MISSION STATEMENT

We promote and provide oral health care as an integral component of overall health, for regional, national and international communities through quality education, research and service.

REVISED OCTOBER 2, 2014

Compiled by
The Office of the Assistant Dean, Clinics and Building Services,
August 2014

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

Suggestions for improvements are always welcome. Please pass them on to the office of the Assistant Dean, Clinics and Building Services, Level 2, Room 2530.

Assistant Manager, Patient and Information Services

Available at http://www.dentistry.dal.ca (click on 'Faculty Policies and Manuals' or you can get a printed copy from the Clinical Affairs Office, Room 2530, Level 2.)
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IMPORTANT CONTACT INFORMATION  
(See the Table of Contents for more information)

CAMPUS EMERGENCY LINE (Security Services) ........................................................................... (494) 4109
First responders are not always familiar with campus facilities, and may require directions and
assistance with access, particularly after hours. Therefore, it is recommended that all emergency
calls be directed to the Campus Emergency Line (4109). Security Services will call 9-1-1 and
bring the first responders directly to you.

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

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

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

AFTER HOURS DENTAL EMERGENCIES
Answering Service ..................................................................................................................... (494) 2101
(5:00 - 9:00 p.m. only on Monday to Fridays; 9:00 am - 5:00 p.m. weekends and holidays)

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

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

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

IF YOU REQUIRE ANY FURTHER INFORMATION ABOUT EMAILS OR PHONE NUMBERS PLEASE GO TO
THE FACULTY OF DENTISTRY WEBSITE (http://www.dal.ca/faculty/dentistry.html).
SECTION ONE

RESPONSIBILITIES, QUALITY ASSURANCE,

PATIENT RIGHTS AND PROFESSIONALISM
CLINIC FEES

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

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

For information about clinic fee policies see Section Three, Part 5 of this manual.

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 must submit an up-to-date satisfactory Criminal Record Check and Vulnerable Sector Check directly to the School Board.

The Dean’s Office will provide the process to get this done.
STUDENT RESPONSIBILITIES
(see Index for details)

Student participation in the patient treatment process is a privilege. To maintain clinical privileges students must satisfactorily:
- complete the requirements for immunization and CPR certification
- carry a current, valid Dalhousie I.D. at all times
- wear an easily readable and visible name tag or authorized clinic jackets with your name at all times
- review clinic medical emergency procedures annually with Clinic nurse
- observe all the measures of professionalism listed in "Professionalism for Faculty, Staff and students" section.
- know and follow the "Student Code of Conduct" in this manual.
- behave in a professional manner when managing patients and interacting with staff, other students and faculty.
- protect the confidentiality of patient information (paper charts and electronic records, including photos and radiographs)
- provide appropriate management of patients
- observe Clinic dress code at all times
- maintain patient charts and chart control procedures
- maintain appropriate patient, staff and faculty relations
- follow infection control procedures
- maintain appropriate cubicle cleanliness and asepsis
- 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

Suspension of Privileges

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

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

Cell Phones, Pagers, iPods etc.: 

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

Cell phones, pagers and iPods must be turned off during the clinic rotation. Vibration mode is not acceptable. Answering or using such devices while treating patients is not permitted.

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

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

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

POLICY ON STUDENTS AND STUDENT APPLICANTS WITH INFECTIOUS DISEASES

This document is available for view on the Faculty of Dentistry website (http://www.dal.ca/faculty/dentistry/current-students/publications-policies.html) in the "Publications and Policies" section. It is regularly updated so please review it at least each semester.
STUDENT RESPONSIBILITIES IN THE SENIOR LAB

On Sep 19, 2014, at 8:34 AM, Dentistry Building Services <Building.Dentistry@Dal.Ca> wrote:

Attention DDS3 and DDS4

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.

Tammy Chouinard
Manager of Building Services
Faculty of Dentistry
Halifax, NS
B3H 4R2

Office: 902-494-4813
Cell: 902-456-5036
Email: t.chouinard@dal.ca
CHART AUDITS:

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

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

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

Purpose of Audit:

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

Student / Chart Selection:

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

D3212/4212

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

Once the student receives the audit report any necessary corrections are to be completed within 3 weeks of notification. The course director/Assistant Dean, Clinics and Building Services for courses D3212 and D4212 will be notified when corrections are not made in a timely fashion.
FACULTY RESPONSIBILITIES

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

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

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

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

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

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

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

Clinical faculty must be aware of and follow all clinic policies and procedures, paying particular attention to the following sections of this manual (for page numbers see Table of Contents):

- Infection Control
- Appointment/Attendance Sheet Requirements (See Clinic Attendance/Absence section of this manual)
- Medical Emergency
- Confidentiality of Patient Records and Information in Records
- Records/Chart Control (See Patient Services section of this manual)
- Dispensary (See Dispensary section of this manual)
- Dental Assistant Utilization (See Clinical Services section of this manual)
- Dress Code
- Occupational Health and Safety

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](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://www.dal.ca/dept/hr/employee-resources/healthy-dalhousie.html)
[http://hrehp.dal.ca/index.php](http://hrehp.dal.ca/index.php) [click on appropriate link]

It is a responsibility of all professional staff working in our Faculty clinics to report to their supervisor or appropriate Course Director and the Assistant Dean, Clinics and Building Services, continued infractions of clinic procedures that affect the health and safety of patients, students, staff or faculty.

After a verbal warning to the offending students, staff or faculty, continued infractions should be reported in writing on the "Breach of Clinic Protocol" form to the Assistant Dean, Clinics and Building Services and to Clinical Course Directors. These forms are available from the Supervisor, Clinical Support or the Dispensary.
Cell Phones, Pagers, iPods etc.: 

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

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

CPR & Defibrillator Training

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

Staff 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 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 yearly.

Technicians (do not treat patients directly but work with items clinic instrument or items that have been in patients mouths) must provide current immunization records (Tetanus, Diphtheria, Polio, Measles, Rubella, Chicken Pox and Hepatitis B), Hepatitis B surface antibodies, (6 week post-test) and have the 2 Step Mantoux (Tuberculin). 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.

Additional 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.

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

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 aware of and follow all clinic policies and procedures, paying particular attention to the following sections of this manual (for page numbers see Table of Contents):

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

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

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]
Cell Phones, Pagers, iPods etc.

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

Cell phones, pagers and iPods must be turned off while working on the clinic floor.

Staff should direct any need for family emergency calls to 494-1298 or 494-1681 where staff will take a message. If the caller indicates this call is for a family emergency staff will arrange to get the message to you as soon as possible.
PATIENT RESPONSIBILITIES

All patients /guardians in our dental clinic must:

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

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

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

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

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

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

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

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

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

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

11) no pets are allowed in the building unless medically necessary (ie. service dogs).

12) Infected Patient:

Patients are asked to not come to the clinics for an appointment if they have any transferable diseases or symptoms (e.g. pneumonia, measles, mumps, head lice, bed bugs, pink eye, cold sores). Please call and arrange for another appointment when you are disease/infection free. Flu symptoms 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.

13) 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.
CDA CODE OF ETHICS

Preamble

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

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

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

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

Principles

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

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

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

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

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

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

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

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

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

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

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

Summary

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

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

Responsibilities to Patients

Article 1: Service

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

Article 2: Competency

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

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

Article 3: Consultation and Referral

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

Article 4: Emergencies

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

Article 5: Provision of Duties

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

Article 6: Delegation of Duties

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

Article 7: Arrangements for Alternate Care

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

Article 8: Choice of Treatment

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

A dentist shall inform the patient if the proposed oral health care involves treatment techniques or products that are not in general recognized or accepted by the dental profession.
Article 9: Confidentiality

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

Article 10: Guarantee

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

Article 11: Provision of Information

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

Article 12: Records

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

Responsibilities to the Public

Article 1: Representation

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

Article 2: Contractual Services

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

Article 3: Choice of Dentist

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

Article 4: Fees and Compensation for Service

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

Article 5: Third Party Dental Plans

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

Article 6: Community Activities

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

Article 7: Market Advocacy

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

Article 1: Support of the Profession

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

Article 2: Inappropriate Conduct

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

Article 3: Advertising

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

Article 4: Professional Equality

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

Article 5: Patients and Copyright

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

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

Responsibilities to Colleagues

Article 1: Consultation and Referral

When a patient is referred to another dentist for consultation and/or treatment, a dentist, upon completion of the care contemplated in the referrals, shall return the patient to the referring dentist.

Article 2: Judgments in Peer Relations

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

Revised August 1991  Addendum© April 1997

http://www.cda-adc.ca/en/cda/about_cda/code_of_ethics/index.asp#1
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. See Peter Gnenmi or Alex Plumb in the Carleton Computer Lab for advice and assistance.

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

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

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

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

g. If you choose to "export" any patient information from the Clinic Information system (axiUm) into the secure folder provided for you, then choose to copy this information on to your computer hard drive, and use the information in a way that does not protect the confidentiality of the patient information, you will be personally libel and your academic program may be compromised if there is a formal complaint by the patient or the Faculty under 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 Assistant Dean, Clinics and Building Services, before being added to a patient's chart. Copies of patient records are only made with knowledge and approval of the Assistant Dean, Clinics and Building Services.

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

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

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

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

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

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

- PHIA (http://novascotia.ca/dhw/phia/)
- PIPEDA (http://www.priv.gc.ca/leg_c/leg_c_p_e.asp)
- FOIPOP (http://foiipop.ns.ca)

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

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

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

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

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

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

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

6. Refrain from consuming food and drink in clinical areas and laboratories.

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

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

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

10. Radios, mp3 and CD/DVD players may be operated in the clinic only for the benefit of the patient and only if the patient wears earphones. Audible radios, players must not be operated during clinics. The Assistant Dean, Clinics and Building Services or his designate may remove offending equipment from the clinic. Continued offenses may result in student dismissal from the clinic. Some Level 1 clinical areas have piped in music.

11. Cell phones and pagers must be turned off while you are working on the clinic floor.

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

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

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

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

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

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

A. Relationships with Fellow Students

Students should:

1. **Respect** each other in all areas of dental education including:
   
   1.1 **Academics**
   
   For example: Arrive on time for classes to avoid disrupting lectures. Do not cheat in any way during exams, tests, quizzes, assignments, bell ringers, etc. Work equally on group assignments.

   1.2 **Clinic**
   
   For example: There are a limited number of instructors for all students, and everyone deserves appropriate time and assistance from them. Assist each other when possible. Do not place your own advancement before that of fellow students.

   1.3 **Socially**
   
   For example: Act responsibly at social events so as to uphold the professional values of our code. Respect all races, ethnicities, religions, genders, beliefs and values of fellow students.

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

B. Relationships with Patients

Students should:

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

C. Relationships with Faculty and Staff

Students should:

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

D. Relationship with Society

Students should:

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

E. Relationship with Dalhousie University

Students should:

1. Respect the rules and regulations set forth by Dalhousie University.
2. Refrain from behavior that would reflect poorly on the University.
3. Behave professionally by living up to our values and principles when on an outing as a representative of Dalhousie.
4. Refrain from advertising or using the Dalhousie University logo without the permission of the University or Faculty.
Dalhousie University has a clear policy regarding discrimination. As a patient care facility, this policy applies not only to students, staff and faculty but to our patients as well.

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

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

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

GENERAL BUILDING INFORMATION AND POLICIES
A. FIRE AND EMERGENCY EVACUATION PROTOCOL

Purpose

Emergency evacuation procedures are designed to ensure that building occupants exit the building safely during an emergency. An emergency can be defined as any pending, present, or imminent event, natural or man-made, which risks endangering the lives of people or damage to property and requires an immediate response.

Responsibilities

Faculty, staff and students are responsible for familiarizing themselves with the emergency controls in their workspace/classroom. This includes emergency exits, alternate routes of egress, designated assembly point as well as the location of emergency pull stations and fire extinguishers.

Patients and guests must be escorted out of the building.

Evacuation Procedures

In the event of a fire:
• Remain calm and warn people in the general area
• If the fire is small, and you are trained to do so, use the nearest extinguisher to put it out
• If the fire cannot be extinguished, activate the nearest alarm pull station

In the event of an alarm:
• Evacuate the building using the shortest and safest route, closing all doors behind you
• Proceed to designated assembly point
• Await instruction from Chief Fire Warden (or designate)
• Do not use elevators
• If you encounter smoke in a stairway, use alternate exit
• If you are unable to evacuate due to smoke or physical restraints, seek a safe area and call 4109

Clinic Evacuation:

In the event of an emergency evacuation of the clinic, the prime responsibility is to the patient. Clinic support staff and students are expected to assist with the evacuation as follows:

Level I

Dental Assistants

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

Students

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

Administrative Staff – Clinical Affairs Office

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

Dental Assistants

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

Students

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

Administrative Staff – Patient Services

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

Dispensary (MDR)

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

Patients Under Sedation

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

If the alarm were a test the student or staff member assigned to report to the fire warden would then return to the clinic to relay this information to the supervising faculty member.

Assembly Points

In order to ensure your safety and keep driveway clear for emergency vehicles we ask that everyone gather on the city sidewalks on either University Avenue or College Street.

Re-Entry

Once the building is deemed safe to re-enter, the Chief Warden (or designate) will assign personnel to inform those waiting at the assembly points.

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

Fire Drills

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

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

REGULAR BUILDING HOURS

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

AFTER HOUR ACCESS

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

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

C. SECURITY INFORMATION

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

The Faculty of Dentistry and Dalhousie University accepts no responsibility for lost or stolen items.

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

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

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

Access when the Building is Secure:

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

D. PARKING

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

E. CLASSROOMS & SEMINAR ROOMS

Classrooms and seminar rooms are available for study purposes. Students wishing to book a room must contact Building Services (24 hour advance notice required).

There are some ground rules that need to be considered when using classrooms & seminar rooms for study purposes:
- Students are encouraged to study in groups.
- Furniture must be returned to its original state, all refuse must be properly disposed of, and spills or crumbs must be cleaned up.
- Scheduled classes and events always have priority, so study time may be cancelled with little notice.
- If the room has not been properly booked for study purposes, you may be asked to leave.
F. INFORMATION TECHNOLOGY SERVICES

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

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

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

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

G. ALCOHOL RULES

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

- All events must be planned in conjunction with the office of Building Services to ensure appropriate custodial and security arrangements have been made. Custodial and Security charges will be the responsibility of the sponsoring student group.
- All events in the Cavity Lounge are limited to a closing time of 10:00 pm. Last call, if alcohol is being served, will be at 8:30 pm and bar closure/expiration of liquor license at 9:00 pm. Requests for a **Special Occasion License** for later than 9:00 pm must be approved in advance by Building Services. Overtime costs for Cleaning and Security will be the responsibility of the sponsoring student group.
- All patrons are to vacate the building by 10:00 pm, to allow custodial staff sufficient time to clean the lounges, adjacent hallways/elevators and washrooms before the end of their shift.
- Alcoholic beverages will not be permitted in the lounge unless arrangements for a **Special Occasion License** are made through the Bar Services Department of the SUB in accordance with the legal requirements of the Liquor Control Act of NS. Bar Services can be reached at 494-6891 or at bar.services@dal.ca.
- The person(s) whose name(s) appear on the **Special Occasion License**, hereafter referred to as the **function coordinator**, must be in attendance and be in control of the event. The **function coordinator**, and those acting as Bar Staff for the event, must have taken the **Responsible Server Intervention Program** at the beginning of the current academic year or have other formal training as bartenders and be approved by Bar Services.
- For alcohol functions, the **function coordinator** must assign a person to check ID’s at the door. Each patron must have a valid picture ID such as a NS Drivers License. UNIVERSITY ID’S ARE NOT ACCEPTABLE.
- Patrons are not permitted to bring their own beverages. Patrons must consume only those beverages that are purchased from the lounge bar that is set-up. Any illegal alcohol that is found will be confiscated.
- The **function coordinator** and the sponsoring student group will be held responsible for any property damage resulting from their function.
- The **function coordinator** and the sponsoring student group are expected to leave the lounge in a tidy state. This includes disposing of any food items, decorations, etc brought into the space for the event.
- The Bar Services Department reserve the right to shut down an event if the **function coordinator** is absent or if alcohol is being managed and/or served improperly, if person(s) under 19 are found possessing or consuming alcohol or if alcohol not purchased from the event bar is found on the premises.
- Non-alcoholic beverage choices must be available at all functions.
- Alcohol is not permitted beyond the confines of the lounge.
- Exterior building doors must not be propped open at any time, for any reason.
The Faculty of Dentistry and Dalhousie Security reserve the right to inspect all functions.

