OHC Clinic Operations Manual

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
El Paso
WOODY L. HUNT
SCHOOL OF DENTAL MEDICINE

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MISSION and VISION

The **Mission** of the Woody L. Hunt School of Dental Medicine is to improve the oral health of the people of Texas and the greater El Paso community by:

- Focusing on the unique oral and overall health care needs of the border populations; and providing leadership to the practicing community and other area stakeholders;
- Demonstrating excellence in education, research, and patient care.

The **Vision** of the Woody L. Hunt School of Dental Medicine was also developed by the initial leadership team, and is as follows:

- Educate oral health care practitioners for the future
- Develop an innovative educational model
- Contribute to the discovery of new knowledge
- Provide leadership regarding oral health care issues to the greater El Paso area and border region.

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GENERAL INFORMATION

The purpose of this document is to provide students, staff, and clinical faculty members at the Texas Tech University Health Sciences Center El Paso (TTUHSCEP), Woody L. Hunt School of Dental Medicine (WLHSDM), with a comprehensive overview of clinic policies and protocols. It is meant as a teaching tool for current and new faculty and staff to confirm that the information they provide to students and patients is consistent, accurate, and up-to-date.

Providing a clinical environment that supports the delivery of quality patient care in a safe and efficiently-managed environment is the responsibility of all WLHSDM faculty, staff and students. Therefore, the following general procedures apply:

1. It is the responsibility of all students, clinical faculty, and staff to comply with the clinic procedures as published in this clinic manual and with official WLHSDM notices as they are published.
2. A clean, safe, orderly, and hazard-free clinical environment is the responsibility of all students, clinical faculty and staff.
3. Before each patient is seated for an appointment, the student must ensure that the operatory is prepared in compliance with all clinic procedures.
4. As soon as a patient is dismissed, the student must perform appropriate housekeeping and surface disinfection prior to leaving the operatory. In addition, all clinical faculty are responsible for ensuring that compliance with infection control standards is satisfactorily completed.
5. Equipment malfunctions or special housekeeping requirements should be reported immediately to WLHSDM personnel.

Professional Conduct

The WLHSDM expects its students, faculty, and staff to conduct themselves in a manner that meets the highest professional ideals of the dental profession, consistent with the expectations of an oral health practitioner licensed in the state of Texas. In the delivery of oral health care, all students, faculty, and staff should be cognizant of the principles of professional conduct, as outlined in the ADA Principles of Ethics and Code of Professional Conduct. They are: patient autonomy

("self-governance"), nonmaleficence ("do no harm"), beneficence ("do good"), justice ("fairness"), and veracity ("truthfulness").

All WLHSDM personnel participating in clinical activities should present a professional demeanor at all times and demonstrate a professional regard for the school's clinic regulations – an essential element in the academic program. Professional conduct within the educational environment also includes respectful interaction with patients, faculty, staff, and student colleagues.

Professional Conduct during Patient Care

- Student doctors shall interact with patients, their families, visitors, faculty, staff and peers in a courteous, considerate manner that conveys respect and appropriate professional courtesy. Adult patients shall be addressed by title and surname unless permission is granted by the patient to use a more informal form of address. Behavior reflecting the dignity, responsibility and service orientation of dental professionals shall be practiced by all individuals.
- Student doctors have an obligation to be respectful of the cultural, religious, ethnic, racial, and life-style diversity of individuals in the dental school community and the community in which the school exists.
- The use of abusive, obscene, derogatory, or profane language will not be tolerated.
- The privacy of the patient and the confidentiality of every patient record shall be maintained in accordance with HIPAA guidelines.
- Behavior reflecting the dignity, responsibility, and service orientation of dental professionals shall be practiced by all individuals.

- No dental student shall perform clinical treatment without supervision from appropriate faculty.
- No student doctor shall perform clinical treatment that in any way compromises the safety of the patient.
- No student doctor shall deliberately neglect or intentionally subject a patient to unnecessary treatment, stress, or anxiety.
- Student doctors shall maintain neat and clean personal grooming and shall dress appropriately for their clinical assignment consistent with the guidelines published in the WLHSDM Student Affairs Handbook.
- Student doctors observing or knowing of incompetent, unethical, or illegal conduct that endangers a patient's health or general welfare shall report this to the Office of Clinical Services, , College Mentor, or other faculty member.
- Student doctors shall not share personal problems, frustrations, or negative comments about student colleagues, faculty, or the WLHSDM with patients or their families.
- Student doctors shall not make any misstatement or act of intentional omission in official records of the EHR for purposes of misrepresentation.
- Student doctors shall not engage in any argument or altercation in the presence of or with patients, family, or visitors.

Clinic Attendance

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Clinic attendance is mandatory and is consistent with the guidelines set forth in the WLHSDM Student Affairs Handbook. In cases of illness or other urgent problem(s) that would affect scheduled patient care, students are expected to report their absences promptly by text or email to the Clinic administration and follow any other guidelines as set forth in the WLHSDM Student Affairs Handbook.

Credentialing of Clinical Personnel

The WLHSDM credentials each clinical student, staff and faculty member having direct contact with patients. Lack of current credentialing information may result in suspension from clinical activities.

Required Faculty credentialing records include the following:

- Completed and approved Application for Clinical Privileges for clinical attending faculty
- Valid Texas dental or dental hygiene license, as appropriate
- Current DEA number for all faculty who prescribe controlled substances
- Certificate of Insurance (COI)
- Criminal Background Check
- Current BLS certification
- Proof of Hepatitis B vaccination series or declination statement
- Current Tetanus/Diphtheria/Pertussis
- Annual TB questionnaire
- Influenza vaccine (one dose annually) or declination.
- Record of attendance at required clinical training, to include HIPAA training.

Required Student credentialing records may include the following:

- Current BLS Certification
- New Employee Safety Orientation Program II (Unit Safety Officer)
- Medical status – completed physical examination and immunization status at matriculation Varicella (Chicken Pox): Proof of immunity determined by serologic titer.
    - In the event of a negative titer, 2 doses of Varicella Vaccine at least 28 days apart is required.
- Measles (Rubeola): Proof of immunity determined by serologic titer.
    - In the event of a negative titer, 2 doses of MMR at least 28 days apart is required.
- Rubella (German Measles): Proof of immunity determined by serologic titer.
    - In the event of a negative titer, 2 doses of MMR at least 28 days apart is required.
- Mumps: roof of immunity determined by serologic titer.
    - In the event of a negative titer, 2 doses of MMR at least 28 days apart is required.
    - Tuberculosis clearance:

        a. A 2-step Tuberculin skin test is required. Documentation of TB skin test administered within the last 12 months will considered as step 1. The 2nd TB skin test must be completed at least one week after the first TB skin test. Proof of a negative TB skin test within the past 3 months will be considered as step 2. TTUHSCEP will administer second TB skin test on Orientation Day.

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b. Students with a history of a positive TB skin test must submit documentation of a positive TB skin test. Documentation of a chest x-ray (CXR) within the last three (3) months and completion of a TB symptom review is required. BCG vaccine does not preclude the need for TB skin testing or chest x-ray.
c. Students with a positive TB skin test are required to meet with the infection control nurse.

- Hepatitis B: Series of three (3) vaccines followed by a QUANTITATIVE antibody titer. If a student does not develop immunity after the initial series, a second series and re-titer will be required as recommended by CDC. This series must begin prior to matriculation, but may be completed after arrival.
- Tetanus/Diphtheria/Pertussis: Primary series of Tetanus immunizations, plus one dose of adult Tdap. If adult Tdap is more than 10 years old, provide date of last Td and Tdap
- Flu Vaccine: Documentation of vaccine (One dose annually each fall.)
- Meningococcal Vaccine: Documentation of vaccine: (If age < 22)
- Polio Vaccine: Documentation of basic series of oral or inactivated polio immunization.

Students declining vaccines must complete the document entitled "Disease/Infection Information Sheet for Declined Vaccine" in the appendices and submit the completed form(s) to the TTUHSCEP Office of Occupational Health. Students are encouraged to contact the TTUHSCEP Office of Occupational Health if any questions arise.

Required Clinical Staff credentialing records include the following:

- Annual TB test results
- MMR
- Current BLS certification
- Tetanus/Diphtheria/Pertussis: Primary series of Tetanus immunizations, plus one dose of adult Tdap. If adult Tdap is more than 10 years old, provide date of last Td and Tdap. Flu Vaccine: Documentation of vaccine (One dose annually each fall.)

Visiting Students, Faculty, Staff and Program Participants **** Refer to Student handbook***

The WLHSDM Office of Clinical Affairs may grant temporary clinical privileges to faculty and students who are visiting the WLHSDM, consistent with the following:

- Status documented from their present institution stating faculty appointment or student enrollment. WLHSDM
- Continuing Education (CE) participants must be currently enrolled in the college-sponsored program (i.e., CE course).
- Valid Texas dental or dental hygiene license
- Proof of professional liability insurance
- Criminal background check (as appropriate; determined by the WLHSDM Office of Clinical Affairs)

Clinic Attire

1. Faculty, Staff and students are expected to maintain a professional personal appearance. Students and clinical personnel are expected to wear scrubs. Faculty are encouraged to wear scrubs. The following dress

code guidelines have been designed for students enrolled in the WLHSDM and are consistent with the WLHSDM Student Affairs Handbook. The intent is to encourage an environment of professionalism as well as promote health and safety for students, patients, and staff and meet compliance with applicable federal, state and local regulations. It is essential that students are in compliance with these guidelines at all times. This will also increase the confidence of patients in the care they will receive by the WLHSDM clinicians.

2. Proper Personal Protective Equipment (PPE) must be worn when providing patient care or simulated patient care or any time there is a potential of exposure to blood or body fluids. Personal protective equipment includes: disposable clinic gown, gloves, face mask, and eye protection.

3. PPE is not to be worn outside of the patient care areas. PPE is NOT to be worn in other areas of the building (elevators, stairs, lobby, restrooms, offices, etc.).

4. Personal Grooming

    a. Good personal and oral hygiene is expected at all times.

    b. Fingernails must be trimmed to no more thaen ¼ inch beyond the tip of the finger pad and must in no way interfere in patient care.

    c. It is recommended that artificial nails not be worn during simulation or clinical activities for infection control reasons, but if used, must comply with the directives in (b) above so that glove integrity may be protected.

    d. Hair, including facial hair, must be clean and neat. If it is longer than chin/shoulder length, it must be secured in a way that it does not interfere with the dental operating field or touch a patient during clinical or laboratory procedures. This may require the use of a beard covering. This is necessary for enforcement of mandatory infection control guidelines.

    e. All clothing must be clean and wrinkle-free.

    f. Jewelry - Only non-dangling earrings are acceptable in the simulation and clinical patient care environments. Wearing of rings (low profile only) and watches are discouraged but may be acceptable if there is no risk of penetrating gloves.

    g. Use of chewing gum is not permitted in patient care areas.

    h. Minimal cosmetics and colognes may be worn to a degree appropriate to the expected amount of patient and visitor contact, and with consideration for peers.

