews
Nick Emanuele
James Brady
Carl Canning

Tanya Cook
Ben Davis
Mohamed Gebriel
Sura Hadad
Nader Hamdan
Sara Hunter

Lisa Johnson
Sooyoung Kang
Chris Lee
Isabel Mello
Matthew Morris

Debora Matthews
Pierre-Luc Michaud
Erin Nowe
Aditya Patel
Zeeshan Sheikh
Tom Steeves
Yang Gu

When a faculty member on the clinic floor finds an indication for taking a CBCT, they are to generate an Internal Referral form to the appropriate discipline for the case. The Internal Referral must provide adequate information on the history, radiographs taken and a clear indication of the need for a CBCT. Patients should have been advised that if a CBCT is approved, the fee must be paid before the CBCT is taken. Please check the current fee guide for the fee before arranging for a CBCT to be taken. The Internal Referrals are to be made out to one of the Division, Program or clinic to which the patient is being referred.

1. GPR program (Dr. Lee) for patients referred to the GPR program for comprehensive care
2. Grad Perio program (Dr. Hamdan) for management of their periodontal care
3. Oral Pathology (Dr. Johnson, Dr. Gu) for management of a specific pathologic lesion
4. Oral Surgery (Dr. Gregoire, Dr. Davis, Dr. Brady) for management of a specific pathologic lesion
5. Endodontics (Dr. Mello) for any undergraduate patient that faculty indicates a need for a CBCT.

6. Implants

For any undergraduate patient that faculty indicate a need for a CBCT for implant placement, the CBCT prescription may be written by Drs. Michaud or Cook during the diagnostic work-up when they are involved in the planning of the case. Alternatively, an Internal Referral for a CBCT can be made out to

Oral Surgery (Dr. Gregoire, Dr. Davis, Dr. Brady) when the patient is co-assigned to the Oral Surgery Resident or to Grad Perio (Dr. Hamdan) when the patient has been co-assigned to Grad Perio for the implant placement.

The Internal Referral forms are to be dropped off to the Patient Services desk located in the Grad/Surgery area. The referral forms will be directed to the faculty members above for review. If the need for a CBCT has been established, the patient will have the CBCT code planned. The faculty above will then complete the CBCT prescription form in the electronic chart. Once the prescription is completed the CBCT can then be taken by an approved user. The interpretation form is then completed by the prescribing doctor.

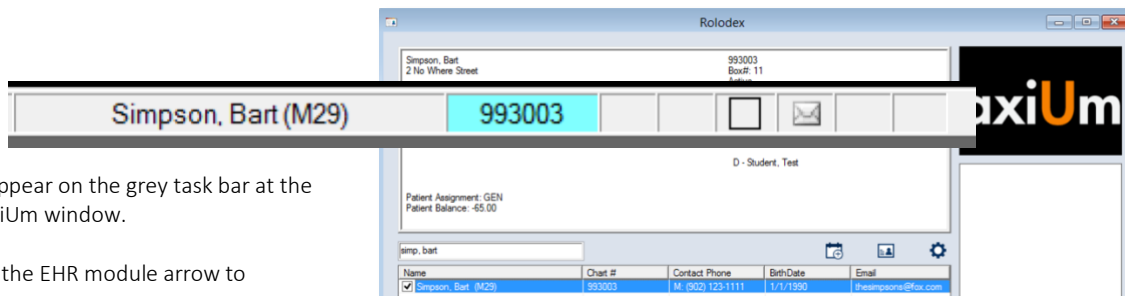
CBCT Protocol for Users

1. Each user, other than OMFS faculty members, must have successfully completed the CBCT course at Dalhousie University and pass the test in order to be able to prescribe, take and interpret CBCTs for faculty patients.
2. The names and netIDs of all faculty members and Residents who have successfully completed the CBCT course requirements are then submitted to the Clinical Affairs office.
3. The netIDs are sent to IT who will give the faculty member access to log in to the CBCT computer. The CBCT computer is accessible only to those faculty and Residents that are certified to prescribe, take and interpret CBCTs.
4. The patient must be informed of the fee for having a CBCT taken and be directed to Pt. Services (Plan axiUm code 07041). The fee must be paid in full before the CBCT imaging is taken.

A Prescription must be completed by the faculty member or Resident in axiUm before the CBCT is taken.

Access to AxiUm CBCT Prescription and Interpretation Form

1. In the Rolodex module, search for the desired patient by typing in the chart number or last, first name in the search field. Double click on the name to confirm it is actively selected prior to moving to the next step.



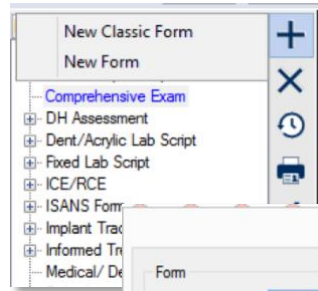
The name should appear on the grey task bar at the top of the axiUm window.

2. Select the EHR module arrow to

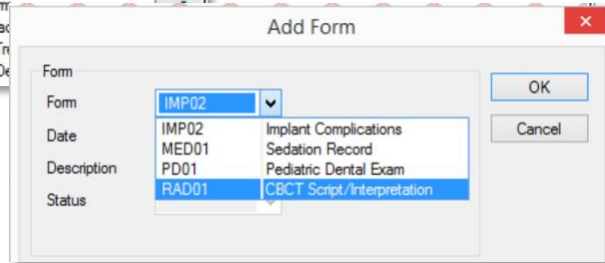
name bottom

open menu and click on Forms.

3. Choose the add a new record icon (+), New Classic Form.

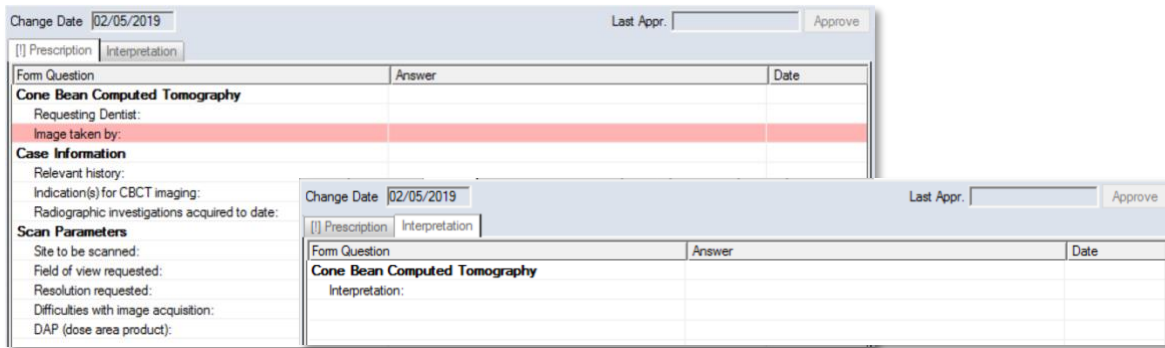


4. From the Add Form window use the pick list to locate RAD01 CBCT Script/Interpretation form and click OK.

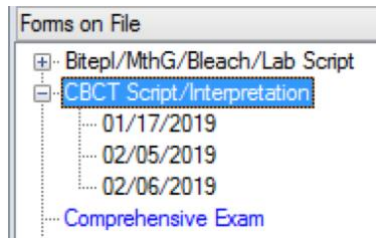


5. The form has 2 tabs or pages; Prescription and Interpretation. Answered questions will be date can be updated anytime. This form is only accessible to Residents who have been approved to take CBCTs. No approval is required for Residents. The Prescription must be completed before the CBCT is taken. The Interpretation must be completed after the CBCT has been taken.

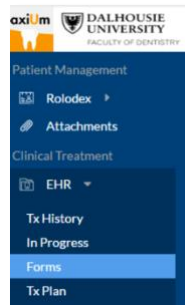
stamped and faculty and faculty



* To access a completed form, simply follow steps 1 & 2 and click the CBCT form history date from the Forms on File section in the EHR Forms tab.



When accessing the ClinView software on the unit you are required to enter the following information to register the patient appropriately:
 Patients full name
 Patient ID is to be their axiUm chart number
 Patients Date of Birth is to be entered



You will then be able to acquire the CBCT.

Ensure that the CBCT computer is logged off after taking the CBCT.

Complete the Interpretation form in axiUm.

To view the CBCT images, use the computer located in the scanning room in the Grad area.

18. Handwash Stations

Current healthcare standards recommend dedicated handwash stations in healthcare facilities (includes hospitals, dental clinics among others). The large gray sinks (shown below) are labelled “To be used for hands and face shields only”..

The handwash sinks are to be used at the beginning of each clinic and whenever hands are visibly soiled. Alcohol-based hand rubs can be used to clean hands at any other time.

Turn on the water with bare hands. After washing, turn the water off using a paper towel to prevent contamination of your hands.



Handwash station



Alcohol rub

19. Eyewash stations

These units are located throughout the clinics and are easily visible. Push on the yellow plate to open the lid and start the water stream. Single use eyewash bottles are also located wherever plumbed eyewash stations are located.




20. Reverse Osmosis Water Stations


These units provide water for all of the closed bottle water dental units in our clinics and pre-clinical simulation lab.

There are 5 stand-alone RO stations in the building

- RO1.1 Undergraduate Clinic – Level 1
- RO2.1 Student Group Practice Clinic – Level 2
- RO2.2 Student Group Practice Clinic – Level 2
- RO2.3 Surgery Clinic – Level 2
- RO3.1 Pre-Clinical Simulation Lab – Level 3

Each Unit has been labelled as follows:

If unit is not producing water, press  button. *Please note: It may take up to 5 hours for unit to refill.*

To silence alarm, press  button. Please do NOT power down or unplug unit.

Report all alarms and maintenance issues regarding this unit to

BUILDING SERVICES
 Phone: 902-494-5199
 Email: building.dentistry@dal.ca

Please reference RO# on top of machine.

When receiving a report about a maintenance concern with one of the units, Building Services will respond by:

- Inspecting the unit for error message(s)
- Silencing the alarm (if applicable)
- Placing out of service sign
- Reporting findings to FM Zone 2 via email to Perry Sabean (psabean@dal.ca) and Brian Bowdridge (brian.bowdridge@dal.ca)

Preventative maintenance

Monthly - Each unit will be sanitized according to manufacturers' specifications by FM Zone 2 plumber. This process will normally occur on the second Wednesday of each month.

Annually – Each unit will be inspected by Culligan in August of each year. Components will be tested/replaced as required.

A maintenance log will be kept at each station.

Important

Only RO water is to be used in the closed bottle dental units. Do not add water to a partially used bottle; always dump and refill.

21. Veneers

Updated Oct. 18, 2017

Patients that need 1 or 2 veneers may be treated in the undergraduate clinic. The treatment must be supervised by Dr. Price, Dr. Vallee or Dr. Michaud. Patients that need or want more than 2 veneers can either be referred to the GPR program or to private practice.

Veneers, Lab processed, code 27602 + L

22. Endodontic Consults and Retreatment Codes

Please be advised that there is a unique consult code for **endodontic retreatment (05402-1)**. Whenever you are screening new patients, this code must be used whenever a tooth has had previous endodontic treatment.

The code to use for teeth that need or may need endodontic therapy is **05402 Consult - Endodontics**.

These two codes need to be used appropriately to ensure that staff assign patients appropriately. They will only count the **05402** codes as **potential endodontics patients**. They will ignore the **05402-1** codes in their count.

The Faculty **will not accept** any Limited Referral patients that require **endodontic retreatment only**.

We will accept **Limited Referral patients** that require **endodontics retreatment and a crown**. A pros and endo consult will need to be completed. Your patient will need to know that the retreatment will most likely require a referral to an endodontist. If the patient agrees to our treatment plan costs **and** the cost for retreatment by an endodontist, the crown may be able to be completed at the school.

23. Updated Bed Bug Policy

(See Dentistry website – Publications and Policies>[Bed Bug Protocol](#))

24. Correcting Errors in the Chart

Errors made in the **paper chart** are corrected by drawing a line through the error with a pen, making the correction and signing and printing your name.

Errors made in **axiUm (electronic chart) require completion of the **REQUEST FOR PATIENT RECORD MODIFICATION** form. The completed as well as the chart must be submitted to the Clinical Affairs office, room 2530 for review.

25. Beginning of Clinic – Prior to patient care

Prior to beginning any patient care in clinic, the following should occur:

1. Radiographs should be visible on your laptop (if digital)
2. Chart should be opened to an approved Treatment Plan (signed by your patient, student and faculty).

3. Five-Minute Clinic Huddle

Summary

Cluster meets for 5-10 minutes at the beginning of each clinic

All students, DCS faculty and the cluster DA must be in attendance and on time for start of clinic

Create a positive collaborative approach to patient care for everyone on the team

Before Clinic:

Each student provides a diagnostic summary, planned procedure to be undertaken & medical issues

Faculty identifies potential challenges (may require extra DA assistance and faculty help)

Possible discussion of steps of procedures and potential difficulties

Discuss treatment options associated with procedures

Discuss time management, completion times

Faculty identify cases where students should try to observe during the clinic block

Faculty or DA assigns students without patients to assist classmates

End of Clinic:

Students normally complete treatment 10-15 minutes prior to end of clinic to allow for instructions to patients,

review of day's accomplishments, completion of progress notes, entering of laboratory prescriptions, skills

assessments and Yubi-key approvals

Students who have completed treatment and those assisting will help cluster group complete charting, records, clean up, etc.

If time allows, faculty member provides feedback individually and collectively to the group and tips for future clinic activities

26. Blood Pressure Classification and Recommendations for Adult Patients with Hypertension (HTN)

Reviewed by B. Davis, C. Lee, D. Matthews, S. Murphy, B. Cleghorn 26Oct2016

The table below illustrates the recommendations and follow-up needed for adult patients with elevated blood pressures. Patient with a **systolic pressure >180** and/or a **diastolic pressure >120 mm Hg** should not be seen for elective care at the Faculty. The patient should be advised to see their MD immediately or within the week*. A medical consult should be sent to the MD and the patient advised that no further elective care at the Faculty of Dentistry will occur until the blood pressure is controlled.

If emergency care is required for a patient with these high BPs, they should be referred to the Oral Surgery clinic, the ER or GPR clinic or directly to the Oral Surgery department at the VG.

***HTN urgency** - typically a BP equal to or above 180 systolic or 110 diastolic. These patients have no organ dysfunction (shortness of breath, headache, chest pain etc..). These patients need to be seen by their primary care physician urgently to have oral anti-HTN meds started or adjusted.

***HTN emergency** - same BP as above but with organ dysfunction. These patients need to be assessed and managed in a hospital emergently.

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Whelton PK, Carey RM, Aronow WS, Casey DE, Jr., Collins KJ, Dennison Himmelfarb C, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2018;71(19):e127-e248.

27. Policy on Clinical Photography

Students have an opportunity to learn and utilize clinical photography for case presentations. Trained students/faculty may utilize sign-out equipment available from the level 2 Dispensary. Sign-out equipment must be returned immediately after the clinic session in which it was used. **Personal photographic equipment (including compact and phone cameras) may not be used for photographing patients.** Cheek retractors and mirrors should be included in your tray request or from the level 2 Dispensary. dirty material is returned wrapped in the original sleeves to prevent contamination and scratching. Students must choose a limited number of images for upload; there is a **suggested limit of 10 images/patient per photographic session.** Faculty must provide students clear guidelines for specific requirements of photographs. Original, unaltered images are to be uploaded into axiUm with their original file names.

Clinical photographs are legal records and are the property of the Faculty of Dentistry. The only place that original clinical photographic records of patients should be **stored is in their axiUm electronic chart** where they will be secure and backed up. Students/faculty have access to these images 24/7.

Images can be used by students and faculty members as needed for presentations via screen grabs. Any adjustments to the photos should only be done to these copies, not to the original images. File names can be changed on these image copies. Students are to handle these copies on their laptops professionally, securing them and removing any images not in use. In presentations, identifying information should be masked (e.g. eyes) for privacy reasons.

Clinic staff are responsible for

- 1) maintaining and signing out equipment
- 2) uploading student produced and selected digital images to patient chart in axiUm/Emago. Staff will not upload images until the student screens the images for quality and quantity.

The Graduate Periodontics Program currently requires their students to provide their own photographic equipment with the same provisions as above for image handling and storage. Quantity will be driven by the requirements of the program. General Practice Residency will utilize the school sign-out equipment.

28. Clinic Policy on Extractions in General Clinic Blocks (Small Group Practice, Public Health, GAP)

Patients requiring extractions should normally be booked into an Oral Surgery block. After completion of a comprehensive treatment plan, all planned extractions should only be booked into an Oral Surgery clinic.

If, however, a patient assigned to a DDS4 student presents as an emergency in pain, the extraction can be managed within the General Clinic Block if

1. the supervising instructor is comfortable supervising the DDS4 student performing the extraction.
2. the case has been assessed and is deemed to be uncomplicated (non-surgical).
3. the patient is unable to be seen for the extraction in the Oral Surgery clinic in a timely manner.

Should complications arise and there is a need for a surgical extraction, the patient should

1. be seen in an Oral Surgery block whenever possible as a first choice.

OR

2. be moved to an oral surgery cubicle (if available) to perform the surgical extraction under the supervision of their assigned instructor that day if unable to book the patient into an Oral Surgery clinic block.

OR

3. be seen in the Emergency clinic or in the GPR clinic (if available).

OR

4. be referred to the Oral Surgery clinic at the VG.

29. Guidelines for using Electrosurgery in the Clinic

Faculty of Dentistry, Dalhousie University

Reviewed by Dr. R. Price, Dr. R. Anderson, Dr. P.-L. Michaud, Dr. T. Wright and Dr. B. Cleghorn

May 2017

Note:

Refer to your VitalSource textbooks before using electrosurgery.

Indications

- Soft tissue esthetic recontouring.
- Soft tissue troughing prior to an impression.
- Soft tissue recontouring to make a subgingival direct restoration.
- Haemostasis prior to making an impression.
- Haemostasis prior to making a composite restoration.
- Orthodontic access to teeth.
- Frenectomy
- Operculectomy
- Removal of palatal papillary hyperplasia
- Familial and Drug Induced Gingival Overgrowth

Contraindications

- The use of electrosurgery is contraindicated in patients with implanted electrical devices including (but not limited to) permanent pacemakers, ventricular assist devices (VADs), deep-brain stimulators (DBSs), vagal nerve stimulation (VNS), ventricular shunt, cochlear implant, implanted bone conductor stimulator, implantable and semi- implantable hearing aids.
- The use of electrosurgery is contraindicated in patients who are coughing.

Safety Considerations:

- Use of local anaesthesia is mandatory
- The electrosurgical unit can only be used under the direct supervision of the supervising instructor who has been trained in the safe use of an electrosurgical unit.
- Use a plastic handle mirror; do not use any metal instruments in the mouth. If a mouthprop is being used it should be a McKesson bite block (ie no metal). Use of a Molt mouthprop is contraindicated.
- Ensure that the patient removes any intraoral or perioral metal jewellery including ear rings and studs.