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

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

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

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

H. STUDENT MAILBOXES

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

I. STUDENT LOCKERS

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1259</td>
<td>Graduate Student lockers</td>
</tr>
<tr>
<td>2119</td>
<td>Male DDS and DH change room</td>
</tr>
<tr>
<td>2112</td>
<td>Female DDS and DH change room</td>
</tr>
<tr>
<td>2135</td>
<td>Female DDS and DH change room</td>
</tr>
<tr>
<td>Pre-Clinical Lab</td>
<td>DDS1 &amp; DDS2 equipment lockers</td>
</tr>
<tr>
<td>Senior Lab</td>
<td>DDS3, DDS4 &amp; QP equipment lockers</td>
</tr>
<tr>
<td>Clinic – South Aisle</td>
<td>DH1 &amp; DH2 equipment lockers</td>
</tr>
<tr>
<td>Clinic – South Aisle</td>
<td>DDS2 Phantom head lockers</td>
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</table>

J. WASTE DISPOSAL

Departments/Labs are responsible for the proper disposal of any surplus or broken equipment/furniture, chemicals, electronics and appliances. Instructions for the disposal of Surplus Materials is available on the Procurement website (http://www.dal.ca/dept/procurement/surplus-materials/disposal-instructions.html).

If you are planning a major clean up of your office or lab space, or you have broken furniture or equipment for disposal, please make the appropriate arrangements with Building Services for a FAMIS submission for trucking, disposal and custodial services.

Surplus items must remain in your possession until they are sold, or picked up by trucking for a dump run. Any items that need to be left in the loading bay pending pick-up (short term only), must be identified/labeled and approved by Building Services.

Waste Solvents and Scintillation Fluids are collected monthly by the Safety Office and must be identified/labeled and approved by the Safety Office (labels and forms are available from Building Services, room 2602). This waste must remain in your possession until the scheduled collection date.

Autoclaved biohazardous waste, sharps containers and clinic chemicals must be placed in the appropriate collection container in the hazardous waste cage located in the Dentistry Loading bay (key is available in Building Services).

Batteries must be deposited in the appropriate collection (lithium/alkaline) container in the hazardous waste cage located in the Dentistry Loading bay. Please note: Users are required to place clear tape on the metal terminals before disposal.

Smaller items that are not hazardous or recyclable should be placed directly in one of the large garbage bins outside in the parking lot.

Empty boxes must be broken down and placed in the appropriate bin.

Glass jars/bottles must be emptied and rinsed to render them safe for handling, and packed in a sealed cardboard box identified as glass - these can be collected with the regular garbage.
SECTION THREE

GENERAL CLINIC INFORMATION, POLICIES AND PROTOCOLS
PART 1 - STUDENT INFORMATION

A. ACCESS TO THE DENTAL CLINIC LEVELS 1 AND 2

Workdays only – 8:00 am – 4:45 pm Monday, Tuesday, Thursday, Friday
- 8:00 am – 4:30 pm Wednesday

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

To coordinate after-hour access to the main clinic for extra pre-clinical practice on phantom heads, students must sign-up at the Dispensary.

Monday evenings during Dental Hygiene clinics:

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

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

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

Wednesday afternoons in the main clinics (assuming Clinic Services staff are available):

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

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

C. CLINIC CANCELLATION POLICY

a. Cancelled by the Faculty of Dentistry

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

b. **Cancelled by the University**

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

D. **DRESS CODE - Mandatory Clinic Policy**

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

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

**Students, Staff and Faculty**

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

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

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

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

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

6. Visible piercings must be limited to ears only.

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

**Students**

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

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

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

4. Failure to comply with professional dress and personal hygiene guidelines may result in dismissal from the Clinic.
E. CLINIC JACKETS AND SCRUB PANTS

1. Students

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

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

All QP1 students receive 6 jackets and 4 sets of scrubs in their student kits and extra sets are also available at Dental Stores to purchase.

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

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

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

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

**Lab Coats:**

Personal Protective Equipment (PPE) is an important component of the Occupational Health and Safety Act. PPE is defined as clothing and/or other work accessories that provide a barrier between the worker and a workplace hazard, it is considered to be the last line of defence. For Faculty, Staff and Students in the Faculty of Dentistry, PPE has always consisted of clinic jackets, safety glasses, masks and gloves.

In July 2013, the Office of Environmental Health & Safety issued a new policy for Personal Protective Equipment (PPE) in Research Laboratories and Teaching Labs. This university policy states that “Lab coats shall by worn by all staff and students in research and teaching labs whenever there is a potential for exposure to hazardous materials which would include – chemicals, biological agents, nuclear substances, corrosives, flammables, open flames/hot processes and pyrophoric materials”. Following a risk assessment of our clinic labs, it has been determined that these areas are not exempt from this policy.

In order to comply with this new policy, faculty, staff and students will now be required to wear a lab coat when working in any of our clinic labs.

- Clinic labs include the pre-clinical lab (3218/19), senior lab (2126/29), clinic lab (2501), JD McLean lab (1488) and the SciCan lab 1443.
- DDS3 and DDS4 students who need to use the Senior Lab while treating a patient on the clinic floor may wear their clinic jacket in the lab. At all other times, lab coats must be worn in this lab.
- The new dress code for students in the pre-clinical lab will be scrubs and a lab coat. This dress code is in place not only during scheduled classes but at all times. Faculty will wear a lab coat over either scrubs or street clothes. These changes are effective immediately.

When choosing a lab coat, please consider the following guidelines:

**Fabric** – 100% cotton is superior to synthetic blends for fire-resistance, however, synthetic blends are considered to be acceptable for most of the activities that occur in the Faculty of Dentistry.

**Sleeves** - Lab coats must have long sleeves to protect the upper and lower arms. Cuffs are recommended. Coats should never be worn with the sleeves rolled up.
Closures - Front closing with snaps, buttons or zippers. Snaps are recommended since they can be removed quickly in the event of fire, chemical, radiological or biological spills. Coats must be completely closed when working in a lab.

Pockets and Slits - Lab coats with pockets conveniently placed on the outside are recommended, rather than side-slits that allow easy access to the pockets on your clothing underneath.

Length - Lab coats must extend to, or slightly below the knee. Any exposed skin below the lab coat must be covered.

Please note:

Day to day laundering of Lab coats is the responsibility of the individual. The clinic will launder a lab coat only if it has been contaminated with hazardous materials (biological, chemical, radiological). If your coat becomes contaminated it must be placed in a plastic bag which has been labelled to identify the contaminant, and deposited in the appropriate laundry bag in Dental Stores. Please ensure your name is on the coat with permanent ink to ensure you receive your coat back from the laundry service. The turn around time for this process is approximately two working days.

2. Faculty – Clinic Uniforms/Lab Coats:

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

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

3. Clinical Staff

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

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

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

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

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

4. Dental Lab Technicians

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

5. Medical Device Reprocessing Unit (MDR) Staff

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

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

F. **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):**

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

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

G. **PHANTOM HEADS: (Frasaco, Kilgore and Columbia)**

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

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

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

Students will be expected to pay (Dalhousie’s current replacement costs) for all items signed out in the student’s name from the Pre-clinical 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.

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

J. **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.
K. CLINIC SUPPLIES AND LOCATION OVERVIEW (See Index for details)

COMPREHENSIVE CARE CLINIC - LEVEL II

Dispensary (Rooms 2431 and 2331)

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

Lost or Stolen Dispensary Items

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

Consumable Supplies

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

Aisle cupboards are unlocked each morning, locked during lunch, reopened for afternoon clinics and locked again for the evening. Please remember to put supplies back on top of the cupboards for the dental assistants to disinfect so that they are readily available for the next use. Should assistance be required in locating supplies, the clinic dental assistants will be able to assist students.

Students are urged to use supplies judiciously and prudently, not only to avoid wasteful expenditure of school funds, but also to assist the student in developing habits of reasonable conservation.

Sterilized Instruments

In order to facilitate an adequate and continuous supply of sterilized instruments through the Dispensary, students must return signed out instruments as soon as possible after completion of treatment. To follow infection control guidelines, upon completion of patient treatment all soiled instrumentation must be removed from the cubicle. Instruments and trays can be placed on the cart designated for "dirty" items, which is located on each aisle or return items to the Dispensary. Soiled instrumentation can be returned for cleaning and sterilizing. Gloves should be worn when handling soiled items and trays. Instrument pickups will be done several times per day. Please do not place contaminated instruments with clean, unused instruments. If treating patients on Level 1 and items are required to be returned to the Dispensary, trays and items must be placed in clean headrest cover bags for transporting. Sterile trays must be transported within clinical areas whenever possible and not through public areas.

Preclinical Supplies

Pre Clinical Dispensary room # 2471 Hours of operation: 8:30 - 4:30 Monday through Friday and 4:30 - 7:30 pm during Monday night clinics. Please see the Pre Clinical Dispensary clerk for any supplies needed.

L. STUDENT SPECIAL CLINIC ASSIGNMENTS AND ROTATIONS:

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

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

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

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

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

Policy for Unscheduled Clinic Time

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

M. CHILDREN IN CLINIC

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

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

1) must remain in the waiting room area.
2) must be supervised by a responsible adult at all times. The Dental Clinic does not provide for child care services.
3) **will not be allowed to accompany their parents into the clinic during the parents' appointment.**

**NOTE:** Due to the length of appointments it is recommended that alternative arrangements be made for children so that they do not have to spend long periods of time at the Clinic.

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

2. **Minors Treated in Faculty of Dentistry Clinics**

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

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

**Minors at Harbour View and Nelson Whynder Clinics**

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

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

A note must be included in the patient chart signed by the parent or guardian indicating that "I permit my son/daughter to attend dental appointments without parental supervision. If there is a change in the planned treatment, an attempt will be made to contact the parent for approval. If the parent cannot be contacted, the supervising dentist will make a decision to terminate the appointment or proceed with care as is appropriate."
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.
Community Neglect
This form of neglect occurs when the community is unwilling to become involved or fails to provide the necessary resources thereby condoning abuse and neglect.

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

PART 2 - CLINIC - GENERAL

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

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

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

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

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

B. CLINIC ATTENDANCE/ABSENCE

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

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

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

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

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

6. Unexcused absences will result in loss of marks.

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

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

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

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

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

C. CROSS BLOCKING

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

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

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

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

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

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

How to Cross-Block:

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

Your cooperation is appreciated.

SUMMARY

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

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

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

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

Non-Endo Block Assignment

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

Endo Block Assignment

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

D. STUDENT CLINIC SUPERVISION

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

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

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

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

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

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

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

E. STUDENT PATIENT CARE RESPONSIBILITIES UNTIL GRADUATION

Prior to Convocation, the student may complete didactic courses; but scheduled clinical responsibilities and responsibility for the care of assigned patients remains. The student may not “sign out” prior to the last day of clinic and remains responsible for the dental care needs of his/her assigned patients (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. 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.

F. STUDENT RELATIONSHIPS WITH PATIENTS

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

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

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

Formality in Student-Patient Interactions

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

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

Interactions With Patients Outside of the Clinic Setting

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

Inappropriate Patient Behavior

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

1. Sexual Harassment

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

2. Drunkenness, Intoxication, Impairment

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

3. Telephone/Internet Harassment

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

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

4. Inappropriate Behavior

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

5. **Documentation of Inappropriate Patient Behavior**

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

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

### G. APPOINTMENT PROCEDURES - DENTAL STUDENTS

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

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

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

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

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

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

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

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

**Students are responsible for:**

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

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

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

**Specialty and Extramural Clinics**

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

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

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

**Telephone Procedures for Appointments**

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

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

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

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

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

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

**Monitoring of Patient Care**

1. If problems should arise, either in the rendering of treatment, personality conflicts, etc., these should be promptly directed to the students' Student Advisor and the Assistant Dean, Clinics and Building Services in order that these problem(s) may be resolved.

2. Patient treatment progress will be closely monitored by your advisor. The treatment status of each patient undergoing active treatment at the dental clinic will be summarized on the computer which all students and advisors may access via the Dental Chart module in the CIS.

3. Comprehensive Patient care audits will be carried out regularly by the Clinic. This will include chart audits, appointment histories, and patient interviews/questionnaires/surveys. [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) failed appointments (No Shows) (less than 24 hours notice),**
2) **multiple cancelled and/or late appointments,**
3) **overdue account balances.**

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

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

**Co-Signed Letters**

There are several types of letters, co-signed by the Assistant Dean, Clinics and Building Services available to students to sign.
The decision to send any letters will be made in consultation with the student and Assistant Dean, Clinics and Building Services, Patient Care Coordinator or the Assistant Manager of Patient and Information Services, as appropriate.

Regular Form Letters

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

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

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

1. Students are to print and sign their names immediately after their entry in the Progress Notes and not in the column on the right hand side.
2. Reserve the right hand column for the printed names and signature of supervising faculty members.
3. The frequency of and documentation for medical history updates should be more formalized. Students should be asking their patients whether there has been any change to their medical history before each and every appointment. The first entry in the Progress Notes will be N/C Med Hist when there has been no change. If there has been a change, it should read Change in Med Hist- See Medical Update.
4. Once the instructor has signed the Progress Notes form, the student can print the instructor’s name underneath the signature (if is hasn’t been printed by the instructor).
5. A chart must be present whenever a patient is seen. If a chart can’t be located, the patient either must be dismissed or a temporary chart must be generated. This must include a signed consent form, medical history and a copy of the treatment plan.

D. CONSULTATION RESULTS

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

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

F. TREATMENT PLANS

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

G. PATIENT CONSENT TO TREATMENT

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

RE: Patients Who Have Reached Their Nineteenth Birthday:

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

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

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

RE: Patients Who Have Not Reached Their Nineteenth Birthday:

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

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

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

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

For most clinic patients the following (not all inclusive) summary applies:

• 19 years or older - patient signs Consent to Treatment and Treatment Plan.
• younger than 19 years – parent/guardian must sign Consent to Treatment and Treatment Plan.
PART 4 - CLINICAL PATIENT INFORMATION (REFERRALS, CATEGORIES ETC.)

A. PATIENTS REFERRED TO PRIVATE PRACTICES

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

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

**Treatment Too Complex**

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

**Continuance, Expedition, Correction, or Repeat of Treatment**

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

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

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

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

B. PATIENTS REFERRED TO THE DALHOUSIE CLINICS BY PRIVATE PRACTICES

**Limited Treatment Patients**

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

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

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

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

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

Implant Maintenance Patients

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

Orthodontic Maintenance Patients

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

Active Patient of Record (a definition)

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

Inactive Patient of Record (a definition)

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

C. PATIENT CLASSIFICATION - MEDICAL

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

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

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

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

CLASS II  - A patient with mild systemic disease. Some precautions must be observed in treating this patient. Examples include (but are not limited to) patients who:
- take multiple medications
- have drug or other significant allergies
- have rheumatic heart disease
- require pre-medication
- have controlled diabetes and other controlled systemic disease
- are HIV or hepatitis positive
- have mild asthma managed with puffers
CLASS III - A patient with severe systemic disease. Precautions must be observed in treating this patient. Often patients with a Physical Status Classification III are not accepted for routine dental care in this undergraduate student clinic. Examples include (but are not limited to) patients who:
- have any of the diseases/conditions listed in CLASS II above with the disease/condition being out of control
- have blood dyscrasias which preclude dental care
- have an undiagnosed condition and who have raised serious questions in the minds of the dental examiners concerning their health status
- are unwilling or who are unable to cooperate with dental personnel in providing sufficient information about their ailment, abnormality or health status.

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

CLASS IV - A patient with severe systemic disease that is a constant threat to life.

CLASS V - A moribund patient who is not expected to survive.

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

Medically Compromised Patients

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

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

D. MEDICAL CONSULTATIONS

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

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 that 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 QuikCard 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.