5. Attire for patient care settings

    a. A disposable over-gown will be worn over scrubs. Clean and matching scrub tops and scrub pants will be worn in all simulation laboratory and clinical patient care environments. Students will be assigned a color of scrubs representing their class.

    b. Black, short or long- sleeved, non-logo T shirts may be worn under scrub tops.

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c. Disposable gowns will be worn over scrub outfits during all patient care activities. These gowns must be removed and properly disposed of when departing patient treatment areas.

d. Gowns must be changed with each patient visit. If visibly soiled a gown change is required, even if with the same patient.

e. Clean and conservative closed-toe shoes must be worn in simulation and clinical patient care settings. This includes athletic shoes. Socks or hose which covers all skin when seated for patient care must be worn with shoes. For reasons of safety and infection control, shoes with holes on the top may NOT be worn in the clinics.

6. Smoking is prohibited on the TTUHSCEP Campus.

Clinic Hours

Normal clinic operations will be Monday through Friday from 8:00 am to 5:00 pm, and will be closed on federal, state and local holidays. Patients with a dental emergency can always call the after-hours phone number (915) 215-6700 and contact the call center, who communicates with on call faculty. Emergency Care during office hours is addressed in the following sequence: the team, urgent care clinic, or assigned on-call faculty.

After-Hours Emergency Care

Emergency after-hour service is available for patients in active treatment or on recall at the WLHSDM. Consultation for urgent treatment after hours is given from the phone message. After hours service is engaged by the patient calling the main clinic number and following the prompts. This information is also available on the WLHSDM website The purpose of this after hours service is to provide treatment for patients with complications from treatment received at WLHSDM or other emergency conditions which occur after normal clinic hours, or when the school is closed. When the on-call doctor receives a call from the after-hour service department, it will come from the number: (915) 213-0995.

PATIENTS' POLICIES

STATEMENT OF PATIENTS' RIGHTS AND RESPONSIBILITIES

The Woody L. Hunt School of Dental Medicine, as part of the Texas Tech Health Sciences Center El Paso, is committed to the goal of providing excellent health care to each of our patients. Accordingly, our patients have the following rights and responsibilities regardless of race, color, culture, language, ethnicity, religion, sex, sexual orientation, gender identity or expression, socioeconomic status, age, national origin, physical or mental disability, and / or veteran status:

Patients' Rights

1. You have a right to schedule an appointment in a timely manner.
2. You have a right to know the education and training of the dental care team.
3. You have a right to adequate time to ask questions and receive answers regarding your dental/oral health condition and the treatment plan for your care.

4. You have the right to know what the dental team feels is the optimal treatment plan a well as the right to ask for alternative treatment options.
5. You have a right to an explanation of the purpose, probable (short and long term) results, alternatives, and risks involved before consenting to a proposed treatment plan.
6. You have a right to be informed of your continuing heath care needs.
7. You have a right to know the expected cost of treatment in advance.
8. You have a right to accept, defer, or decline any part of your treatment recommendations.
9. You have a right to reasonable arrangements for dental/oral health care and emergency treatment.
10. You have a right to receive considerate, respectful and confidential treatment by your dentist and the dental team.
11. You have a right to expect the dental team members to use appropriate infection and sterilization controls.
12. You have a right to inquire about the availability of processes to mediate any disputes about your treatment.

Patients' Responsibilities

1. You have the responsibility to provide, to the best of your ability, accurate, honest and complete information about your medical history and current health status.
2. You have the responsibility to report all changes in your medical status and provide feedback about your needs and expectations.
3. You have the responsibility to participate in your health care decisions and ask questions if you are uncertain about your current treatment or the future plans for your treatment.
4. You have the responsibility to inquire about your treatment options and acknowledge the benefits and limitations of any treatment that you choose.
5. You have the responsibility for consequences resulting from declining treatment, or from not following the agreed-upon treatment plan.
6. You have the responsibility to keep your scheduled appointments.
7. You have the responsibility to be available for treatment upon reasonable notice.
8. You have the responsibility to adhere to regular home oral health care recommendations.
9. You have the responsibility to assure that your financial obligations are fulfilled for the health care you have received.

WLHSDM STANDARDS OF PATIENT CARE

The WLHSDM is committed to delivering high-quality care that is comprehensive, patient-centered, and continuously improving. The Standards of Care at WLHSDM have been developed to describe clinical considerations in the assessment and treatment of oral health conditions, and to serve as a basis for clinical decision-making when providing oral health care.

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Standard 1: Patients' Rights

a. Each patient will receive a copy of the WLHSDM Statement of Patients' Rights and Responsibilities prior to receiving treatment with an opportunity to discuss the information.

b. The patient will be informed of the diagnosis, proposed therapy, estimated treatment time, reasonable treatment alternatives, and the prognosis of treatment.

c. Reasonably foreseeable inherent risks associated with proposed treatments will be explained to the patient prior to obtaining informed consent for treatment.

d. The need for any follow-up treatment after active therapy will be explained to the patient.

Standard 2: Examination, Diagnosis, Treatment Planning

a. Each screening patient will have recorded a chief complaint, and screening dental and medical history. Each screening patient will have vital signs recorded.

b. Each screening patient will have a general assessment of medical history, a screening extraoral and intraoral examination, and a brief examination of the teeth and the periodontium

c. Screening patients may have radiographs, as deemed necessary by faculty, to judge the appropriateness of the patient as a teaching case. Patients will be informed, in general terms, of any dental or pathology problems discovered as a result of a review of these radiographs.

d. A medical alert notation will be generated in the record as appropriate.

e. A medical consultation will be requested, as appropriate.

f. Qualified academic teaching case patient will receive a comprehensive examination, diagnosis, and treatment plan that is customized and sequenced based on their dental needs.

g. Individuals not selected for treatment will be informed, in general terms, of their dental problems and given guidance in finding a dental health care provider.

h. The comprehensive oral evaluation includes but not limited to the following:

   a. A periodontal evaluation consisting of periodontal charting to assess periodontal pocket depths and attachment levels, and to provide information on the health of the subgingival area.

   b. An evaluation of teeth for caries, pulpal disease, malocclusion, and defective or inadequate restorations.

   c. An evaluation of dental prostheses, including orthodontic appliances.

   d. A risk assessment for dental or pathology disease (e.g., caries risk, nutrition risk, periodontal risk) at the initiation of treatment and at prescribed intervals during treatment.

Emergency Patient Assessment

a. Each new patient with a dental emergency will have recorded a chief complaint, a history of the chief complaint, a medical history, and an examination of the area of complaint, a diagnosis, and a recommended treatment.

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b. Vital signs, a physical evaluation, and a prognosis are to be included if emergency therapy is to be rendered.

Standard 3: Patient – Centered Oral Health Care

a. Quality, comprehensive oral health care will be provided in a timely manner.

b. Clinical findings and diagnoses will be used to develop a logical, comprehensive plan for dental treatment to eliminate or alleviate dental disease and thereby prevent or slow further destructive changes. Where indicated, the treatment plan will include:

- Diagnoses and proposed therapy.
- Any reasonable alternative treatments. Overall
- and selected tooth prognoses.

Treatment Procedures

a. Where indicated, treatment plans will include:

- Patient education and training in personal oral health maintenance and reduction of risk for dental disease.
- Preventive or periodontal therapy, including removal of supragingival and accessible subgingival bacterial plaque and calculus by periodontal scaling, and comprehensive root planing as appropriate.
- Treatment of teeth by endodontic therapy.
- Caries removal and restoration, remineralization therapy, and/or application of dental sealants.
- Removal of teeth with a non-restorable prognosis.
- Replacement of missing teeth with a complete denture, overdenture, fixed or removable partial denture, or an implant-supported prosthesis.
- Provision for re-evaluation during and after active treatment.
- Definition of recare intervals for patients in continuing comprehensive care as well as completed patients.

b. When the indicated treatment cannot be provided within the scope of the WLHSDM, patients will be informed of any immediate needs and referred to other dentists or health care providers with the necessary knowledge or expertise to care for the patient.

Standard 4: Clinical Environment

a. Patients in the WLHSDM's clinics will be treated in an environment that is safe, satisfactory, and provided in a confidential manner.

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a. All clinical personnel will follow universal precautions, including use of Personal Protection Equipment (PPE), for control of infection and prevention of aerosol pathogens.
b. At each appointment, students will undergo daily evaluation of their adherence to infection control measures by attending faculty as a component of the "Professionalism Evaluation".
c. Students and attending faculty will be periodically evaluated by designated clinical staff, who will conduct regular, unannounced infection control evaluations during clinical sessions. Immediate feedback will be provided to faculty and students, and all infractions will be reported to the Office of Clinical Affairs and the Infection Control Officer (ICO). Summary reports of these unannounced infection control evaluations will be provided to the sub-committee on Clinical Quality Assurance and Safety.

HIPAA and Patient Confidentiality

Due to government regulations, the WLHSDM dental treatment areas are considered work-restricted areas during active treatment of patients. In an effort to comply with government regulations and provide the safest environment, the WLHSDM cannot allow anyone other than the patient, guardian, or translators in the clinic operatory during active treatment, without prior approval from the Office of Clinical Affairs. Faculty and students are not authorized to approve visitors, observers, or volunteers into the clinic area without written permission from the Office of Clinical Affairs. Bringing non-authorized individuals into the WLHSDM clinics is in direct violation of HIPAA and OSHA guidelines regarding patient care. This creates a potential liability for the University and the WLHSDM, as it not only creates a breech in patient confidentiality, but also the potential for an exposure incident for the visitor.

Under no circumstances should children of a dental patient be left unattended in the waiting areas.

Visitors

Due to patient confidentiality (HIPAA) guidelines, visitors or patients are not allowed to take pictures or videotape any treatment or simulation procedures inside the WLHSDM without written permission from the Office of Clinical Affairs or Office of Institutional Advancement. Any unauthorized personnel taking pictures or videotape should be asked to leave the clinical area until proper authorization has been received.

When special circumstances exist (i.e., the need for sign language or language interpretation, or security personnel, it is necessary to contact the Office of Clinical Affairs and Patient Care prior to scheduling the appointment to ensure that the proper clearance process has been followed. Only one (1) authorized visitor will be allowed. If allowed, the authorized visitor must be seated in a non-rolling chair and wear mask and eye protection.