- Do not use the electrosurgical unit in the presence of 100% O₂ or any flammable liquids (e.g. rubbing alcohol). If being used during a sedation which has Oxygen as part of the analgesia mix, the airway fire video must have been watched and use of wet gauzes should be standard practice)
- Ensure that the patient is not touching any metal other than the conductor attached to the electrosurgical unit.
- Ensure that the grounding conductor attached to the electrosurgical unit is not touching any metal (chains, metal jewelry, cell phone, insulin pump etc.).
- Ensure that the electrode tip is secure in the handpiece before use.
- Do a practice stroke with an unactivated electrode to practice the action.
- Do not activate the electrosurgical tip until it is close to the target tissue.
- **Plume scavenging is to be performed using equipment specifically designed for this purpose.** The use of high volume suction is mandatory and the suction tip must be held close to the operating area (approx. 1cm) to capture the plume. Plumes are known to be carcinogenic.
- Clean the electrode tip frequently with a damp gauze to remove charred tissue as this will prevent a clean cut and cause superheating of the target tissue as well as surrounding tissues due to the radiowave action of an electrosurg. An electrosurgical scratch pad may be used to remove gross charred tissue. Do not use an instrument to remove the charred tissue.
- Use the lowest power setting on the electrosurgical unit that is effective and cuts the tissues without sparking. It is good practice to set the rheostat at 40% of the scale for an effective cut.
- Always, keep the electrode tip moving in one direction with breaks to let the tissues cool. It is good practice to never cut longer than the count of ten and then count to 10 again to let the tissues cool and the radiowaves to dissipate through the tissue before making the next cut.
- Avoid removing an extensive amount of tissue at once, otherwise severe necrosis could occur. The tip should be used in a brushing motion to gradually remove the tissues.
- Do not remove all of the attached gingivae with the procedure. There must be sufficient attached gingivae anticipated after the procedure.
- Avoid touching the periosteum, bone or teeth as this may cause necrosis. It is a good practice to mark cuts after measuring a gingival crevice depth with a periodontal probe and marking the cut and contour to be made by repeating the measurement outside on the exterior of the gingiva and marking the cut by piercing the gingiva. A series of dots is created that can be connected in the cut and this will avoid touching periosteum or bone.
- Do not touch any metal, implants or metal restorations with the electrosurgical tip as this will cause the patient to experience an electrical shock. Touching an implant may cause implant failure.
- Electrosurgical removal of soft tissue is not an alternative to crown lengthening when restorations are anticipated to violate the biologic width.

Other notes:

- Once the unit has been turned on, it needs to charge for about 1-2 minutes before it can be used. If the light does not light when pressing the foot pedal, the unit is not ready.

- When large areas of gingival tissue have been removed such as in familial or drug induced gingival hyperplasia or in tooth exposure, the ball tip may be used on cautery to isolate bleeders.
- When large areas of gingival tissue have been removed a mix of bismuth subgallate and otrivin can be used to aid in haemostasis. Bismuth subgallate is mixed into a thick paste with Otrivin[®], applied to the tissues for 5 minutes and then washed away with sterile water.

References:

AST Standards of Practice for Use of Electrosurgery (16 April, 2012)

Baba NZ, Goodacre CJ, Jekki R, Won J: Gingival displacement for impression making in fixed prosthodontics: contemporary principles, materials, and techniques, *Dent Clin North Am* 58: 45-68, 2014

Donovan TE, Chee WWL: Current concepts in gingival displacement, *Dent Clin North Am* 48: 433-44, 2004

Green J, Weiss A, Stern A: Lasers and Radiofrequency Devices in Dentistry, *Dental Clinics* 55: 585-97

Hilton, Thomas J. *Summitt's Fundamentals of Operative Dentistry: A Contemporary Approach, 4th Edition*. Quintessence, 10/2013. VitalBook file.

Krejci RF, Kaikwarf KL and Krause-Hohenstein U: Electrosurgery - a biological approach. *J Clin Periodontol* 1987: 14(55), 557-563.

Rosenstiel, Stephen, Martin Land, Junhei Fujimoto. *Contemporary Fixed Prosthodontics, 5th Edition*. Mosby, 072015. VitalBook file.ed

Kim, S. H. et al, Bismuth subgallate as a topical hemostatic agent at palatal donor sites. *Quintessence Int* 2010 Sep 41(8) 645-9

L. Maintenance and Cleaning of the Senior Lab

The maintenance and cleaning of the Senior Lab is a team effort involving Students, Building Services, Technical Services and the Dental Lab

As the end users, students are expected to clean up after themselves.

- Deposit garbage in the bins provided
- Deposit sharps in containers provided
- Wipe bench tops after each use
- Return supplies/labware/equipment to the appropriate location
- Use cast separation station to remove quick mount plates from plaster casts, deposit casts and plates in the bins provided
- Break down cast boxes and stack neatly on shelves

Lab problems should be reported as follows:

Lab Supplies	Dental Lab Service Counter Email: lab.dentistry@dal.ca Phone: 494-3564
Equipment Maintenance	Technical Services Email: technical.dentistry@dal.ca Phone: 494-1698
Building Maintenance	Building Services Email: building.dentistry@dal.ca Phone: 494-5199

SECTION THREE

General Clinic Information, Policies and Protocols

PART 1 - STUDENT INFORMATION

A. ACCESS TO THE DENTAL CLINIC LEVELS 1 AND 2

7:30AM to 5:00PM

- All doors are secured at these times but exit is always possible.
- Patient care with a faculty instructor present can continue after 5:00 pm until care is complete; this should be a rare, exceptional circumstance.
- Students may not work in any clinic area without staff and instructor present.

Students can do preclinical work in the clinic without faculty supervision 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.

B. CLINIC CANCELLATION POLICY

a. Cancelled by the Faculty of Dentistry

The authority for the cancellation of Clinics resides with the Associate Dean, Clinical Affairs once the academic timetable has been developed for the academic year. Requests are to be directed to the Associate Dean, Clinical Affairs 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.

C. 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, clinic jackets/lab coats) be worn. Procedures that generate a high volume of aerosols require the additional use of 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. Shoes used for clinic activity must 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 short. Artificial nails are not permitted, and if nail polish is worn it must be unchipped (refer to hand washing technique). 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 undergraduate students must wear the prescribed mandatory clinic jacket and scrub tops and bottoms provided through the University Bookstore. Graduate students may be permitted to wear different scrubs if authorized by the director of their program. If a student is unable to wear the prescribed scrubs, they must get alternative scrubs approved by the Assistant Dean, Patient Care in advance of wearing them in the clinic. Appropriate footwear must be worn 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 of the clinic jackets are included in your University Auxiliary fees.)
2. Hoodies or sweaters 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 loss of clinic privileges.

D. Clinic Jackets and Scrubs

1. Students

Dress Code - Clinic and Pre-clinical labs

All students must wear scrubs in all pre-clinical and senior labs and in the clinic.

Pre-clinical Labs and Senior Lab

Ideally, students should wear a clean lab coat over their scrubs while working in the lab. However, scrubs alone are acceptable. For students treating patients in the clinic, a clean clinic jacket must be worn over scrubs when going back and forth to the Senior Lab.

Clinic

When treating patients, a clean clinic jacket is to be worn over the scrubs. Clinic jackets are only to be worn in the Clinic areas (all clinics, Senior lab and the in-house Dental lab). Any clinic jackets/lab coats or gowns worn in the clinic are to be removed on completion of clinical activity and dropped off in laundry bags located at all clinic exit doors for laundering.

In keeping with the regulations of the Provincial Dental Board of Nova Scotia, scrubs worn in the clinic must be worn only in the Dental Faculty building. When used scrubs are removed they are to be placed in a bag separate from other clothing or objects. Scrubs are to be laundered separately from other clothing in hot water and tumble-dried.

Wearing scrubs outside the building is allowed only when travelling from the Faculty to classes in the Tupper building or buildings connected to the Tupper link . In this case, a clean clinic jacket may be worn over the scrubs. .

Headwear (including hoodies) other than for religious reasons are not allowed in any of the clinics or labs with the exception of surgical caps, if desired. If surgical caps are worn, they are to be treated in the same way as scrubs.

In accordance with Clinic Policy, failure to comply with professional dress and personal hygiene guidelines may result in dismissal from the Clinic.

2. Faculty – Clinic Uniforms/Lab Coats:

Faculty members must wear Faculty-provided clean lab coats 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 2023). 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. 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 lab coats for full and part-time staff with clinic assignments. Clean coats are available in the Clinic Jacket Room (Room 2023).

Dental Stores is responsible to arrange for laundering and maintenance of coats used by staff members as requested. Staff are responsible for laundering 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 is 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. Clean coats are available in the Clinic Jacket Room (Room 2023).

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.

6. Clinic Visitors and Others

All persons going into clinic must wear a clean clinic jacket or lab coat. This includes non-clinic care staff and visitors. Clean jackets can be obtained from the Clinic Jacket Room (Room 2023).

E. STUDENT VOICE MAIL

Patient Related Messages

Patient Services staff will not normally 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 for students will be redirected to the main number for 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):

Students are expected to monitor and maintain their voice mail to email account.

F. PHANTOM HEADS: (Frasaco, Kilgore and Columbia)

The Sim Lab has phantom heads attached to the simulators and most pre-clinical activities are held in the Sim Lab. Phantom heads may be signed out for pre-clinical activities that occur in the clinic (ex. endodontic exercises on extracted teeth or the endodontic typodont)

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

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 (ex. typodont 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 Preclinical Dispensary and 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.

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

I. 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.

J. CLINIC SUPPLIES AND LOCATION OVERVIEW

Comprehensive Care Clinic - Level II

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 in the central supply rooms on each level of the clinic. SGP, level 2 has 1 supply room in the south and 1 in the north end of the clinic.

Please return items to the soiled carts so items can be disinfected before being returned to the supply room by staff. 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 soiled instruments to the soiled case cart as soon as possible after completion of treatment. To follow infection control guidelines, upon completion of patient treatment all soiled instrumentation must be removed from the cubicle. Instruments and trays are to be placed in the cart designated for "soiled" items, which is located in each clinic space. so the instruments can be returned for cleaning and sterilizing. Gloves must 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. If treating patients on Level 1, items must be placed in a clean headrest cover bag for transporting. Sterile trays must be transported within clinical areas whenever possible and not through public areas.

Preclinical Supplies

Preclinical Dispensary room # 3226, located on the 3rd floor. Hours of operation: 8:00am - 5:00pm Monday through Friday and 4:30 - 7:30 pm during Monday night clinics. Please see the Preclinical Dispensary clerk for any supplies needed.

Preclinical Lab Hours:

Monday	8:00 am to 8:00 pm
Tuesday	8:00 am to 8:00 pm
Wednesday	8:00 am to 8:00 pm
Thursday	8:00 am to 6:00 pm
Friday	8:00 am to 6:00 pm
Saturday	10:00 am to 2:00 pm
Sunday	10:00 am to 2:00 pm

K. STUDENT SPECIAL CLINIC ASSIGNMENTS AND ROTATIONS

All DDS3/QP1, DDS4/QP2 and DH2 students are assigned to the various disciplines in clinic, 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 Affairs 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.

L. Guidelines for Patients Needing to be Accompanied to Dental Appointments

Residents in consultation with their Program Director should consider requesting that a patient needs to be accompanied to and from a dental appointment under certain situations. This could include

1. large number of extractions.
2. medically-compromised patients
3. patients that may present with post-op challenges
4. mentally-challenged patients
5. extensive surgical procedures or procedures requiring long appointments

Patients are responsible for their own transportation to and from appointments at the Faculty. Therefore, if there is concern about the patient being able to safely return home from their appointment, the patient should be accompanied by a friend or relative. If a patient fails to follow the recommendation that accompaniment is necessary, the Resident may consider cancelling the appointment. It is not the policy of the Faculty to send patients home by taxi at the school's expense.

Any “unwell” patient should be accompanied home and should NOT be put into a taxi alone. Patients who are truly unwell must be evaluated to determine if they require medical assessment in which case EHS may need to be activated and the patient transported to an emergency room.

In the rare situation that a taxi chit is required to provide transportation, the call to do this will be made by the Supervising Dentist or Resident. Taxi chits will be issued through the Clinical Affairs office. When an “unwell” patient is sent home by taxi, an Incident Form needs to be completed by the Supervising dentist or Resident.

M. Children in Clinic

1. Children 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 child 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 action. This may result in termination of treatment and early dismissal. The parent or guardian must, however, 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 child and are not normally present when their child is being cared for in the 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 action and the parent will be contacted after the fact.

Permission to allow minors 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 child 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."*

N. 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 Associate Dean, Clinical Affairs 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.

PART 2 - CLINIC - GENERAL

A. CLINIC ATTENDANCE/ABSENCE

Planned Absence:

If you anticipate a short-term absence ('**planned absence**') you must obtain permission from the Associate Dean, Academic Affairs **seven (7) calendar days prior** to the planned absence through completion of the Student Absence Form (available in the Dean's Office). Completion of the form does not guarantee the absence will be excused.

If you know that you will not be able to attend a clinic where patients are scheduled for you, you are required to find a classmate to attend the clinic in your place. **You must notify the Dean's Office** of the name of the classmate who will take your place in the clinic.

If you need to contact the Dean's Office related to a planned absence and/or to give the name of the classmate who will be replacing you in clinic, please send an e-mail to dentabs@dal.ca.

Unplanned Absence (Illness/Emergency):

To report an absence, the day of, you **MUST** call **494-2824 (DENTISTRY)** or **494-2730 (DENTAL HYGIENE)** and leave a message. Students are required to contact their scheduled patients and make alternative arrangements for their care. If you are unable to attend a clinic where a patient is scheduled for you by clinic staff, you still **MUST** notify the Dean's Office of your absence and provide specific information on the clinic you were to attend so that staff can make arrangements for the patient.

All excused and unexcused absences will be communicated to the Clinic Staff for processing in axiUm.

Students are expected to attend all scheduled clinics. An absence from clinic that is not planned (and approved) or excused (emergency/illness) will be considered a **breach of professionalism** and can result in the student being awarded a **Skills Assessment of '1'**.

If the student is unable to book a patient for a scheduled clinic, or if the patient does not show for an appointment, the student is expected to remain in clinic and assist a classmate in their cluster.

For further information on the Student Absence Policy, go to the following link: [Academic Policy Manual](#).

Dean's Office contact information:

Frontline Clerk – Maria Lamando Maria.L.Lamando@Dal.Ca / 902-494-2824

Administrative Assistant, Academic Affairs – Eileen Brown - Eileen.brown@dal.ca

Senior Clerk, Academic Affairs - Cynthia Younker – Cynthia.Younker@dal.ca

Manager, Academic Affairs - Jesslyn Kinney, - Jesslyn.Kinney@dal.ca

Absences

DDS Student Attendance Policy and Protocol:

Students are expected to attend all scheduled clinics regardless of whether or not they have a patient booked. In the event of an absence, a student is required to contact their scheduled patients and make alternative arrangements for their care and follow the protocol for Absence Report form described below.

Absence from clinic that is not reported by the student is a breach of professionalism and will result in the student being awarded a **Skills Assessment of '1'**. Faculty Regulations regarding professionalism will apply.

Students will be allowed limited time away from the educational program for unexpected life-events, or those that cannot be accommodated outside the student's schedule. In any academic year, all or part of a half day **up to 8 half-days** may be taken without academic consequences as noted in the Progress and Promotion section of the Academic Policy manual. These are not cumulative from one academic year to the next.

This allows for personal days that cannot be accommodated outside the student's regular schedule, as well as unplanned absences that may occur to illness, emergency or unforeseen events.

1. **Make arrangements for patient care.** Reschedule the patient and/or make arrangements for a classmate to see them. This includes switching scheduled rotation days with a classmate within your SGP **only**.
2. Submit an [Absence Report form](#), whether *planned* or *unplanned* (emergency/illness).
3. In addition to reporting your absence to the Dean's Office, you **MUST** inform your clinical instructor or the contact for Rotations.
4. For *unplanned* absences (illness/emergency), you **MUST** complete the online absence form each day you are absent. Provide a detailed message, including information on who you are, the classes/clinic(s) you were to attend, and any alternate arrangements made for your patient(s).
5. Contact your course director for any missed classes.
6. If absences are *planned*, all appropriate parties must be contacted at least 7 days in advance.

No Patient:

If the student is unable to book a patient for a scheduled clinic, or if the patient cancels or does not show for an appointment, the student is NOT excused from clinic. Students are to remain in clinic and assist other students, learning through observation and providing clinical support.

B. CLINIC BLOCK TRADES (

If a student wants to treat a patient in another specialty they **MUST** find a classmate (who is not out on rotation) to trade with. To receive approval, you **MUST** send your axiUm IDs, date/time, name of classmate (and their email) and clinic block to Cynthia.yonker@dal.ca.

NOTE: All block traces **MUST** be submitted 24 hours in advance in order to be approved and updated in axiUm (if required).

C. 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.

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 student(s) in the Clinic Information System.

D. 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 remain. The student may not "sign out" prior to the last day of clinic and remains responsible for the dental care needs of their assigned patients (regardless of whether you have cleared your charts or not) 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 for graduation. 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.

E. Student relationships with patients

Students relationships with patients must be completely professional in context.

The patients of the Faculty of Dentistry are assigned to individual students. 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 family and may want to consult with a clinic instructor or the Assistant Dean, Patient Care 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 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, Patient Care, the Associate Dean, Clinical Affairs 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, Patient Care or the Associate Dean, Clinical Affairs.

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 is 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, Patient Care 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, Patient Care. 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, Patient Care. The person involved must also report incidents of this nature to the Assistant Dean, Patient Care. Students aware of inappropriate patient behavior directed toward Clinic Staff (e.g. dental assistants) must report the incident to the Associate Dean, Clinical Affairs. Staff involved also must report incidents of the nature to the Associate Dean, Clinical Affairs.

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, Patient Care.

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

F. 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. an up-to-date signed treatment plan in the patient's chart

3. All patient appointments, changes, cancellations are made on the Clinic Information System (axiUm).

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 to 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.

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.

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 to Patient Services staff for appointing. (Listed in no particular order and others may be added as required)

Oral Surgery	Harbour View	North Preston
Treatment Planning	Implant Surgeries	Multi-Service Clinic
Oral Pathology Clinic	Emergency/RecallFaculty Practices	
Implant Clinic	Dental Public Health	

Students are responsible for all data entry in patient charts and in axiUm for patients for whom they provide treatment.

Telephone Procedures for Appointments

1. 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.

2. 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.

3. Students are encouraged to keep in touch with patients about their appointments or care.
4. Students are required to keep the status of all appointments current on the CIS (delete, cancel, no show, rescheduled).
5. 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 Aliant has advised that by dialing *67 before placing the call (*67(wait for 3 beeps then dial)-494-2101), your personal telephone number will be blanked out. Aliant advises this is a free service.

Monitoring of Patient Care

1. If problems should arise in the rendering of treatment, personality conflicts, etc., these should be promptly directed to the students' Student Advisor and the Associate Dean, Clinical Affairs or Assistant Dean, Patient Care 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. [See CHART AUDIT QUALITY ASSURANCE on Page 10]

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) documented failed appointments (No Shows) (less than 24 hours notice),
- 2) multiple cancelled and/or late appointments,
- 3) overdue account balances.
- 4) inappropriate behaviour as detailed in Section E4

Patients dismissed from the Dalhousie Dental Clinic may, at the discretion of the Associate Dean, Clinical Affairs, or Assistant Dean, Patient Care, 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

The decision to send any letters will be made in consultation with the student and Associate Dean, Clinical Affairs, Assistant Dean, Patient Care or the Manager of Clinical Care Services, as appropriate.