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

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

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

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

5. Fees for Dental Treatment Services for Students, Staff Members of Dalhousie University

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

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

6. Endodontic Fees

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

Before endodontics is begun, be sure that:

(a) The tooth can be restored after endodontic completion

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

Restorative treatment may involve:
- periodontal surgery/crown lengthening
- post/core system of appropriate design
- crown of appropriate design
(c) The patient knows that the fee for endodontics does not include fees for restoration of the tooth.

7. **Laboratory Fees**

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

8. **Denture Fees**

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

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

9. **Orthodontic Fees**

The orthodontic treatment services and fees identified by the following "80000" codes do not include the two orthodontic examinations, namely: 01901 and 01902

The 01901 and 01902 fees are not refundable if the patient is not accepted for treatment or if the patient declines treatment.

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

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

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

10. **TMD Fees**

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

11. **Restorative Fees**

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

(a) The restoration will/may involve more surfaces than indicated on the treatment plan. Therefore the fee charged will/may be greater than originally agreed upon.
(b) There will/may be a pulpal exposure as the result of caries or existing restoration excavation. Therefore either root canal therapy (plus restoration) or extraction will/may be the result. Additional fees will apply.
12. **Miscellaneous Fees**

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

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

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

B. **FORMS OF PAYMENT**

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

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

3. Advance payment on account is acceptable (i.e. "Lay Away" Plan). Any positive balance remaining at the completion of active treatment will be refunded or applied as a credit against future treatment.

4. The Dalhousie Dental Clinic does not arrange Payment Plans. Patients do not have the privilege of devising their own payment schedule outside Clinic payment regulations.

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

C. **DELINQUENT ACCOUNTS**

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

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

D. **RESPONSIBILITIES OF STUDENTS**

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

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

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

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

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

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

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

G. THIRD PARTY PAYMENTS

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

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

H. INCORRECT/INSUFFICIENT ADDRESS

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

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

I. CANCELLATION POLICY / "NO SHOW" POLICY

Patients who cancel with less than 48 hours notice or who do not show up for appointments will be penalized as follows:

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

b) The second and subsequent short-notice cancellations / no shows are recorded in Progress Notes as above and the patient is charged a fee of $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 Assistant Dean, Clinics and Building Services or the Assistant Manager of Patient and Information Services and the administrative fee for this will be $20.00.

J. RESPONSIBILITY / REPLACEMENT / REPAIR INFORMATION

Range of Services Available:

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

Unsatisfactory Care

Unfortunately even when the best judgment of care-providers is used, unforeseen circumstances cause treatments to be unsuccessful or less successful than anticipated. By agreeing to treatment at the Dalhousie Dental Clinic, the patient accepts that he/she is treated primarily by undergraduate dental and dental hygiene students and accepts that the risks and rewards are influenced by the lack of experience and judgment of the student operators.

The Faculty of Dentistry will provide treatment in a caring and technically competent manner within the limitations of the knowledge, experience, judgment and skills of the students and instructors working together. There is no guarantee, explicit or implicit, provided by the Dalhousie Dental Clinic.

Referrals to Dentist Practicing External to the Clinic

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

Damaged/Broken/Lost Appliances

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

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

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

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

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

Failure or loss of prostheses /devices after one year from the date of placement is not Clinic responsibility. The costs of repair or replacement of prostheses / devices after one year from the date of placement are entirely the patient’s responsibility.
K. RELATIVE VALUE UNITS (RVU’s)

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

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

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

PART 6 - MEDICAL EMERGENCIES

1. Medical Emergencies – During Regular Clinic Hours

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

<table>
<thead>
<tr>
<th>Medical Emergency Procedures</th>
<th>Faculty Instructor</th>
<th>Patient Services / Dalhousie Security</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Take charge of emergency</td>
<td>• Upon request, call ambulance</td>
</tr>
<tr>
<td></td>
<td>• Initiate treatment and administer medications</td>
<td>• Meet ambulance at the main University Avenue entrance</td>
</tr>
<tr>
<td>If further emergency services are required, complete Ambulance Request form and bring to Patient Services or call Dalhousie Security (4109)</td>
<td>• Document incident in patient’s chart</td>
<td>• Escort attendants to patient</td>
</tr>
<tr>
<td></td>
<td>• Inform Clinic Nurse or her designate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Copy of Ambulance Request form goes to Clinic Director</td>
<td></td>
</tr>
</tbody>
</table>

In an Emergency phone 4109 (Do not call '911' directly)
2. **Emergency Response Carts**

   There are four medical emergency response carts (Level 1 CE Centre; Level 1 Oral Surgery; Level 2 Main Clinic Centre Aisle near the student phones; and, Level 2 Main Clinic South Aisle near the chart cabinet). These are open and accessible. Please see Clinic Nurse or the Supervisor of Clinical Support if you would like an orientation to the use of the emergency carts.

3. **AED's**

   There are currently 3 AED units in the Faculty of Dentistry. They are located at the following places:
   
   a. Level 1 - In the hallway of the Dr. J.D. McLean CE Centre (outside the 3M Room)
   b. Level 2 - In the centre hallway on the wall next to the Dispensary 1 counter
   c. Level 5 - In the main hallway on the wall between the 2 washrooms

4. **Medical Emergency after regular Clinic hours**

   a. If a medical emergency must be declared after 4:30 p.m., the responsible staff member or instructor on duty must go to the nearest telephones and dial 4109 (not 911). Dalhousie Security will answer your call. Provide the necessary details (what the emergency is, location of emergency, cubicle number, room number, etc.) Security will arrange to meet the ambulance at the main front doors and escort the ambulance assistants to the location of the emergency and assist in the situation. Dalhousie Security has Clinic access keys as the Clinic doors are secured at 4:45 pm.

   b. If a 4109 call is not required, ensure the individual gets to suitable medical care and fill out the Incident Report form.

   c. If a fire/building emergency that requires evacuation pull the nearest fire alarm, call 4109 if possible and meet Fire Department and Security at the main entrance on University Avenue.

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**PART 7 - DENTAL EMERGENCIES**

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

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

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

   **Active Patient of Record (a definition)**

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

   **Inactive Patient of Record (a definition)**

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

   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
STUDENTS ARE NOT PERMITTED TO RENDER ANY TREATMENT WHATSOEVER WITHOUT THE KNOWLEDGE, PRESENCE AND SUPERVISION OF AN INSTRUCTOR AND THE PATIENT'S CHART IS PHYSICALLY PRESENT.

b. Multiservice Clinic (staffed by supervised students)

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

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

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

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

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

c. Appointment Procedures (Multiservice Clinic)

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

d. Records/Patient Charts

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

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

e. Patients who normally DO NOT QUALIFY for Emergency care by Dental Students in the Multiservice Clinic will be appointed to the Emergency/Recall Clinic in the SciCan Clinic, if this clinic is operating. Otherwise the patient is to be notified to go to a private dentist or their family doctor or a walk in clinic. This would include:

- any person who is not an 'active' patient of the Dalhousie Dental Clinic.
- any patient whose account is in arrears and is in the possession of the Collection Agency.
- any 'inactive' Clinic patient whose treatment has been completed longer than one year from the date of emergency care or repair/maintenance request.
patients who have been dismissed from the clinic for various reasons (e.g. treatment too difficult, non-attendance, consistently late arrival at appointments).

f. Post Extraction Emergencies

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

- On days when there is an Oral Surgery clinic, the student will attend to the patient in the Oral Surgery area, Level I
- Emergencies before 5:00 pm Monday - Friday when there is NO Oral Surgery clinic (i.e.: Wed PM, etc) the students are to call the VG clinic at 473-7914 to discuss the case with the Oral Surgery resident.
- Emergencies after 5:00 pm on weekdays and on weekends - the student who preformed the extraction will contact the on-call emergency student (497-2939 for student #1 and 497-9344 for student #2) who will seek assistance from the on-call emergency dentist.
- Post-op emergencies generally occur within 72 hours of the procedure therefore it is important that the student be available during this time to meet their patient's needs

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

SEE PAGE 61 FOR "STUDENT EMERGENCY ROTATION" FLOW CHART

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

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

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

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

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

e. Oral Surgery - post op pain, bleeding
   E/R clinic and After Hour students/dentists will manage any active patients who call with pain, swelling or bleeding.

f. Orthodontic emergencies (loose broken wires, appliances)
   E/R clinic and After Hour students/dentists will manage any active patients who call and determine whether patient needs to be seen; will contact the Orthodontic instructor as required.
STUDENT EMERGENCY ROTATION
Flow Chart
July, 2013

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

Dental

Miscellaneous

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

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

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

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

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

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

Patient seen and treated. If it is determined that patient needs to go to Oral Surgery or Pediatric Dentistry.

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

Emergency chart generated.

Patient calls Their assigned student.

If assigned student can not take care of problem, they are to call the on-call emergency service at 494-2101.
3. **Pediatric Dental Emergencies**

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

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

**PART 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 plexi-glass shield and the cleankeys glass keyboard is to be used for entries.

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

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

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

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

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

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

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

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

10. **Management of Clinic Waste** (see Part 10 F)

11. **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. MANAGEMENT OF LATEX-SENSITIVE PATIENTS

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

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

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

D. PREVENTION OF INFECTIVE ENDOCARDITIS

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

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

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

<table>
<thead>
<tr>
<th>Table 4: Dental Procedures for which Endocarditis Prophylaxis is Recommended for Patients in Table 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa*</td>
</tr>
<tr>
<td>*The following procedures and events do not need prophylaxis: routine anesthetic injections through noninfected tissue, taking dental radiographs, placement of removable prosthetic or orthodontic appliances, adjustment of orthodontic appliances, placement of orthodontic brackets, shedding of deciduous teeth and bleeding from trauma to the lips or oral mucosa.</td>
</tr>
</tbody>
</table>
Table 5: Regimens for a Dental Procedure

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

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

E. ANTIBIOTIC PROPHYLAXIS FOR PATIENTS WITH TOTAL JOINT REPLACEMENTS

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 replacementshttp://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.

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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 guideline 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 require 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.

This new evidence-based guideline finds that there is insufficient evidence to routinely prescribe prophylactic antibiotics prior to dental procedures that cause bacteremias for most patients with total joint replacements. All patients need to be advised of the new guidelines and be re-evaluated. Patients must also be given options and be allowed to make an informed decision as to whether or not they wish to take antibiotics prior to dental procedures causing a bacteremia.

Each patient with a joint replacement must be provided with information and participate in the decision to either continue or discontinue with antibiotics. Following the recommendations in the guidelines, we will only be recommending continued prophylactic antibiotic coverage for patients that are immunocompromised. All other patients should be advised that prophylactic antibiotic coverage is not recommended.

Be prepared to discuss this with your patients and provide each patient with the attached Information & Consent Form for Patients with Total Joint Prostheses Undergoing Dental Procedures form (next 2 pages). Have the form completed at the first appointment and submit the completed form to Patient Services. It will be scanned into axiUm and a Medical Alert will be attached to the chart.
### 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 bloodstream 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
  - Prosthetic (artificial) heart valve
  - Organ transplants
  - Immunocompromised patients
  - Head-Neck irradiated patients

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:**

<table>
<thead>
<tr>
<th>1. Patients with orthopaedic implants have which of the following?</th>
<th>2. Most implant infections are</th>
<th>3. Some dental procedures</th>
<th>4. Routine pre-dental procedure antibiotics are</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) 0% chance of infection.</td>
<td>a) related to dental procedures.</td>
<td>a) routinely cause implant infections.</td>
<td>a) Not supported by current evidence.</td>
</tr>
<tr>
<td>b) 0-1% chance of infection.</td>
<td>b) occur around the time of surgery.</td>
<td>b) are the primary source of implant infections.</td>
<td>b) May be beneficial in certain groups of patients.</td>
</tr>
<tr>
<td>c) 1-3% chance of infection.</td>
<td>c) related to skin infections.</td>
<td>c) never cause implant infections.</td>
<td>c) Associated with other unwanted side effects.</td>
</tr>
<tr>
<td>d) &gt;3% chance of infection.</td>
<td>d) occur long after surgery.</td>
<td>d) allow bacteria to enter the bloodstream.</td>
<td>d) All of the above.</td>
</tr>
</tbody>
</table>

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

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

**Faculty of Dentistry to complete:**

- [ ] Yes  [ ] No  Medical consultation from orthopaedic surgeon completed?

<table>
<thead>
<tr>
<th>Recommendation from orthopaedic surgeon:</th>
<th>Date of consultation:</th>
</tr>
</thead>
</table>

---

214 Info & Consent 4 Pts-Ortho Impl Jan 31 2014.docx
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.

- [ ] Yes [ ] No No prophylactic antibiotic coverage prior to dental appointments.
- [ ] Yes [ ] No Prophylactic antibiotic coverage recommended prior to dental appointments due to risk factors present.
- [ ] Yes [ ] No Medical consultation with your orthopaedic surgeon/physician to assess risk factors.*

Patient to Complete:
Based on this educational material and discussion,

- [ ] Yes [ ] No I agree to follow the recommendations of the Faculty of Dentistry above.
- [ ] Yes [ ] No I wish to discuss this with my orthopaedic surgeon/physician prior to proceeding with dental treatment.*
- [ ] Yes [ ] No 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 affects from the continued 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, Clinics)

QUESTIONS on previous page
1. c), 2. b), 3. d), 4. d)

REFERENCES

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

G. 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.
   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 Infection Control Officer, so that they can be prepared for use.

3. **Procedure for processing of teeth**

   All extracted teeth are disinfected prior to use in the Clinic. See Section 4 for details regarding the management of extracted teeth.

H. 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.

I. INFECTION CONTROL CHECKLIST FOR DENTAL CUBICLES:
   (also see the Infection Control Manual)

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

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

   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.

J. INFECTION CONTROL MONITORING

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

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

Action taken may include any or all of the following:
1. one on one feedback
2. remediation
3. loss of clinic privileges

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

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

All stages of recurrent herpetic lesions are potentially contagious, including the prodromal and immediate post-lesion stage\(^1\). Lesions in the vesicular stage, however, are the most contagious\(^1\). Therefore, the guidelines that follow are based on the changing degree of infectivity of the lesions\(^1,2,3,4,5,6,7,8\). 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 lesion\(^5\).

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 Stage of Lesion Development

**Dental and dental hygiene treatment**

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

   - 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).
5. IMMEDIATE POST-LESION STAGE

* Infectivity +

* No treatment restrictions.

* 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.

2) Nature of procedure.

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

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

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

Oral Health Care Workers with Herpetic Whitlow

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

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


L. PROCEDURES FOR INSTRUMENT REPROCESSING/STERILIZATION

Students must place used instrument trays on aisle cart designated for "dirty" items or return to Dispensary 2 upon completion of patient treatment for pickup. Students should wear gloves when handling dirty trays. Students must return items signed out from the Dispensary back to the Dispensary as soon as possible after completion of treatment. To follow infection control guidelines, upon completion of patient treatment all soiled instrumentation must be removed from the cubicle. Students will disinfect the top of their cubicle daily. Students are responsible to ensure that gross debris and sharps are removed from the trays and instruments and that all instruments are replaced on the trays. Please ensure that hinged instruments are placed on trays in the open position. Prior to leaving the clinic for an assignment or rotation you are responsible for returning all used instrumentation to the Dispensary.
PART 9 - RADIOGRAPHIC POLICIES FOR DALHOUSIE DENTAL CLINIC

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

1. Students are responsible to process / scan patient images for the Dental Clinic. The Radiology unit is located on Level I, adjacent to the Treatment Planning Clinic. The unit consists of 2 scanning rooms, one student darkroom, 15 x-ray cubicles and 2 specialized rooms for panoramic, TMJ, orthopans and cephalometric images. There is also a scanning room on Level 2 (Room 2459) where students are able to scan images as well.

2. Patient xrays can be scanned on Level 2 in Room 2459 or in the Radiology Unit.

3. LEAD PROTECTION will be used on all patients at all times. Please hang aprons back on hangers provided.

4. The CIS software keeps records of all radiographic exposures. The information needed on each patient for processing is: PATIENT NAME, CHART NUMBER, STUDENT OR INSTRUCTOR'S NAME, NUMBER OF FILMS and WHICH RADIOLOGY CUBICLE was used. If staff are scanning/processing images all of this information must be recorded on the envelope, before the PSP's can be processed for the student. A record of all radiographic exposures is to be entered on the inside back cover of the patient chart.