Service Animals

In accordance with the Americans with Disabilities Act (ADA), service animals are allowed into the WLHSDM building. The ADA defines a service animal as "any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability." Guide dogs are one type of service animal used by some individuals who are visually impaired, but there are service animals that assist persons with other kinds of disabilities in their day-to-day activities. Be aware that, by law, a health provider can ask if the accompanying animal is a service animal. However, the law forbids anyone from asking for proof. The law also forbids asking the nature of the disability.

Some examples of the assistance that a service animal can provide: alerting persons with hearing impairments to sounds; pulling wheelchairs or carrying and picking up things for persons with mobility impairments; and assisting persons with

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mobility impairments and balance. Service animals have full access and privileges to enter any place a non-disabled person would be allowed to enter. A certain etiquette is expected when treating a patient who has a service animal:

1. Always speak to the person.
2. DO NOT pet the service animal. This might distract it from its work.
3. DO NOT offer food or treats to the service animal.
4. DO NOT harass or startle a service animal.
5. DO NOT bark or whistle at a service animal.
6. DO NOT try to separate the handler from their service animal.

Any faculty, student, or staff who is afraid of or allergic to dogs/animals is urged to speak to the supervising attending faculty coordinator about having the patient reassigned.

Patient Record

All students, staff and faculty with access to patient records and patient information are committed to protecting the patient's right to privacy and safeguarding any clinical information in their dental health record. All information contained in the patient record is accessed only on a need-to-know basis.

The Health Insurance Portability and Accountability Act (HIPAA) became effective April 14, 2003. All WLHSDM faculty, staff and students must be compliant with these federal regulations. HIPAA training is required and provided annually to all through the University. All faculty, staff and students must also sign a Confidentiality Agreement.

Protecting the Privacy of Patients' Health Information

1. Information Required To Be Protected.

   The privacy of all medical records, billing records, and other individually identifiable health.

2. Boundaries on Health Information Use and Release.

   With few exceptions, an individual's health information can be used for health, education, or research purposes only.

   a. Ensure that health information is not used for non-health purposes.
   Patient information can be used or disclosed only for purposes of health care treatment, payment and operations. Health information cannot be used for purposes not related to health care without explicit authorization from the individual.

   b. Provide the minimum amount of information necessary.
   Disclosures of information must be limited to the minimum necessary for the purpose of the disclosure.

3. Ensuring the Security of Personal Health Information.

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Federal regulations establish the privacy safeguard standards with which covered entities (e.g., the Texas Tech University Health Sciences Center El Paso and WLHSDM) must comply.

4. Penalties for Misuse of Personal Health Information

   There are penalties for covered entities that misuse personal health information.

   a. Civil penalties. Covered entities that violate these standards would be subject to civil liability. Civil money penalties are $100 per incident, up to $25,000 per person, per year, per standard.

   b. Federal criminal penalties. There would be federal criminal penalties for covered entities that knowingly and improperly disclose information or obtain information under false pretenses. Penalties would be higher for actions designed to generate monetary gain. Criminal penalties are up to $50,000 and one year in prison for obtaining or disclosing protected health information; up to $100,000 and up to five years in prison for obtaining protected health information under "false pretenses"; and up to $250,000 and up to 10 years in prison for obtaining or disclosing protected health information with the intent to sell, transfer or use it for commercial advantage, personal gain or malicious harm.

5. Disclosures of Health Information That Do Not Require Patient Authorization.

   Within certain guidelines found in the federal privacy standards, covered entities may disclose certain types of information without patient authorization; these types of information are listed below.

   a) Oversight of the health care system, including quality assurance activities.

   b) Public health issues.

   c) Emergency circumstance, identification of a deceased person, or the cause of death. d) For facility patient directories.

   e) For activities related to national defense and security.

Adapted from the HHS Fact Sheet, PROTECTING THE PRIVACY OF PATIENTS' HEALTH INFORMATION, May 9, 2001.

PATIENT ASSESSMENT, ASSIGNMENT and STATUS

Patient Assessment

All individuals interested in being a patient at the WLHSDM must first receive a screening examination. All screening examinations will be accomplished in the WLHSDM clinic under the supervision of the clinical attending faculty.

Initial Screening Appointment

Upon arrival to the school for the screening appointment, each prospective patient is to be registered and asked to sign appropriate consent forms. A medical history is recorded, and the preliminary clinical evaluation is then performed by students under the supervision of clinical attending faculty. If the patient is identified as a potential candidate for treatment in the predoctoral program, the initial screening visit will also include radiographs, as determined by the clinical evaluation.

Results of the screening exam and a preliminary problem list are to be recorded in the electronic record, which with the demographic and history forms provides a preliminary summary of each patient's needs. Patients accepted as a teaching case will be assigned to a student.

Initial Assignment

Patients are accepted for treatment based on the individual patient's needs and the ability of the school's teaching programs to provide the corresponding care. A patient is considered a "teaching case" if his/her needs are within a student's clinical capability. To ensure that each assigned patient is treated in a comprehensive and timely manner:

1. Patients that are assessed and deemed potentially suitable predoctoral patients receive appropriate radiographs. They are ordered, exposed, and interpreted. Following this appointment, patients are assigned to a primary student provider and appointed for treatment planning.
2. Once a patient is assigned to a student, the patient appears in the student's patient family in the Electronic Health Record (EHR). The Patient Service Specialist (PSS) should contact each newly assigned patient, identify him/herself and set an appointment for a comprehensive exam within 2 weeks of assignment or as soon as practicable.
3. Students meet with their Clinical Mentor or assigned staff working with the office of clinical education on a regular basis to review their patient family and the student's progress in providing care to his/her patients.

Patient Assignment

Comprehensive care patients, once assigned to a student provider, remain active in a student's family of patients until the student graduates or the patient is approved for transfer to another student (see below). The student is responsible for ensuring that all appropriate periodontal, preventive, or other recare appointments are performed in a regular and timely fashion. Comprehensive care is monitored by the Clinic Mentor to ensure continuity and timeliness of care and accuracy in patient status. Assignments and changes in assignments require authorization by the Clinic Mentor. All initial assignment and/or changes must also be electronically made in the EHR. For all changes in assignment, the Clinic Mentor must document the reason for the change in the progress notes of the EHR. Reassignment or transfer of active patients must also be approved and documented. (See also Reassignment of a Patient)

1. From one dental student or vertical office to another: <u>This type of transfer may be done only in exceptional cases</u> and only at the discretion of the Clinic Mentor.
2. Referral from the dental student to dentists in the community: This type of transfer may be initiated by any faculty member in consultation with the Clinic Mentor. The reasons for reassignment may include:
    a. The treatment of a particular patient is no longer within the scope of the dental student's ability as a result of certain acquired medical and/or physical problems.
    b. Certain specific procedures are too difficult for the predoctoral dental student to perform. The student will be responsible for resuming the care of the patient once the referral care is completed.
3. Reassignment or referral to a dentist in the community must be made by the Clinic Mentor and immediately recorded in the patient record.
4. From a graduating dental student: Clinic Mentor will transfer patients of graduating dental students respectively to a returning student prior to the beginning of the subsequent semester of clinic. The transfer process will be completed by the Clinic Mentor. Transfers must immediately be recorded in the EHR to

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ensure that responsibility for patient care rests with the appropriate student vertical office and timeliness of care continues. Prior to the transfer, the graduating student must personally introduce the patient to the new student.

Reassignment of a Patient:

Patients who are transferred from one primary provider to another must be reassessed. The reassessment must include, at a minimum, a review of the patient's:

- Chief complaint
- Vital signs
- Medical history
- Oral hygiene and preventive maintenance status
- Intra- and extra-oral exams
- Diagnosis (es)
- Treatment performed to-date
- Updated appropriate radiographs, if needed
- Treatment plan
- Periodontal maintenance/prophylaxis status (This must be current for a reassignment to occur)

Management of Continuing Patients' Accounts

Any patient assigned to a graduating student and designated for reassignment must first have their account audited (even if currently a zero balance). Once the account balance is confirmed, only patients with verified zero balances can be reassigned.

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EXAMINATION, DIAGNOSIS & TREATMENT PLANNING

The diagnosis and treatment planning of patients is the primary responsibility of the attending faculty. The Clinic Mentor has final approval of all treatment plans within their clinical team.

Patient Interview, Clinical Examination and Diagnosis

All patients accepted for comprehensive care will receive a comprehensive oral evaluation, appropriate radiographs, and other diagnostic tools, and a treatment plan that is sequenced based on the needs of the patient. Students are expected to perform the following in their examination and diagnosis of the patient.

1. Identify the patient's chief complaint, general needs and expectations.
2. Complete a comprehensive medical and dental history.
3. Perform a clinical examination, including hard and soft tissue. Periodontal examination of the patient must include:
    - Probing depths
    - Clinical attachment levels
    - Bleeding on probing
    - Gingival margin
    - Mucogingival line
    - Furcations
    - Tooth mobility
    - Missing & impacted teeth Prognosis
4. Assess the need for and select appropriate radiographs or electronic imaging required for diagnosis (if not obtained at initial Assessment Clinic visit).
5. Obtain clinical radiographic and other diagnostic information and procedures.
6. Recognize the normal range of clinical and radiographic findings and deviations that require monitoring or management.
7. Recognize predisposing and etiologic factors that require intervention to prevent disease, including screening for pathology.
8. Interpret findings from the history, clinical and radiographic examination, and other diagnostic procedures.
9. Obtain medical and dental consultations when appropriate.
10. Integrate subjective and objective clinical findings in the formulation of the diagnosis.
11. Evaluate the prognoses of various treatment options.

Radiographic Examination

All radiographic units meet specific regulations for aluminum filtration and appropriate collimation. Digitally charged imaging receptors are used exclusively for intraoral and extraoral/panoramic imaging. Intraoral radiation producing devices consist of 7 wall-mounted and 28 hand-held units. The wall-mounted units are in the operatories adjacent to the radiology area and in the multipurpose area. The hand-held devices are positioned on 8 mobile radiology carts for use as needed in the main clinic

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cubicles. Generally, exposure parameters for the wall-mounted units are 65 kVp, 6 mA, at 0.22 sec and for the hand-held devices 60 kVp, 6 mA at 0.28 sec.

All radiographic procedures are performed in compliance with the ALARA (As Low As Reasonable Achievable) and for pediatric dentistry the "Image Gently "concept. All radiographic procedures have electronic authorization by the supervising clinical faculty before being made. Such authorization follows an oral examination and a review of the past medical and dental histories of the patient. Prescribed procedures are based upon ADA approved Patient Selection Criteria Panel (CDRH/FDA) and the individual need of the patient. Radiographic examinations are not performed for administrative purposes or at predetermined intervals. Selected radiographic images may be used, as deemed necessary by faculty, to verify quality assurance of various treatments such as restorative, surgical or endodontic procedures.
Recall radiographs are based upon the individual patient's current clinical examination and their determined risk assessment.