Examples of letters that are sent to our patients as required:

- a) Treatment Complete, Limited Care, Perio, and Pros care completed
- b) Patient dismissed from Clinic because of
 - Inability to contact patient
 - Too many failures or cancellations
 - Inappropriate behaviour

G. Maintenance and Cleaning of the Senior Lab

Provided by Tammy Chouinard, Manager of Building Services

The maintenance and cleaning of the Senior Lab is a team effort involving, Building Services, Technical Services, Custodial Services, the Dental Lab and YOU.

As the end users, you are responsible for cleaning up after yourselves.

Deposit garbage in the bins provided

Deposit sharps in containers provided

Wipe bench tops after each use

Use cast separation station to remove quick mount plates from plaster casts, deposit casts and plates in the bins provided

Break down cast boxes and stack neatly on shelves

In addition, in April 2014, we implemented a weekly cleaning rotation in an effort to keep on top of the mess in the Senior Lab – the schedule is posted on the lab doors.

Return miscellaneous supplies / lab ware / equipment to appropriate location

Deliver unclaimed items (lost & found) to Building Services

Wipe bench tops

Your cooperation and participation will be greatly appreciated.

PART 3 - 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 as needed. Dates throughout the chart (including birth dates) are to be in the format of month day year (e.g. June 28, 2021). 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. Medical changes (and BP monitoring) are entered on the Medical Update page of the chart.

4. Once the instructor has signed the Progress Notes form, the student can print the instructor's name underneath the signature (if it 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 paper chart on the CONSULTATION page 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. These forms will be scanned into the electronic chart as well.

E. MEDICAL HISTORY

- Determine by discussion with your 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 Medical Update page 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, instructor and student signature/Yubi-key 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, at the Faculty a more 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) Emergencies 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 4 - CLINICAL PATIENT INFORMATION (REFERRALS, CATEGORIES ETC.)

A. PATIENTS REFERRED TO PRIVATE PRACTICES

From time to time, the Dalhousie Dental Clinic needs to refer patients to private practice for continued care, often to dental specialists within the metropolitan area. Referrals are made normally for two reasons: either the anticipated treatment is too complex to be undertaken within this Clinic or 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, patients may be directed to make contact with an appropriate specialist or to be referred to the GPR clinic. When patients are referred outside of the Faculty, 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, a letter of referral to a specific specialist is generated by the Associate Dean, Clinical Affairs. Quite often either a telephone call from or personal meeting between the Associate Dean, Clinical Affairs and the specialist occur in addition to the letter. In this circumstance, normally the Dalhousie Dental Clinic does assume financial responsibility for specialists' fees. A letter of

referral from the Associate Dean, Clinical Affairs 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 Associate Dean, Clinical Affairs in advance of the care being provided. 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 Associate Dean, Clinical Affairs.

B. PATIENTS REFERRED TO THE DALHOUSIE CLINICS BY PRIVATE PRACTICES

Limited Treatment Patients

1. A committee receives a copy of the limited referral form sent by the private practitioner and reviews it to ensure that the criteria for referral have been met. If further information or radiographs are needed, staff calls the referring office to request this information. Once all required information has been received, the committee reviews it to see whether the patient will be accepted as a patient or not. The referring private practitioner is notified by letter if the patient is not suitable to be seen at the Dental Faculty.
2. The patients must be treated according to the proper sequence of dental treatment regardless of the needs of the school or the wishes of the referring dentist, physician or patient.
3. All limited treatment patients must have the medical health questionnaire, general consent and the limited treatment consent forms completed and signed by the patient, student and faculty.
4. 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.
5. 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 has been completed and that they are to return to their private practitioner for continuing care. As well, the patient will be informed of any recall or follow-up visits (related to treatment rendered here) 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 attend a Faculty Screening Clinic to determine patient suitability for our undergraduate student clinics. If accepted, a comprehensive treatment plan will be developed, approved 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.

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. If the patient's classification level changes, this must be recorded in the patient record.

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.

Please note, allergies are not part of the ASA classification. Allergies are coded as Medical Alerts. Therefore, healthy patients with an allergy or allergies are ASA 1. Patients with no diagnosed medical conditions who are taking medications or supplements prophylactically are also ASA 1. Any patient classified as ASA 4 or higher will not be seen in the undergraduate clinics until their ASA status improves to at least ASA 3.

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM

Last approved by the ASA House of Delegates on October 15, 2014

Table 1: Current definitions (NO CHANGE) and Examples (NEW)

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (<3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	
<p>*The addition of “E” denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)</p>		

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 patient's 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 and scanned into axiUm.
- 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 Progress Notes and on the Consultation page.

E. 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 who are over the age of 13 (not covered by MSI). Parents are to be made aware of the fees for services for their children over 13 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 Greenshield at Nelson Whynder are to have pre-authorization for care managed through the Clinic coordinator/Dental Assistant. 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 5 - FEE GUIDE POLICIES

A. GENERAL FEE POLICIES

1. Fees are charged for ALL services provided in this Clinic, unless stated otherwise in the Fee Guide.
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". The fees charged for treatment in graduate clinics (GPR, Grad Perio) are not the same as, and are usually higher than for undergraduate treatment. Patients must be made aware of this when they are referred from undergraduate to graduate clinics.

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, the lab 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 release of work from the Dental Lab.

Students MUST inform their patients of these payment policies 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. In some cases this will require consultation with a dental specialist. When required, the consultation must be completed before the endodontic treatment is begun, except for emergency treatment rendered to eliminate pain and/or infection.

(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 the lab portion of the treatment 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 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 100% of the denture lab fee before the Dental Lab can accept work for processing. The patient's entire account balance must be zero before the release of work from the Dental Lab.

The fees for immediate dentures and hard relines have now been separated. When planning immediate dentures in axiUm you are to use the **Quick List** macro, IMMED U or IMMED L and it will automatically generate a separate reline code and fee. This change will clearly advise patients in advance of the fees associated with hard relines following the delivery of immediate dentures.

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 (nightguard) is due before the patient can leave with the appliance. The patient's entire account balance must be zero before release from 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 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 Associate Dean, Clinical Affairs, the Assistant Dean, Patient Care or Manager, Clinical Care Services.

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 as indicated previously in this document.)
2. Payment may be made by cash, debit card, American Express, MasterCard, Visa or money order. 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

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 for 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 \$25.00 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 Dalhousie Dental 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 are 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 appropriate staff member responsible for patient assignment has given written approval in the 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 "Greenshield". "Greenshield" is accepted at the Nelson Whynder School Clinic, GPR and the Emergency 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 all treatment rendered during the day in order that accounts are kept up to date.

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 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. These are then given 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 and some other treatment. Such estimates are completed by Patient Services staff based on the Treatment Plan and often after consultation with the dental student and the supervising faculty instructor. These predeterminations are given to the patient for forwarding to their insurance company.

3. Predeterminations can only be printed if the treatment is "planned" in the HER in axiUm. "In process" procedures cannot be printed.

H. INCORRECT/INSUFFICIENT ADDRESS

1. Patients 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 changes 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 may be charged a fee of \$25.00 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 Associate Dean, Clinical Affairs or the Assistant Dean, Patient Care, and the administrative fee for this will be \$25.00.

Please note: It is up to the student and their instructor to consider whether or not a short-notice cancellation or no-show warrants being part of the 3 time limit. Some consideration must be made not to count genuine emergencies beyond the patient's control.

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 they are 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 Associate Dean, Clinical Affairs). This form must be signed by the dental student, clinical instructor, Associate Dean, Clinical Affairs (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 deterioration of the patient's oral health due to misuse of any prosthesis/device which was properly placed initially or for any prosthesis/device that is 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. Repairs to dentures (complete or partial) fabricated at the Faculty of Dentistry will normally be at **N/C** for the **first 3 months** after delivery if the fees for the denture have been paid in full. If it can be determined that the patient is responsible for the damage (denture was dropped, patient adjusted clasp, dog ate denture, etc.) then the patient is responsible for all costs associated with the repair. Patients are responsible for all denture repairs that occur **more than 3 months after delivery**.

Denture Repairs (dentures fabricated in private practice)

Normally we do not repair dentures that were fabricated outside of the student clinics. Once we repair a denture we are now accepting responsibility for future adjustments or repairs. If the case has been evaluated and approved by ??Chair of DCS, we can repair a denture that was fabricated outside of the school. This should be an infrequent occurrence.

Failure of Direct Restorations (amalgams, composites)

When a direct restoration fails within the **1st year after placement**, it will be replaced at N/C to the patient. The restoration can be replanned and completed. See the Team Lead, Patient Services, Clinic Information System Officer or Manager, Clinical Care Services with the chart to have the fee removed.

Patients are responsible for fees associated with the replacement of any direct restoration after 1 year.

Failure of Indirect Restorations

Patients are responsible for fees associated with the replacement of indirect restorations 2 years or more after placement. The Associate Dean, Clinical Affairs or the Assistant Dean, Patient Care may review **any failures that occur in the first 2 years** to determine if there should be a fee adjustment.

Replacement of Complete Dentures

Replacement of immediate or standard complete dentures at any time after delivery with a recommendation by Full-Time Faculty members in the Division of Removable Prosthodontics to be replaced at N/C must be reviewed and approved by either the Associate Dean, Clinical Affairs or the Assistant Dean, Patient Care. The clinical instructor must provide detailed notes explaining why the denture(s) should be replaced at N/C to the patient. Whenever possible, the patient should be seen for a consult on the clinic floor by the Head of Prosthetics and their recommendations recorded in the chart.

If there are concerns or disputes regarding fees for repairs or replacement, students will need to meet with the Associate Dean, Clinical Affairs or the Assistant Dean, Patient Care to resolve the matter.

K. RELATIVE VALUE UNITS (RVU's)

The "Clinical Comprehensive Patient Care" course uses relative value units (RVU) as a measure of student clinical production.

RVU figures are determined by the amount of time, skill required and responsibility associated with the procedure. The accumulation of RVU's over the period of time the student has been in clinic 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 are identified by CDA service codes and are programmed into axiUm and are displayed in the electronic Clinic fee guide along with CDA codes and associated fees.

PART 6 - MEDICAL EMERGENCIES (

Medical Emergency Protocol

1. Medical Emergencies – During Regular Clinic Hours

Medical Emergency Procedures

First Rescuer

- Position patient
- Declare an emergency
- Establish an airway
- Begin CPR, if necessary
- Monitor vital signs (BP, P, R)

Second Rescuer

- Obtain oxygen, AED (if necessary), emergency cart and faculty instructor
- Administer oxygen, if necessary
- Assist First Rescuer

Faculty Instructor

- Take charge of emergency
- Initiate treatment and administer medications as required
- **If further emergency services are required**, contact Dalhousie Security (4109) and request an ambulance
 - If appropriate, send someone to find Nurse or qualified Faculty (Oral Surgeon, GPR or Grad Perio Faculty/Resident)
 - When Security arrives
 - Advise them of the patient's condition
 - Identify yourself as qualified to manage the emergency (ex. ACLS trained faculty, Oral Surgeon, Nurse, etc.)
 - OR let Security manage patient until paramedics arrive

Dalhousie Security

- Identify location of medical emergency
- Meet ambulance at the main University Avenue entrance
- Escort Paramedics to patient

**In an Emergency phone 4109
(Do not call 911 directly)**

Complete Incident Report Form and submit to the Clinical Affairs office Room 2530 within 24 hours of the incident.

073a-Med Emerg Proc-Main Clinics Revised 23Apr2017.doc

2. Emergency Response Carts

Two carts are on the Level 2 clinic and one is located in the Level 1 clinic. These are accessible. 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 - clinic near the emergency response cart
- b. Level 2 - clinic near the emergency response cart
- 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 telephone and dial 4109 (not 911). Dalhousie Security will answer your call. Provide the necessary details (what the emergency is, condition of patient, 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 pm.
- b. If a 4109 call is not required, ensure the individual gets to suitable medical care. Complete the Incident Report form and submit to Clinical Affairs Office within 24 hours.
- c. If a fire/building emergency occurs that requires evacuation pull the nearest fire alarm, call 4109

Foreign Body Swallowing/Aspiration Incidents in Faculty of Dentistry Clinics

Reviewed July 12, 2018 B. Cleghorn, C. Robertson C. Lee and S. Murphy

DEFINITIONS:

For the purpose of this guideline the definition of Foreign Body (FB) is any object that is either swallowed or aspirated that has the potential to cause harm to the patient. This could include a variety of items, broken items or materials used intra-orally in dentistry.

Every effort should be made to prevent aspiration or swallowing incidents by using rubber dam whenever possible, ensuring that instruments and equipment are in good working condition, protecting the patient's throat with gauze when appropriate, adjusting the patient's position when appropriate or tying floss to small items, etc.

GUIDELINES

For Patients in Respiratory Distress

If an individual has swallowed/aspirated a foreign body and is experiencing respiratory difficulties or is felt to be at immediate risk of respiratory compromise, the emergency response needs to be initiated. **Call 4109 immediately**, provide information on the patient's condition and request that an ambulance be sent to 5981 University Avenue entrance. A staff member should be sent to that entrance to meet Security and EMS.

For Asymptomatic Patients

If an individual has swallowed/aspirated any object during their dental care and is not in any respiratory distress, the patient should be referred to the Halifax Infirmary, Charles B. Keating Emergency and Trauma Centre (see below) department with a requisition for chest/abdominal radiographs as appropriate. Radiograph requisition forms are available in the Faculty office opposite the Clinic Nurse's office. Plain radiographs are indicated for every patient with a known or suspected radiopaque foreign body ingestion.

Halifax Infirmary (for patients 16 years of age or older)

Charles B. Keating Emergency & Trauma Centre

1799 Robie Street

(902) 473-3383

If the object is visible in the esophagus, consultation with a surgeon is indicated.

If, on x-ray, the object is visible in the stomach, asymptomatic patients can be discharged with instructions to return to the health care facility if symptoms of gastric/intestinal obstruction or bleeding develop.

Children < 2 years of age, who have ingested, or are suspected of having ingested a non-radiopaque foreign body (i.e. wooden wedge), must be referred to the IWK emergency department for assessment.

IWK Health Centre - Children's Emergency (for patients under 16 years of age)

5850 University Avenue

Halifax, NS B3K 6R8

(902) 470-8050

Asymptomatic children >2 years of age who have ingested a foreign body that is < 1cm in diameter (i.e. a stainless steel crown) can be directed to go to an emergency department if symptoms such as difficulty swallowing, drooling and/or respiratory symptoms (wheeze, cough), abdominal discomfort, etc. are present.

There are no clear guidelines for the management of an adult who has ingested a non-radiopaque object >1cm in diameter. Contact the Halifax Infirmary, Charles B. Keating Emergency and Trauma Centre for advice. Once a FB has reached the stomach it has a >90% chance of passage.

Any child who has actually or potentially inserted an object into their nasal cavity and the object cannot be removed, must be referred to the IWK emergency department (nasal FB body can cause aspiration, infection, tissue necrosis).

It is not advisable for anyone to stick anything in the nose while attempting to remove an object in the nose. A person may complicate matters by pushing the object farther back into the throat and possibly cause the affected person to choke or injure the surrounding tissue.

Blowing the nose will potentially dislodge the object and is more likely to succeed if the uninvolved nostril is closed during such attempts. Hold the unaffected nostril closed by pressing a finger against the side of the nose.

A sneeze will actually produce much more force and is an alternative way to push the object forward and out of the nose. Again, it is more effective if the uninvolved nostril is closed. Smelling pepper has been described as a safe way to induce sneezing, but individual responses are quite variable.

All magnet ingestions are to be referred in to a health care facility. They are radiopaque, so a diagnostic radiographic Foreign Body Search should be done. Ingestion of Neodymium magnets (super magnets) require urgent referral to an emergency department with recommendation for STAT Foreign Body radiographic search and confirmation of the amount ingested. Anyone who ingests more than one magnet with positive radiographic findings will require immediate surgical consultation due to increased likelihood that the magnets can become connected, possibly trapping tissue and causing damage. This damage can develop very quickly with the Neodymium magnets.

REFERENCES

IWK Health Centre Foreign Body Exposures, October 2014.

emedicine article: David W Munter: Foreign Bodies, Gastrointestinal, July 2007 Foreign Bodies, Trachea, July 2007

Emedicinehealth Author: Jerry R. Balentine, DO, FACEP: Foreign Body in the Nose

Dart, Richard 3rd edition (2004) Medical Toxicology: Disc Battery Page 1326 Micromedex Series 156

PART 7 - DENTAL EMERGENCIES

Updated Feb. 14, 2019

Active Patient of Record (a definition)

Active patients are those patients who have had a full diagnosis and comprehensive treatment plan completed at the Faculty within the last 12 months. This includes patients who have had treatment completed in the Faculty Clinic less than one year ago. Patients that have ONLY undergone the initial screening appointment are NOT eligible for after hours emergency care until a full diagnosis and comprehensive treatment plan has been developed.

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.

Walk-in Patient (a definition)

Any new patient to the Faculty.

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 (see definition above) regardless of the status of a patient's account. All patients will be charged for emergency treatment services unless waived by the Associate Dean, Clinical Affairs or the Assistant Dean, Patient Care based on a chart review of 'treatment in progress'.

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 Associate Dean, Clinical Affairs and the Associate Dean, Academic Affairs.

If a student is on rotation and their patient required emergency care, the student must find a classmate who is able to see the patient.

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. Walk-in & Inactive Patient Emergency Treatment – During Clinic Operating Hours

Walk-in patients with a dental emergency (pain, infection, swelling, bleeding) can access the Oral Surgery clinic for extractions or the Emergency service in the GPR clinic for non-extraction or extraction emergency management during regular clinic hours. If neither OS or the Emergency service is available, staff will then see if the patient can be seen by a GPR Resident or in one of the Small Group Practices if a student is available (contact a Group Practice Leader).

c. Management of 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 contact the student.

- On days when there is an Oral Surgery clinic, the student will attend to the patient in the Oral Surgery area, Level 2
- Emergencies before 5:00 pm Monday - Friday when there is NO Oral Surgery clinic, 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 performed 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

SEE "STUDENT EMERGENCY ROTATION" FLOW CHART ON PAGE 57

The Dalhousie Dental Clinic provides a dental emergency service for after hours (5:00 – 9:00 pm) weekdays, and (9:00am - 12:00pm) on the weekends for active patients ONLY. This service is provided by dental students supervised by licensed dentists on an on-call basis. During clinic closures in December and during the Summer break, the emergency service is provided by outside contracted private dentists. Please see below for inclusions and exclusions:

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, infection, swelling or bleeding will be seen in the MSC clinic or by after hours dentists.

c. Prosthodontics - lost, loose, broken provisional restorations

PFM impressions must be in the Lab approximately 3 weeks prior to the end of the clinics in Term 1, Study week and summer closure. Patients are not to be left with provisional restorations over extended breaks. On rare occasions when they must, provisional restorations must be luted with GIC or zinc phosphate cement. See the Lab Deadlines document for dates.

FVC impressions must be in the Lab approximately 2 weeks prior to the end of clinics in Term 1, Study week and summer closure. Patients are not to be left with provisional restorations over extended breaks. On rare occasions when they must, provisional restorations must be luted with GIC or zinc phosphate cement.

d. Endodontics - pain, swelling

Any patient that needs an emergency access opening should have this done whenever necessary during scheduled clinics. MSC clinic and after hours students/dentists will manage any active patient who call with pain, infection, swelling or bleeding when the student is on rotation.

e. Oral Surgery - post op pain, bleeding

MSC 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)

The primary assigned students should arrange to see the patient. If unavailable due to an external rotation, another assigned student or classmate should be contacted to see the patient. The MSC clinic and after hour students/dentists will manage any active patients who call and determine whether patient needs to be seen if the assigned student is unavailable. The Orthodontic instructor should be contacted prior to booking the patient into the MSC clinic.