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

6. Patients who cannot 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 pantomograph 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 pantomograph. 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.

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

8. The PSP plates are signed out for patient exposures from the Dispensary (Room 2331) on Level 2 and the Radiology Unit on Level 1.

9. 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 before putting them in envelopes. Ensure all information is filled out on the envelopes provided and take PSP plates to the scanning room (Radiology unit on Level 1 or Room 2459 on Level 2) for processing.

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

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

12. 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.

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

14. The Radiology processing room and the Scan Room on Level 2 will be open during clinic hours 7:45 am to 5:00 pm. Any film brought to be processed after this will be done the following morning.
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 depends on the amount and type of images that need to be duplicated. There is a turn-around time of about two days for clinic patients and approximately one week for private dentists depending on the amount received and the workload in the darkroom.
- Intra and Extra oral photography services
- Camera sign-out for intra and extra oral photos
- Importing all digital images to axiUm
- Printing digital x-rays as requested

B. **PRECLINICAL:**

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

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

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

3. Students working in the radiology preclinical labs will process their own films in the student darkroom (room 1220) or other facilities as announced.

4. If there are problems with the student processing facilities please let the darkroom staff know as soon as possible.

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

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

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

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

4. If there are problems with the student processing facilities please let the darkroom staff know as soon as possible.

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

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

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

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

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

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

**Preclinical Endo Typodont Processing:**

1. Scanners are located on Level II Room 2459 and on Level I Room 1216 for preclinical labs.
PART 10 - DENTAL EQUIPMENT - CARE & MAINTENANCE

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

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

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

All intra-oral instruments and hand pieces must be signed out from the Sterile Dispensary for each patient.

Repair Requests to the Technical Services Unit:

Equipment repairs are to be reported to Technical Services by completing the Clinic Equipment Repair Form on your laptop computers located from the Citrix sign on page, or from the Faculty of Dentistry website by clicking on the Dental Equipment Repair Request. Fill out and submit the request and 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. 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

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

B. Chemical Spill Instructions

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

The Environmental Health and Safety provides all supplies for chemical spills in the Chemical Spill Cupboard. [Locations are: Level 1 Oral Surgery by the emergency cart; Level 2 one by each of the emergency carts; MDR; and Dental Lab]

Use protective attire as necessary.

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

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

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

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

a. Acid Etch Solutions and Gels

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

b. Flammable Liquids

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

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

c. Mercury

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

d. Organic Chemicals

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

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

e. Radiographic Chemicals

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

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

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

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

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

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

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

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

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

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

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

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

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

Please remember, we all share the same air.

F. Waste Disposal

a. Chemical Wastes

Clinic chemicals must be placed in the appropriate collection container in the hazardous waste cage located in the Dentistry Loading bay (key is available in Building Services).

Waste must be separated as follows:
- Category 1: Non-flammable Aerosol
- Category 2: Flammable Aerosol
- Category 3: Acidic Organic
- Category 4: Acidic Inorganic
- Category 5: Basic Organic
- Category 6: Basic Inorganic
- Category 7: Neutral Organic
- Category 8: Flammable Organic
- Category 9: Oxidizing Material
- Category 10: Mercury Waste
- Category 11: Non-regulated Material

Mercury

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

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

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

b. Biomedical Wastes

Sharps

- Used needles, scalpels blades and other sharps are to be placed in puncture resistant-containers at the site of use.
- When the container is three quarters full, the Dental Assistants will seal the container using the attached lid.
- With the lid in place, Dental Assistants will deliver the filled containers of sharps to the hazardous waste cage located in the Dentistry Loading bay.
- Sharps containers will be collected monthly by the Safety Office for disposal by incineration.

Single Use Dental Burs and Endodontic Files

Surgical burs used for periodontal and oral surgery procedures are deemed to be single-use. Given the difficulty in assuring the cleanliness and sterility of these reprocessed items, they are to be discarded at chair side, immediately after use. The operator or dental assistant will place the used bur in the sharps container.
Nickel Titanium rotary instruments used during endodontic procedures are designed as single-use by the manufacturer. They are to be discarded at chair side, into a sharps container, immediately after patient treatment.

Fluids

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

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

Solids

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

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

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

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

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

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
Revised by Dr. Michaud - July 12, 2013

1. Generality: patients with the following conditions will NOT be treated at the Faculty of Dentistry:
   1. Amount of treatment required cannot be managed in a reasonable time period.
   2. Patients who can’t commit to time required to make prostheses.
   3. Patients who will be unavailable for appointments for extended periods of time (e.g. patients who winter away from Nova Scotia).
   4. Dentate patients requiring an increase in the occlusal vertical dimension.
   5. Patients with insufficient interocclusal space for replacement teeth.
   6. Patients with medical or other contraindications to treatment.
   7. Patients with unreasonable expectations or suspected emotional/psychological problems that students could not reasonably handle.
   8. Patients requesting materials or restorations deemed non-acceptable in certain situations.
   9. 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:
1. Patients who require a fixed restoration exceeding four units.
2. Patients who require fixed restorations of multiple edentulous sites exceeding six units.
3. Patients with multiple fixed restorations in the treatment plan, where the occlusal vertical dimension will have to be maintained by the provisional restorations.
4. Cantilevered FPD’s.
5. FPD’s that must be double abutted.
6. FPD’s that include a pier abutment.
7. Multiple porcelain veneers (more than 2).
8. Patient with poor oral hygiene or high caries rate.

3. **Removable: patients with the following conditions will NOT be accepted for removable prostheses:**
   1. Minimal/no residual ridge.*
   2. Floor of mouth is higher than the residual ridge (with or without tongue raised).*
   3. Movement of lip, cheeks, or tongue causes soft tissue over the ridge to move.
   4. Patients who require ridge augmentation or vestibuloplasty.
   5. Complete upper denture opposing only six anterior mandibular teeth, unless patient is in agreement to getting a removable partial mandibular denture.
   6. Complete upper denture only opposing edentulous mandibular arch, unless patient is in agreement to getting a removable complete mandibular denture.
   7. Removable partial or complete denture opposing existing denture when the artificial teeth are worn or not in appropriate position.
   8. Patient requiring removable partial denture (RPD) with onlay rests.
   9. Patient wanting or requiring intra or extra coronal attachments (no precision/semi-precision RPD’s).

   * Possible implant overdenture patient

4. **Implantology: patients with the following conditions will NOT be accepted for implant dentistry:**
   1. Patients who require vestibuloplasty or other surgical procedures (other than sinus lift) that would render the case too complex.
   2. Patients who require a fixed restoration exceeding four units.
   3. Patients who require fixed restorations of multiple edentulous sites exceeding six units (if made in the same treatment phase).
   4. Patients who require cantilevered pontics in the posterior segments.
   5. Patients who require implant fixed complete denture(s).
   6. Patients requesting implant-supported overdenture with no palatal coverage.
   7. Patients who demand immediate placement of implants following tooth extraction.
   8. Patients who demand immediate loading of implants following placement.
   9. Patients who have had implants placed outside the Faculty without proper diagnostic restorative input, or who have implant systems placed that we normally do not restore at Dalhousie.
   10. Patients who will not accept the suggested number of implants or implant restorations that the faculty deem necessary for treatment.
   11. Patients whose smoking habits may contraindicate implant treatment.

**B. OCCLUSAL SPLINTS/BITE PLANES/NIGHT GUARDS**

(Memo from Dr. D. Matthews, received April 16/10)

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

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

If you have questions or concerns, please feel free to discuss this with Dr. Matthews.
C. FINISHING, RUBBER WHEELING AND POLISHING PFM AND CAST GOLD RESTORATIONS

Ceramic Alloys

Different alloys are used in the Dental Lab: Classic IV (yellow high noble metal – 88% Au, 9.5% Pt – for single crowns), Endurance (yellow high noble metal – 84.5% Au, 8% Pt, 5% Pd – for single crowns and 3-unit FPDs), JPW (white high noble metal – 49% Au, 31.5% Pd, 15% Ag – for single crowns and FPDs) and Rexillium V (white base metal – 72% Ni, 14% Cr, 9% Mo, 2% Be – used for resin-bonded bridges). 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.

The following steps should be routinely followed:

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

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

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

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

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

f. Steam clean inside and out before inserting.

Type II and III Gold

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

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

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

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

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

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

c. The restoration must be steam cleaned before insertion.

Following insertion, any minor adjustments and touch-up can be accomplished using a friction grip head – preferably slow speed – and the small sharp points – the blue, red and gray (Dialite) points for ceramic alloys, and the white, pink and green for the conventional casting materials.
D. **PROVISIONALS** (from a memo from Dr. G. Zwicker dated May 19, 2006; June 13, 2014 modified by Dr. P.-L. Michaud - his changes are in bold)

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 bitstone 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. **DUAL ARCH IMPRESSION LAB/CLINICAL PROTOCOL** (from a memo from Dr. G. Zwicker dated Oct. 1, 2008)

Following making an impression, (using a dual arch tray) deemed satisfactory by the clinical instructor, the clinical instructor will sign the 001 lab prescription form in the area identified as “dual arch technique”.

The impression will then be submitted to the production laboratory; a laboratory technician will pour the #1 and #2 dies, the maxillary and mandibular arches and articulate the case on the special articulators and return the articulated casts and dies to the student.

The student will trim the dies and have the laboratory prescription completed and signed by a clinical faculty member (preferably the same person who approved the impression). The case is then submitted for fabrication of the restoration.

The dual arch technique may be used for posterior post and cores, but will not be used for restorations in teeth that do not have a distal proximal contact. The technique cannot be used for restorations that are being used as abutments for removable partial dentures, which involve other abutments on the contralateral arch.

F. **CUSTOM TRAY FABRICATION** (from a memo from Dr. G. Zwicker dated Sept. 30, 2005; June 13, 2014 modified by Dr. P.-L. Michaud - his changes are in bold)

All impressions that are made using polyvinyl siloxane - removable prosthodontics, fixed prosthodontics or crowns/inlays/veneers require custom trays.

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

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

(previous last paragraph removed.)

G. **CHECK STEPS FOR PATIENT TREATMENT IN ALL CLINICS** (Updated November 17, 2005)

- Patient, procedure and unit must be booked into axiUm by 3:00 PM the previous day
- Patient’s chart must be present at unit at all times during appointment
- Medical history must be reviewed before each appointment; document changes as required on Medical Update page; enter **NC Med Hist** on Progress Notes if no change has occurred
- Planned procedure on approved Treatment Plan or added as minor addition on page 12
- Instructor must be present and all proposed treatment verified and approved prior to any and all intraoral procedures (examples include clinical examination, anaesthesia, impressions)
- Any change to treatment plan/prosthesis design must be approved and documented
- Any laboratory prescription must be prepared prior to sending to the Laboratory
- Completed restoration or prosthesis must be checked prior to patient dismissal
- Patients are to have all procedures completed and are to be dismissed from the clinic by 11:45 AM or 4:15 PM.
Operative Dentistry
- Proper rubber dam isolation
- Removal of defective restoration or gross caries
- Completed preparation
- Matrix with wedges and appropriate base/liner
- Completed restoration

Fixed Prosthodontics
- Preliminary irreversible hydrocolloid impressions
- Shade selected for porcelain restorations
- Review of preparation design and diagnostic mounting
- Completed preparation
- Retraction cord in place prior to final impression
- Hydrocolloid or PVS impression for indirect provisional
- Provisional restoration (uncemented)
- Provisional restoration cemented
- Final impression
- Facebow and occlusal records
- Master casts and dies with completed prescription
- Finished restoration on master cast
- Adjusted restoration prior to cementation
- Cemented crown after complete removal of cement

Removable Prosthodontics
- Complete and Removable Partial Dentures
- Preliminary irreversible hydrocolloid impressions
- Adjusted custom tray prior to border molding
- Order molded custom tray (including or RPD modified cast impressions)
- Final impression
- Adjusted record bases and occlusion rims at proper OVD
- Facebow record on patient and on articulator
- Centric jaw relationship record prior to mounting mandibular cast
- Protrusive record on articulator with condylar adjustments completed
- Shad and mold selections
- Wax try in after complete assessment of setup
- Pressure indicator paste on adjusted denture bases
- Centric record for clinical remount prior to mounting mandibular cast
- Adjusted occlusion on articulator after clinical remount
- Removable Partial Denture Additional Steps
- Unadjusted RPD framework intraorally with student suggestions for adjustment
- Adjusted RPD Framework (fit and occlusion)

H. FABRICATION OF ORTHODONTIC RETAINERS

It is required that orthodontic patients who are having their braces removed also have their retainers inserted within 24 hours. In order for the Dental Lab to fabricate appliances within 24 hours, the following protocol must be followed:

1. The retainer insertion appointment is booked with 1) the patient 2) the instructor who will cover the insertion on the following Tuesday morning and 3) the Dental Lab NO LESS THAN 1 WEEK AHEAD OF TIME.

2. The orthodontic debond appointment is a 9 AM Monday morning appointment during Ortho blocks. The debonds ARE NOT to be booked later in the morning and only that one patient is to be booked when debonding.

3. The models for the retainers must be poured and delivered to the Dental Lab with the lab script prior to noon on the Monday in order to ensure the retainer can be made for the following day. Models are not to be delivered to
the Dental Lab at the end of clinic Monday afternoon. And, the Dental Lab would prefer if the models could be brought up as soon as possible as often there are multiple cases that require retainers the next day.

4. The retainer will be inserted on Tuesday AM. The student must prebook an orthodontic instructor to cover them for the retainer insertion (see #1).

Please follow the protocol so we can continue to have the retainers made for a 24 hour insertion.

1. **Revised: Collection of Extracted Teeth for Endodontic II Pre-Clinical Exercises**
   From Dr. Wayne Garland, Sept 22, 2014

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**MEMORANDUM**

**TO:** DDS II Students

**FROM:** Dr. Wayne Garland, Course Director
Endodontics II – DENT2413

**RE:** Revised: Collection of Extracted Teeth for Endodontic II Pre-Clinical Exercises

**DATE:** September 22, 2014

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It is necessary for each student to collect extracted teeth for the Pre-clinical Endodontic Exercises, which will be part of your Endodontics II course in second term.

You will require both maxillary and mandibular anteriors, bicuspid and molars. If possible, the crowns of the teeth should be intact in order that you can recognize the anatomic features of the teeth. Teeth with large or small restorations, as well as decay are suitable. “Take whatever teeth you can get” as the more teeth you can collect, the better!

In the past years, students have found oral surgery clinics to be good sources. Your own family dentist may also be helpful.

The pre-clinical dispensary will provide sealed, labeled plastic containers for you to take to outside practitioners and/or clinics. The containers will indicate that extracted teeth are being stored in 1:10 sodium hypochlorite. The sealed containers, containing teeth and sodium hypochlorite, should be placed in sealed zip-lock bags to be transported back to the Faculty of Dentistry. Once onsite, the collected teeth are to be given to the Infection Control Officer (Ms. Cathy MacLean in the Oral Surgery Clinic). All teeth collected will be pooled and go through a thorough disinfection process before being used for pre-clinical exercises.

The collected teeth will be used in an assigned Endodontic Typodont for DDS II students in Term II.

These teeth will be required prior to the start of Preclinical Endodontic II Course, January 8, 2015.

**Happy Hunting!**

Garland Memo/Teeth/DDS II
cc: June Bonin
J. REPLACEMENT/REPAIR POLICY FOR PROSTHESIS/DEVICES

See the Clinic Fee Guide for this information (RESPONSIBILITY/REPLACEMENT/REPAIR INFORMATION)

PART 13 - PROCESSING LABORATORY ORDERS
(DENTAL LABORATORY REQUIREMENTS)

1. The Clinic Dental Labs are located on the third floor in the northwest corner of the building. These labs are staffed by trained dental technicians who provide a wide range of laboratory services.

2. Dental Lab staff are not authorized to be class instructors to demonstrate in classes. Course directors who wish to utilize Lab staff must submit a written request to the Assistant Dean of Clinics and Building Services for review and consideration.