Student doctors are not permitted to make radiographs in the Colleges until they have passed a radiology technical evaluation experience as determined by the radiology faculty/staff. Student doctors expose patient intraoral radiographs under the supervision of faculty and/or staff radiology dental technicians. Student doctors are not permitted to perform more than two remake images without the guidance of faculty and/or dental radiology technicians.

All images are reviewed by clinical/radiology faculty and/or staff radiology dental technicians for diagnostic quality. Imaging procedures and exposure parameters are documented in the patient's record. Diagnostic interpretation is performed by clinical dental faculty, and the findings are documented in the patient record.

Exposure alignment devices are used to minimize remakes. Exposure techniques and image receptor placement criteria for reference by operators and student doctors are placed on the walls in the radiology areas and upon the mobile radiology carts in the operatory portions of the main dental clinic.

In compliance with the Texas State Dental Practice Laws, lead-equivalent aprons with thyroid collars are used for all patient radiographic procedures. The exception is when the thyroid collar must be folded under the apron to avoid it interfering with the radiographic image. However, such usage may change depending on Texas State Board of Dental Examiners reviews of the current law and new scientific evidence that such protection is not necessary for dental related radiology examinations.

The patient examination chair is positioned in the center of the clinical room or operatory and the primary x-ray beam is directed toward internal walls or inferiorly towards the floor away from the room entrance or adjacent operatory areas. The patient can be observed during the exposure procedure by direct viewing through the room entrance. This position exceeds 6 feet from the patient's head during the exposure. When using the hand-held devices, patient viewing is direct and operator

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protection is provided by the device's protective shield barrier which is attached to the beam alignment collimator/device.

All operatories where radiographic units are installed have appropriate radiation safety approved shielded walls, and dead-man type exposure buttons located behind protective wall barriers. Landauer Luxel+ optically stimulated luminescence radiation dosimeter monitors are regularly worn by those considered to be occupational workers such as radiology faculty/staff, and the endodontic faculty. Other individuals would be on an as need basis as determined by their frequency for providing radiographic services and their regular proximity to the x-ray units.

Occupational workers film dosimetry badges are checked bi-monthly for exposure. Records of exposure are kept on file in the oral radiology clinic and the TTUHSC Radiological Safety Department. PPE and infection control barriers are used for all radiology examinations. No operator of a radiation device is to hold an image receptor in a patient's mouth.

Quality assurance of the digital sensors is performed quarterly. A standardize image has been establish for radiographic density and contrast has been established. The results recorded in the radiology QA activity log. If non-compliance is determined by visual comparison with the standard, then the sensor is sent to the manufacturing company for re-calibration.

SD 23: WLHSDM Clinic Operating Manual, p17-18 Ionizing Radiation)

Use of Cone Beam Computer Tomography (CBCT) devices at TTUHSCWLHSDM

TTU WLHSDM has two VaTech PaX-i3D Green CBCT/panoramic machines. These are used for panoramic, cephalometric, and 3D imaging examinations. Currently, the lack of a patient based orthodontic program means that the cephalometric component is not frequently used. Due to the different imaging techniques, the machines operate with variable parameters. Kilovoltage peak ranges from 60-99 kVp, milliamperage is 4-16 mA, and exposure times from 2.9-14 secs.

The **panoramic mode** offers the basic/traditional image and an orthogonal bitewing image. The basic panoramic image is used for the initial patient examination, when indicated, and may be accompanied by a 4 image bitewing series. Students under the supervision of the radiology staff can position the patient in the panoramic machine and perform the exposure. This gives the student practical experience as to the importance of proper patient positioning in the machine and actual operation of the panoramic device.

The **3D CBCT mode** is utilized when treatment includes dental implants, complex extractions, orthodontia, complex endodontics, or evidence of dental or extra dental pathology, or other conditions, as determined by the clinical faculty, upon review of the medical history, and findings associated with the initial screening and comprehensive examinations.

CBCT has variable fields of view (FOV) for individual use and, there are three size settings; full field that accommodates the head for all types of dental related imaging and orthodontic examinations, medium size field for the anatomical planes of the maxilla and mandible which can be used for dental implants, some TMJ and surgical imaging, and the smaller field for quadrant imaging such as for isolated impacted teeth and endodontic root analysis. The CBCT machines are in the Oral Health Clinic (OHC) building in adjacent rooms which have been specifically designed with appropriate lead shielding in the walls as determined by the radiation safety inspector. The operator's exposure controls are outside of the examination room which provides operator protection from radiation. Observation of the patient exposure occurs through the viewing windows provide next to the controls. The design of these rooms allows for both visual and audible access to the patient during the imaging examination.

Installation of both units was overseen by the TTUHSC Radiation Safety Office and wall mounted dosimeter monitors are regularly used to track radiation output from the machines. Such monitors have never received a dose exceeding the defined safety parameters. (25 mrem/quarter or 100 mrem /year)

The primary operators of the CBCT machines are the designated radiology staff and other RDA designated individuals who have received specific training from both the manufacturers training programs and the WLHSDM radiology faculty/staff members. No other faculty, staff, or students are allowed to make patient exposures with the CBCT machines.

Undergraduate dental student utilization is primarily focused upon dental implant examinations. All such examinations are ordered by clinical team faculty after the clinical evaluation and treatment planning have been completed with the student and the patient has been informed of the need for a CBCT examination to specifically plan for a dental implant procedure. Images are made as described, and image reconstruction is performed by the primary operators to develop an image report. Under the direct supervision of the radiology operator staff, students can assist with the positioning of the patient in the CBCT units and observe the exposure process. Students can immediately visualize the results and can discuss the technical procedures involved with producing the image with the radiology operator. All images are electronically stored on the WLHSDM server.

After saving the images, students can review the images upon request. There is a computer viewing room) provided for the students where they can individually perform a dental implant workup using the virtual implant placement imaging software. Once completed, the student contacts one of the designated clinical faculty for the purpose of finalizing dental implant treatment planning using the DICOM data, the reconstructed images, and their virtual implant work-up.

Initial interpretation of the CBCT image data made for dental implant purposes is provided by the clinical faculty mentors. When the CBCT machine provides an image field, essentially limited to the maxillary and mandibular dentitions, the identification of anatomy and pathology are deemed to fall within the interpretive scope of a general dental practitioner. However, any concerns for pathology

and abnormalities detected at the time of this examination are then referred by the clinical faculty to the radiology faculty person for further interpretation and generation of a specific radiology report. Students are expected to present the case and concerns to the radiology faculty member and to participate in the generation of the radiology report which when completed is placed in the patient's electronic record in Axium. A similar protocol is followed for other situations where CBCT is determined to be necessary to appropriately manage the case.

Currently, the WLHSDM does not provide imaging services for patients from outside private practices. However, before any referrals of WLHSDM patients who have receive CBCT imaging examinations can be made to outside practices, a CBCT interpretive report by the radiology faculty member must be generated before delivery of the image data to the designated referral practice.

Treatment Planning

1. Formulate an individual, comprehensive, sequenced treatment plan using diagnostic and prognostic information from the comprehensive assessment of the patient.
2. Discuss etiologies, treatment alternatives prognoses and preventive strategies with the patient; educate the patient so he/she can participate in the management of his/her own care.
3. Develop, implement and modify a sequenced treatment plan that is customized to meet the patient's goals, values, concerns and special needs.
4. Identify the need for and manage timely referrals when appropriate.

After the treatment plan is completed and with the approval of the supervising faculty, the student presents the case to the patient, explaining all risks and benefits. If the patient agrees to the plan, the student finalizes the data in the EHR. The final treatment plan is approved by the Clinic Mentor, the patient then signs the final agreed upon Treatment Plan Estimate and appropriate Informed Consent form(s). Before leaving, the patient is reappointed by his/her PSS in conjunction with the student. Clinical staff will review the financial responsibilities of the patient to complete the proposed treatment plan as well as the patient's obligations regarding appointments and give them a contact number for any questions or problems. Students will not be allowed to treat a patient if the treatment plan and informed consent(s) are not signed. If treatment is performed without the signature, a Clinical Incident Report will be initiated.

Treatment Planning of Pediatric Patients

All treatment planning is completed in the pediatric area of the clinic. Consent forms must be signed by a parent or legal guardian. The pediatric faculty will determine if the patient will be treated in the team area or the pediatric clinic. It is the intent that the majority of treatment will take place in the team setting but there may be conditions that require the supervision of pediatric specialists for treatment.

Changing an Approved Treatment Plan (Adult and Pediatric Patients)

Changes in treatment that are minor (i.e., changes in surfaces, change from endodontics to vital pulp therapy, etc.) may be approved by the supervising attending faculty. He/she must place a note in the EHR justifying the change in treatment. If

the treatment change is major (i.e., change from cast gold to CAD-CAM, change to/from fixed or removable prosthesis, unplanned loss of teeth, etc.), the supervising faculty must consult with the faculty who originally planned the treatment to discuss the proposed change and the reason for it. The Clinic Mentor will be the final approving authority. If significant new treatment is planned, a new consent must be signed by the patient and new codes entered in the treatment plan. Changes in fees must be explained to the patient prior to initiation of the new proposed treatment.

PATIENT COMPLETION, RECARE AND DISCONTINUATION

Completion of Active Treatment

Upon completion of an adult comprehensive care patient's treatment plan, the patient's treatment history and account is reviewed by clinical staff, and the patient's next preventive maintenance due date is confirmed. The patient's status in the EHR is then changed to "RECALL" and the student will continue to recall the patient until the student graduates. To successfully perform a case completion, the student must complete the following sequence:

1. 2 to 3 working days prior to scheduling the patient's final appointment, the Patient Service Specialist (PSS) must be notified. The coordinator will audit the patient's account and treatment history and designate it for clearance if the unpaid balance is zero. If there is an amount owed, the coordinator/scheduler will research the account to determine the reason for the balance. Items correctable by Business Services, such as data entry errors, will be corrected through the PSS staff. NOTE: Any unpaid balances owed by the patient must be resolved by the student in coordination with the patient. No comprehensive care patient with an unpaid balance can be electronically unassigned from a student's patient family.
2. Review the patient's treatment plan and EHR record for completeness with the Clinic Mentor
3. Include the procedure code for "Patient Care Completion Exam (PCCE) in the "treatment completed" area of the EHR for the patient's final case completion visit. This code, once entered into the EHR, serves as an electronic identifier that the treatment plan is complete.
4. Pending graduation, if all above steps are satisfied, the PSS will remove the patient from the student's family in the EHR. The Clinic Mentor will transfer the patient to either a continuing dental student or the WLHSDM Recall pool, or inactivate the patient.