<u>Emergency</u>	<u>Management</u>
1. broken bracket with no pain / no wire poking or cutting	book at next 1 st available appointment
2. broken bracket with pain / wire poking or cutting	see ASAP in clinic to cut wire if distal bracket, remove bracket rebook at next 1 st available app't to rebond bracket
3. lost or broken retainer	see ASAP within 24-48 hours to make a new impression 24 hrs if week day; 48 hours if weekend insert new retainer within 2 days of the impression
4. broken such that 2 pieces can still be worn (the two pieces have to be of substantial size and At least covering 5 teeth	wear 2 pieces of the retainer as previously instructed rebook at next 1 st available app't to make a new impression; insert new retainer within 2 days of the impression
5. broken active removable appliance	see ASAP within 48 hours to make a new impression

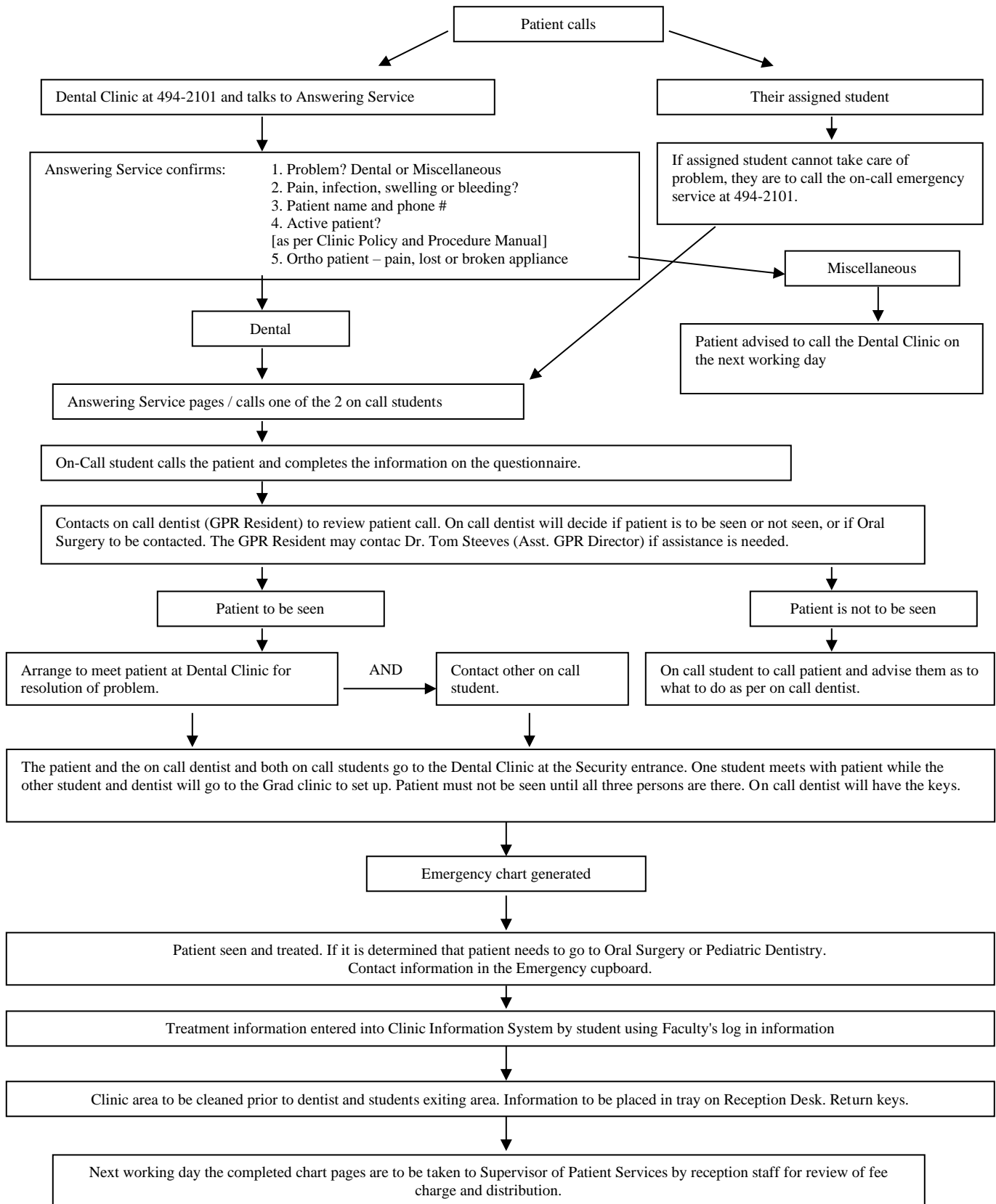
new appliance within 2 days of the impression to insert

6. debanded cemented appliance (Nance/TPA/LLHA/RPE)

see ASAP within 48 hours to recement appliance

STUDENT EMERGENCY ROTATION Flow Chart

updated January 2, 2019



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 Pediatric Dentistry 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.

4. Management of Injuries – cut lip, fall, etc.

If a patient is injured while at the Faculty of Dentistry (ex. cut lip, fall, etc.) do the following:

1. Contact an instructor.
2. Provide immediate management (ex. apply pressure to a cut lip). Get the emergency suture kit from the Crash Cart.
3. If further assistance is required, someone needs to stay with the patient and then someone contacts Sue Ellen Murphy (Phone 1673 / Rm. 2422) in OS on Level 2 OR

Go to the Grad Clinic on Level 2 and seek help from an Oral Surgeon, Dr. Lee (GPR), or Grad Perio instructor (in their absence seek assistance from a GPR or Grad Perio Resident.

4. Advise them of the nature of the injury and escort them to the cubicle.
5. Complete an Accident/Incident Report Form (in clinic with other Forms)

PART 8 - 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 counter and be connected to the Clinic keyboard.
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 and scrap amalgam containers are permitted.
4. All study casts and final impressions are to be stored in the Student Lab on Level 1 or in student lockers.
5. 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.
5. 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.
6. Management of Clinic Waste (see Part 10 F)
7. Sound Systems

Personal music players 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.

12. 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.

Posters advertising social activities such as "Live@5" are not 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. PREVENTION OF INFECTIVE ENDOCARDITIS

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

Table 3: Cardiac Conditions Associated with the Highest Risk of Adverse Outcome from Endocarditis for Which Prophylaxis with Dental Procedures Is Recommended

- Prosthetic cardiac valve
- Previous infective endocarditis
- Congenital heart disease (CHD)*
 - Unrepaired cyanotic CHD, including palliative shunts and conduits
 - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure**
 - Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)
- Cardiac transplantation recipients who develop cardiac valvulopathy

* Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD

** Prophylaxis is recommended because endothelialization of prosthetic material occurs within 6 months after the procedure

Table 4: Dental Procedures for which Endocarditis Prophylaxis is Recommended for Patients in Table 3

All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa*

*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 5: Regimens for a Dental Procedure

Situation	Agent	Regimen – Single Dose 30-60 minutes before procedure	
		Adults	Children
Oral	Amoxicillin	2 gm	50 mg/kg
Unable to take oral medication	Ampicillin	2 gm IM or IV*	50 mg/kg IM or IV
	OR Cefazolin or ceftriaxone	1 gm IM or IV	50 mg/kg IM or IV
Allergic to penicillins or ampicillin	Cephalexin**†	2 gm	50 mg/kg
	OR Clindamycin	600 mg	20 mg/kg
	OR Azithromycin or clarithromycin	500 mg	15 mg/kg
Allergic to penicillins or ampicillin and unable to take oral medication	Cefazolin or ceftriaxone	1 gm IM or IV	50 mg/kg IM or IV
	OR Clindamycin	600 mg IM or IV	20 mg/kg IM or IV

*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

D. ANTIBIOTIC PROPHYLAXIS FOR PATIENTS WITH TOTAL JOINT REPLACEMENTS

Updated Faculty of Dentistry Guidelines on the Management of Patients with Orthopaedic Implants

Revised 31Jan2014

To all students and faculty:

The Canadian Dental Association has recently developed a position paper supplemented by a Q&A document outlining their position on the dental management of patients with prosthetic joints. To understand their position completely, both documents need to be read (see below).

Their recommendations indicate that their position has some differences from the joint AAOS/ADA position statement. They state, in part, that

"routine antibiotic prophylaxis is NOT indicated for dental patients with total joint replacements..." (Q&A 1)

"Since dental procedures are believed to be unrelated to prosthetic joint infection, it does not make sense for the presence of a prosthetic joint to be the trigger for this foundation tenet of good dental practice." (Q&A 6)

The CDA documents will be posted on the Faculty of Dentistry web site and posted in the Treatment Planning Clinic.

Based on the AAOS/ADA guidelines (December 2012) and the current CDA guidelines (June 2013), patients at the Faculty of Dentistry (FoD) clinics should not be given prophylactic antibiotics prior to dental treatment based solely on the presence of an orthopaedic implant. If there are no other medical conditions present to warrant antibiotic coverage for patients with an orthopaedic implant, the FoD should not provide a script for antibiotics. If the patient or the patient's physician or orthopaedic surgeon requests prophylactic antibiotics, it will be the patient's responsibility to acquire the script from the physician or orthopaedic surgeon.

As with any FoD patient who takes prophylactic antibiotics prior to dental appointments, the treatment plan requires a thorough review prior to beginning treatment. If multiple appointments are required, the patient may be referred to private practice or the GPR to reduce the number of appointments necessary to complete care.

Canadian Dental Association Position Statement (June 2013)

Accessed from the CDA web site http://www.cda-adc.ca/files/position_statements/totalJointReplacement.pdf September 13, 2013; preamble and background information available on the web site

Based on the current best available evidence, CDA guidance concerning the management of dental patients with orthopedic implants is:

1. Patients should not be exposed to the adverse effects of antibiotics when there is no evidence that such prophylaxis is of any benefit. CDA Q&A Re Dental Patients with Total Joint Replacement
2. Routine antibiotic prophylaxis is not indicated for dental patients with total joint replacements, nor for patients with orthopedic pins, plates and screws.
3. Patients should be in optimal oral health prior to having total joint replacement and should maintain good oral hygiene and oral health following surgery. Orofacial infections in all patients, including those with total joint prostheses, should be treated to eliminate the source of infection and prevent its spread.

CDA Q@A Re Dental Patients with Total Joint Replacements

Accessed from the CDA web site http://www.cda-adc.ca/files/position_statements/totalJointQA.pdf September 13, 2013.

Question 1: What are the major clinical differences between the new 2013 CDA Position Statement and the 2012 ADA/AAOS evidence-based guidelines?

Answer 1: The guidance provided by the 2013 CDA position statement is that routine antibiotic prophylaxis is NOT indicated for dental patients with total joint replacement whereas the ADA/AAOS clinical practice guideline advises dentists to consider discontinuing the practice of routinely prescribing prophylactic antibiotics for these patients.

Question 2: Why has CDA decided to adopt a position statement that differs from the ADA?

Answer 2: Both the 2013 CDA position statement and the 2012 ADA/AAOS clinical practice guideline are based on the same body of evidence—the ADA/AAOS systematic review completed in 2011. This best available evidence indicates that antibiotics provided before oral care do not prevent infections of orthopedic implants and that routine dental procedures do not cause prosthetic joint infections. CDA believes that Canadian dentists require clarity in this area and to that end reviewed the work of other experts and groups to further understand the evidence and to inform our position.

Question 3: Why are patients who have received a total joint replacement within the last two years not receiving special consideration in the 2013 CDA position statement?

Answer 3: As prosthetic joint infections are unrelated to dental procedures and antibiotic prophylaxis does not reduce the risk for prosthetic joint infections, there is no reason to give special consideration to patients who have had total joint replacement in the past two years.

Question 4: What are the implications of the CDA adopting a position that differs from that of our American colleagues?

Answer 4: The fact that the CDA recommendations differ slightly from our American colleagues may generate discussions amongst dentists, surgeons and the patients that they treat.

Question 5: Which guidelines should a Canadian dentist follow?

Answer 5: The decision as to which guidance to follow should be a mutual decision made with the patient, dentist and in consultation with the orthopedic surgeon. The ADA/AAOS have developed a “Shared Decision Making Tool” that engages dental patients in the decision making process and provides information to clarify the risks, benefits and alternatives to treatment.

Question 6: Do immunocompromised patients required special consideration?

Answer 6: All immunocompromised patients should be assessed, in the context of their entire medical history and current status, for risk of infection prior to invasive dental procedures. Since dental procedures are believed to be unrelated to prosthetic joint infection, it does not make sense for the presence of a prosthetic joint to be the trigger for this foundational tenet of good dental practice.

Question 7: What should a Canadian dentist do if/when a patient with joint prosthesis requests antibiotic therapy?

Answer 7: When faced with a request for antibiotic therapy for a patient with a joint prosthesis, a Canadian dentist should provide the patient with the best available evidence on the subject. Decisions with regard to antibiotics for these patients should be made following discussions between patients, dentists and physicians in a context of open communication and informed consent. The ADA/AAOS “Shared Decision Making Tool” engages dental patients in the decision making process and provides information to clarify the risks, benefits and alternatives to treatment.

FOR PATIENTS WITH ORTHOPAEDIC IMPLANTS

Revised October 5, 2016

SHOULD I TAKE ANTIBIOTICS BEFORE MY DENTAL PROCEDURE?

Introduction

You have an orthopaedic implant (joint replacement, metal plates or rods, etc.) from a previous orthopaedic surgery.

- One possible complication from your implant is a bacterial infection. This occurs in approximately 1-3% of patients – or less than 3 of every 100 patients with this implant. If you get an infection, you may need another surgery. You may also need to use antibiotics for an extended period of time.
- Implant infections (those that occur after the first year following surgery) were thought to be caused by the spread of the bacteria from the blood stream to the implant. Unfortunately, there is no clear scientific evidence to support this theory. We know that many patients with orthopaedic implants frequently have bacteria in their blood that do not spread to their implants.

Dental procedures were thought to be a possible cause of implant infections because they can cause bacteria from the mouth to enter the bloodstream. However, eating and regular mouth care (including toothbrushing and flossing) can also introduce oral bacteria into the blood and there is no evidence that these will cause implant infections.

Until recently, antibiotics were given to most patients with orthopaedic implants before any dental work was carried out because it was thought that this would prevent infections of orthopaedic joints.

Current scientific evidence, however, does not show that antibiotics given before dental procedures will prevent infections of orthopaedic implants (1-4).

The routine use of antibiotics has many possible side-effects including, allergic reactions, diarrhea, and even death. As well, taking antibiotics frequently may cause bacterial resistance, meaning the usual antibiotics may not work against the infection. If a bacterium is resistant to many drugs, treating the infection can become difficult or even impossible. In addition, the cost factor associated with frequent antibiotic use should also be considered.

There are situations where, based on your medical condition, antibiotics may be recommended prior to dental treatment **regardless of whether or not you have an orthopaedic implant.** These conditions could include (but are not limited to)

- | | |
|-------------------------------------|-------------------------------|
| Severe congenital heart conditions | Immunocompromised patients |
| Prosthetic (artificial) heart valve | Head-Neck irradiated patients |
| Organ transplants | |

If you have one of these conditions, the Faculty of Dentistry will make a recommendation on the need for prophylactic antibiotics and will contact your physician as indicated.

To ensure that you understand the risks of developing an implant infection resulting from dental treatment, please answer the following questions.

Questions:

<p>1. Patients with orthopaedic implants have which of the following?</p> <p>A. 0% chance of infection.</p> <p>B. 0-1% chance of infection.</p>	<p>3. Some dental procedures</p> <p>A. routinely cause implant infections.</p> <p>B. are the primary source of implant infections.</p> <p>C. never cause implant infections.</p>
---	--

<p>C. 1-3% chance of infection. D. >3% chance of infection.</p>	<p>D. allow bacteria to enter the bloodstream.</p>
<p>2. Most implant infections are</p> <p>A. related to dental procedures. B. occur around the time of surgery. C. related to skin infections. D. occur long after surgery.</p>	<p>4. Routine pre-dental procedure antibiotics are</p> <p>A. Not supported by current evidence. B. May be beneficial in certain groups of patients. C. Associated with other unwanted side effects. D. All of the above.</p>

The answers to the questions can be found at the bottom of the next page. Check your answers and then complete the following questions.

Patient to Complete:

Yes No I have adequate understanding of implant infections associated with dental procedures.

Yes No My dental student/supervising dentist has discussed my specific risk factors with me.

I am immunocompromised because I have:

Type of implant: (ex. hip, knee, etc.): _____ Date placed _____ Surgeon name: _____

Yes No Have you ever had to have a replacement of an orthopaedic implant due to an infection around the joint:

Faculty of Dentistry to complete:

Yes No Medical consultation from orthopaedic surgeon completed?

<p>Recommendation from orthopaedic surgeon:</p>	<p>Date of consultation:</p>	<p>Name of orthopaedic surgeon:</p>
---	------------------------------	-------------------------------------

Faculty of Dentistry Recommendations
Based on the current AAOS/ADA and CDA guidelines and a thorough review of your medical history, we recommend the following.

No prophylactic antibiotic coverage prior to dental appointments.

Prophylactic antibiotic coverage recommended prior to dental appointments due to risk factors present.

List Risk Factor(s):

Medical consultation with your orthopaedic surgeon/physician to assess risk factors.*

Patient to Complete:

Based on this educational material and discussion,

- I agree to follow the recommendations of the Faculty of Dentistry above.
- I wish to discuss this with my orthopaedic surgeon/physician prior to proceeding with dental treatment.*
- I wish to take antibiotics prior to dental procedures in spite of the recommendations of the Faculty of Dentistry.*

* If antibiotic coverage has **NOT** been recommended by the Faculty of Dentistry, and you wish to take antibiotics prior to dental treatment, the prescription for antibiotics will need to be provided by your physician or orthopaedic surgeon.

If prophylactic antibiotics are going to be taken prior to some or all dental appointments in the student clinics at the Faculty of Dentistry, we may recommend that you seek treatment in private practice or in the General Practice Residency program to reduce the number of appointments required to complete treatment. This recommendation is made to reduce the possibility of adverse effects from the repeated use of antibiotics.

Patient	Name _____	Signature _____
Chart Number	_____	
Student	Name _____	Signature _____
Faculty Dentist	Name _____	Signature _____
Date	_____	
	Month/Day/Year	

* Completed form is to be scanned and kept in the electronic chart. If a medical consultation is required, a copy of this form is to be sent to the MD with the Medical Referral form.

RETURN COMPLETED FORM TO PATIENT SERVICES (scan into axiUm, copy to Assistant Dean, Patient Care)

ANSWERS to questions on previous page 1. C, 2. B, 3. D, 4. D

References

1. American Academy of Orthopaedic Surgeons and the American Dental Association. Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures: Evidence-Based Guideline and Evidence Report; December 18, 2012. AAOS web site 2012:1-305.
2. Canadian Dental Association. CDA Q@A Re Dental Patients with Total Joint Replacements; Accessed from the CDA web site http://www.cda-adc.ca/files/position_statements/totalJointQA.pdf September 13, 2013.
3. Canadian Dental Association. CDA Position on Dental Patients with Total Joint; Accessed from the CDA web site Replacements http://www.cda-adc.ca/files/position_statements/totalJointReplacement.pdf September 13, 2013.
4. Young H, Hirsh J, Hammerberg EM, Price CS. Dental disease and periprosthetic joint infection. J Bone Joint Surg Am 2014;96(2):162-168.