3. Normally, tooth shade selection is to be done by students and their instructors - not by Lab staff. The Dental Lab supervisor's authorization is required for this service in the Clinic. Custom shades are done for anterior teeth only.

4. Work Authorizations
   a. Any and all dental laboratory requests for work must be submitted to the Faculty's in-house Dental Laboratory via the window on Level 3, Room 3240 including any work that may be fabricated in an outside lab.
   b. Registration of submitted requests will be carried out by the receiving personnel on a computer. Work received by 10:00 a.m. will be considered to have been in the laboratory for that work day. (see below for return times)
   c. All prosthetic materials and devices received by the lab must have first been cleaned and disinfected by the student. (see below for Decontamination of Prosthetic Materials and Devices)
   d. The work must be accompanied by properly completed and color coded work authorizations that are designated for the specific work involved:
      1. FPD
      2. RPD framework
      3. Removable Prosthodontics
      4. Ortho
      and all casts and other related materials must be placed in a yellow numbered laboratory pan. The work will not be accepted if there are recognizable deficiencies.

5. Work will be assigned and prioritized by the Dental Laboratory according to the time schedule (at the end of this section) or at the discretion of the supervisor of the laboratory.

6. No student or faculty member may submit a request for laboratory services directly to any commercial dental laboratory other than the Faculty's in-house Dental Laboratory. In the rare instance that laboratory work must be sent "outside" the student must present the request to the Receiving Staff in the Dental Laboratory for laboratory adjudication, authorization and assignment of a Purchase Order through the Dental Lab supervisor.

7. No student may directly contract the services of an external dental laboratory for treatment of Dalhousie Dental Clinic patients. This regulation applies even if the student and/or patient are willing to directly pay fees for the laboratory services. The cooperation of local commercial dental laboratories has been requested and secured regarding this.

8. At the discretion of the supervisor of the Dental Laboratory, any items such as casts, dies, mounted casts, which may present problems for the laboratory staff can be returned to the student for correction, notwithstanding the fact that the student has properly completed a work authorization requesting a laboratory procedure to be accomplished. The supervisor and the Assistant Dean, Clinics and Building Services have the responsibility for the quality control of work.

9. Comments Regarding Laboratory Work Authorization
Prior to releasing completed products for delivery, the Dental Lab will require an authorization stamp from Patient Services that the patient's account is paid in full. Payment in full means that all completed procedures, including the laboratory dependent procedures, are paid for.

a. Must be legible and the description of work must be in sufficient detail to be easily followed.

b. Each laboratory procedure requires a work authorization signed by a faculty member.

c. A work authorization for remake must have the reason for the remake detailed on the new work authorization and precious metal used must be returned.

d. A tentative date for completion must be on the work authorization and the time the patient will be scheduled - keeping in mind the schedules posted and commercial laboratory schedules. A.S.A.P. is not an acceptable date.

e. Time to complete laboratory work as outlined on the schedules will not start until an acceptable work authorization has been received.

f. When work authorizations are deemed inadequate, the student will be notified by the receiving and shipping staff.

g. Notification will be given to the student if work cannot be completed as scheduled at least 24 hours in advance.

h. The quality of the products you receive from the laboratory is directly proportional to the quality of your submission and cooperation you give the laboratory.

i. When Dental Lab work is involved, the patient’s outstanding account balance must be zero and 50% payment of the fee toward prosthesis/appliance is to be paid (credit on account) before the Dental Lab will accept the work.

j. The work authorization form (lab script) must be stamped authorizing that 50% of the treatment fee has been paid.

k. The balance of the treatment fee must be paid and a 100% paid stamp must be obtained before the completed prosthesis/appliance is allowed to leave the Dental Lab.

l. Before a soldered bridge can be released from the Dental Lab for try in, 100% of the cost needs to be paid.

10. Sign-out Procedures - Material and Equipment

Materials and equipment for patient use can be signed-out for one working day. Articulators can be signed-out for extended periods of time. One per student. **Students are financially responsible for items they have signed out.**
11. Decontamination of Prosthetic Materials and Devices

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.
- Use 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 & Prostodontic 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)
- Grind:
  - Use steel and acrylic bars and handpiece for adjusting prostheses.
  - Rinse the prostheses thoroughly before inserting in the patient's mouth.

Prior to use of Steam Cleaner and Sandblaster:
- Rinse and disinfect item.

Painting:
- Don't wear gloves while using lathe.
- Use a new ray wheel for each case.
- Use a unit dose of pumice, wet with water to make a slurry.
- Polish prostheses.
- Discard ray wheel & remaining pumice.
- Rinse the prostheses 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.
12. Payment Policy for Dental Treatment Requiring Laboratory Procedure

In order to facilitate dental procedures that require lab work the following steps should be followed:

a. Any treatments that require a lab procedure must have 50% of the fee paid before it can be accepted into the Lab. The students can check the patient's account to ensure patient payment has been received without going to Patient Services by looking on the patient's card in axiUm.

b. The patient should be encouraged to put the entire procedure fee (100% of the fee) on their account as soon as the process begins to avoid delays.

c. When 50% of the specific procedure has been paid on the patient's account, the student can obtain a 50% stamp from Patient Services or the Dental Lab receptionist. All procedures must be put in process in order to receive this stamp.

d. This process should be followed for the 100% stamp as well.

e. Once you have checked the patient's account yourself and see that payment has been made, you can see the Patient Services staff or the Dental Lab receptionist at your convenience.

f. If you cannot get a Lab stamp from Patient Services due to lack of money on the account, then there is no need to go to the Lab and you can reschedule your patient.

g. Communicating this process with your patient will minimize any delays with their treatment and reduce the unnecessary trips to the Lab for the student.

h. If the patient has not paid the balance in full before the scheduled delivery appointment, you will be unable to pick up the case from the Lab.

13. Protocol for adding Lab bills for denture repairs (complete and partial)

The following process is to be followed for all denture repairs (both complete and partial) that require lab procedures:
a. Students are to inform the patient that there is a lab fee for every denture repair before treatment begins. Advise the patient that the actual fee can not be determined until the case is received by the Lab.

**NOTE:** Student should ask for an estimate from the Lab when they bring the case to be processed in order to give the patient an idea of how much money they will need to pay to have their prosthesis repaired.

b. Students are to complete the exam and treatment plan the appropriate repair procedure code.

c. When you plan this code you will **NOW** be prompted to plan a lab code.

d. A popup screen will appear, and you are to **ADD** the lab bill code where indicated.

e. When you approve the two planned treatment codes you will see another screen pop up called the Treatment Split screen. On this screen you will see where you are to add the lab fee when you have the bill from the Lab.

f. Leave the fee blank until you have the exact fee from the Lab.

g. When the student receives the repaired prosthesis and the bill from the Lab they are to ensure that the repair has been completed as per the Lab script.

h. Students are then to complete the procedure code that they had planned as well as the lab procedure code.

i. When you complete the lab procedure code, the Treatment Split screen will pop up and you are to enter the **exact fee** from the lab bill that was returned to you with the case.

j. Students are to walk the patient to Patient Services with the lab bill for the staff to verify the lab bill and to accept payment from the patient.

k. All repairs must be paid for before the patient leaves with the prosthesis.
Consultation

Oral Pathology Clinic consultations can be arranged by filling out the Internal Referral form, checking the Oral Path option. Then you are to have the floor instructor sign it, and then giving it to the receptionist at the Dr. J.D. McLean Centre for booking.

Students are encouraged to investigate and closely monitor all oral lesions and/or symptoms of their patients. To this end they should request consultation from the appropriate Oral Pathology Faculty.

A patient will be seen on the general clinic floor during general clinic time on an emergency basis if his/her signs and symptoms are likely to be non-diagnostic within a few days and are deemed sufficiently serious to be seen immediately. Examples of such cases are patients with intact vesicular lesions clinically judged to be other than recurrent herpes labialis and/or severe reactions presumed to be due to dental treatment. Call the Division of Oral Pathology (1678) for faculty members.

Biopsies, Cytology Smears and Cultures

Biopsies and cytology smears are processed routinely in the Oral Pathology Laboratory and can be requested by any faculty member. All requests should be accompanied by the proper requisition form provided by the Division of Oral Pathology and contain both the faculty member's name and the student's name. Biopsy bottles and kits for cytology smears, as well as requisition forms, are provided to the main clinic floor (Level II) as well as the Mouth Clinic (Level I). In case of problems call the Oral Pathology Lab (3768) or the Division of Oral Pathology (1678).

Collection of Biopsies, Cytology Smears and Microbiology Culture Swabs

1. General Instructions
   a) Formalin bottles for biopsy specimens, smear kits, fixative spray, and the appropriate requisitions are kept on Level 1 in the Oral Pathology cupboard in Oral Surgery unit (available from the Oral Surgery nurse).
   b) All requisitions must be clearly filled out with patient's name, address, chart number.
   c) It is imperative from a legal aspect that all requisitions for histopathology biopsy and cytology smears be identified with a faculty member's name and/or signature.

      In the space where "doctor " or "dentist" appears on the requisition form write the name of the faculty member responsible for the procedure. The faculty member must then take responsibility for any follow-up on these clinic patients, e.g., for prescription of antimycotic agents, etc.
   d) All specimen containers and cytology smear slides must be clearly identified with the patient's name, area of lesion and date. Once the specimen has been taken, the student is responsible for its delivery to the Oral Pathology secretary on the 5th floor for immediate processing.
   e) Requests for consults in Oral Pathology must be carefully completed by student, with patient's name, address, telephone number, instructor's and student's name as well as reason for requesting consult.

2. Specific Instructions
   a) Biopsies:
      A. All biopsies must be immediately fixed in 10% Buffered Formalin and taken to Room 4247 or to the Oral Pathology secretary on the 5th floor.
      B. For proper orientation of specimen the fresh tissue is to be placed on a small piece of cardboard, with the epithelial surface away from the paper, air-dried for 2 minutes and then placed in formalin bottle.
      C. Carefully complete all information requested on the requisition form indicating on the diagram the site of the biopsy.
b) Cytology Smears: Instructions

A. From the Oral Cavity:

1. Split wooden tongue depressor lengthwise
2. Label slide(s) with patient's name and area smeared (use lead pencil only)
3. Scrape area of lesion with split tongue depressor
4. Pass same edge over glass slide in either of the following patterns:
   - From a center make increasing circles.
   - Spread four lines in same direction without touching any of the glass slide borders.
5. Fix smear immediately by spraying with fixative (Cytospray) from a distance of about six inches until the slide is thoroughly wet.
6. Lay slides on flat surface to air dry
7. Complete requisition form
8. Pack carefully
9. Take to Oral Pathology Laboratory or to the Oral Pathology secretary on the 5th floor.

B. From Dentures

1. **Do NOT WASH** denture before taking smear!
2. Split wooden tongue depressor lengthwise.
3. Label slides with patient's name and which denture is being examined. E.g., Ms. Jane Doe (Upper Denture)
4. Scrape the surface of the denture that comes in contact with patient's lesion. Smear as in Section A-4.
   - If denture is dry, soak in distilled water for a few minutes before taking sample.
5. Fix smear immediately by spraying with Cytospray from a distance of about six inches until the slide is thoroughly wet
6. Lay slides on flat surface to air dry (2-5 minutes)
7. Pack carefully ensuring that the requisition is filled out.
8. Take to Oral Pathology secretary on the 5th floor.

If you have any inquiries, please call the Oral Pathology Division Lab at 3768 or the secretary at 1678.

PART 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.
   - Dispensary chits must be filled out before arriving at the Dispensary.
   - It is the student's responsibility to ensure they have everything indicated on the chit before leaving the Dispensary.
   - When all signed out items have been returned, the student will initial the chit.
   - Supplies, instrument trays, etc. will only be dispensed at the dispensing wicket.
   - All used sign out items and patient treatment trays must be returned to the Dispensary 2 at the end of the morning and afternoon sessions. Gloves should be worn when handling soiled return items.
   - A new chit must be generated every time the student comes to the Dispensary requesting supplies etc.
   - All items must be returned morning and afternoon. **Failure to do so will result in refusal to dispense you anything from the Dispensary including instrument trays.**
   - If the same patient is treated in both the morning and the afternoon clinics, all instruments, trays, supplies, and equipment must be returned to the Dispensary after each session. The clinic is not a secure area and there is no means to ensure that items have not been tampered with over the lunch hour.
   - In order to protect custodial staff, the operatory must be cleared of debris and disinfected after each treatment session. This includes pre-clinical sessions.
   - Please request the items you require for the afternoon appointment and proceed with patient treatment.
   - The student who has signed out any item from the Dispensary is responsible to return it themselves.
   - Non-sterile perso reamers and gates glidden, etc. will only be accepted at the Dispensary if in a plastic bag (1 baggie) or dixie cup.
   - You are responsible for all impression trays and bite forks signed out from the Dispensary. These items must be returned free of gross debris. Maximum sign out time for impression trays is 48 hours for all students.
Hygiene students will collect their sterile hygiene trays from cupboard A3. Students are required to return their instrument trays to the Dispensary if they finish early or have had a cancellation. Students who have failed to sign up for trays will not receive trays from the Dispensary until 9:30 in A.M. and 1:30 in P.M. (exception - if no students are being served prior to these times.) Exception, student covering emergency clinic.

Students on emergency are to indicate such on day sheet so the dental assistant will supply you with 2 exam trays or proper instrument trays if you know the procedure in advance.

2. Tray Information

- A list of outstanding chits will be posted outside the Dispensary. **Do not ask** for supplies until the outstanding items are returned.
- All signout trays will not be accepted containing sharps or gross debris.
- Students are required to disinfect cavitrons and the container. The foot pedal is to be bagged in a 9 lb. bag and placed in the container.
- See cluster dental assistant for what is available at the Dispensary.

3. Infection Control Violations

- An Infection Control Monitoring log book is kept at the Dispensary.
- All infection violations are recorded per student and after 3 violations per student is reported to the Assistant Dean, Clinics and Building Services.

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

4. Clinic Security Violations

- Students who are in violation of propping open locked doors will be reported to the Assistant Dean, Clinics and Building Services or Assistant Manager of Clinical Services for action which, after review, may include clinic grades.

5. Single Use Dental Burs and Endodontic Files

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

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

**PART 16 - NEW CLINICAL AND PRECLINICAL SUPPLIES AND EQUIPMENT (Protocol for Introduction):**

While the Clinics are always interested in keeping current with the oral health care industry in order to provide the best care possible to our patients, it is challenging to introduce new equipment and consumables into a large and complex teaching environment whether for pre clinical or clinical instruction.

Variables that have to be considered include:

1. Education of the students and staff in the safe and proper use of the item.
2. Knowledge of the products WHMIS characteristics.
3. Review and testing of the product for asepsis and infection control variables.
4. Cost and availability.
5. Storage and handling principles.
6. When equipment is involved parts, maintenance and service support need to be arranged.
7. In what course will the item 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 Sandra Wallace in Dental Stores. Once they have been completed by the requestor Sandra will ensure all service units review and authorize/reject the product for final review by the Assistant Dean, Clinics and Building Services.

Please see the Assistant Manager of Clinical Services or Assistant Dean, Clinics and Building Services with any related questions or suggestions.
SECTION FOUR

OFFICE OF THE ASSISTANT DEAN, CLINICS
CLINIC STANDARD OPERATION POLICIES / MEMOS / NOTICES
REGARDING
POLICIES AND YEARLY DEADLINES
Care Directive
Dalhousie University
Faculty of Dentistry
Clinic Policy and Procedures Manual

Title: 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
Care Directive Policy Number: 01-2013

Date Approved by ACC Committee: September 18, 2013
Issuing Authority: Dr. BM Cleghorn, Assistant Dean - Clinics and Building Services

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. Blaine M Cleghorn
Assistant Dean, Clinics and Building Services

PROCEDURE (AND/OR PROFESSIONAL RESPONSIBILITIES)

Pre-operative Use
At the discretion of a licensed provider or the supervising clinical instructor, 15 ml of ORO-Clense (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-Clense (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-Clense (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-Clense (Chlorhexidine Gluconate Oral Rinse 0.12%).

Note:

a) ORO-Clense 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-Clense from the level 2 Dispensary.