Discontinuing a Patient in Active Treatment

Patients may be inactivated with the approval of a student's Clinic Mentor, and/or the Associate Dean for Clinical Affairs and Patient Care. Reasons for inactivation include but are not limited to:

- An undue number of tardy, cancelled, failed (no-show), or rescheduled appointments.
- Termination requested by patient and verified by the Office of Business Services.
- Determination that patient is not a teaching case.
- Failure to pay for services provided.

Requests will be considered after the student has discussed the patient's case with his/her Clinic Mentor, documented the reason for the request in the EHR, and obtained the approval of his/her Clinic Mentor. The discontinuance form letter (available from a PSS) is prepared by the student and signed by the Clinic Mentor and forwarded to the appropriate PSS ~~CPT Coordinator~~. Depending on the situation, a more formal letter may be drafted by the PSS- Patient Service Specialist. Inactivation letters are sent by certified mail.

THE PATIENT RECORD

THE PATIENT RECORD

Documentation Standards

Each patient's record is a legal document and contains all information and supporting documentation pertinent to that patient's oral health. Patient records contain privileged and confidential information and must be treated as such at all times. The following WLHSDM clinical personnel are authorized to write appropriate notes in the Progress Notes section of the patient's EHR:

- Faculty

Clinical staff member, as authorized by the Office of Clinical Affairs Clinic Mentors The following WLHSDM clinical personnel are authorized to write appropriate notes in the Contact Notes section of the patient's EHR:

- Patient Services Specialists
- Business office personnel
- Administration authorized by the office of Clinical Affairs

Patients have the right to see their record at any time. It is imperative that records are kept current, accurate and that appropriate entries are made. Progress notes are a documentary of the treatment, so someone who has never seen the patient could read them and understand the entire course of treatment. There must be enough information so that the treatment, encounter, sequence of events, etc. can be reconstructed many years later. Only abbreviations or symbols approved for use at WLHSDM may be used in the EHR. These include procedure codes from the current year CDT codes, tooth number, and those approved dental and medical abbreviations. Students must record patient's chief complaint, vital signs, examinations performed, results of examinations, diagnoses, and informed consent to treatment, treatment, appointments, no-shows, cancellations, tardiness, and other data that may pertain to patient management. All entries by students and staff must be electronically approved by a supervising faculty member. Faculty are responsible for the accuracy, completeness, and appropriateness of all entries in which they provided supervision and/or treatment. Electronic Patient Record and Forms Informed Consent

As the treatment plan is being created, the student should be informing the patient of the various treatment options. Once the proposed treatment plan has been approved by the Clinic Mentor, the student should discuss it with the patient and must obtain the patient's electronic signature of consent to treat. It is a requirement that student and faculty providers inform patients about the nature of their diagnosis, proposed treatment, the risks of the proposed treatment, the alternatives, if any, and the risks associated with the alternatives, including the consequences of no treatment. Every time a diagnosis is made and a treatment plan is recommended, the record must show that the patient was given necessary information, including the opportunity to ask questions, and was satisfied with this information

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Prior to beginning treatment at each appointment, the student must ask the patient if there are any questions concerning the treatment planned for the day. This allows the student to recheck for satisfaction with the agreed upon plan as well as for unreasonable patient expectations prior to treatment. This is also an opportunity to review the consent with the patient since it is as important as reviewing the medical history.

The informed patient will be a more cooperative patient, and by encouraging questions and maintaining a dialogue with the patient, the student can demonstrate that the patient had an important part in managing the treatment.

The patient's record must reflect that the effort and time has been taken to discuss the treatment, risks and benefits with the patient, as well as the consequences of not proceeding with some type of therapy. The record must also demonstrate that the discussion was personalized to the patient's needs and understanding and was obtained in a timely manner.

Additional Special Record Documentation as Appropriate

As the situation requires, the following must also be documented:

1. Missed, cancelled, or late arrival appointments: this may reveal patient responsibility for their own care should negative sequelae arise.
2. All conversations with other healthcare providers (i.e., patient's personal physician).
3. All conversations with the patient, including telephone conversations, discussions regarding prescriptions, instructions, unexpected complications, referrals, diagnosis, or treatment, etc.
4. Any equipment or supplies that are unusual or used in a manner different from that specified in written protocols or procedures.
5. If a person with authority initiates or changes treatment according to his/her own professional judgment, that person must document the problem under consideration and reasons for beginning, altering or discontinuing treatment. If he/she does not have authority to act, the note should reflect that pertinent information was passed on to someone who does.
6. If a patient needs controversial, lengthy or invasive tests, document the rationale for the necessity.
7. All results of diagnostic procedures, as well as any actions or treatment decisions made on the basis of test results.
8. The overall achievement of patient care goals such that a reviewer of the record could determine that appropriate care was being monitored, had been provided, and successfully concluded.
9. The rationale when treatment has been discontinued. (For example, the treatment modality has successfully resolved the original clinical problem and therefore is no longer necessary, or has been ineffective and may require additional diagnostic exams, consultations, referrals and/or treatment, or has been harmful to the patient and thus not in his/her best interests with an appropriate follow up to that care.)

DENTAL TREATMENT FEE SCHEDULE*: Available in axiUm and the office of clinical affairs*

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HAZARDOUS MATERIALS

Safety Data Sheets (SDS)

Safety Data Sheets (SDS) provide information about chemicals used in the workplace, including information describing the protocol to follow for chemical spills on the floor or on someone's skin. An SDS is on file for each hazardous chemical known to be present in the WLHSDM. SDS's are available in the OHC Dispensary. The SDS provides the following information:

- Product Identity
- Hazardous Ingredients
- Physical Data
- Fire and Explosion Hazard Data
- Health Hazard Data
- Reactivity Data
- Spill or Leak Procedures
- Special Product Information
- Special Precautions

Mercury has long been recognized as a hazardous material. Since it contains mercury, dental amalgam is classified as a hazardous material in the work place by OSHA, and excess dental amalgam must be disposed of as hazardous waste. Dental amalgam waste should never be discharged to the sewer or discarded with solid waste or medical waste.

In order to prevent mercury contamination, excess mercury and excess amalgam should be stored in the special containers located in the SPD. Instructions for their proper use are:

- The air-tight container is labeled as "Scrap Amalgam" and used only for scrap amalgam.
- The container must be kept tightly closed.
- A container that may accidentally become faulty should be replaced immediately.
- It is the responsibility of the Sterilization Processing Department (SPD) or Dental Assistant to make sure that all excess mercury and amalgam are placed in the container.
- The final waste trap is maintained by Biomedical Repair technician

Mercury can enter the body by inhalation, ingestion or through the skin. For the safety of people who work with mercury, the following policy applies:

1. Latex or vinyl gloves must be worn whenever there is the possibility of amalgam touching the skin. If amalgam does touch the skin, the area must immediately be washed with soap and water.
2. Amalgam must not be heated, as heating will release mercury into the air. Instruments used in the placement of amalgam restorations must be carefully cleaned prior to sterilization.
3. Amalgam capsules and scrap amalgam should be stored away from heat sources.

4. In order to prevent mercury contamination, excess mercury and excess amalgam should be stored in the special containers described above.

HAZARDOUS MATERIAL SPILL

If a toxic chemical spill occurs, immediately:

1. Alert co-workers and ensure the safety of personnel and patients.
2. Call Facilities at (915) 215-4500 and give location of the spill.
3. Contain the spill by carefully following the instructions on the spill kit located in the DECON side of SPD.
4. If the spill is deemed hazardous, evacuate the area and call Facilities at extension (915) 215-4500

In the event of a small amalgam mercury spill, immediately call the dispensary associated with your PSS and give the location of the spill. Dispensary personnel will respond to the scene with spill kit to clean up the spill.

RADIATION SAFETY

RADIATION SAFETY

The WLHSDM is committed to delivering the highest quality of care to each of its individual patients and applying advancements in technology and science to continually improve the oral health to the citizens in the Intermountain West region.

The responsibility for clinical radiation safety lies with every individual involved with diagnostic radiology including faculty, students, clinical staff and other individuals who are responsible for the proper use and maintenance of radiation equipment and supplies.

Radiographs are of benefit to the patient when they are of high quality and are used to assist in the diagnosis and management of the patient's oral or maxillofacial condition. However, since ionizing radiation presents some degree of risk to those exposed, all efforts should be made to keep the dose of radiation to the smallest amount consistent with the diagnostic needs of the patient. The objective of this radiation policy is to ensure that the benefits to the patient of diagnostic radiography far exceed the risks of adverse effects by operating under the ALARA concept (As Low As is Reasonably Achievable) with regard to radiation exposure.

A. **Selection of Radiographic Examinations**

1. The WLHSDM subscribes to the concept that the selection of a radiographic examination for a patient should be based on the individual patient's health needs, rather than on a standard procedure that is the same for all patients. This is in accordance with guidelines for dental radiographic examinations originally developed by the FDA in 1987 and subsequently revised by the American Dental Association in 2004.

2. Before radiographs are ordered on patients, a review of the medical and dental history and an initial oral examination should be performed to assess the patient's oral health and to determine what additional information is needed from diagnostic imaging in order to make a complete diagnosis and treatment plan. An attempt should be made to obtain radiographs from the patient's prior dentist, if possible.

3. The type of radiographic examination for new patients will vary, depending on the patient's age, developmental status of the dentition, history of past dental care, clinical evidence of oral disease, risk status for dental disease, and information available from prior radiographs.

4. Radiographic examinations of patients already under treatment or returning for periodic recall examination should also be based on the patient's needs.

5. Totally edentulous new patients presenting for fabrication of complete dentures should have a panoramic radiograph made initially to assess the edentulous ridges for suitability for denture construction and to evaluate the jaws for pathology.

B. **Monitoring of Radiographic Examinations**

1. All radiographs, including retakes, shall be recorded in the patient's record. The name of the dentist requesting the examination shall also be recorded.

2. Before ordering a radiographic examination, the faculty member should review the patient's record to determine whether new radiographs are indicated.

3. An instructor must inspect the radiographs and indicate the need for retakes before any additional images can be made by the student. If a student requires more than two retakes in a complete set of radiographs, he (she) must make them under the direct supervision of an instructor or x-ray technician or registered dental assistant (RDA). Second remakes, if necessary, will be done by an instructor or x-ray technician or RDA, with the student observing. If the radiographs contain adequate diagnostic information, they should not be retaken merely to demonstrate technical perfection.

4. Patients should not be dismissed until an instructor has inspected and approved the films.

Safety Precautions

5. All persons using radiographic equipment must have received formal instruction before exposing patients

6. Students must not serve as live technique mannequins, unless some benefit to the student patient is to be derived by the taking and interpreting of the radiographs.

7. The operator and any supervising faculty member should stand behind a suitable barrier during radiographic exposure except when using the Nomad® handheld device which has an external backscatter shield and internal shielding specially designed to protect the operator from radiation exposure.