The **Patient Checklist** has been modified from the original **Shared Decision Making Tool** by Dr. Jevsevar for use at the Faculty of Dentistry.

E. NEEDLESTICK, PUNCTURE WOUND POLICY (See Dentistry website – Publications and Policies>[Management of Needlestick and Mucous Membrane Exposures to Blood/Body Fluids](#))

F. Management of Extracted Teeth

1. Patient Request for Extracted Teeth

- a. All teeth removed within Faculty of Dentistry Clinics become the property of Dalhousie Faculty of Dentistry and will not be given to patients (except in situations where patients want to recover precious metals from crowns or fixed partial dentures).
- b. Pediatric patients will receive a certificate entitling them to a visit from the Tooth Fairy.
- c. The retained teeth will be used for pre-clinical teaching/research or will be discarded as Biological Waste.

2. Donation of Extracted Teeth for Educational Purposes (updated May 12, 2014)

The Faculty of Dentistry, Joint Occupational Health and Safety Committee has approved new procedures regarding the Preparation of Extracted Teeth (May 2014) for the use in teaching and research activities. Going ahead, we ask that you follow the guidelines listed below.

Type of Teeth: Extracted teeth with or without amalgam restorations, which are suitable for pre-clinical exercises.

Collection: Suitable teeth are to be immersed, only in water and placed in a sealed container.

Delivery: Containers of teeth are to be brought to the Faculty of Dentistry Clinic Nurse, so that they can be prepared for use.

3. Procedure for processing of teeth

All extracted teeth are disinfected (teeth with amalgam) or sterilized (teeth without amalgam) prior to use in the Clinic. See SOP - Preparation of Extracted Teeth for details regarding the management of extracted teeth (.

G. 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. Influenza vaccination clinics are arranged annually by Dalhousie University. Students, faculty and staff can have their vaccinations provided off campus if they prefer.

H. Infection Control Checklist FOR DENTAL CUBICLES:

(also see the Infection Control Manual)

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

1. Closed water systems require only 30 second of flushing. Flush all water lines for 3 minutes at the beginning of the day if city water is the source.
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.

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

I. 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 breached. Documentation of breaches of clinic protocol violations (including infection control) by faculty is through the Skills Assessment Form and/or the CLINIC PROTOCOL/INFECTION CONTROL BREACH FORM. Clinical support staff document breaches of infection control through a CLINIC PROTOCOL/INFECTION CONTROL BREACH FORM.

Breaches in infection control protocol will be followed up on an individual basis by the Supervisor of Clinical Support, Infection Control Officer or the Assistant Dean, Clinics & Building Services depending on either the frequency or severity of the breach.

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.

J. 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^{1,2}. Lesions in the vesicular stage, however, are the most contagious^{1,2}. Therefore, the guidelines that follow are based on the changing degree of infectivity of the lesions^{1,2,3,4,5,6,7,8}. 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 lesion⁵.

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.

5 Stages of Lesion Development

1. PRODROMAL STAGE

- infectivity +
- patient is aware lesion will appear in a few hours.

2. VESICULAR STAGE

- infectivity ++++
- most infectious stage
- small gray or white vesicle

3. ULCERATIVE STAGE

- infectivity +++
- infectious stage
- small gray or white vesicle

4. CRUSTING STAGE

- infectivity ++
- less infectious than vesicular stage

5. IMMEDIATE POST-LESION STAGE

- infectivity +

Dental and dental hygiene treatment*

- no treatment restrictions.
- modify appointment schedule to avoid lesion in the vesicular stage.

- treatment should be limited to relief of pain/infection.
- no elective treatment should be performed**

- treatment should be limited to relief of pain/infection.
- no elective treatment should be performed**

- 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).

* 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 time⁷. 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 infected⁸. 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.
2. Rowe NH, Shipman C, Jr., et al. Herpes simplex virus disease: implications for dental personnel. Council on Dental Therapeutics. JADA 1984;108:381-382.
3. Spruance SL, Rea TL, Thoming, C, Tucker, R, Saltzman, R and Boon, R. Penciclovir cream for the treatment of herpes simplex labialis. A randomized, multicenter, double-blind, placebo-controlled trial. Topical Penciclovir Collaborative Study Group. JAMA 1997;277:1374-1379.
4. Scott DA, Coulter WA and Lamey, P-J. Oral shedding of herpes simplex virus type 1: a review. J Oral Pathol Med 1997;26:441-447.

5. McMechen DL, Wright JM. A protocol for the management of patients with herpetic infections. *Dent Hyg* 1985;59:546-548.
6. McIntyre GT. Viral infections of the oral mucosa and perioral region. *Dent Update* 2001;28:181-186, 188.
7. Lewis MA. Herpes simplex virus: an occupational hazard in dentistry. *Int Dent J* 2004;54:103-111.
8. Manzella, JP, McConville, JH, Valenti, W, Menegus, MA, Swierkosz, EM and Arens, M. An outbreak of herpes simplex virus type 1 gingivostomatitis in a dental hygiene practice. *JAMA* 1984;252:2019-2022.

K. PROCEDURES FOR INSTRUMENT REPROCESSING/STERILIZATION

Students must place used instrument trays in soiled case carts designated for "soiled" items upon completion of patient treatment for pickup. Students should wear gloves when handling dirty trays. To follow infection control guidelines, upon completion of patient treatment all soiled instrumentation must be removed from the cubicle. Students are responsible to ensure that gross debris and sharps are removed from the trays and instruments and 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 soiled case cart.

PART 9 - Radiographic Policies for Dalhousie Dental Clinic

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

1. Students are responsible to process / scan patient images for the patients of the Dental Clinic. There is a scanning room in Radiology on Level 1 (Room 1307) and on Level 2 there are scanners in the Multi Purpose cubicles (Room 2425, MP3, 2230 MP-1, 2230 MP-2) where students are able to scan images.
2. LEAD PROTECTION will be used on all patients at all times. Please hang aprons back on hangers provided.
3. The CIS software keeps records of all radiographic exposures however a record of all radiographic exposures is to be entered on the inside back cover of the patient chart and signed by the authorizing faculty.
4. 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 1 or on Level 2. Students are not able to take any extra oral images. All extra oral images are to be taken by a staff person.
5. Patients are to remove all piercings from the neck up for extraoral imaging. Those patients who cannot/will not remove facial or oral piercings should be told that these metal objects may interfere with the diagnostic quality of the radiographs. Surgery cannot be done without adequate visualization of the entire surgical area in question. This may necessitate the retaking of radiographs or the need for additional x-rays. A panoramic radiograph is still the preferred film where multiple areas of the mandible or maxilla need to be visualized. Oral piercings in particular may obscure the anterior mandible and as such consideration should be given to using anterior periapical and occlusal imaging without attempting a panoramic radiograph. When the film is not of diagnostic quality due to piercings the patient will be billed for the film. If retake images are required the patient will be charged.
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 from your Dental Assistants case cart.
7. The PSP plates are available for patient exposures by each Multi Purpose room on Level 1 & 2.

8. The exposed PSP plates are to be 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, take PSP plates to a scanning room for processing.
9. Students may view their images on their laptop after they have been scanned. You will be required to close the imaging software if it is open on your laptop when you scan your images in order to view.
10. PLEASE 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. 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.
13. The Radiology scanning room and the Multi Purpose cubicles on Level 2 will be open during clinic hours 8:00 am to 5:00 pm.

A. 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 is determined by the amount and type of images which need to be printed. 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 unit.
- Intra and Extra oral photography services
- Printing digital x-rays as requested

B. PRECLINICAL:

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 1324.
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 1307 or other facilities as announced.
4. If there are problems with the processing facilities please inform the staff as soon as possible.

Preclinical Endo Typodont Processing:

1. All endo typodont imaging will take place on Level 3 in the Sim Lab
2. There are three PlanMeca x-ray cabinets with direct sensors for these labs
3. The units are hooked up to a laptop to access your typodonts account and upload the image directly to the imaging software.
4. Ensure you log out of axiUm after you have completed your exposures to protect your patient's privacy.

PART 10 - Dental Equipment - Care & Maintenance

Students are responsible for the general, routine care and maintenance of the equipment in their assigned cubicles each time they are in clinic. 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 Technical Services by completing the Clinic Equipment Repair Form 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 a 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. This applies to any cubicle you are in whether it is one you usually use or not. 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 11 - OCCUPATIONAL HEALTH AND SAFETY POLICIES

A. WHMIS

Both University policy and provincial regulations require that individuals working with chemicals receive WHMIS (Workplace Hazardous Materials Information System) training. This course is available online for faculty, staff and students through the College of Continuing Education. More information about WHMIS and the online training module can be found on the Environmental Health and Safety webpage (<https://www.dal.ca/dept/safety/programs-services/chemical-safety/whmis.html>).

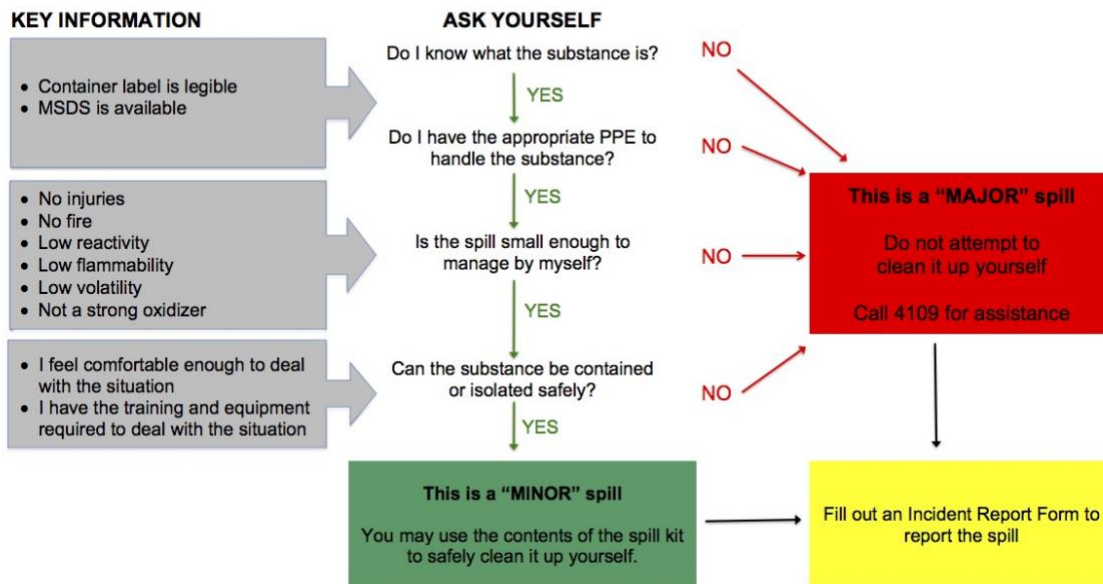
B. Chemical and Biological Spills

Faculty, staff and students are responsible for familiarizing themselves with the materials that are used in the clinics and labs. This includes emergency controls such as spill kits, eyewash stations and pull stations.

There are spill kits located in each clinical area as well as in hallways adjacent to each laboratory.

In the event of a chemical or biological spill, please use the following guide to determine the appropriate course of action.

CHEMICAL SPILL RESPONSE



More information regarding to chemical and biological spills can be found on the Environmental Health & Safety webpage (<https://www.dal.ca/dept/safety/programs-services/chemical-safety/chemical-spill-response.html>)

C. Recommended Practices for Potentially Hazardous Materials, Instruments and Equipment

1. 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 contact 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.

2. 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.

3. 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 equipment.

4. 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.

5. 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.

6. 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.

7. 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.

8. X-Radiation – see Radiographic Services

9. 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.

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

If a patient is injured while at the Faculty of Dentistry (ex. cut lip, fall, etc.) do the following:

1. Contact an instructor.
2. Provide immediate management (ex. apply pressure to a cut lip).
3. If further assistance is required, someone needs to stay with the patient and then someone contacts the Clinic Nurse (Phone 1673 / Rm. 2422) in the Surgery Clinic on Level 2. If Sue is unavailable, go to the Grad Clinic on Level 2 and seek help from an Oral Surgeon, Dr. Lee (GPR), or Grad Perio instructor (in their absence seek assistance from a GPR or Grad Perio Resident).
4. Advise them of the nature of the injury and escort them to the cubicle.
5. Complete an Accident/Incident Report Form (in clinic with other Forms)

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).

F. 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.

PART 12 - 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 Undergraduate clinics; Faculty of Dentistry, Dalhousie University

1. Generally: patients with the following conditions will NOT be treated at the Faculty of Dentistry:

- a.) Amount of treatment required cannot be managed in a reasonable time period.
- b.) Patients who can't commit to time required to make prostheses.
- c.) Patients who will be unavailable for appointments for extended periods of time (e.g. patients who winter away from Nova Scotia).
- d.) Dentate patients requiring an increase in the occlusal vertical dimension.
- e.) Patients with insufficient interocclusal space for replacement teeth.
- f.) Patients with unreasonable expectations or suspected emotional/psychological problems that students could not reasonably handle.
- g.) Patients requesting materials or restorations deemed non-acceptable in certain situations.
- h.) Patients who refuse to have the required number of radiographs during treatment.

2. Fixed: patients with the following conditions will NOT be accepted for fixed tooth-borne restorations:

- a.) Patients who require a fixed restoration exceeding 4 units
- b.) Patients who require fixed restorations of multiple edentulous sites exceeding 6 units.
- c.) Patients with multiple fixed restorations in the treatment plan, where the occlusal vertical dimension will have to be maintained by the provisional restorations.
- d.) Cantilevered FPD's.
- e.) FPD's that must be double abutted.
- f.) FPD's that include a pier abutment.
- g.) Multiple porcelain veneers (more than 2).
- h.) Patient with poor oral hygiene or high caries rate.

3. Fixed: patients with the following conditions will NOT be accepted for fixed tooth-borne restorations:

- a.) Minimal/no residual ridge.*
- b.) Floor of mouth is higher than the residual ridge (with or without tongue raised).*
- c.) Movement of lip, cheeks, or tongue causes soft tissue over the ridge to move.
- d.) Patients who require ridge augmentation or vestibuloplasty.
- e.) Complete upper denture opposing only six anterior mandibular teeth, unless patient is in agreement to getting a removable partial mandibular denture.
- f.) Complete upper denture only opposing edentulous mandibular arch, unless patient is in agreement to getting a removable complete mandibular denture.
- g.) Removable partial or complete denture opposing existing denture when the artificial teeth are worn or not in appropriate position.
- h.) Patient requiring removable partial denture (RPD) with onlay rests.
- i.) Patient wanting or requiring intra or extra coronal attachments (no precision/semi-precision RPD's).
* Possible implant overdenture patient

4. Implant-dentistry: patients with the following conditions will NOT be accepted for implant dentistry:

These metals are difficult to polish, compared to type 2 - 3 gold alloys. 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.

To polish the restorations after occlusal adjustments, the following steps should be routinely followed:

1. Refine the occlusal anatomy – if necessary – using a #1 round bur.
2. If deep scratches are present, gross metal recontouring & removal can be accomplished using a stone point. The white rubber wheel, which is very abrasive, can be used to initially smoothen the areas adjusted with a green stone, a diamond bur or a heatless stone.
3. 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 (gray). The margins should be finished using mounted points – brown, green, and then yellow green.
4. 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 (Jeweler's rouge) in that order. Use a separate brush for each paste and only a small amount of polishing compound.
5. 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:

1. 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.
2. The buccal, lingual and proximal surfaces may be finished and polished using one of two methods:
 - a. 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 (Jeweler's rouge). Exercise caution when polishing near or at the margin so as not to remove metal.
 - b. 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.
3. 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. Finishing and polishing Composite Restorations

The addition of bisacrylic 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 bitestone dies indirectly. The impression will be made using a polyvinyl siloxane impression material, with cord retraction.
- 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.
(previous section c. has been removed)

E. Polishing Ceramics

Zirconia and Lithium disilicate: Brio Shine Feather Lite is a 2-step ceramic polishing system. The pink discs are used first to finish the surface and the gray disc is used to obtain a highly polished surface. These discs work very well to finish and polish zirconia (Lava) and lithium disilicate (e.max).

Feldspathic porcelain: the 3-step polishing system (Dialite) and the diamond paste impregnated felt wheels that we have in clinic should be used to polish feldspathic porcelain as they will provide a better finish.

F. Provisional restorations (?Dr. P.-L. Michaud)

The guidelines relative to the indication for use of bisacrylic composite provisional materials - specifically 3M Protemp 3 Garant - at Dalhousie are:

1. Students should fabricate provisionals, using Protemp 3 Garant, on bitestone dies indirectly. The impression will be made using a polyvinyl siloxane impression material, with cord retraction.
2. In certain situations, direct fabrication of provisional restorations could be done, however, whenever interproximal undercuts under proximal contacts on adjacent teeth are present, provisional restorations should be done indirectly.
3. All fixed partial restorations (bridges) need to be made indirectly, on a cast. It is suggested that a shell be made before preparing teeth and be relined intraoral.
4. 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.

G. Check Steps for Patient Treatment in All Clinics

Following making an impression, (using a dual arch tray) deemed satisfactory by the clinical instructor, the clinical instructor will sign the 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.

H. Custom Tray Fabrication

Final impressions for removable prosthodontics and implant dentistry require custom trays. Some cases in fixed prosthodontics (single crowns, inlays and onlays) could be recorded using triple-tray technique or stock plastic trays. When anatomy is out of the ordinary, custom trays should however be used.

The Dental laboratory provides custom trays for complete dentures, removable partial dentures and implant cases. Students are responsible for tray fabrication for fixed prosthodontics cases. Full arch trays are mandatory.

Trays constructed by students must be fabricated according to the laboratory instructions given to you in preclinical Restorative II exercise. Improperly trimmed and ill-fitting trays will be rejected by Faculty; therefore, get approval of your tray from a Prosthodontic instructor prior to the appointment.

I. USE OF POLYVINYL SILOXANE

Heavy body polyvinyl siloxane materials have an important role to play in dentistry. When used to record tooth preparation, they offer less shrinkage and thus allow the use of stock trays. Due to higher shrinkage, a medium body material should be

used in a thinner layer, which requires the use of custom trays. In implant dentistry, a more rigid material offers much more stability to the impression copings. This could be useful when deep implants are present, as this means the impression copings extend deeper into the gums and less in the polyvinyl siloxane.

However, when deep undercuts are present, the use of heavy body polyvinyl siloxane could lock the impression in the mouth. When tilted teeth, pontics, exostoses, soft-tissue undercuts and larger gingival embrasures are present, the use of heavy body could cause significant problems. Proper blockout with wax is required when taking polyvinyl siloxane. If this was improperly managed, it could be very difficult to remove the impression from the patient's mouth and in some cases, the tray could have to be cut in pieces in order to be safely removed from the mouth.

In order to mitigate these risks, the use of polyvinyl siloxane should be carefully planned. In general, heavy body should be used only in the area of interest such as where tooth preparations for crowns or FPD's and implant impression copings are located. The rest of the tray should be filled with medium body materials.

In no circumstances should polyvinyl siloxane impressions be taken in metal trays.