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

RELATED DOCUMENTS (If required)   NA

HISTORICAL DATES   NA

REFERENCES
CO-MANAGEMENT OF PATIENTS

To All DH2, DDS3, DDS4, DH faculty and DDS Clinical faculty.

All patients that have the planned 98702 code (generalized calculus) are co-assigned. This means that the DDS student completes the ICE and then the DH2 student books the patient to complete initial therapy. Communication between the DDS student and co-assigned DH2 student is imperative in order to have treatment performed in a timely manner. Patients need to be told that the DDS student will be completing the examination and that the scaling will be completed by DH. As soon as the ICE has been completed, the DH2 student must be prepared to book the patient within 1-2 weeks and complete initial therapy. The dental student can then complete the patient’s restorative and prosthodontics needs. These patients take priority over other recall patients in the DH2 students’ family. Rebook or allow spaces to accommodate the 98702 patients as these are the patients that will provide the DH student with good experience in scaling/root planing.

Blaine M Cleghorn DMD MS
Effective - Nov 4, 2013
MEMORANDUM

To: DDS4/QP2 Students
From: B. Cleghorn, Assistant Dean - Clinics
Date: March 30, 2015
Re: Final date(s) by which documentation that will be used to formulate final grade must be submitted:
DDS4 Friday, April 24, 2015

Patient Completion & Student Clearance
DDS4 April 27 – May 8, 2015

The last “scheduled” day of clinics is Friday, April 24. By this time, all of your patients should have had work in progress (such as fixed and removable prosthodontics, endodontics and periodontics) completed. In order to accommodate any work in progress including necessary recalls after this date, some limited clinical coverage will be available in prosthodontics, endodontics and periodontics according to a modified schedule which will be circulated to students. To reserve a cubicle, please sign-up with Nancy Webb or Lorna Fraser in the Dean’s office. All clinic appointments must continue to be made through axiUm. As the need for these extra clinics in Endodontics and Periodontics should be minimal, you are also asked to inform Drs. Garland or Wright as soon as you know that you will be requiring additional clinics this week.

May 4- May 8
If patients must be seen during this week when there is a normal DDS 3 clinic schedule, you must cross-block into a DDS 3 cluster if space allows. Limited space will be available for booking.

You are also reminded that you are responsible for your patient family until you graduate (regardless of whether you have cleared your charts or not). Should an emergency arise with one of your patient’s, or there is Phase 2 work still in progress, at any time after April 24, use the above methods and manage your patient appropriately. You are responsible for completing any Phase 2 treatment that you have begun. Please make arrangements as appropriate to comply with these timelines.

Cross-blocking and overbooking can only occur when there is a discipline block already scheduled.

Thank you for your cooperation.

c.c. Dr. R. Loney Ms. Nancy Webb Dr. T. Wright Dr. R. Bannerman
Dr. M. Knechtel Dr. W. Garland DCS faculty on schedule
Ms. L. Fraser Ms. K. McInnis Ms. A. Hayden Ms. K-L Cormier
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.

CHRISTMAS – LAST DAY OF CLINIC DECEMBER 3rd, 2014
Gold Crowns, Inlays, P&C – NOVEMBER 18th BEFORE 10:00AM
PFM, Lava, PFM Implant Single Unit – NOVEMBER 10th BEFORE 10:00AM
PFM, Lava Implant Bridges – NOVEMBER 6th BEFORE 10:00AM
(Submission dates are for fabrication not for impressions to be poured)
Removable: Last day for Initial Set-up is NOVEMBER 6th 2014 BEFORE 10:00AM
(This date allows enough time for a 24-hour recall)

SPRING – LAST DAY OF CLINIC APRIL 24th, 2015
Gold Crowns, Inlays, P&C – APRIL 9th, 2015 BEFORE 10:00AM
PFM, Lava, PFM Implant Single Units – APRIL 1st, 2015 BEFORE 10:00AM
PFM, Lava Implant Bridges – MARCH 29th, 2015 BEFORE 10:00AM
(Submission dates are for fabrication not for impressions to be poured)
Removable: Last day for Initial Set-up is March 30th, 2015 BEFORE 10:00AM
(This date allows enough time for a 24-hour recall)

SUMMER BREAK – LAST DAY OF CLINIC JULY 16, 2015
Gold Crowns, Inlays, P&C – JUNE 30th, 2015 BEFORE 10:00AM
PFM, Lava, PFM Implant Single Units – JUNE 23rd, 2015 BEFORE 10:00AM
PFM, Lava Implant Bridges – JUNE 19th, 2015 BEFORE 10:00AM
(Submission dates are for fabrication not for impressions to be poured)
Removable: Last day for Initial Set-up JUNE 22nd, 2015 BEFORE 10:00AM
(This date allows enough time for a 24-hour recall)

July 8, 2014
FACULTY OF DENTISTRY
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:

1. 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. At the Dalhousie Dental Clinic, the key is available from Patient Services in the J.D. McLean Center.

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.

1. No sedative drug may be given or prescribed for off site (i.e. out of clinic) use by the patient.
2. All patients must receive written pre-op and post-op instructions. Such instructions must include a warning not to drive after taking the sedative.
3. No person who has been sedated may be discharged on their own recognizance and must be accompanied from the clinic by a responsible adult who will accompany them all the way home.
4. The patient must be monitored continuously throughout the procedure by an appropriate person and by means appropriate for the modality used. The monitoring person must be specifically trained to do so.
5. Appropriate rescue drugs and reversal agents must be immediately at hand during the procedure.
6. The person administering the drug must have specific documented training in its use.
7. A record of pre-op intra-op and post-op vital signs, drug administered and times of administration and discharge must be recorded in the patient’s chart along with the name of the accompanying adult. (2)

c) **Immunization Status**

The Registered Nurse, on behalf of the Assistant Dean of 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:

2. Dalhousie University, Faculty of Dentistry, Clinic Policy & Procedures Manual 2012-13

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 haemoglobin 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
Faculty of Dentistry  
Dalhousie University  

STANDARD OPERATING PROCEDURE  

PREPARATION OF EXTRACTED TEETH

<table>
<thead>
<tr>
<th>Issued by:</th>
<th>Dr. Blaine Cleghorn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Issue:</td>
<td>May 2, 2014</td>
</tr>
<tr>
<td>Approved by:</td>
<td></td>
</tr>
<tr>
<td>Date of Approval:</td>
<td></td>
</tr>
</tbody>
</table>

Background:

Extracted teeth, both with and without amalgam restorations, may be used in the teaching programs at the Faculty of Dentistry following the protocol outlined below.

In a study by Dominici et al in 2001 (1), only autoclaving for 40 minutes or immersion in 10% formalin for 1 week prevented growth of *B. stearothermophilus*. Since extracted teeth with amalgam cannot be autoclaved, the protocol at the Faculty of Dentistry will utilize the formalin method to accomplish sterilization/disinfection of all extracted teeth (1-5). In addition to gloves, masks and glasses, lab coats must be worn when handling the teeth using household bleach and formalin.

At all times, even after the sterilization/disinfection protocol, all extracted teeth should always be considered contaminated and be managed using appropriate PPE (gloves, masks and glasses) during all pre-clinical exercises in the clinic.

Purpose:

To provide instruction on the safe preparation of extracted teeth for use in teaching and research activities at the Faculty of Dentistry.

Related Standards and Procedures:

1. Policy for Personal Protective Equipment (PPE) in Research and Teaching Laboratories (Dalhousie University)
3. Faculty of Dentistry Clinic Policy & Procedure Manual

Procedure:

1. All extracted teeth (with and without amalgam restorations) are to be sent in a sealed container (filled with water) to the Faculty of Dentistry Infection Control Officer.
2. The teeth are rinsed in tap water and then placed in a WHMIS-labelled container containing a 1:10 dilution of household bleach in water and left for 7 days to remove any remaining soft tissue.
3. After 7 days in 1:10 dilution of household bleach, the WHMIS-labelled container of extracted teeth is then taken to Room 3229.
4. The teeth are then transferred into a WHMIS-labelled container of 10% Formalin for a 1 (1, 2) to 2 week period (4) under the chemical fume hood. Appropriate PPE (lab coat, gloves, masks and glasses) must be used when working with formalin.
5. After 1 to 2 weeks, the Formalin is decanted into another WHMIS-labelled container using a strainer under the chemical fume hood. The decanted Formalin can be reused until there is evidence of visual contamination. The teeth should then be rinsed under water for approximately 5 minutes in a strainer over the sink to remove any residual formalin.
6. The disinfected teeth can then be sorted and held in one of 8 WHMIS-labelled containers of 1:10 dilution of household bleach in water. The teeth are generally sorted by class and arch (maxillary incisors, canines, premolars and molars and mandibular incisors, canines, premolars and molars).
7. These 8 WHMIS-labelled containers of 1:10 dilution of household bleach in water are then transported to the Pre-Clinical Dispensary for use in the clinic.
8. Students will choose a tooth and take a radiograph to determine if it is appropriate for pre-clinical endodontics.
9. Staff will then place appropriate extracted teeth into the endodontic typodont and students will handle the typodonts according to clinic protocol.
Required Supplies / PPE:

1. WHMIS-labelled containers
   a. Storage container for teeth and formalin (2 litres)
   b. Waste container for formalin (4 litres)
2. WHMIS-labelled container for unsorted teeth (2 litres)
3. Set of 8 WHMIS-labelled containers for sorted teeth
   a. Mx Incisors, Mx canines, Mx premolars, Mx molars
   b. Md Incisors, Md canines, Md premolars, Md molars
4. Strainer for decanting formalin
5. Bottle of household bleach
6. 10% formalin (large bottle)
7. Safety glasses
8. Utility gloves
9. Nitrile gloves (S, M and L)

Records:
1. Log book to record sequence of procedures to ensure timelines are being met.

References:

SEE PAGE 82 FOR COPY OF LETTER ISSUED TO DDS2 STUDENTS

1. Revised: Collection of Extracted Teeth for Endodontic II Pre-Clinical Exercises
   From Dr. Wayne Garland, Sept 22, 2014
SECTION FIVE

SPECIFIC CLINIC SUPPORT UNITS

[These units are in alphabetical order.]
BUILDING SERVICES UNIT
(Centralized Faculty Support / Building Maintenance)

Hours of Operation: 8:00 am - 4:00 pm
Room: 2602
Telephone Number: (902-494-) 5199
Staff: Mr. Robert Creaser
       Ms. Corinne Crowdis
This unit reports to: Mrs. Tammy Chouinard
                    Assistant 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
- Stationery supplies
- Security and access control (keys)
- Mail and courier service

Reporting Procedures

Problems with clinic or lab equipment, including the services required to operate the equipment (air, water, suction, electricity) should be reported to Technical Services via the online "Dental Equipment Repair Request" form (http://www.dentistry.dal.ca/eform/index.html).

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

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

Staff Office: Room # 1210

Staff person: Ms. Roberta Emms
Administrative Assistant

Telephone Number: (902-494-) 1681

Email Address: clinicalaffairs.dentistry@dal.ca

Staff Person reports to: Dr. Blaine Cleghorn,
Assistant Dean, Clinics and Building Services

Ms. Kathy McInnis
Assistant Manager, Patient and Information Services

Ms. Audra Hayden
Assistant Manager, Clinical Services

This office is responsible for all aspects of the Dental Clinic.

Also associated with the office: Dr. Terry Ackles
Patient Care Coordinator (axiUm Academic Trainer)
Room 1413
(902-494-) 4146

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

In order to see either Dr. Cleghorn or Dr. Ackles you need to contact Roberta Emms to set up an appointment. Drop ins are not encouraged. Normally student appointments are set up on:

Dr. Ackles - Mondays and Tuesdays from 12 noon to 1:00 pm

Dr. Cleghorn - Tuesdays and Wednesdays from 12 noon to 1:30 pm

In the case of a true emergency or for those times when either dentist is unavailable during the regular meeting times, an alternative time can usually be arranged.

You can reach Roberta to set up an appointment with Dr. Cleghorn or Dr. Ackles by either going to her office in Room 1210, phoning her at (902-494-) 1681 or by emailing her at dentclin@dal.ca.

Thank you for your co-operation with this process.
CLINIC INFORMATION SYSTEMS

Hours of Operation:  8:30 am - 12:00 pm
                   1:30 pm - 4:30 pm

Employee:          Angela Pitman, CIS Training Officer
Office:            Level 2 Room 2019
Contact Information:  (902-494-) 1979 / axium.dentistry@dal.ca or the axiUm Messenger Module

Immediate Supervisor:  Ms. Kathy McInnis
                      Assistant Manager, Patient & Information Services
                      Room 1209
                      Phone: (902-494-) 2270

General Duties:

• Manage training documentation for patient information system (axiUm) on BBL
• Customize and facilitate software training sessions for students, staff and faculty
• Provide orientations for the laptop program use in a clinical environment
• Troubleshoot hardware and software issues with clinic computers
• Assist with management of user accounts for clinic information system
• Support Assistant Dean of Clinics and Building Services
• Assist and support software updates
• Provide one on one training as needed
CLINICAL SUPPORT
(Includes Dental Assistants and Radiology Units)

Supervisor: Ms. Shirlene Dancause
Coordinator's Office #: 2221
Coordinator's Telephone #: (902-494-) 4593
Email address: clinicsupport.dentistry@dal.ca

Clinic (Dental Assistants)
Hours of Operation: 8:30 a.m. - 12:00 noon
1:00 p.m. - 4:30 p.m.
Room #: Dental Clinic Areas as assigned
Contact Phone number: (902-494-) 1298

Radiology Unit
Hours of Operation: 8:30 a.m. - 4:30 p.m.
Room #: 1222
Staff Person: Ms. Sylvia Fleet
Telephone Number: (902-494-) 1690

These Units reports to: Ms. Audra Hayden, Assistant Manager
Clinic Services
Room 1212
Telephone: (902-494-) 1861

A. DENTAL ASSISTANTS

General Duties
The undergraduate comprehensive care clinic, specialized treatment clinics and extramural clinics are staffed by licensed dental assistants, who are trained in all aspects of dental assisting, including Dental Auxiliary Utilization (DAU), Coronal Polishing and Implants.

These staff provide chair side assistance, stock and maintain supply cupboards, maintain cubicle asepsis protocol and general clinic operations as required, monitor and audit student performance of clinic policies and protocols.

Dental Assistant Regulations (under the Nova Scotia Dental Act)
See http://www.gov.ns.ca/JUST/REGULATIONS/regs/dassist.htm

Dental Assistant Duties Priorities

Dental assistant assistance will be provided at the direction of the Clinical Support supervisor subject to review by the Assistant Manager of Clinical Services and/or Assistant Dean, Clinics and Building Services.

Where there is occasion to make priority assignments due to staff availability dental assistants will be assigned at the discretion of the Clinical Support supervisor based on operational demands.
Affiliation with N.S.C.C.I.T. Dental Assisting Program

Dalhousie Faculty of Dentistry is affiliated with the N.S.C.C.I.T. dental assisting program and provides scheduled opportunities for practicums at the Dalhousie clinics. While at the clinic these students are assigned to various clinical areas giving them an opportunity to practice chair side assisting skills as well as providing them with exposure to the team concept in the delivery of dental health care.

Procedure Priority List

The following is the procedure priority list based on the difficulty of the procedures. It is to be used at the discretion of the dental assistant or faculty member.

1. Medical Emergencies
2. Rubber dam application
3. Final Impressions (crown prep, ultra cast, alginate)
4. Cementation of crowns
5. Upper crown prep/Upper restorative without rubber dam
6. Lower crown prep/Lower restorative without rubber dam
7. Upper Restorative/fixed prosthodontics with rubber dam
8. Lower Restorative/fixed prosthodontics with rubber dam
9. Endodontic access prep
10. Alginate impression
11. Temp bond cementing at discretion
12. Perio charting

Priority is given at the discretion of staff and faculty for patient management needs
Competency procedures do not take priority over listed procedures

Cross Blocking- 4th year dental students cross blocking into 3rd year block – DDS3 will receive higher priority

Dental assistant coverage is provided as time permits. Students may have to wait for assistants.