8. The operator must not hold the sensor/phosphor plate for the patient.

9. Pregnancy, in itself, is not a barrier to radiographic examination, as long as he benefits to the patient outweigh any potential adverse effect to the fetus. If dental treatment is to be deferred until after delivery, radiographs should also be deferred.

10. Personnel exposure monitoring devices (film badges) should be worn by those faculty and staff who could potentially receive a high radiation dose, e.g., those supervising students in the radiography clinic every day, those working in a clinic with no lead barrier. Experience has shown that these devices are not needed by those with less frequent contact with radiographic procedures, although the devices can be made available to pregnant operators on request.

C. **Monitoring of Equipment**

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1. All x-ray generating equipment will be inspected by the Texas Office of Radiation Control periodically or at the discretion of the Division's Executive Secretary with a maximum time between inspections of five years. This schedule is in compliance with Texas Administrative Code.
2. X-ray machines will be inspected and calibrated biennially, according to the attached quality assurance schedule.
3. Automatic processors and other ancillary equipment will be monitored to assure optimum quality of radiographs, according to the attached quality assurance schedule.
4. All malfunctions in either generating or processing equipment should be reported promptly to the Office of Clinical Affairs and Patient Care.

D. **Monitoring of Radiation Policy**

1. A formal review must be completed annually and at any other time a request for revisions is made. Once the WLHSDM has hired a Maxillofacial Radiologist, this person will be responsible for annual review of the radiation policy and procedures. Documentation of his/her actions on reviews and requests for revisions will be on file in the Office of Clinical Affairs.
2. Recommendations of the radiologist shall be implemented via the Quality Assurance Committee at the direction of the Dean or his/her designee.

QUALITY ASSURANCE and SAFETY

QUALITY ASSURANCE *** Committee**

The Quality Assurance Program (QAP) is an ongoing process that assures the standards of care are met and involves administrators, faculty, staff, students and patients. When patient care deficiencies are identified, it is critical that these deficiencies are corrected in a timely manner and, if applicable, changes are made in the appropriate curriculum and/ or clinical policies. Follow-up assessments are an integral part of the overall QAP to determine the success of any corrective measures. Administrative oversight lies with the Office of Clinical Affairs through the following individuals/units:

- Director of Quality Assurance and Risk Management
- Clinic Mentors

The WLHSDM has a formal system of quality assurance that is based on standards of care that are measured by a cycle of final case reviews, record audits, patient surveys (Appendix S) and supporting documentation review. Supporting documentation is comprised of but not limited to unusual occurrence reports, unfavorable treatment outcome reports, patient advocate reports and fee adjustment reports. The Standards of Care specifically address informed consent, patients' rights and responsibilities, new patient assessment, emergency patient assessment, comprehensive care patient assessment and treatment procedures. The Office of Clinical Affairs is responsible for implementation and on-going monitoring of the

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WLHSDM's quality assurance and safety program and supervision of any corrective actions indicated by analysis of the outcome measures.

All of the Standards have indicators designed to measure quality of care. If measures show an indicator has fallen below the accepted threshold, action recommendations are forwarded by the Quality Assurance Committee and after review by the Office of Clinical Affairs to the appropriate individual. The cycle is repeated quarterly to ensure recommendations are implemented, monitored and effective.

STANDARDS OF PATIENT CARE

The Standards of Patient Care document defines the goals of patient care in a clinical education setting, providing problem based comprehensive care within a general practice model. The Standards are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria. They specifically address informed consent, patients' rights and responsibilities, new patient assessment, emergency patient assessment, comprehensive care patient assessment, treatment procedures and quality assurance.

1. Patients' Rights
   All patients will be advised of their rights and responsibilities at the WLHSDM clinics.

2. Examination, Diagnosis, Treatment Planning
   Each accepted patient will receive a thorough examination, diagnosis, and treatment plan that is customized and sequenced to their approval.

3. Oral Health Care
   Quality, comprehensive oral health care will be provided in a timely manner.

4. Clinical Environment
   Patients in the WLHSDM's clinics will be treated in an environment that is safe, satisfactory, and provided in a confidential manner.

Additional Policies

Emergency Patient Assessment

a. Each new emergency patient will have recorded a chief complaint, a history of the chief complaint, a medical history, an examination of the area of complaint, a diagnosis, and a recommended treatment.

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b. Vital signs, a physical evaluation, and a prognosis are to be included if emergency therapy is to be rendered.

Comprehensive Care Patient Assessment

a. All patients accepted for comprehensive dental care will receive a thorough and systematic examination consisting of the following when appropriate:

- An evaluation of the periodontium and related structures, mobility of teeth and implants, and the degree of furcation involvement.
- A periodontal evaluation consisting of a PSR and/or periodontal charting to assess periodontal pocket depths and attachment levels, and to provide information on the health of the subgingival area.
- An evaluation of teeth for caries, pulpal disease, malocclusion, pathology, and defective or inadequate restorations.
- An evaluation of dental prostheses, including orthodontic appliances.
- A risk assessment for dental disease (e.g., caries risk, nutrition risk, periodontal risk) at the initiation of treatment and at prescribed intervals during treatment.

b. Clinical findings and diagnoses will be used to develop a comprehensive plan for dental treatment to eliminate or alleviate dental disease and thereby prevent or slow further destructive changes. Where indicated, the plan will include:

- Diagnoses, etiology and proposed therapy.
- Any reasonable alternative treatments. Overall
- and selected tooth prognoses.

Treatment Procedures

a. Where indicated, treatment plans will include:

- Patient education and training in personal oral health maintenance and dental disease risk reduction.
- Preventive or periodontal therapy, including removal of supragingival and accessible subgingival bacterial plaque and calculus by periodontal scaling, and comprehensive root planing as appropriate.
- Treatment of teeth by endodontic therapy,
- Caries removal and restoration, remineralization therapy, and/or sealant application.
- Removal of teeth with a hopeless prognosis.
- Replacement of missing teeth with a complete denture, overdenture, removable partial denture, fixed partial denture or an implant-supported prosthesis.
- Provision for reevaluation during and after active treatment.
- Definition of recare intervals for patients in continuing comprehensive care as well as completed patients.

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b. When the treatment indicated cannot be provided within the scope of the WLHSDM, patients will be referred to other dentists or health care providers with the necessary knowledge or expertise to care for the patient. QUALITY

ASSURANCE AUDITS

Three types of record audits based on who is performing the audit: student, staff and professional/clinical faculty audits are described below:

Student Record Audits

Dental students perform a detailed audit of 10% of records from their family of patients two times per year during their clinical years. Successful completion of this activity may be necessary for students to "Pass" Dental Skills. The areas that are audited include: consents, health history and medication review, health risk assessment, clinical assessment, treatment plans, periodontal examination, progress (treatment) notes, radiographs and supervisor authorizations. For successful completion of each audit, any deficiencies found during the record audit must be corrected with monitoring and approval by the supervising attending faculty.

Deficiencies and errors in recordkeeping are noted and become part of the assessment of the student's professionalism evaluation. The Clinic Mentors assist to resolve any reconcilable deficiencies or errors with the student. Students whose recordkeeping demonstrates multiple deficiencies and/or errors are counseled or remediated as necessary. As with other findings, this information is reported to the QA committee, Clinic Mentors and the Office of Clinical Affairs. In addition to the follow-up with individual students described above, other corrective actions include providing student seminars and faculty in-service training workshops to communicate patterns and reduce record keeping deficiencies.

Staff Record Audits

Staff members also perform record audits. For instance, the staff will audit one student record from each student during each audit cycle to ensure that students follow the audit criteria.

DETERMINATION OF PATIENT TREATMENT DEFICIENCIES

Patient treatment is continuously assessed to measure its quality and to identify treatment deficiencies following the completion of each procedure and at the post-treatment examination. Students self-assess at each clinic session the quality of the care they provide for patients in the clinical practice teams. The supervising faculty then review the student's performance as part of the assessment process. Deficient treatment is identified and corrected at the time of this assessment, or as soon thereafter as possible depending on the nature of the deficiency. If the same treatment deficiency is detected among a group of students, the responsible attending faculty is notified and counseled to make appropriate changes in their areas of responsibility. The Quality Assurance and Safety program reinforces these principles with multiple monitoring and assessment efforts to determine the occurrence of patient treatment deficiencies as defined by the WLHSDM quality of care indicators. (Appendix T)

There are four data collection components for this part of the quality assurance program as described below.

1. Redo/Remake Data

   All procedures that are redone or restorations remade by students are recorded. On a quarterly basis, the QA Committee evaluates the results for trends and determines the frequency with which a procedure is redone.

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2. Post-Treatment Evaluation

   After completing a treatment plan or the disease-control phase of a treatment plan, a faculty will assess the patient's oral condition by conducting a post-treatment evaluation. The faculty member ensures and documents in the patient's record that the chief complaint has been addressed, medical risk has been addressed, soft and hard tissue disease has been resolved or stabilized, no treatment needs remain, and the patient is satisfied with treatment and can perform necessary oral hygiene status measures. The patient is then referred to a recall program for periodontal or preventive maintenance.

3. The Patient Concern Form

   Any patient complaint that cannot be resolved on the phone or in person is recorded on a patient concern form by the supervising faculty member. There is a Patient Advocate and Director of Quality Assurance available to interview patients who have expressed concerns about some aspect of their experience at the WLHSDM. On a quarterly basis or as needed, the QA Committee prepares a summary of these forms and looks for trends or areas of repeated concern. Feedback is given to those areas of concern.

4. The Treatment Incident Report

   An Incident/Injury report must be submitted to the Office of Clinical Affairs within 24 hours of the time of the occurrence of an incident/injury to a patient. When the Incident/Injury Report is completed and returned to the Office of Clinical Affairs, an investigation into the events of the occurrence will begin. Follow-up is completed within 24 hours of the time the report is received.

A QA staff member and the Office of Clinical Affairs conducts regular trend analyses of the incident reports. If determined that further investigation is required for an incident, it is accomplished by a faculty member of the sub-committee on clinical quality assurance and safety. Trends are taken to the committee for corrective action recommendations.

PROTOCOL FOR ASPIRATED/SWALLOWED FOREIGN DENTAL OBJECT

Avoid aspiration or swallowing by taking all available precautions (e.g., placement of throat pack, rubber dam, and or positioning of dental chair).

If aspiration/swallowing is suspected:

1. Stop the procedure immediately and do not resume until aspiration has definitely been ruled out.
2. Ask the patient not to swallow.
3. Thoroughly examine the oral cavity.
4. Position the patient to minimize potential for aspiration. The patient may not be aware of swallowing or aspirating a foreign body. If the patient becomes agitated or tries to sit up, allow him/her to do so. The patient may be trying to cough up a foreign body, an indication of aspiration.
5. If item is not found, examine its surrounding area, the patient's clothing, and the dental chair.