J. Prosthodontic Case Preparation

When planning indirect restorations, it is important to have certain steps done before seeing the patient for tooth preparation.

Wax-up:

Preliminary impressions should be taken on the first appointment to make diagnostic casts. These casts are medical records and should not be altered.

A wax-up must be done before the tooth preparation appointment as this will guide tooth preparation and the provisional restoration. A wax-up is needed in any case where the tooth morphology will be altered (axial contours or occlusion). The wax-up must be made on a duplicated cast; not on the original cast.

Assessment of restorability:

In situations where an extensive restoration is present, it is important to assess whether or not a post & core (and prophylactic endodontic treatment if required) will be required.

K. Alginate Impressions (?Dr. Pierre-Luc Michaud)

Stock plastic trays were made for impressions using polyvinyl siloxane. Alginate need more mechanical retention in the form of multiple holes and in a plastic tray, it could easily pull out of position even if alginate adhesive is being used. This may not be visible when assessing the impression. Much more precise casts will be obtained when using metal trays.

L. Check Steps for Patient Treatment in All Clinics

Updated Feb. 2, 2017

Check Steps for Treatment in Prosthodontic Clinics

All Patients

Proposed treatment PRIOR to anaesthesia

Any change to treatment plan/prosthesis design

Any laboratory prescription prior to sending to the laboratory

Completed restoration/prosthesis PRIOR to patient dismissal

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

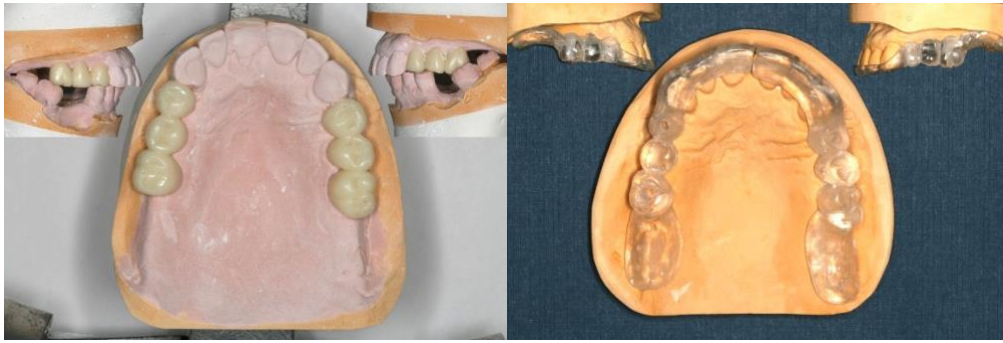
Preliminary irreversible hydrocolloid impressions
Adjusted custom tray prior to border molding
Order molded custom tray (including or RPD modified cast impressions)
Final impression
Adjusted record bases and occlusion rims at proper OVD
Facebow record on patient and on articulator
Centric jaw relationship record prior to mounting mandibular cast
Protrusive record on articulator with condylar adjustments completed
Shade 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)

M. Protocol for Surgical Guides

1. Make the initial impression using medium body polyvinyl siloxane. Use a plastic stock tray with PVS ADHESIVE!
Perforating the tray with multiple holes can improve retention of the impression. DO NOT USE METAL STOCK TRAYS.
2. Submit to lab with a request for 3 casts (master, cast for wax-up, cast for acrylic processing)
3. Diagnostic wax-up: the actual morphology of the final restoration/prostheses must be created.
 - a. **Fixed cases** (crowns and bridges): Use sculpting wax. Anatomy should be natural and embrasures must be present. The buccal contours be harmonious with adjacent teeth. Wax-ups for bridges or multiple crowns could be done by the production lab.



- b. **Removable cases:** Use denture teeth and baseplate wax. An acceptable set-up must be established before transforming it into a surgical guide. If the patient has an adequate existing denture with acceptable borders and occlusal plane, the current denture can be duplicated to make the surgical guide. Otherwise teeth should be set on a new record base and once the wax try-in has been approved, it will be duplicated in acrylic to be used as a surgical guide.



4. Have your supervising restorative instructor approve the wax-up by signing the 'Surgical Guide Wax Up Approved' line on the Checklist for Implant Treatment form. Show this signed form to the Dental Laboratory staff when the case is re-submitted for surgical guide fabrication.
 5. The production lab will use the cast from the 3rd pour along with the wax-up made on the 2nd pour to fabricate the surgical guide in acrylic.
 6. Have your supervising implant instructor help you make the hole(s) in the guide.
- Submit the surgical guide to the surgeon well in advance of the planned surgery (min. 1 week)

N. Luting Cement Selection

LUTING CEMENT SELECTION: 2018					
Restoration Type	Cleaning agents for the restoration	First Choice of Cements	Second Choice of Cements	Third Choice of Cement	DO NOT USE
<i>Metal substructure or restoration (PFM or full gold)</i>	Alcohol or Sandblast	RelyX Luting Plus	Unicem 2 or RelyX Ultimate	Fuji I glass ionomer, Zinc Phosphate, or Panavia	<i>Poly F Zinc Polycarboxylate, RelyX Veneer Cement</i>
<i>Gold inlays/onlays where margins will be burnished</i>	Alcohol or Sandblast	Zinc Phosphate			<i>Poly F Zinc Polycarboxylate, RelyX Veneer Cement, Variolink Esthetic, RelyX Ultimate</i>
<i>Metal Post</i>	Alcohol wipe	Unicem 2	Zinc Phosphate or RelyX Luting Plus	Fuji I glass ionomer or RelyX Ultimate	<i>Poly F Zinc Polycarboxylate, RelyX Veneer Cement</i>
<i>Fiber Post</i>	Alcohol wipe	Unicem 2	RelyX Ultimate		<i>Poly F Zinc Polycarboxylate, RelyX Luting Plus / Veneer Fuji I glass ionomer</i>
<i>Any zirconia restoration</i>	<i>Ivoclean or 'lightly' sandblast or alcohol Never 'clean' with Phosphoric acid.</i>	Unicem 2 or RelyX Luting Plus	RelyX Ultimate	Fuji I glass ionomer or Zinc Phosphate	<i>Poly F Zinc Polycarboxylate, RelyX Veneer Cement</i>
<i>Bonded lithium disilicate ceramic (inlays/onlays)</i>	<i>Ivoclean or 'lightly' sandblast or alcohol Apply silane after</i>	RelyX Ultimate, or <u>Unicem 2</u>	Panavia		<i>Poly F Zinc Polycarboxylate, RelyX Luting Plus, Fuji I glass ionomer, Zinc Phosphate</i>
<i>Porcelain veneer</i>	Phosphoric acid or Ivoclean <i>Apply silane after</i>	RelyX Veneer	RelyX Ultimate		<i>Poly F Zinc Polycarboxylate, RelyX Luting Plus, Unicem 2, Fuji I glass ionomer, Zinc Phosphate</i>

PART 13 - PROCESSING LABORATORY ORDERS
(DENTAL LABORATORY REQUIREMENTS)

Dental Lab Hours

The Dental Laboratory window will be closed at 4:00PM each day.

Submission and pickup of cases is from 8:30AM-12:00 Noon and 1:00-4:00PM.

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 teeth 1.3 to 2.3 and 3.3 to 4.3 only.

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 laboratory pan issued by the lab. The work will not be accepted if there are recognizable deficiencies.

4. 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.

5. 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.

6. 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.

7. 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 & Building Services have the responsibility for the quality control of work.

8. Comments Regarding Laboratory Work Authorization

Prior to releasing completed products for delivery, the Dental Lab will check 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 the lab fee for the 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 the lab 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 can be obtained from 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.

9. Sign-out Procedures - Material and Equipment

Materials and equipment for patient use can be signed-out for one working day.
Students are financially responsible for items they have signed out.

CUT OFF TIMES & DATES FOR LAB SUBMISSIONS

Please note: These dates and times may change if there are changes in the clinic schedules.

Provisional Restorations

Please note that the clinic stocks both zinc phosphate cement and polycarboxylate cement. If provisional restorations are to be left in place over the summer or Christmas breaks, either of these cements can be used.

Do not use any other luting agents such as Rely X or Fuji or any other agents that will bond the provisional restoration in place.

Lab Submission Deadlines

The following is the schedule for cut off time and dates for cases being submitted to the lab. Please be aware all dates are conditional, provided nothing goes wrong; dies are good, articulation is correct, models are accurate, information/payments entered in axiUm, etc.

FALL TERM – LAST DAY OF CLINICS December 3, 2021

Gold Crowns, Inlays, P&C – NOVEMBER 17th BEFORE 10:00AM

PFM, Lava, PFM Implant Single Unit – NOVEMBER 10th BEFORE 10:00AM PFM

Lava Implant Bridges – NOVEMBER 5th BEFORE 10:00AM (Submission dates are for fabrication not for impressions to be poured)

Removable: Last day for Initial Set-up is NOVEMBER 12th BEFORE 10:00AM, Last day for IMMEDIATE Initial Set-up is NOVEMBER 5th BEFORE 10AM.

(These dates allow for one day between appointments and enough time for a 24-hour recall)

SPRING TERM – LAST DAY OF CLINIC April 29, 2021

Gold Crowns, Inlays, P&C, – APRIL 15th BEFORE 10:00AM

PFM, Lava, PFM Implant Single Units – APRIL 7th BEFORE 10:00AM

PFM, Lava Implant Bridges – APRIL 1st BEFORE 10:00AM

(Submission dates are for fabrication not for impressions to be poured)

Removable: Last day for Initial Set-up is APRIL 7th, 2019 BEFORE 10:00AM. Last day for IMMEDIATE Initial Set-up is APRIL 1st BEFORE 10AM.

(These dates allow for one day between appointments and enough time for a 24-hour recall)

SUMMER TERM – LAST DAY OF CLINIC July 10, 2020

Gold Crowns, Inlays, P&C – JUNE 23th BEFORE 10:00AM

PFM, Lava, PFM Implant Single Units – JUNE 17th BEFORE 10:00AM PFM, Lava Implant Bridges – JUNE 14th BEFORE 10:00AM

(Submission dates are for fabrication not for impressions to be poured)

Removable: Last day for Initial Set-up is JUNE 17th BEFORE 10:00AM. Last day for IMMEDIATE Initial Set-up is JUNE 10th BEFORE 10AM.

(These dates allow for one day between appointments and enough time for a 24-hour recall)

Decontamination Of Clinical Records, Materials And Devices

I. Cleaning & Disinfection of Impressions & Interocclusal Records Prior to Lab work *(wear gloves)*

- Remove any cotton rolls embedded in the impression material.
Rinse thoroughly with water, gently shake to remove excess water.



- Wet with disinfectant (OPTIM 33TB) to coat all surfaces.



- Place in sealed plastic bag.



- After 3 minutes contact time, rinse thoroughly to remove disinfectant.



II. Orthodontic Appliances, Prostheses & Prosthodontic Materials which have been in the patient's mouth.

A. Prior to lab adjustments *(wear gloves)*

- Rinse with water to remove blood and gross debris.
- Wet with disinfectant (OPTIM 33TB) to coat all surfaces.
- Place in sealed plastic bag.
- After 3 minutes contact time, rinse thoroughly to remove disinfectant.



B. Adjustments *(Clinic gloves, Lab no gloves)*

Grinding:

- Use sterilized acrylic burs and handpiece for adjusting prosthesis.
- Rinse the prosthesis thoroughly before inserting in the patient's mouth.



Prior to Use of Steam Cleaner and Sandblaster:

- Rinse and disinfect item.

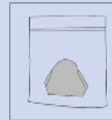
Polishing:

- Don't wear gloves while using lathe.
- Use a new rag wheel for each case.
- Use a unit dose of pumice, wet with water to make a slurry.
- Polish prostheses.
- Discard rag wheel & remaining pumice.
- Rinse the prosthesis thoroughly before inserting in the patient's mouth.



III. Casts *(Disinfect after contact with clinical records/prostheses - wear gloves).*

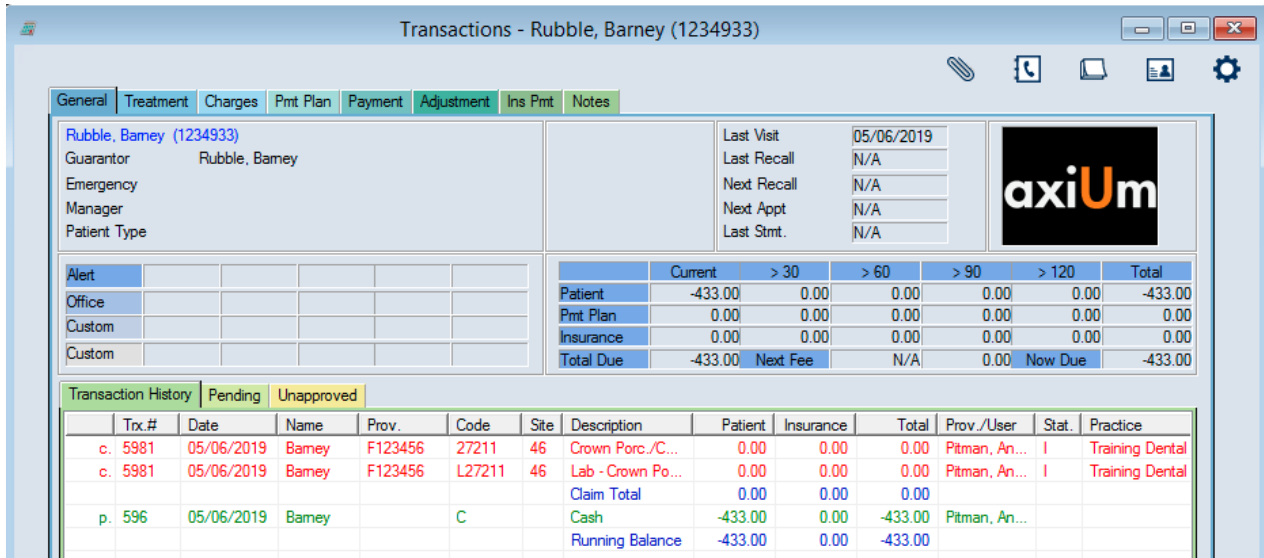
- Wet with disinfectant (OPTIM 33TB) to coat all surfaces.
- Place in sealed plastic bag.
- After 3 minutes contact time, allow to air dry.



Staff Appreciates Your Efforts
in Providing Them with
Noncontaminated Materials.
revised January, 2011

Payment Policy for Dental Treatment Requiring Laboratory Procedure

- a. All dental treatments requiring a lab procedure must be planned in axiUm (dental code + Lab code) with printed signed contract (treatment plan)
- b. Dental treatment and lab codes must be changed from planned to in-process status in electronic patient record.
- c. Lab codes remain in-process until final prosthesis is delivered to patient
- d. 100% of the total lab fee must be paid in full before submitting to Lab for fabrication
- e. Payments can be made at Patient Services and/or by phone 902-494-2101
- f. 100% of the treatment code (balance) must be paid in full for in-House Lab to release the case for delivery.
- g. AxiUm users can check patient account balances in the Transactions module. All payments will appear in green text as well as overall account balance.

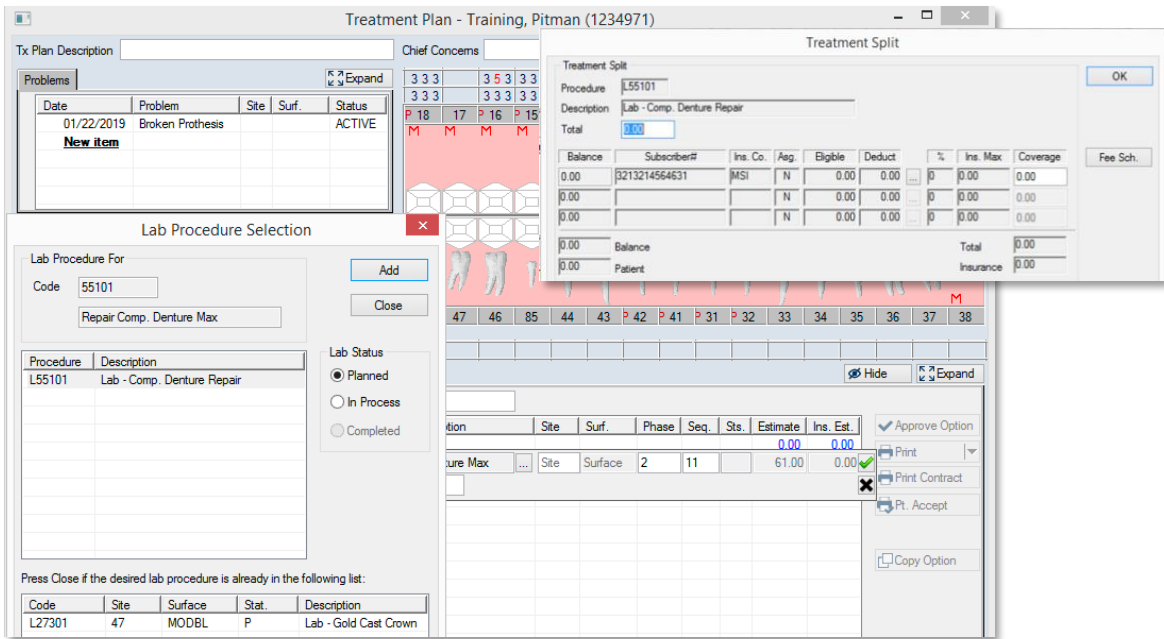


Protheses Repairs Involving In- House Lab

The undergraduate dental clinic has predefined dental and laboratory fees with the exception of repairs. This would include items like dentures, removable appliances, crowns, etc.

For these cases, student users will be required to enter the lab quote manually using the following instructions.

- a. In-House lab provides a written quote after evaluating the protheses.
- b. Student must treatment plan the repair treatment code and axiUm will prompt to add the lab code by selecting **Add** button in the **Lab Procedure Selection** window.
- c. Immediately following, the **Treatment Split** window will pop up and the quote from the In-House Lab is added manually.
- d. Confirm the lab code has the fee prior to faculty approval and printing.
- e. Treatment and Lab codes must change to in-process status and approved by faculty



- f. The full cost (treatment + lab) of the repair must be paid in full **prior** to sumitting to Lab.
- g. Students are responsible for escorting patients to Patient Services for payment
- h. If entry of treatment, lab codes and payment are not done correctly, the Lab may refuse the case.

PART 14 - ORAL PATHOLOGY POLICIES AND PROCEDURES (CONSULTS, BIOPSIES ETC.)

Protocol for Referral to Oral Pathology Clinic

1. The Oral Pathology Clinic at Dalhousie accepts INTERNAL referrals for patients with:

- 1) Orofacial pain
- 2) Oral mucosal lesions as follows:
 - a) Lesions that have a high suspicion of premalignancy or malignancy.
 - b) Lesions of unknown origin.
 - c) Lesions of known origin that has not resolved after eliminating the suspected aetiology and reassessed after 2-6 weeks. Common aetiologies related to oral mucosal lesions include local trauma from teeth, restorations, dentures or chewing habits, and/or exposure to chemical irritations related to tobacco, alcohol, oral hygiene products or topical medications. (Reassessment is critical to ensure referral is still warranted.)