B. DISPENSARY

1. Dispensary Staff Duties

Please Note:

a. Dispensary staff only dispense supplies requested. It is not their responsibility to know what you require to do a procedure.

b. Direct requests for DA support to the Supervisor of Clinical Support.

c. Dispensary staff:
   - dispense supplies, trays, etc. to students and faculty, accepting a signed Dispensary chit that indicates what they are signing out.
   - check off supplies, equipment, etc., as returned and ensure complete as well as free of gross debris and sharps.
   - ensure returned items are cleaned properly before returning.
   - pick up trays and equipment from the clinic floor during the lunch hour and at the end of the day (Dalhousie staff).
   - ensure students and faculty return what is signed out to them, putting deadlines and numbers on amounts to be signed out to any one person
   - maintain record of signed out equipment and supplies
   - report loss or failure to return signed out items to supervisor
   - participate in year end sign-out clearance procedures
   - turn on “suction” for clinic at the beginning of each day
   - ensure security of various door and cupboards elevator and clinic entrances
   - turn on propane in clinic in morning and turn off at the end of the day and when the fire alarm is going
C. 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.
The Dental Lab is a secured area. No students are to be in THIS AREA WITHOUT PROPER AUTHORIZATION.

A. The Clinic Dental Labs are located on the third floor in the northwest corner of the building (Room 3240). These labs are staffed by trained dental technicians who provide a wide range of laboratory services.

B. Dental Lab staff are not authorized to be class instructors to demonstrate in classes. Course directors who wish to utilize Lab staff must submit a written request to the Assistant Manager of Patient and Information Services for review and consideration.
DENTAL STORES UNIT

Hours of Operation: Monday to Friday
8:00 a.m. to 1:30 p.m. Open
1:30 p.m. to 4:00 p.m. Closed
(Office is closed to complete work assignments.
Please phone for urgent requirements after 1:30 p.m.)

Room #: 2602
Telephone Number: (902-494-) 1414
Email address: stores.dentistry@dal.ca
Staff: Ms. Jennifer Strong
Ms. Sandra Wallace
This unit reports to: Ms. Kathy McInnis
Assistant Manager, Patient and Information Services
Room 1209
Telephone: (902-494-) 2270

General Operations

Dental Stores is located on Level II, Room 2602. It is the main purchasing, storage and dispensing area for all clinical supplies as well as the receiving area for shipments to the Dental School.

Requisitions for Clinic Supplies

Dental Stores requisitions must be completed (indicating date required) by the dental assistants or other clinic persons wanting supplies. A clinic location code (i.e. Aisle A) and signature must be provided (see Dental Stores staff for location codes.) Order forms can be dropped off at Dental Stores at anytime during the normal hours of operation (see above).

Items are to be ordered using the item POSIM I.D. found in the Dental Stores catalogue where possible. If your Department requires a copy of the catalogue please contact Dental Stores.

Procedures for Individual Student Purchases

During the year students may wish to purchase additional instruments, and/or supplies through Dental Stores.

Student purchases made through Dental Stores will be put on their Stores account. This account can be paid at Patient Services at any time with cash, Master Card, American Express, Visa or Interac. All Stores accounts (except DDS3) must be paid in full as part of the Faculty Year End Clearance Policy before grades will be released. DDS3 may carry over a maximum balance of $200.00 into their DDS4 year.

Student Purchase Vouchers must be signed for all Dental Stores transactions and students are to keep their copy to check their statements.

Purchasing for Researchers/Departments

1. Researchers/Departments may wish to purchase clinic stock items from Dental Stores, rather than dealing directly with the supplier.
2. Please contact Dental Stores staff at phone number (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 Assistant Dean, Clinics and Building Services and the Assistant Manager of Patient and Information Services (forms available at Dental Stores). Existing stocks may need to be used before new items are stocked.

Student Kits

The Faculty obtains these kits in advance to ensure delivery in time for the academic year and to 'standardize' the kit items, handling, warranties and repairs. There shall be (a.) no substitution and (b.) no refunds or rebates based on prior ownership. However, if a student officially leaves the program and after they have 'cleared' (see Faculty Clearance) from the Faculty, they can apply to the Assistant Dean, Clinics and Building Services, through the Assistant Dean, Student Affairs, for consideration to return unopened/unused kit items (equipment or supplies) for a rebate as long as the items are still Faculty authorized inventory types and models. If consideration is approved, each item must be submitted to the Assistant Dean, Clinics and Building Services for approval as unopened/unused. Approved items for rebate will be returned to Dental Stores inventory and a credit will be applied to the student’s account at the Student Accounts office (A&A Building) based on the unit prices paid for the items by Dental Stores tenders in the year of the approved rebate. Such rebates do not apply to personal items such as magnifying loupes or 'replacement items'.

A check-off procedure is done with the students during orientation week to ensure their kits are complete.

Student Kit changes must be submitted to Sandra Wallace, Dental Stores by the first week of January each year. (Forms are available at Dental Stores.)

Items on Consignment

Some equipment items are received on 'consignment' (loan) for evaluation and are normally returned to the Supplier within one year's time. The Faculty accepts no responsibility for loss or damage or shipping costs on consignment equipment.

Protocol for Introduction of New Clinical and Preclinical Supplies and Equipment - See Section 3 Part 16
IT SUPPORT (HELP DESK)

Hours of Operation: 9:00 am - 1:00 pm  
2:00 pm - 5:00 pm

Employee: TBA, Computer Support Technician

Office: Level 2 Room 2603 (Carleton Campus Computer Lab)

Contact Information: Drop in preferred, or (902-494-) 6013, dentistry.support@dal.ca

Immediate Supervisor: Dave Weir

Office: 2603C

Contact Information: (902-494-) 6374

General Duties:

Walk-in computer support for Students, Faculty, and Staff of Dentistry and Dental Hygiene
MEDICAL DEVICE REPROCESSING (MDR)

Hours of Operation: 7:30 a.m. - 5:45 p.m. Monday to Friday
Room #: 1734 (Level 1)
Telephone Number: (902-494-) 1744
Supervisor: Ms. Sarah Alexander
Supervisor's Office #: 1007 (Level 1)
Supervisor's Telephone #: (902-494-) 4145
Email address: mdr.dentistry@dal.ca

Dispensary Unit

Hours of Operation: Are posted outside of each room
Dispensary Room #: 2431/2331
Dispensary Telephone Number: (902-494-) 1298

These Units reports to: Ms. Audra Hayden, Assistant Manager
Clinic Services
Room 1212
Telephone: (902-494-) 1861

The Medical Device Reprocessing unit is located on Level I (northeast side) and handles sterilization of all clinic instruments and trays. It is staffed by 5 people from 7:30 am - 5:45 pm and generally remains open all day.

1. Medical Device Reprocessing Access

Access to this area is restricted. For entry, use the buzzer next to Room 1734 (Level 1).

All persons entering MDR room (Dirty, Processing, Clean) are required to wear personal protective equipment which are provided at each door. There is signage posted at each door with instructions.

2. Student Information

Tray Instruments

(a) Supply

All Clinical instrumentation will be supplied to students by trays or sterilized packages normally through the Clinic Dispensary - Level II.

Note: It is not permissible to use any instruments other than sterilized instruments to treat patients.

A detailed list of instrument trays, their contents and pictures are available at the Dispensary.

(b) Clinic Dispensary Distribution of Sterilized Instrument Trays

The majority of sterilized tray sets will be stored in the Dispensary Level II, Room 2331.

All 2nd year Dental Hygiene Instrument trays will be stored in the locked cupboard on Aisle A South.

All 1st year Dental Hygiene Instrument trays will be stored in the locked cupboard in Room 2291.
Sterilization Procedures

Students must place used instrument trays on aisle carts designated for "dirty" items or return to Dispensary 2 upon completion of patient treatment for pickup. Please do not place contaminated instruments with clean, unused instruments. Gloves should be worn when handling soiled return items and trays. Students must return items signed out from the Dispensary back to the Dispensary as soon as possible after completion of treatment. Students will disinfect the top of their cubicle daily. Students are responsible to ensure that gross debris and sharps are removed from the trays and instruments and that all instruments are replaced on the trays. Please ensure that hinged instruments are placed on trays in the open position. Prior to leaving the clinic for an assignment or rotation you are responsible for returning all sign out instrumentation to the Dispensary.

Loss of Instruments

Students will be required to purchase and/or replace lost/missing instrument(s). It is recommended that students do not "loan" or "borrow" instruments to or from other students.

**STUDENTS ARE FINANCIALLY RESPONSIBLE FOR ITEMS THAT HAVE BEEN SIGNED OUT TO THEM AND NOT RETURNED.** (See Year-End Clearance Policy)

Privately Owned Instruments and Supplies

Privately owned instruments and supplies are not permitted in any Dalhousie clinical facility. Students must only use sterile Dental Clinic instruments and supplies for patient treatment. Personal instruments and supplies used in patient treatment will be confiscated and may be grounds for suspension.

Instrument Rental Kits

The Academic Clinic Fee is paid by Dental and Dental Hygiene students at the University Student Accounts Office when they pay their tuition. This fee is used to maintain quality and availability of all the dental hand pieces, trays, burs and chair side equipment used by students for patient care. These funds also pay for some disposable supplies used by students (gloves, face masks, etc.)

To facilitate preclinical lab work, the Academic Clinic Fee also provides rental instrument kits and other items, such as hand pieces. At any time throughout the year, if a student needs a broken item replaced, they should return it to the Preclinical Dispensary in the Clinic, Room 2371. Any instruments which are issued to students for use in the lab are NOT to be used in the Clinic for patient treatment.

At the end of the year, students are expected to return all rented items. The value of any items issued and not returned will be charged to the student's Dental Stores account.

3. Dental Instrumentation Product Advice

All instruments and equipment used for patient treatment must have documentation of the cleaning, maintenance, and sterilization requirements. This information must accompany requests for new and loaned instruments and equipment. The Faculty of Dentistry Equipment or Product Advice Form available at Dental Stores must be completed and approved, before the item is made available for patient care.
PATIENT SERVICES UNIT

(a) Hours of Operation: 8:30 a.m. - 4:30 p.m.
Room #: 2024 and 2023
Telephone Number: (902-494-) 2101
Supervisor: Mrs. Kore-Lee Cormier
Patient and Information Services
Supervisor's Office #: 2023
Supervisor's Telephone #: (902-494-) 1756
This unit reports to: Ms. Kathy McInnis
Assistant Manager, Patient and Information Services
Room 1209
Telephone: (902-494-) 2270

(b) SECURITY

Patient Services is a secure area - only Clinic Patient Services staff, Assistant Dean, Clinics and Building Services or his designate(s) and Finance Office staff have access to this area.

(c) PATIENT SERVICES PATIENT PROCEDURES

Prospective patients, who contact the clinic (either by phone or in person) requesting information regarding clinic services available or are interested in becoming clinic patients, are provided with information via the Patient Services receptionist. If the patient wishes to receive treatment at the clinic, they will be booked for a 'treatment planning' appointment when one is available.

At the treatment planning appointment an estimated treatment plan will be developed, and explained to the patient.

If the patient's treatment plan needs fit the care needs of the curriculum, the patient will be asked to review and sign the treatment plan and any other conditions of acceptance including but not limited to account payment procedures, attendance at appointments, etc. After acceptance as a patient, Patient Services staff will assign them to a student.

If the patient's treatment needs cannot be met by the Clinics the patient can request duplicate radiographs and treatment plan to take to a private dentist.

Students who have special screening requests (e.g., spouses) should consult with the Patient Assignment Clerk. Requests will be treated on an individual basis and the student will be accommodated if appropriate.

Infected Patient: Patients are asked to not come to the clinics for an appointment if they have any transferable diseases or symptoms (e.g. pneumonia, measles, mumps, head lice, bed bugs, pink eye and cold sores). Please call and arrange for another appointment when you are disease/infection free.

Reception

1. Patients arriving for scheduled or emergency appointments will 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 in time for any scheduled appointment. Patient Services Reception staff will check in patients at the front desk, enter their arrive into the CIS, and keep all students/faculty providers aware of patient arrivals in aXiUm.

3. Students are responsible to inform Patient Services Reception if they are delayed so arriving patients can be informed. Students must personally inform patients in the waiting area of delays.
4. Staff will direct patients to call the student voice mail system for messages or to contact the student.

Charts

1. Charts are the property of the Dental Clinic and are confidential, legal documents. They are "loaned" to students and/or faculty members to document "our" patients' treatment and should be treated accordingly.
2. Charts are to be returned to Patient Services (Level II) after appointments and chart requests at all times. (Central Records area - Room 2023)
3. It is an academic and professional offense to keep incomplete records or sign incorrect/inaccurate progress notes.
4. Charts that are requested by student, faculty or staff become their 'legal' responsibility for the completeness, accuracy, and supervising dentist signatures.
5. Charts are regularly audited for accuracy, appropriate signature and completeness.
6. Charts must be returned by the end of the same day with progress notes completed and signed by the student even if faculty signatures are still required.
7. Clinic privileges may be suspended by the Assistant Dean, Clinics and Building Services for any student / faculty provider with outstanding charts. (48 hours)
8. Charts are not to be removed from the building. Charts are not to be kept in student lockers. If a patient emergency arises staff and faculty must have access to that chart in Patient Services.
9. Students must return all charts when the patient cancels or fails. Patient Services staff do not collect charts each day from the file cabinet in the clinic.

Patient Charts / Documentation - (See Section 3 - Part 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 II. All appointments should be entered at least the day before the time of the appointment. (See APPOINTMENT PROCEDURES of this manual.) Students who enter appointments late will have to wait for their charts.
2. For all other clinics, (specialty, treatment planning, Multiservice and extramural clinics) Patient Services and dental assistant staff will ensure that charts are available.

Chart Sign-Out Policy for Chart Reviews or Seminar Preparations

1. A Request For Chart must be entered in the computer by the student. The patient must be assigned to the student for this request. Faculty members that require charts must give the list to the Records staff at least 24 hour in advance. Charts will be pulled as soon as possible depending on staff availability. (A chart request is not to be used when seeing a patient for an appointment.)
2. Upon receipt of a clinic chart, the student or faculty care provider is responsible for that chart and its contents until it has been returned to Central Records. They are not to be given to others.

Chart Information and Updates

1. The front portion of the chart (medical history, name, address, etc.) is to be filled out by the patient in consultation with the student before proceeding to examine the patient. On each subsequent visit, this information is to be updated.
2. An entry must be made on the treatment progress notes in the patient's chart on the day of each appointment, whether or not treatment has been rendered. Information should include, in the space provided, the following:

   a) date
   b) treatment rendered (if any)
   c) patient's absence and reason if possible
   d) printed name and signature of instructor
   e) printed name and signature of student

3. The chart also provides for clinic observations of the student, treatment plan, treatment rendered and any additional comments the student may wish to record. The student is responsible for recording and maintaining correct and complete information in this chart as it provides necessary data for the future evaluation and treatment of the patient.

4. This chart should be signed by the student and an instructor whenever it is accessed.

**Maintaining of Archival Records**

1. Consultation with the Provincial Dental Board of Nova Scotia has resulted in the following guideline:
   
   • We are required to maintain the archival records for each patient for 10 years after their last dental visit.

2. Patient Services staff will review all patient charts as needed to determine which charts meet this criteria.

3. When patient charts are destroyed the radiograph films are to be separated from the patient charts into 2 cu. ft. boxes. The Assistant Dean, Clinics and Building Services is to be advised before any radiographs are shredded so that the radiographs can be reviewed for teaching purposes.

4. After the radiographs have been reviewed Building Services will make arrangements for pick up and on-site shredding.

5. Building Services will make arrangements for the pick up and on-site shredding of the old patient files/charts.

**Patient Assignment**

Patient Assignment is primarily the responsibility of the Patient Services Assignment clerks (DDS and DH) using criteria from Clinic Course Directors, cluster monitors and the Curriculum Committee as appropriate. Each dental and dental hygiene student will be given access to a list of assigned patients at the beginning of the academic year in the clinic information system and it will be the responsibility of each student to render the necessary treatment for their respective patients and to complete their contracts as agreed upon by student and monitor/instructor.