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6. Immediately inform the supervising clinical faculty and with their direction, mobilize portable emergency unit, and alert the Clinic Administrator or designee.
7. At the direction of the supervising faculty/Emergency Team, complete the necessary documents to have the patient transported to UMC. Inform the medical personnel of the size, shape, and composition of the object. Take a duplicate object (e.g., crown, scalar, bur changer, etc.) if possible, to show to medical personnel.
8. In cooperation with the Clinic Mentor and/or Director of Quality Assurance, the patient's condition will be monitored at one-week intervals (or as otherwise determined by the physician) until swallowed or aspirated object is no longer radiographically visible or is returned by the patient.
9. Ensure that there is an Incident Report filed in the Office of Clinical Affairs and the EHR has an accurate and current account of the incident, including object recovery, a copy of radiographic reports, a copy of the physician's notation of removal/expulsion of the object, and a copy of the physician's notation of initial and follow-up care.

INFECTION CONTROL

INTRODUCTION

Infection control practices are designed to prevent the transmission of diseases from patient to healthcare worker, healthcare worker to patient, and from patient to patient. Patients and healthcare providers (HCP) may harbor a variety of infectious diseases including, but not limited to, Hepatitis B or C, human immunodeficiency virus (HIV), herpes simplex, cytomegalovirus and influenza, among others. Additionally, the environment of the dental operatory may serve as a vector for disease transmission if instruments, devices and contact surfaces are inadequately decontaminated between patients. Because it is not possible to identify all patients and healthcare providers who may carry infectious diseases, the WLHSDM adheres to Standard Precautions as recommended by the Centers for Disease Control and Prevention (CDC).

The following procedures and protocols have been written to protect students, staff and faculty from exposure to aerosol pathogens.

Standard Precautions integrate and expand the elements of universal precautions into a standard of care designed to protect HCP and patients from pathogens spread by blood or any other body fluid, excretion, or secretion. Standard precautions apply to contact with 1) blood; 2) all body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood; 3) non-intact skin; and 4) mucous membranes. Healthcare personnel with certain diseases or conditions may pose a risk to patients and therefore their contact should be restricted. Appendix U outlines the work restrictions for these conditions or diseases.

Good infection control minimizes the risk for cross-contamination, provides a safe working environment for all individuals involved in patient care, and demonstrates to patients and the public that we are creating a safe environment for their treatment. All students, staff and faculty in the WLHSDM must follow the procedures described in this document.

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Several organizations have published guidelines and/or standards affecting dentistry that are incorporated in this document. The infection control policies of the WLHSDM comply with the current guidance from the

- Centers for Disease Control and Prevention (CDC)
- American Dental Association (ADA)
- American Dental Education Association (ADEA)
- Occupational Safety and Health Administration (OSHA) • Environmental Protection Agency (EPA)
- USAF Guidelines for Infection Control in Dentistry

In addition, policies included in this document comply with existing state and local regulations. The Exposure Control Plan and Infection Control Policy is a key document to assist clinics and all clinical support areas in implementing and ensuring compliance with the standards, thereby protecting our faculty, staff, students and patients.

Responsibilities

1. This Exposure Control Plan is mandatory for all WLHSDM personnel.
2. Supervisors will ensure that the procedures of this Plan are followed. This includes making a copy of this Plan available to workers, enforcing compliance with the Plan, ensuring new employees are appropriately trained, and performing follow-up on incident exposures.
3. Workers will perform duties as established in this Plan and as trained.

Protocols for Limiting Contamination

- Wear protective gloves if exposure to blood contaminated body substances is remotely probable. Gloves will be worn for transporting biohazard containers.
- Anytime gloves are worn, remove the gloves prior to touching anything else and use an antiseptic cleaner until hands can be washed with soap and water.
- Use puncture-proof containers to store sharps and red biohazard-labeled bags for other possibly contaminated items.
-
    - Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

DETERMINATION of EMPLOYEE EXPOSURE: CLASSIFICATION

1. Moderate to High Risk

This level includes those employees who work directly with human blood or OPIM. These employees fall under the jurisdiction of the OSHA aerosol Pathogens Standard, requiring use of Universal Precautions, initial and annual training, and being offered the Hepatitis B vaccination series and titer. Initial training and the offer of the Hepatitis B vaccine must occur within 10 days of employment or assignment to a position in which they are considered to be at moderate or high risk.

2. Low Risk

This level includes those employees who may encounter blood or OPIM in the course of their work and all of the following situations exist:

- The employee can choose to have another designated person clean it up, based on criteria learned in an awareness level of training.
- The employee can clean it up without creating an exposure situation (such as with a mop or other implement with creates distance between the employee and the material).
- The blood or OPIM is not in a liquid state or is otherwise bound into absorbent material and thereby does not constitute "regulated waste". WLHSDM requires that these employees use Universal Precautions, at a minimum, and receive periodic awareness training as deemed necessary by the supervisor, but they are not designated as “at risk” and are not included under the OSHA aerosol Pathogens Standard.

3. No Risk

This level includes those employees who are not reasonably expected to encounter human blood or OPIM in the course of their assigned duties, and if they might inadvertently encounter such a situation, there is no expectation that the employees clean it up or handle it themselves. There is no requirement for aerosol pathogens safety training for those in this category.

The following is a list of job classifications at the WLHSDM in which all employees have moderate to high risk of occupational exposure:

- Dentist
- Dental Hygienist
- Dental Assistant
- Dental Laboratory Technician
- Dental Student
- Dental Equipment Repair Specialist
- Radiology Technician
- Sterilization Technician
- Dispensary Staff
- Patient Service Specialist

The following is a list of all job classifications at the WLHSDM in which all employees have low risk of occupational exposure:

IT Staff
Personnel
- Cashier
- Equipment Repair Personnel

Maintenance
- Facilities
- Housekeeping

The following is a list of all job classifications at the WLHSDM in which all employees have no risk of occupational exposure:

Business:
- Services Staff
- Administrative Assistant
- Database Manager

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4. General:

   - Grounds personnel may face the risk of exposure to human blood during performance of their duties. Blood or blood-contaminated needles, or containers may be encountered. Injuries on University property may result in blood on the streets or sidewalks.
   - Although the only documented occupational risks of HIV and HBV infection are associated with injection, inoculation (including contamination of broken skin) or mucous membrane exposure to blood and other potentially infectious body fluids, as a precaution to university workers, when differentiation between fluid types is difficult, all body substances should be treated as if contaminated with human blood containing HIV or HBV.

ENGINEERING CONTROLS AND WORK PRACTICE CONTROLS

Engineering controls and work practice controls are used to prevent or minimize exposure to bloodborne pathogens. Examples of engineering controls and work practice controls used at the WLHSDM are listed below.

- Examples of engineering controls include, but are not limited to
- Puncture-resistant disposal containers for contaminated sharps, orthodontia wire, or broken glass ~~Mechanical~~ needle- recapping devices
- Biosafety-designed cabinets
- Ventilated laboratory hoods

Examples of work practice controls include, but are not limited to:

- Using disposable barriers, where applicable
- Providing readily accessible hand washing facilities
- Washing hands immediately or as soon as feasible after removal of gloves
- At non-fixed sites (e.g., emergency scenes, mobile blood collection sites) that lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible.
- Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs
- Recapping needles using only an approved recapping device or a one-hand technique
- Prohibiting the shearing, bending or breaking contaminated needles
- Applying warning labels as appropriate
- Decontaminating or disinfecting patient materials transported to dental laboratories

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- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure
- Prohibiting food and drink from being stored in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present
- Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances
- Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping
- Ensuring that equipment which may become contaminated with blood or other potentially infectious materials is decontaminated prior to servicing or shipping. Items not completely decontaminated will be labeled per section (g)(1)(i)(H) of the OSHA Bloodborne Pathogen Standard
- Providing a plumbed, readily accessible, and uncluttered eyewash station where necessary.

Engineering controls and work practice controls will be reviewed annually. The original bloodborne pathogens standard was not specific regarding the applicability of various engineering controls in the healthcare setting. The Needlestick Safety and Prevention Act (effective April 18, 2001) directed OSHA to revise the Bloodborne Pathogens Standard to specify that "safer medical devices, such as sharps with engineered sharps injury protections and needleless systems" constitute an effective engineering control, and must be used where feasible. No one medical device is considered appropriate or effective for all circumstances. Devices will be selected that, based on reasonable judgment, will not jeopardize patient or employee safety or be medically inadvisable, and will make an exposure incident involving a contaminated sharp less likely to occur. The following will be included in the annual review process per the requirements of the Needlestick Safety and Prevention Act:

- A review of innovations in medical procedure and technological developments that reduce the risk of exposure (e.g., newly available medical devices designed to reduce needlesticks);
- Documented consideration and use of appropriate, commercially-available, and effective safer devices (e.g., describe the devices identified as candidates for use, the method(s) used to evaluate those devices, and justification for the eventual selection);
- Documented input from non-managerial employees responsible for direct patient care regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices.

IMMUNIZATION AND TESTING REQUIREMENTS

OSHA, through the implementation of the bloodborne pathogen standard, requires immunization against hepatitis B for all faculty, staff and students who are at risk for occupational exposure to blood and other potentially infectious materials (OPIM). Students must provide proof of immunity to Hepatitis B as part of their pre-matriculation physical examination. Faculty and staff are offered the Hepatitis B vaccination series at the beginning for their employment with. The statement found on Appendix J will be signed if the employee chooses to decline the vaccination at this time.

All students and clinical personnel are required to be vaccinated against measles, mumps, and rubella (MMR), DPT, polio, varicella, and influenza if they are not already immune. Tuberculin skin testing for students is required before matriculation and with an annual questionnaire thereafter. Tuberculin skin testing is required for faculty and clinical staff upon employment (salaried or voluntary) with an annual questionnaire thereafter.