2. The process of a referral to the Oral Pathology Clinic:

- 1) Prior to a referral, the patient's medical, dental and social history must be complete and current.
- 2) Using an Internal Referral Form, describe and document the lesion/condition. This description should be included in the Progress Notes section of the chart as well.
- 3) Complete the Internal Referral Form and submit to Ms. Mel Maclean at the Oral Surgery Reception Desk. (NOTE: The patient will be charged for a consultation and/or a biopsy). Ensure the referral form is signed by the patient and your instructor.
- 4) If you are uncertain a referral is required, please contact one of Oral Pathologists and present a clinical photo and the complete patient history (yanggu@dal.ca or lisa.johnson@dal.ca).

Protocol on Tissue Biopsy Management for the Grad Periodontics and the GPR Programs

Updated 10Apr2019

Biopsies performed in the Oral Surgery Clinical Department of the Faculty of Dentistry must be submitted in the required container and have the standard requisition completed.

The treating Resident will take the biopsy specimen and the requisition form to room 5132 (OMFS Admin. Assistant). If after 3:30PM, the biopsy container/paperwork is to be dropped off at Building Services in the Oral Pathology mailbox.

Biopsy reports will be received by the Administrative Assistant in the Department of OMFS who will send reports to both the Oral Surgery Clinic Nurse, Supervising dentist, Program Director and Periodontal or GPR Resident (as appropriate) and Patient Services so that results can be scanned into axiUm. The Oral Surgery Clinic Nurse will then email the resident and Oral Surgeon/Periodontist/supervising Dentist to inform them that the biopsy result is available on axiUm.

The Oral Surgery Clinic Nurse will then email the student and Oral Surgeon/supervising Dentist to inform them that the biopsy result is available on axiUm.

The Oral Surgeon/Periodontist/Supervising Dentist will determine what follow up is necessary. If required, the resident will book the patient into their graduate clinic for follow-up.

When a phone call is deemed appropriate by the Oral Surgeon/Periodontist /Supervising Dentist, the resident who was involved with the recent biopsy will call the patient to discuss the results. This phone call is best made from the Oral Surgery Clinic when the supervising clinician is present.

If you have any questions, please contact, Dr. Yang Gu (Y.Gu@dal.ca)

PART 15 - 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.-
- 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 soiled case cart 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.-
- Students are responsible for all used impression trays and bite forks. These items must be returned free of gross debris. Maximum time for impression trays is 48 hours for all students.

FOR ADDITIONAL INFORMATION SEE "PART 7 N. INFECTION CONTROL MONITORING".

2. Clinic Security Violations

- Students who are in violation by propping open locked doors will be reported to the Associate Dean, Clinical Affairs or Assistant Dean, Patient Care for action which, after review, may include clinic grades.

3. 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.

PART 16 - New Clinical and Preclinical Supplies and Equipment (Protocol for Introduction)

While the Faculty is 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 preclinical 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 requirements
6. When equipment is involved, parts, maintenance and service support need to be arranged.
7. In what course will the item to introduced and taught pre-clinically?
8. What would the time frame for introduction be 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 the 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 Dental Stores. Once they have been completed by the requestor, we will ensure all service units review and authorize/reject the product for final review by the Associate Dean, Clinical Affairs.

Please see the Associate Dean, Clinical Affairs with any related questions or suggestions.

SECTION FOUR

Care Directives

Care Directive for the use of 0.12% Chlorhexidine Gluconate Mouth Rinse in Dalhousie University, Faculty of Dentistry Clinics and in associated external clinics, where Faculty of Dentistry students provide treatment.	
Date Issued: August 20, 2013 Date Updated: August 16, 2021	Care Directive Policy Number: 01-2013
Date Approved by ACC Committee:	Issuing Authority: Dr. T. Wright, Associate Dean, Clinical Affairs
Date to be Reviewed: 3 years from above date	Applies To: Dalhousie Faculty of Dentistry Students

POLICY

A 0.12% chlorhexidine gluconate mouth rinse is an effective antimicrobial agent that inhibits the buildup and maturation of dental plaque. It may be used as a pre-operative and/or post-operative rinse. This care directive will provide dental, and dental hygiene, students with the authorization to provide this antimicrobial rinse to patients under the supervision of a clinical instructor. Faculty of Dentistry students, who are licensed providers in Nova Scotia, do not require the supervision of a clinical instructor, to carry out this activity.

GUIDING PRINCIPLES AND VALUES

The Faculty of Dentistry teaching clinics and associated external clinics provide dental and dental hygiene care to children and adults in Atlantic Canada. Care is provided by undergraduate dental and dental hygiene students, students in the bachelor of dental hygiene program and graduate programs. Certain patients undergoing non-surgical or surgical therapy may benefit from pre- and/or post-operative antimicrobial mouth rinses. The purpose of this care directive is to allow patients being treated in the Faculty of Dentistry teaching clinics and associated external clinics to be provided with pre-operative and/or post-operative 0.12% chlorhexidine gluconate mouth rinse when indicated by a licensed provider or the student's clinical instructor to improve patient care.

DEFINITIONS (If required)

A care directive is defined as an order written by "an authorized prescriber for an intervention or series of interventions to be implemented by another care provider..." (1, 2).

CARE DIRECTIVE APPROVAL FOR USE

Dr. Tamara Wright
Associate Dean, Clinical Affairs

PROCEDURE (AND/OR PROFESSIONAL RESPONSIBILITIES)

Pre-operative Use

At the discretion of a licensed provider or the supervising clinical instructor, 15 ml of ORO-Clear (Chlorhexidine Gluconate Oral Rinse 0.12%) will be administered to patients, prior to treatment at the Dalhousie Faculty of Dentistry Clinics or associated external clinics.

Patients will be instructed to:

Take 15 ml of oral rinse, swish in mouth for 30 seconds, and expectorate.

A record will be made in the patient's chart that they received 15 ml of ORO-Clear (Chlorhexidine Gluconate Oral Rinse 0.12%).

Post-surgical Chlorhexidine Gluconate Oral Rinse 0.12% following surgery.

At the discretion of a licensed provider or the supervising clinical instructor, a 227 ml bottle of ORO-Clear (Chlorhexidine Gluconate Oral Rinse 0.12%) will be given to patients, who have had a surgical procedure performed at the Dalhousie Faculty of Dentistry Clinics or associated external clinics.

Patients will be instructed to:

Measure out 15 ml of oral rinse, swish in mouth for 30 seconds, and expectorate.

Use twice daily, after breakfast and before bedtime, or as prescribed by a licensed provider or the supervising clinical instructor.

A record will be made in the patient's chart, that the patient has been provided with a 227ml bottle of ORO-Clear (Chlorhexidine Gluconate Oral Rinse 0.12%).

Note:

a) ORO-Clear is presently prepared by Dispensary staff. The solution is decanted into 227 ml bottles, a label is attached, and the expiry date is written on the bottle. Dental Assistants and students access ORO-Clear from the level 2 Dispensary.

b) Jugs of ORO-Clear are also available on aisle sinks in clinical areas for use prior to treatment.

RELATED DOCUMENTS (If required) NA

HISTORICAL DATES NA

REFERENCES

1. College of Nurses of Nova Scotia. Care Directives: Guidelines for Registered Nurses. 2012:1-16.
2. Federation of Health Regulatory Colleges of Ontario. An interprofessional guide on the use of orders, directives and delegation for regulated health professionals in Ontario. <http://mdguide.regulatedhealthprofessions.on.ca/why/default.asp> 2007.

Care Directive for the use and administration of local anaesthesia by Dental Hygienists and Dental Hygiene students in Dalhousie University, Faculty of Dentistry clinics.	
<u>Date Issued: February 4, 2014</u> <u>Date Updated: August 16, 2021</u>	<u>Care Directive Policy Number: 02-2014</u>
<u>Date Approved by ACC Committee:</u>	<u>Issuing Authority: Dr. T. Wright, Associate Dean, Clinical Affairs</u>
<u>Date to be Reviewed: 3 years from above date</u>	<u>Applies To: Dalhousie Faculty of Dentistry and the School of Dental Hygiene Dental Hygiene faculty and students.</u>

POLICY

Only dental hygienists who are authorized by the CDHNS may administer local anaesthetic in Nova Scotia. The Dental Hygienists Act of Nova Scotia also includes students in the Dental Hygiene program. Dental hygienists/Dental Hygiene students must administer local anaesthetic in compliance with the Dental Hygienists Act and Regulation. As a general protocol in the scope of practice of dental hygienists, all patients shall be assessed at every appointment by a comprehensive evaluation which includes an updated medical and oral health history prior to proceeding with any treatment.

This care directive will provide Dental Hygiene faculty members and DH2 students (in Term 2 of their program) with the authorization to provide local anaesthesia to selected patients under the supervision of a clinical instructor.

GUIDING PRINCIPLES AND VALUES

The Faculty of Dentistry teaching clinics and associated external clinics provide dental and dental hygiene care to children and adults in Atlantic Canada. Care is provided by undergraduate dental and dental hygiene students, students in the bachelor of dental hygiene program and graduate programs. Certain patients undergoing non-surgical periodontal therapy may benefit from the administration of local anaesthesia. The purpose of this care directive is to allow patients being treated in the Faculty of Dentistry teaching clinics and associated external clinics to be provided with local anaesthesia when indicated by a licensed provider or the student's clinical instructor to improve patient care.

DEFINITIONS (If required)

A care directive is defined as an order written by "an authorized prescriber for an intervention or series of interventions to be implemented by another care provider..." (1, 2).

CARE DIRECTIVE APPROVAL FOR USE

Dr. Tamara Wright
Associate Dean, Clinical Affairs

PROCEDURE (AND/OR PROFESSIONAL RESPONSIBILITIES)

In a Faculty/School setting, patients may be seen by a variety of students and assignments frequently change. As such, this is a Care Directive to allow the administration of local anaesthetic by a dental hygienist or dental hygiene student assigned to treat the patient in the Faculty of Dentistry clinics (and Outreach clinics with the following parameters.

Patient: ASA I
Minimum age 19 years

Anaesthesia: Limited to infiltration, paraperiosteal field blocks or buccal, mental or mandibular nerve blocks only

Amount: Maximum of 3 cartridges 2% lidocaine with 1:100,000 epinephrine (or equivalent)

The supervising dental hygienist(s) or dental hygiene student under the direct supervision of a supervising dental hygienist or dentist is authorized under this order to administer local anaesthetic to patients of record in this clinic if the patient has had no previously existing or new medical conditions or medications in their health history that may affect the appropriateness, efficacy or safety of the procedure as per the administering of local anaesthesia.

Patient Specific Orders

If the dental hygienist or dental hygiene student has any concern regarding the administration of local anaesthetic to any individual patient they are required to consult a Faculty dentist or physician using the medical referral form and must not proceed with the administration of any local anaesthetic until a patient specific order has been obtained.

A Patient Specific Order must be written in the patient's chart dated and signed by the Faculty dentist or physician. This patient specific order remains in place until such time as the patient's health history indicates a new order is required or the patient falls under the circumstances of the general Care Directive. In the Faculty of Dentistry/School of Dental Hygiene, Patient Specific Orders apply to all Faculty patients falling outside of the parameters of the guidelines outlined in the Care Directive.

RELATED DOCUMENTS (If required)

NA

HISTORICAL DATES

NA

REFERENCES

1. College of Nurses of Nova Scotia. Care Directives: Guidelines for Registered Nurses. 2012:1-16.
2. Federation of Health Regulatory Colleges of Ontario. An interprofessional guide on the use of orders, directives and delegation for regulated health professionals in Ontario. <http://mdguide.regulatedhealthprofessions.on.ca/why/default.asp> 2007.

Care Directive for the use and administration of local anaesthesia by Dental Hygienists in the Dalhousie University, Faculty of Dentistry Faculty Practice and Graduate clinics.	
Date Issued: February 4, 2014	Care Directive Policy Number: 02-2014

<u>Date Updated: August 16, 2021</u>	
<u>Date Approved by ACC Committee:</u>	<u>Issuing Authority: Dr. T. Wright, Associate Dean, Clinical Affairs</u>
<u>Date to be Reviewed: 3 years from above date</u>	<u>Applies To: Dalhousie Faculty of Dentistry Faculty Practice and Graduate Clinics.</u>

POLICY

In Nova Scotia, local anaesthetic can be administered by dental hygienists only if they are authorized by the CDHNS (1). According to the Dental Hygienists Act of Nova Scotia this also includes students in the Dental Hygiene program at Dalhousie University. Prior to proceeding with any treatment, including local anaesthetic, and as a general protocol in the scope of practice of dental hygienists, all patients shall be assessed using a comprehensive evaluation. This includes an updated medical and oral health history.

This care directive will provide Dental Hygienists employed to care for patients in the Faculty Practice Clinic or Graduate programs in the Faculty of Dentistry, with the authorization to provide local anaesthesia to select patients.

GUIDING PRINCIPLES AND VALUES

The Faculty of Dentistry teaching clinics, Faculty Practice Clinic, Graduate Programs and associated external clinics provide dental and dental hygiene care to children and adults in Atlantic Canada. Care is provided by undergraduate dental and dental hygiene students, students in the bachelor of dental hygiene program, residents in graduate programs as well as by licenced dental hygienists and dentists. Certain patients undergoing non-surgical periodontal therapy may benefit from the administration of local anaesthesia. The purpose of this care directive is to allow patients being treated in the Faculty of Dentistry Faculty Practice and Graduate Program clinics and associated external clinics to be provided with local anaesthesia when indicated by a licensed provider to improve patient care.

DEFINITIONS (If required)

A care directive is defined as an order written by “an authorized prescriber for an intervention or series of interventions to be implemented by another care provider...” (2, 3).

CARE DIRECTIVE APPROVAL FOR USE

Dr. Tamara Wright
Associate Dean, Clinical Affairs

PROCEDURE (AND/OR PROFESSIONAL RESPONSIBILITIES)

In a Faculty/School setting, patients may be seen by a variety of students and assignments frequently change. As such, this is a Care Directive to allow the administration of local anaesthetic by a dental hygienist assigned to treat the patient in the Faculty of Dentistry Faculty Practice, Outreach clinics or Graduate clinics with the following parameters.

Patient: ASA I or ASA 2
Minimum age 19 years

Anaesthesia: Limited to infiltration, paraperiosteal field blocks or buccal, mental or mandibular nerve blocks only

Amount: Maximum of 3 cartridges 2% lidocaine with 1:100,000 epinephrine (or equivalent)

The licenced dental hygienist under a supervising dentist is authorized under this order to administer local anaesthetic to patients of record in this clinic if the patient has had no previously existing or new medical conditions or medications in their health history that may affect the appropriateness, efficacy or safety of the procedure as per the administering of local anaesthesia.

-
Patient Specific Orders

If the dental hygienist has any concern regarding the administration of local anaesthetic to any individual patient they are required to consult a Faculty dentist or physician using the medical referral form and must not proceed with the administration of any local anaesthetic until a patient specific order has been obtained.

-
A Patient Specific Order must be written in the patient's chart dated and signed by the Faculty dentist or physician. This patient specific order remains in place until such time as the patient's health history indicates a new order is required or the patient falls under the circumstances of the general Care Directive. In the Faculty of Dentistry/School of Dental Hygiene, Patient Specific Orders apply to all Faculty patients falling outside of the parameters of the guidelines outlined in the Care Directive.

RELATED DOCUMENTS (if required)

NA

HISTORICAL DATES

NA

REFERENCES

1. College of Dental Hygienists of Nova Scotia. College of Dental Hygienists of Nova Scotia Best Practices for Self Initiation. In.; 2009. p. 1-11.
2. College of Nurses of Nova Scotia. Care Directives: Guidelines for Registered Nurses. 2012:1-16.
3. Federation of Health Regulatory Colleges of Ontario. An interprofessional guide on the use of orders, directives and delegation for regulated health professionals in Ontario. <http://mdguide.regulatedhealthprofessions.on.ca/why/default.asp> 2007.

POLICY ON MEDICATION ADMINISTRATION

October 2013

General Guidelines:

1. The Faculty of Dentistry Clinics (Dalhousie Dental Clinic, Harbour View School, Nelson Wynder School, and the North End Community Health Centre) maintain only sufficient quantities of analgesics and antibiotics to address emergency problems.
2. Analgesics and antibiotics will NOT be dispensed on a regular basis.
3. Faculty and students should ensure that patients receive appropriate prescriptions to facilitate their treatment.

Specific Guidelines:

Medication Administration

a) Initial Appointment

If, in the opinion of the attending faculty member, a patient's medical history warrants investigation or further clarification by the patient's primary care physician, then an appropriate referral should be made. Once the referral is returned, faculty will decide if medication is required for dental treatment.

b) Planned Treatment

Patients who require medications prior to or following dental treatment are to receive a prescription at the time of the consultation (e.g. Surgical Consult for Implants or Periodontal Treatment). These medications include prophylactic antibiotic coverage, as well as, analgesics following periodontal, oral, and implant surgery. Patients are to fill their prescriptions and take the medication, as instructed.

2. Prescriptions

Two types of prescriptions are used within the Faculty of Dentistry Clinics.

a) Duplicate forms

In accordance with the Nova Scotia Prescription Monitoring Program (NSPMP) duplicate prescription pads are to be used to order monitored drugs i.e. narcotic.

Dentists (registered providers) are to carry their own pads with them, while working in the clinic.

Before issuing a new prescription, a patient's history of prescriptions filled for monitored drugs can be investigated by contacting the NSPMP (T# 496-7123) for a patient profile.

b) Dalhousie University forms

Dalhousie University, Faculty of Dentistry prescription pads are used to order other medications. Prescriptions are NOT to be left with the Receptionist for patients to pick-up. It is the responsibility of the student to give it directly to the patient, along with an explanation of the purpose, risks, and benefits of the medication.

A complete prescription would include the following information:

patient's name

date prescribed

medication name (generic), as well as strength, quantity and concentration, where applicable

route of administration

dosage, with instructions for use by the patient, including frequency, interval or maximum daily dose and, in some cases, the duration the drug is to be administered

- prescriber's name, signature, designation, licence number (optional), address, telephone and fax number

number of refills, if applicable

purpose (e.g. when it is a PRN medication) (1)

Students may complete the information on the prescription form. An authorized prescriber (with a current Nova Scotia license) is responsible for validating the accuracy and completeness of the prescription, before signing it. Students cannot sign prescription forms.

3. Administration of Specific Categories of Medications

a) PRN Medications

If a patient has not taken the prescribed medication, treatment may be deferred or the medication may be given on-site, one time.

A prescription is required for any medications (except Over-The-Counter analgesics) given to a patient within the Faculty of Dentistry Clinics, by the Registered Nurse.

Medications are to be supplied, administered, and documented by the same person. Medications can be supplied, administered, and documented by either a Registered Nurse, under the direction of the supervising Dentist, or by the Dentist.

If the Registered Nurse is not available, the Dentist will access the medications directly from the locked cabinet.

b) Sedation (See Sedation Protocol in Section 4)

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 sedation. However, the use of sedation does not lend itself to our undergraduate clinic operations.

Please be advised that the provincial guidelines (Provincial Dental Board of N.S., 2010) 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.

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

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

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.

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.

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

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

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. (2)

c) Immunization Status

The Registered Nurse, on behalf of the Associate Dean, Clinical Affairs, may provide students with requisitions for blood testing of immunization status.

d) Over-The-Counter Medications

On the basis of the wide-ranging activities that fall within the scope of nursing practice, the RN Act authorizes registered nurses to recommend and/or administer OTC medications independently, without a care directive or order from an authorized prescriber provided that they are educated and authorized to do so, following an appropriate nursing assessment.