Every effort will be made to assign patients with the proper mix of treatment procedures in order that students may meet the required academic standards of the Faculty. However, should a student discover that he/she requires modifications to his/her list of assigned patients, this may be done by submitting a "Patient Request Form" which has prior approval by the appropriate monitor/instructor or Assistant Dean, Clinics and Building Services, to the Assignment Clerk. The student will be notified when an assignment has been made or deleted via axiUm mail module.

**Medical Referrals Forms**

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

**Medical Consults for Total Joint Replacements**

Effective immediately, we are discontinuing the use of the blue medical referral forms for patients with a history of total joint replacements. Until the guidelines change, we will follow the current AAOS guidelines and prescribe prophylactic antibiotics as per the regimen described in the guidelines. Medical Referrals can be sent as needed to MDs to confirm the nature of the surgery and that the patient actually has received a total joint replacement. All patients who have had a total joint replacement must complete and sign the Information and Consent for Orthopedic Joint Replacement form (form # 214).
(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 Supervisor, Patient Services is to resolve questions/disputes of accounts and will seek approval from the Assistant Manager of Patient and Information Services or Assistant Dean, Clinics and Building Services if necessary.

3. The Supervisor, Patient Services will use discretion in decision making guided by sense of fairness to the patient and the business policies of this Faculty. (Either the Assistant Manager of Patient and Information Services or Assistant Dean, Clinics and Building Services are available, upon request, by the supervisor to assist in decision making.)

4. Questions/disputes involving large account changes are to be disposed of in the same manner, as discussed above, except the Assistant Manager of Patient and Information Services is to be advised, usually verbally, especially where there is no applicable clinic, faculty or Patient Services policy.

5. In all cases of account dispute and hopefully resolution, the Supervisor is to ensure:
   a. A chart entry to record the details (date of inquiry, nature of concern, decision or action taken) of the problem and must be entered in the Progress Notes section of the appropriate patient chart, signed and dated.

   b. Where a decision/action results in a change to a patient’s financial record, the Supervisor must authorize 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 Manager, Patient and Information Services.

2. These inquiries are to be referred to the Assistant Dean, Clinics and Building Services by the Assistant Manager, Patient and Information Services, along with:
   - brief description of inquiry and return telephone number of patient
   - patient chart
   - patient account statement
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 #: 2471 (Preclinical Dispensary - middle of clinic on B aisle)

Telephone Number: (902-494-) 3035

Email Address: preclinical.dentistry@dal.ca

Staff Person: Ms. June Bonin
Ms. Geneva LeBlanc

Supervisor: Ms. Shirlene Dancause
Supervisor, Clinical Support

Supervisor's Office #: 2221

Supervisor's Telephone #: (902-494-) 4593

This Unit reports to: Ms. Audra Hayden, Assistant Manager
Clinic Services
Room 1212
Telephone: (902-494-) 1861

General Duties of the Preclinical Lab Assistant:

• works directly with Preclinical course directors, clinical staff and students

• ensures that anything that is signed out from the Dispensary for use in a preclinical exercise, is returned at the end of the exercise.

• assigns phantom or manikin heads to students in September and collects them from students at year end signout.

• ensures that all supplies, equipment, etc. used for each preclinical exercise are returned to the appropriate cupboard or cart.

• fills all requisitions for preclinical supplies requested by the Course Directors for the school year. (Requires one (1) week notice for class supplies.)

• supplies preclinical materials to students.

• reinforces students clean-up responsibilities after working in the preclinical labs.

• reinforces students attention to clinic and lab sharps handling and disposal policies.

• endeavors to prevent preclinical supplies from being hoarded by students.

• arranges for special requests for use of materials, etc. other than those supplied during regular preclinical exercises, with course directors.

• provides instrument kits and replacement instruments required for preclinical activities to students in labs or clinics in cooperation with the supervisor of the MDR.
TECHNICAL SERVICES UNIT
(CLINIC AND LAB EQUIPMENT / CLINIC OPERATING SYSTEMS)

Hours of Operation: 7:30 a.m. - 4:30 p.m.
Room #: 1704, 1705 and 1714
Telephone Number: (902-494-) 1698
Email address: technical.dentistry@dal.ca
Supervisor: Mr. Ron McDonald
Mr. Rob Sidebottom
Supervisor's Office #: 1705
Supervisor's Telephone #: (902-494-) 1698
This Unit reports to: Ms. Audra Hayden, Assistant Manager
Clinic Services
Room 1212
Telephone: (902-494-) 1861

The Faculty of Dentistry has two staff members 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.
Title: 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  
Care Directive Policy Number: 01-2013

Date Approved by ACC Committee: September 18, 2013  
Issuing Authority: Dr. BM Cleghorn, Assistant Dean - Clinics and Building Services

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. Blaine M Cleghorn  
Assistant Dean, Clinics and Building Services
PROCEDURE (AND/OR PROFESSIONAL RESPONSIBILITIES)

Pre-operative Use
At the discretion of a licensed provider or the supervising clinical instructor, 15 ml of ORO-Clense (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-Clense (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-Clense (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-Clense (Chlorhexidine Gluconate Oral Rinse 0.12%).

Note:
a) ORO-Clense 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-Clense from the level 2 Dispensary.
b) Jugs of ORO-Clense are also available on aisle sinks in clinical areas for use prior to treatment.

RELATED DOCUMENTS (If required)
NA

HISTORICAL DATES
NA

REFERENCES
APPENDIX A

Care Directive
Dalhousie University
Faculty of Dentistry
Clinic Policy and Procedures Manual

<table>
<thead>
<tr>
<th>Title: Care Directive for the use and administration of local anaesthesia by Dental Hygienists and Dental Hygiene students in Dalhousie University, Faculty of Dentistry clinics.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued: February 4, 2014</td>
</tr>
<tr>
<td>Date Approved by ACC Committee:</td>
</tr>
<tr>
<td>Date to be Reviewed: 3 years from above date</td>
</tr>
</tbody>
</table>

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. Blaine M Cleghorn
Assistant Dean, Clinics and Building Services
APPENDIX B

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 with the following parameters.

Patient: ASA I
Minimum age 19 years

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

Amount: Maximum of 2 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
APPENDIX C

Guidelines for Patients Needing to be Accompanied to Dental Appointments

Residents in consultation with their Program Director should consider requesting that a patient need 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.

June 21, 2016
Blaine M Cleghorn
Assistant Dean, Clinics and Building Services
APPENDIX D

Dental Management of Refugees at the Faculty of Dentistry 29 June 2016

ISANS Coordinator
Zrinka Seles-Vranges
(902) 406-8639

FoD Contact
Patient Services
(902) 494-2101
Tracy Dykeman
Receives completed forms
Organizes adult appointments for Mon. evening DH clinic

Initial Adult Refugee Appt.
Translators
Review Health History & Consent Form
Initial Examination
Radiographs
Initial Preventive Therapy
Start Date Sept. 19
Monday Evening Clinic
5:30-8:00 PM

All children ≤ 15 years referred to Paediatric Dentistry Clinic

Urgent, Non-emergency Adult Dental Care
Refer to Patient Services
Assign to Public Health Rotation
Dr. Ferne Kraglund
Basic restorative care
Extractions
Selective Endodontics

Reschedule additional appts as required through ISANS and Patient Services contacts

Emergency Dental Care
Refer to ER Clinic
to manage Pain, Swelling, Bleeding Dr. Chris Lee
Start Date Sept. 6

Dentistry Faculty Coordinator
Heather Doucette
Cynthia Andrews
Orientation

ISANS Contacts
Janet
Patient coordinators
Arranges for completion of Health History and Consent Forms
Translators

Initial Adult Refugee Appt.
Translators
Review Health History & Consent Form
Initial Examination
Radiographs
Initial Preventive Therapy
Start Date Sept. 19
Monday Evening Clinic
5:30-8:00 PM

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Reschedule additional appts as required through ISANS and Patient Services contacts

Emergency Dental Care
Refer to ER Clinic
to manage Pain, Swelling, Bleeding Dr. Chris Lee
Start Date Sept. 6
APPENDIX E

Management of Needlestick and Mucous Membrane Exposures to Blood/Body Fluids

Final July 19, 2016

Introduction

An exposure to infected blood, tissues or body fluid can occur through a puncture by a needle or cut by a sharp instrument that had been in contact with blood or body fluids or after a splash.

An exposure puts you at risk of acquiring Hepatitis B, Hepatitis C and HIV. The risk of acquiring these diseases is relatively low.

- HIV 0.36%
- Hepatitis C 4-10%
- Hepatitis B 26-30%

Factors affecting the risk of transmission

- amount of fluid (more fluid, higher risk)
- amount of time (longer the exposure, higher risk)
- patient disease status (more ill with hepatitis or HIV, higher risk)
- depth of wound (deeper wound, higher risk)
- type of device (hollow bore, blood-filled needle, higher risk)
- type of fluid during exposure (blood, higher risk)

What should you do when you have had an exposure to blood or body fluids by

<table>
<thead>
<tr>
<th>Laceration, Puncture Wound, Splatter or Splash to the</th>
<th>Mucous Membrane</th>
<th>OR</th>
<th>Eyes</th>
<th>OR</th>
<th>Non-Intact Skin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop Procedure</td>
<td>First Aid</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Wash the injured or exposed area well with soap and water</td>
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<tr>
<td>Apply an antiseptic (if available)</td>
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<tr>
<td>Allow immediate bleeding of the wound</td>
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</tr>
<tr>
<td>For a splash to the EYES, flush well with water at an eyewash station for a minimum of 15 minutes</td>
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</tr>
<tr>
<td>For a MUCOUS MEMBRANE EXPOSURE (mouth or nose)</td>
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</tr>
<tr>
<td>SKIN EXPOSURE, flush with copious amounts of water</td>
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<td></td>
</tr>
</tbody>
</table>

Report Injury to RN (Sue Murphy)

RN or designate will complete

- Assessment of Type of Injury (Appendix A)
- and the
- Risk Assessment of Source (Appendix B)

RN or designate will call the Emergency Department
902-473-3383
and advise that an injury to Student/Employee has occurred
and Source AND Injured Student/Employee AND completed Appendices A & B
as soon as possible or within 1-2 hours of the injury to the
Charles V. Keating Emergency and Trauma Centre
1799 Robie Street

If SOURCE patient has left clinic,
RN is to contact the patient, review Risk Assessment of Source and request that the patient has bloodwork completed
Blood Requisition (Appendix E) to be faxed as appropriate to the ER

RN or designate will complete
Within 24 hours
Incident Report (Appendix C)

RN may contact SAFE for guidance
902-473-7233
Management of Percutaneous Injuries at Off-site Clinics
The same protocol outlined above should be followed. Since the RN is not available at off-site clinics, the supervising Dentist or Dental Hygiene instructor must undertake those responsibilities. Contact the RN if there are any questions or concerns.

What will occur at the Charles V. Keating Emergency and Trauma Centre?
SOURCE patient
If testing is necessary, informed consent will be reviewed with the SOURCE patient followed by testing for HBsAg, HBsAb, HCVAb, HIV.

INJURED STUDENT/EMPLOYEE
PEP (post exposure prophylaxis) and/or HBIG/HB vaccine may be recommended/offered/not offered depending on the type of exposure/injury that has taken place and the patient you have been exposed to. PEP should be given as soon as possible after a high risk exposure.

To protect yourself and others, please refrain from the following until the serology results of the patient you have been exposed to are known and you can be counseled further if necessary:
- Unprotected sex
- Donating blood, semen, organs or tissue
- Sharing personal hygiene items (toothbrush, razor, nail files)

Follow-up
- Depending on the results of the blood work results, further blood work may be required

Assessment of Type of Injury
To be completed by Injured Student/Employee with RN

Assessment of Device
- Percutaneous injury with hollow bore needle (needle gauge) ____________
- Percutaneous injury with a scalpel
- Percutaneous injury with a suture needle
- Percutaneous injury with a diamond/bur/disc
- Other: ____________

Assessment of Injury
- Severe (deep stick/cut with profuse bleeding)
- Moderate (skin punctured with some bleeding)
- Superficial (little or no bleeding)
- Needle had been in patient's artery or vein
- Device visibly contaminated with blood
- Bite with blood contamination
- Non-intact area of skin exposed ____________ Contact time ____________ Amount of fluid ____________
- Mucous membrane exposed ____________ Contact time ____________ Amount of fluid ____________

PPE Used
- Gloves
- Mask
- Safety glasses
- Face shield

Comments: __________________________________________________________

Signature of Injured Person (print name): __________________________________________________________

Signature of RN or Designate (print name): __________________________________________________________

Date: Month (print) Day Year
# Risk Assessment of Source Patient
To be completed by RN with Source Patient

## Previous Blood work results

<table>
<thead>
<tr>
<th>Test</th>
<th>Yes</th>
<th>No</th>
<th>Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg Results</td>
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<td>Date</td>
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<td>HBsAb Results</td>
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<td>HIV Ab Results</td>
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<td>Date</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

- History of sexually transmitted disease(s)
- Men who have sex with men
- Injection drug use by shared equipment
- Tattoo/body piercing (except for ear piercings)
- Blood transfusion or blood products from country not screening for HIV
- Receipt of blood products prior to 1990 and not tested since
- From area of world where heterosexual transmission of HIV is endemic
- Multiple sexual partners or sex partner in one of above groups
- Infant born to HIV-infected woman
- Sexual or blood contact with a known case of HIV infection
- Renal dialysis

## Comments:

__________________________________________

__________________________________________

Signature of Injured Person (print name): ________________________________

Signature of RN or Designate (print name): ________________________________

Date: ____________________________

Month (print)    Day    Year
**ACCIDENT/INCIDENT REPORT**

**Safety Office**

494-2495

**PERSONAL**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name &amp; Initial</th>
<th>Dalhousie ID #</th>
<th>Dalhousie Phone #</th>
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<table>
<thead>
<tr>
<th>Home Address</th>
<th>Home Phone #</th>
<th>Student □</th>
<th>Temp Staff □</th>
<th>Other □</th>
<th>Staff □</th>
<th>Faculty □</th>
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<tr>
<th>Faculty/Department</th>
<th>Classification</th>
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**INCIDENT**

<table>
<thead>
<tr>
<th>Date, Time &amp; Location of Incident (In Detail)</th>
<th>Name &amp; Phone of Witnesses</th>
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</table>

Describe the incident in detail. (Include sequence of events leading to the incident, what the person was doing, and what conditions contributed to the incident.)

<table>
<thead>
<tr>
<th>When and to whom was the incident reported?</th>
<th>Did the incident result in an early departure from the University?</th>
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<tbody>
<tr>
<td></td>
<td>Yes □</td>
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</table>

**INJURY**

Describe Injuries:

<table>
<thead>
<tr>
<th>Briefly describe medical treatment. (Include name of doctor &amp; hospital)</th>
<th>None needed □</th>
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</table>

Will the injury result in time away from the University beyond the day of the incident? Likely □ Unlikely □

<table>
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<tr>
<th>Will further treatment be necessary?</th>
<th>Likely □</th>
<th>Unlikely □</th>
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**FOLLOWUP**

<table>
<thead>
<tr>
<th>Date</th>
<th>Person involved in Incident</th>
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</table>

Describe previous similar incidents.

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<th>Based on the supervisor's knowledge of the job and work conditions, what steps should be taken to prevent a recurrence?</th>
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</table>

Date ____________________________ Supervisor/ Director/Department Head ____________________________

Please return the completed form to the Director of Safety within 48 hours of the incident. Use additional pages if necessary. Report fires and serious personal injuries immediately to Security from Dalhousie phones - 4109, from external phones - 494-4109.

Original - Safety Director Copies - Person involved in Incident, Supervisor, Local Safety Committee
References


APPENDIX F

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

Biopsies performed in the Faculty of Dentistry must be submitted in the required container and have the appropriate paperwork completed.

The treating Resident will take the biopsy specimen and paperwork 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 results will be received by the Administrative Assistant in the Department of OMFS who will send reports to both the Oral Surgery Clinic Nurse, 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 student and Oral Surgeon/supervising Dentist to inform them that the biopsy result is available on axiUm.

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

When a phone call is deemed appropriate by the Oral Surgeon/Supervising Dentist, the student 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 an Oral Surgeon is present or in a Grad clinic with the Supervising Periodontist or GPR Program Director present.