It is appropriate for the Registered Nurse to recommend and/or administer OTC medications independently, within the Dalhousie Dental Clinic. (3)

e) Medications Brought from Home

Patients who bring prescription and OTC medications from home, into the Faculty of Dentistry Clinics, should be encouraged to self-administer them.

If it is necessary for the Registered Nurse or Dentist to administer medications brought from home, s/he should only do so: if the medications are in their original containers, and appropriately labeled.

4. Medication Transportation, Disposal, and Storage

Presently, medications provided in Faculty of Dentistry Clinics are ordered from 2North Pharmacy, located at the VG site of the QEII Health Sciences Centre.

Medications not available from this source (e.g. Junior Strength Tylenol) are purchased from local pharmacies. These activities are the responsibility of the Registered Nurse.

a) Medication Transportation

The Registered Nurse or Dentist transports medications from pharmacies to clinic locations.

b) Medication Disposal

The Registered Nurse is responsible for the safe disposal of expired medications by returning them to the 2North Pharmacy.

c) Medication Storage

Antibiotics and analgesics are stored in a locked cupboard within the Dalhousie Dental Clinic (in the Oral Surgery Clinic), and at the 3 satellite clinics. The Registered Nurse is responsible for medications stored in cupboards and Emergency Carts.

Medications to treat a Medical Emergency are stored in Emergency Carts, within the Faculty of Dentistry Clinics. Extra medications are available from the Oral Surgery clinic and Dispensary 1. The Registered Nurse, under the direction of the supervising Dentist, may administer these medications.

5. Patient Consent

Registered Nurses and Dentists are ethically and legally obliged to obtain a patient's or substitute decision-maker's consent before administering any medication.

Patients must be able to render an informed consent. This means that the patient has been:
provided with complete and accurate information about their medications, in terms that they can understand
informed about the possible risks and benefits, if they refuse medications
provided with an explanation of therapeutic alternatives
told that they have a right to refuse their medications without fear of repercussions
given the opportunity to make a reasoned decision about whether to accept a proposed medication
made aware that they can withdraw their consent at any time. (1)

6. Documentation

Prescriptions written and medications administered to patients, within the Faculty of Dentistry Clinics must be recorded in the patient's chart. Documentation must be clear, timely, accurate, reflective of observations, permanent, legible, and chronological.

It is considered a medication error, if documentation is incorrect or absent.

Documentation of medication administration should include:
patient identification (name or chart number on page)

name of drug
date and time of administration
dose
route and/or site
nurse or dentist's signature/designation (1)

Consideration should be given to developing a record on axiUm of prescriptions written and medications administered to patients.

As well, the Faculty of Dentistry should ensure that Dentists and Dental Hygienists working in clinics are able to access the Nova Scotia Drug Information System, when it becomes available.

References:

1. College of Registered Nurses of Nova Scotia, Medication Guidelines for Registered Nurses, 2011.
2. Dalhousie University, Faculty of Dentistry, Clinic Policy & Procedures Manual 2012-13
3. College of Registered Nurses of Nova Scotia, Position Statement Registered Nurses Recommending and/or Administering Over-The-Counter Medications, 2010.

October 29, 2013

FACULTY OF DENTISTRY ORAL SEDATION PROTOCOL

The Faculty of Dentistry follows the current Provincial Dental Board of Nova Scotia Guidelines for Use of Sedation in Dental Practice. The Resident is to review these guidelines prior to administering any type of sedation for patients in the Faculty clinics.

The following protocol must be strictly adhered to.

Prior to Sedation

1. Each patient must be screened, with the appropriate medical history updated and recorded prior to appointing for treatment under sedation.
2. The type of sedation will be decided in consultation with the clinical instructor, taking into account criteria to determine the appropriate drug dosage.
3. The Resident will discuss the post-operative instructions regarding sedation and provide the patient with a written copy of these instructions. This is to be recorded in the patient chart, and signed by the Resident and clinical instructor. These instructions must include the following:
 - a. The patient must have had nothing to eat for 6 hours or drink for 2 hours. Possible exceptions to this are usual medications or preoperative medications, which may be taken as deemed necessary by the Resident in consultation with the clinical instructor.
 - b. The patient must ensure that a responsible adult will accompany them following the procedure.
 - c. The patient must be instructed to not drive a vehicle, operate hazardous machinery or consume alcohol for a minimum of 18 hours, or longer if drowsiness, or dizziness persists.
4. The patient appointment is to be booked a minimum of 30 minutes prior to the start of the procedure.

Day of Sedation

1. The crash cart and oxygen tank must be in close proximity to the dental chair to which the patient is appointed.
2. The Resident will seat the patient and review the medical history for any changes. Such a review must be signed and dated in the patient's paper chart.
3. The Resident is to ensure the patient has had nothing to eat for 6 hours or drink for 2 hours. Possible exceptions to this are usual medications or preoperative medications, which may be taken as deemed necessary by the dentist.
4. Pre-operative oxygen saturation, blood pressure and respiration rate are to be recorded in the patient's paper chart. Alarm settings and their audio component on monitoring equipment must be utilized at all times.
5. Once the sedative is administered, the patient must be accompanied at all times.
6. The Resident is to monitor the patient throughout the sedation administration, through clinical observation and monitoring as follows:
 - a. continuous pulse oximeter monitoring of hemoglobin oxygen saturation, recorded at a minimum 15 minute intervals.
 - b. blood pressure, and pulse, and respiratory rate must be taken and recorded preoperatively and throughout the sedation period at appropriate intervals.
7. A sedation record must be kept which includes the time the sedation was administered, and recording of vital signs as listed above. This is to be signed and dated and included in the Progress Notes in the chart.
8. The patient may be discharged once he/she shows signs of progressively increasing alertness and has met the following criteria:
 - a. conscious and oriented
 - b. vital signs are stable
 - c. ambulatory
9. The patient must be discharged to the care of a responsible adult.
10. Written post-sedation instructions must be given and recorded in the Progress Notes in the chart. The patient must be instructed to not drive a vehicle, operate hazardous machinery or consume alcohol for a minimum of 18 hours, or longer if drowsiness, or dizziness persists.
11. The print-outs from the Vital Signs Monitor are to be stapled to the Sedation Consent Form which is attached in the chart.

January 2014

May 7, 2014

To All Dental Practitioners:

Re: Donation of Extracted Teeth for Educational Purposes

The Faculty of Dentistry, Joint Occupational Health & Safety Committee has approved new procedures regarding the Preparation of Extracted Teeth (May 2014) for use in teaching and research activities. Going forward, we ask that you follow the guidelines listed below.

- Type of Teeth: Extracted teeth with or without amalgam restorations, which are suitable for pre-clinical exercises.
- Collection: Suitable teeth are to be immersed, **only in water** and placed in a sealed container.
- Delivery: Containers of teeth are to be brought to the Faculty of Dentistry Infection Control Officer, so that they can be prepared for use.

We hope that you will continue to provide the Faculty of Dentistry with extracted teeth.

Sincerely,

Blaine M Cleghorn DMD MS
Professor & Assistant Dean – Clinics

Blaine M Cleghorn DMD MS
Professor & Assistant Dean - Clinics
Faculty of Dentistry · 1210 - 5981 University Avenue · Halifax NS B3H 4R2
Phone: 902-494-1681 · Fax: 902-494-1757

Propane Use in the Pre-Clinical Lab

Revised:

October 15, 2015

Implemented: March 8, 2012

1. Access to propane in the pre-clinical lab is restricted to supervised class time only.
2. The main propane valve, which is located in the hallway, must be locked in the closed (off) position when propane is not in use.
3. The classroom key used to access the lab will also unlock the padlock on the main propane valve in the hallway.
4. Course instructors who require access to the lab and/or propane can obtain a key from Building Services.
5. When propane is needed for a class, the instructor (or designate) must ensure propane spigots at each workstation are in the closed (off) position prior to unlocking and opening the main valve in the hallway.
6. At the end of the class, the instructor (or designate) must ensure propane spigots at each workstation are in the closed (off) position prior to closing the main valve in the hallway.
7. The instructor (or designate) must ensure that the main valve in the hallway is locked prior to leaving the lab.

SECTION FIVE

SPECIFIC CLINIC SUPPORT UNITS

BUILDING SERVICES UNIT

Hours of Operation: 8:00 am - 4:30 pm

Room: 2520

Telephone Number: (902)-494-5199

Staff: Kyle Maxwell-Cox
Lisa Fleming

This unit reports to: Tammy Chouinard
Manager, Building Services
Phone: (902) 494-4813

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
- Security and access control (keys)
- Mail and courier service

Note: Stationery supplies, previously included in this list of activities are now being handled by the Clinical Affairs Office

Reporting Procedures

All building maintenance issues, or requests should be reported to Building Services at 494-5199 (building.dentistry@dal.ca).

Problems with clinic or lab equipment should be reported to Technical Services via the online "Dental Equipment Repair Request" form (<http://www.dentistry.dal.ca/erform/index.html>).

CLINICAL AFFAIRS OFFICE

Hours of Operation: 8:30 a.m. - 12:00 noon
1:00 p.m. - 4:30 p.m.

Staff Office: Room 2530

Staff person: Tammy Broussard
Administrative Assistant

Telephone Number: (902) 494-1681

Email Address: clinicalaffairs.dentistry@dal.ca

Staff Person reports to: Anne Marie Nicolle
Manager, Clinic Operations
Room 2534

Audra Hayden
Manager, Clinical Care Services
Room 2536.

Dr. Terry Ackles
Assistant Dean, Patient Care
Room 2532
(902) 494-4146

The Manager, Clinical Care Services and the Assistant Dean, Patient care report to:

Dr. Tamara Wright
Associate Dean, Clinical Affairs
Room 2533

SETTING UP APPOINTMENTS TO SEE DR. WRIGHT OR DR. ACKLES

In order to see either Dr. Wright or Dr. Ackles please contact Tammy Broussard to set up an appointment. Drop ins are not encouraged.

In the case of a true emergency or for those times when Dr. Wright and/or Dr. Ackles are unavailable during the regular meeting times, an alternative time can usually be arranged.

You can reach Tammy Broussard to set up an appointment with Dr. Wright or Dr. Ackles by either going to the Clinical Affairs Office (Room 2530), by phoning her at (902)494-1681 or by emailing her at clinicalaffairs.dentistry@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, Clinic Information System Officer

Office: Level 2, Room 2019

Contact Information: axium.dentistry@dal.ca
902-494-1979

Immediate Supervisor: Dr. Terry Ackles
Assistant Dean, Patient Care
Room 2532
Telephone: (902) 494-4146

Responsibilities of Office:

- Develop and facilitate training for all users of patient management software
- Provide quality assurance and support
- Administer and maintain user accounts access
- Coordinate and schedule software updates with University IT Department
- Dispense Faculty Yubi keys for clinics
- Provide hardware/software support for patient management system peripherals
- Support office of Associate Dean, Clinical Affairs

CLINICAL SUPPORT

(Includes Dental Assistants and Radiology Support)

Office Room 2536

Telephone #: (902) 494-1861

Email address: audra.hayden@dal.ca

This Unit reports to: Dr. Tamara Wright
 Associate Dean, Clinical Affairs
 Room 2533
 Phone: (902) 494-2448

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 Manager, Clinical Care Services and/or Associate Dean, Clinical Affairs

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 NSCC Dental Assisting Program

Dalhousie Faculty of Dentistry is affiliated with the NSCC 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.

Medical Emergencies
Rubber dam application
Final Impressions (crown prep, ultra cast, alginate)
Cementation of crowns
Upper crown prep/Upper restorative without rubber dam
Lower crown prep/Lower restorative without rubber dam
Upper Restorative/fixed prosthodontics with rubber dam
Lower Restorative/fixed prosthodontics with rubber dam
Endodontic access prep
Alginate impression
Temp bond cementing at discretion
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. RADIOLOGY 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.

General Procedures For Radiation:

Please see Radiology Unit staff 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.

DENTAL LAB

Hours of Operation: Hours may change with notice.

8:30 a.m. - 12:00 p.m.

1:00 p.m. - 4:00 p.m.

Telephone Number: Room 3240
(902) 494-3564

Team Lead: Bruce Friis
Office Room 3248
Telephone #: (902) 494-3564

Email Address: lab.dentistry@dal.ca

This unit reports to: Dr. Tamara Wright
Associate Dean, Clinical Affairs
Room 2533
Telephone: (902) 494-2448

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 Team Lead, Laboratory Services of 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 2523

Telephone Number: (902) 494-1414

Email address: stores.dentistry@dal.ca

Staff: Jennifer Strong
Yang Wang

This unit reports to: Anne Marie Nicolle
Manager, Clinic Operations
Room 2534
Telephone: (902) 494-2270

General Operations

Dental Stores 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 (902) 494-1414 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 Associate Dean, Clinical Affairs and the Manager, Clinic Operations (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 Associate Dean, Clinical Affairs, through the Associate 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 Associate Dean, Clinical Affairs 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 Jennifer Strong or Anne Marie Nicolle, 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 16

MEDICAL DEVICE REPROCESSING (MDR)

Hours of Operation: 6:00 a.m. – 9:00 p.m. Mon
6:00 a.m. – 7:00 p.m. Tues-Fri to Friday
Telephone Number: (902) 494-1744
Email address: mdr.dentistry@dal.ca

These Units reports to: Audra Hayden
Manager, Clinical Care Services
Room 2536
Telephone: (902) 494-1861

The Medical Device Reprocessing unit is located on Level 1 (northeast side) and handles sterilization of all clinic instruments and trays.

1. Medical Device Reprocessing Access

Access to this area is restricted.

All persons entering MDR (Soiled and or 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.

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 on Brightspace. Pick codes are used and need to be included in the appointment slot in axiUm. Pick codes must be entered before 6am the day of the procedure to ensure trays are picked and available. Pick codes are located on Brightspace?

Sterilization Procedures

Students must place used instrument trays in the “soiled” carts items. Please do not place contaminated instruments with clean, unused instruments. Gloves must be worn when handling soiled return items and trays. 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).

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 3226. 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 Form

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.

PATIENT SERVICES UNIT

(a) Hours of Operation: 8:00 a.m. - 4:30 p.m.

Telephone Number: (902) 494-2101

Team Lead: Kore-Lee Cormier
Patient Services

Office: Room 1304

Supervisor's Telephone #: (902) 494-1756

This unit reports to: Dr. Terry Ackles
Assistant Dean, Patient Care
Room 2532
Telephone: (902) 494-4146

(b) SECURITY

Patient Services is a secure area - only Clinic Patient Services staff, Associate Dean, Clinical Affairs or their 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 'screening' appointment when one is available.

At the screening appointment, the patient will be told if they are accepted for an initial exam.

Patient Services staff will assign them to a student 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.

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 check in at Patient Services at the main entrance, Level II foyer and then directed to the appropriate waiting area.

2. Students are responsible to check in the waiting areas to see if their patient has arrived in time for any scheduled appointment. Patient Services Reception staff will check in patients at the front desk, enter their arrival 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 obtained through chart requests and returned to Patient Services (Level I) after appointments at all times. (Cart in level I clinic)
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 signatures 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 Associate Dean, Clinical Affairs 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 to attend an appointment. Patient Services staff do not collect charts each day from the file cabinet in the clinic.

Patient Charts / Documentation - (See Section 3 - Part 3, 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 I. 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, screening, 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 axiUm/CIS 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). If no treatment has been rendered, this must be recorded along with the reason why
- or 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

Consultation with the Provincial Dental Board of Nova Scotia has resulted in the following guideline:

1. We are required to maintain the archival records for each patient for 17 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 Associate Dean, Clinical Affairs 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. Failure to provide treatment for assigned patients without documentation of why this has happened will be considered a breach of clinical protocol and may result in suspension from clinic. Patients who have declined treatment at the Faculty should be dropped from their student's patient family and the Assistant Dean, Patient Care must be notified so that the patient can be suspended.

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 Associate Dean, Clinical Affairs, to the Assignment Clerk. The student will be notified when an assignment has been made or deleted via axiUm mail module.

Medical Referral Forms

Students are to bring these forms to the Patient Services front desk staff person assigned to do this. The staff person will fax the form and then ensure that it is entered into the system and form is placed in patient chart.

(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 Section Three, Part 4 - E. MANAGEMENT OF CHILDREN AT DALHOUSIE DENTAL CLINIC)

Patient Suspensions

1. Collection Agency (see Section Three, Part 5 - Fee Guide Policies - C. Delinquent Accounts)
2. Incorrect / Insufficient Address (see Section Three, Part 5 - Fee Guide Policies - H. Incorrect/Insufficient Address)

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 Assistant Dean, Patient Care is to resolve questions/disputes of accounts and will seek approval from the or Associate Dean, Clinical Affairs if necessary.
3. The Assistant Dean, Patient Care will use discretion in decision making guided by sense of fairness to the patient and the business policies of this Faculty. (Either the Manager, Clinical Care Services or the Associate Dean, Clinical Affairs are available, upon request, 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 Clinic Information System Officer 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 Assistant Dean, Patient Care 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 Assistant Dean, Patient Care must authorize the additional information.

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 Dean, Patient Care
2. These inquiries are to be referred to the Associate Dean, Clinical Affairs by the Assistant Dean, Patient Care along with:
 - brief description of inquiry and return telephone number of patient
 - patient chart
 - patient account statement

Fee Guide Policies - See Section Three Part 5 of this Clinic Policy and Procedure Manual

Forms of Payment - See Section Three Part 5 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 Three, Part 5 of this Clinic Policy and Procedure Manual)

M.S.I. Claims (Maritime Medical Services Insurance) (see Fee Guide Section Three, Part 5 of this Clinic Policy and Procedure Manual)

Patients on Social Assistance (see Fee Guide Section Three, Part 5 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 Three, Part 5 of this Clinic Policy and Procedure Manual

PRECLINICAL DISPENSARY AND LAB SERVICES

Room 2019

Telephone Number: (902) 494-4593

Email Address: audra.hayden@dal.ca

Staff: Carole Coutu
Natasha Smith

Supervisor: Dr. Tamara Wright
Associate Dean, Clinical Affairs
Room 2533
Telephone: (902) 494-2448

General Duties of the Preclinical Lab Assistant:

- works directly with Preclinical course directors, clinical staff and students
- ensures anything that is signed out from the Dispensary for use in a preclinical exercise, is returned at the end of the exercise.
- ensures that all supplies, equipment, etc. used for each preclinical exercise are returned to the appropriate storage areas.
- fills all requisitions for preclinical supplies requested by the Course Directors for the school year. (One week's notice is required 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 (Rob Sidebottom)

Hours of Operation: 8:30 a.m. - 4:30 p.m.

Room 1704, 1705 and 1714

Telephone Number: (902) 494-1698

Email address: technical.dentistry@dal.ca

This Unit reports to: Dr. Tamara Wright
Associate Dean, Clinical Affairs
Telephone: (902) 494-2448

This unit has staff who specialize in the maintenance and repair of all dental and dental lab equipment.

All requests for repairs to dental and dental lab equipment should be entered directly into the Dental Equipment Repair Request Form which is available on the Faculty of Dentistry website.

Students: <http://www.dal.ca/faculty/dentistry/current-students.html>
It is under Equipment Repair Request in the list of resources

Faculty and Staff: <http://www.dal.ca/faculty/dentistry/faculty-staff.html>
It is under Equipment Repair Request in the list of resources

General Building Maintenance

Building maintenance issues (plumbing, lighting, custodial and environmental comfort) should be reported to Building Services (Room 2602, (902) 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.