TUBERCULOSIS TRAINING AND EDUCATION

Tuberculosis training and education will be provided to all faculty, staff and students who may contact individuals with suspected infectious tuberculosis. It is the policy of the WLHSDM to refer these patients to hospital settings for treatment. However, patients may enter the WLHSDM for emergency or urgent care who are at high risk for TB. All students, staff and faculty need to be aware of clinical signs and symptoms suggestive of TB and patient risk factors for the disease. The signs and symptoms of the disease include:

- persistent cough (i.e., lasting equal to or greater than three (3) weeks)
- bloody sputum (coughing up blood)
- night sweats
- weight loss
- anorexia (loss of appetite)
- fever
- chills
- lethargy/weakness

Risk factors to consider include:

- past history of TB infection (positive TB skin test result) or inadequate treatment for infectious TB
- close contact to an individual with infectious TB disease
- foreign-born persons from areas where infectious TB disease is common
- medically underserved, low-income populations
- age (children under the age of 4 and elderly persons)
- persons who inject illegal drugs
- locally identified groups with high rates of infections (e.g., migrant farm workers, alcoholics, or homeless persons)
- immunocompromised persons (HIV infection)

Other topics to be included in the training program include:

- the mode of TB transmission
- medical surveillance and therapy
- site-specific protocols including the purpose and proper use of controls
- post-exposure protocols to be followed after an exposure incident Treatment of Patients with Active or

- Suspected Infection with Tuberculosis

1. During initial medical history and periodic updates ask patients about a history of TB disease and symptoms suggestive of TB. Symptoms include chronic cough, coughing blood, night sweats, weight loss, anorexia and/or fever. Note: A positive TB skin test without symptoms does not indicate active infection in most cases.
2. Patients with history and symptoms suggestive of active TB should be promptly referred to a physician for evaluation.
3. Elective dental treatment should be postponed until a physician confirms in writing, using recognized diagnostic evaluations, that the patient does not have active tuberculosis.

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4. If urgent dental care must be provided for a patient who has, or is suspected of having, active TB infection, TB isolation practices must be implemented. Treatment provided should be limited to the minimal necessary to relieve the patient's immediate pain. Generally, referral to a medical center with proper isolation rooms will be required. [Respiratory protection (HEPA-filter masks) must be used by the dental care providers when performing procedures on these patients. The respirators must be fit tested prior to each use.] Contact the Office of Clinical Affairs to determine the referral mechanism.
5. Dental Healthcare Personnel (DHCP) with persistent cough and other symptoms suggestive of active TB should be evaluated promptly for TB. The individual should not return to work until a diagnosis of TB has been excluded or until the individual is on therapy and a determination has been made that the worker is not infectious.

from:
Centers for Disease Control and Prevention
Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Facilities, 1994.

UNIVERSAL PRECAUTIONS

"Universal precautions" refer to a set of precautions designed to prevent transmission of HIV, hepatitis B virus (HBV), and other aerosol pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other aerosol pathogens. The relevance of universal precautions to other aspects of disease transmission was recognized, and in 1996, CDC expanded the concept and changed the phrase to standard precautions. Standard precautions integrate and expand the elements of universal precautions into a standard of care designed to protect healthcare workers and patients from pathogens that can be spread by blood or any other body fluid, excretion, or secretion. Standard precautions apply to contact with 1) blood; 2) all body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood; 3) nonintact skin; and 4) mucous membranes. Saliva has always been considered a potentially infectious material in dental infection control; thus, no operational difference exists in clinical dental practice between universal precautions and standard precautions.

Personal Hygiene

Personal hygiene is an essential part of any infection control program and must be adhered to by all faculty, staff and students who have clinical duties and/or come into contact with blood, body fluids, and tissues. Bathing to maintain cleanliness and eliminate body odor is equally important to a health professional's development of the doctor-patient relationship. Particular attention must be paid to the hair, facial hair, hands, and skin. Studies have shown that the hair and nails harbor higher levels of bacteria than the skin. Frequently they are not cleaned after each patient encounter, thus leaving residual contamination. Jewelry possesses a similar potential to harbor residual contamination and should be removed if possible.

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Refer to Student Manual refer to above…..

- Hair: Hair should be cleared away from the face to prevent contamination from spray or splatter produced during dental procedures. Long hair should be tied back to prevent its entry into the treatment area. Hair should be washed on a regular basis to eliminate any residual contamination contracted in the treatment area.
- Facial Hair: If facial hair is not neatly trimmed, it is to be covered by a beard mask or face shield to prevent contamination from spray or splatter produced during dental procedures.
- Jewelry: Jewelry is discouraged from being worn on the hands or arms during patient treatment. It should be removed because it is difficult to clean under jewelry and it may potentially penetrate the gloves being worn. Possible exceptions are a thin, smooth wedding band and a low profile wristwatch. Ear studs are acceptable, but hoops are not allowed.
- Nails: Nails must be maintained in a short, clean, and healthy fashion. The rationale for this policy is that the subungual region of the nail harbors the majority of microorganisms on the hand. Removing debris from the fingernails requires vigorous brushing and running water; additional effort is necessary for longer fingernails. In addition, long fingernails may scratch or gouge the patient during the provision of dental treatment or pierce the glove. Artificial nails are discouraged from being worn within the patient treatment area. Artificial and acrylic nails on healthy hands have not been proven to increase the risk of infection. However, artificial nails harbor various microorganisms and prevent effective handwashing. Higher numbers of gram-negative microorganisms have been cultured from the fingertips of personnel wearing artificial nails that from personnel with natural nails, both before and after handwashing. Fungal growth occurs frequently under artificial nails as a result of moisture becoming trapped between the natural nail and the artificial nail.
- Skin: Dental health care workers with injured or cracked skin, erosions, eczema, weeping dermatitis on the hands should exercise caution when cleaning the hands and skin areas. The use of mild soaps and lotion will help resolve these problems. In addition, a change in glove products may be necessary.

Hand Hygiene

The CDC, OSHA, ADA, ADEA and APIC (Association of Professionals in Infection Control) have published handwashing recommendations and guidelines. All of these organizations agree that handwashing before and after patient contact is the single most effective way to eliminate microbial contamination acquired in the treatment area. Even with emphasis from all these professional organizations, the lack of or improper handwashing still contributes significantly to disease transmission.

At the WLHSDM the following handwashing guidelines will be observed. All faculty, students and staff will wash hands:

- at the beginning of the day;
- when hands are visibly soiled;
- before and after contact with all patients;
- before and after contact with mucous membranes, blood or body fluids, secretions, or excretion, from a human, living or dead;
- after contact with inanimate sources likely to have become contaminated during patient treatment;
- before donning gloves; and
- immediately after removing gloves;

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- before leaving the operatory;
- before and after utilizing the rest rooms; • at the end of the day.

Multiple washings for short periods of time are more effective than a single wash for a long period. The 20 second wash is recommended for routine patient treatment (surgical procedures usually require a six-minute scrub). Ungloved hands must be washed before and after patient treatment, or whenever they become contaminated. The recommended procedure for handwashing for routine dental procedures in the clinic and for routine laboratory work with contaminated items is in the table on the next page.

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Table 1: Hand-Hygiene Methods and Indications

Methods	Agent	Technique	Duration (minimum)	Indications
Routine handwash Antiseptic handwash	Water and nonantimicrobial detergent (e.g., plain soap*) Water and antimicrobial agent/detergent (e.g., chlorhexidine, iodine and iodophors, chloroxylenol (PCMX), triclosan)	• Wet hands and wrists under cool running water • Dispense handwashing agent sufficient to cover hands and wrists • Rube the agent into all areas, with particular emphasis around nails and between fingers, before rinsing with cool water • Dry hands completely with disposable towels before donning • gloves Use a towel to turn off the faucet if automatic controls are not available	15 seconds	• When visibly soiled , • After barehanded touching of inanimate objects likely to be contaminated by blood or saliva • Before and after treating each patient (e.g., before glove placement and after glove removal) • Before leaving patient-care, laboratory, or instrument processing areas • Before re-gloving after removing gloves that are torn, cut, or punctured
Antiseptic hand rub	Alcohol-based hand rub,	• Apply the product to palm of one hand • Rub hands together, covering all surfaces of hands and fingers, until hands are dry , • Follow manufacturer's recommendations regarding volume of product to use	Rub hands until the agent is dry ,	
Surgical antisepsis	Water and antimicrobial agent/detergent (e.g., chlorhexidine, iodine and iodophors, chloroxylenol (PCMX) triclosan)	– Remove rings, watches, and bracelets – Remove debris from underneath fingernails using a nail cleaner under running water – Wet hands and wrists under cool running water – Using an antimicrobial agent, scrub hands and forearms for the length of time recommended by the manufacturer's instructions before rinsing with cool water _ Dry hands completely (using a sterile towel is ideal) before donning sterile surgeon's gloves	2-6 minutes	_ Before donning sterile, surgeon's glove for oral surgical procedures
	Water and nonantimicrobial detergent (e.g., plain soap*) followed by an alcohol-based surgical hand-scrub product with persistent activity	_ Follow manufacturer instructions for surgical hand-scrub product with persistent activity	Follow manufacturer instructions for surgical hand scrub product with persistent activity	

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*Pathogenic organisms have been found on or around bar soap during and after use. Use of liquid soap with hands- free dispensing controls is preferable.

‚60%-95% ethanol or isopropanol. Alcohol-based hand rubs should not be used in the presence of visible soil or organic material. If using an alcohol-based hand rub, apply adequate amount to palm of one hand and rub hands together, covering all surfaces of the hands and fingers, until hands are dry. Follow manufacturer's recommendations regarding the volume of product to use. If hands feel dry after rubbing hands together for 1015 seconds, an insufficient volume of product likely was applies. The drying effect of alcohol can be reduced or eliminated by adding 1%-3% glycerol or other skin-conditioning agents.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) is designed to protect the skin and the mucous membranes of the eyes, nose, and mouth of dental health-care personnel (DHCP) from exposure to blood or other potentially infectious materials (OPIM). Use of PPE is dictated by the exposure risk posed by the procedure, not by the known or suspected serologic status of the patient. Primary PPE used in health-care settings includes gloves, surgical masks, protective eyewear, face shields, and protective clothing (e.g., long-sleeved gown, jackets). Shoe and head covers are less frequently used types of PPE, but should be considered if contamination is likely. PPE is only acceptable if it does not permit fluids to pass through and contaminate garments worn underneath. PPE will reduce the potential for blood and salivary exposure between patients and dental health care personnel.

PPE is provided to WLHSDM faculty, staff and students at no cost to them. When there is a potential for occupational exposure, the WLHSDM will provide personal protective equipment such as:

A. **Gloves**

1. It is recommended that surgical gloves are worn when a potential exists for contacting blood, saliva, other potentially infectious material (OPIM) or mucous membranes.
2. Wear a new pair of medical gloves for each patient, remove them promptly after use, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.
3. Remove gloves that are torn, cut or punctured as soon as feasible and clean hands before re-gloving, using alcohol wipes.
4. Do not wash medical gloves before use or wash, disinfect or sterilize gloves for reuse.
5. Ensure that appropriate gloves in the correct size are readily accessible.
6. Use appropriate gloves (e.g., puncture- and chemical-resistant utility gloves) when cleaning instruments and performing housekeeping tasks involving contact with blood or OPIM.
7. Consult with glove manufacturers regarding the chemical compatibility of glove material and dental materials used.

B. **Sterile Surgeon's Gloves and Double Gloving During Oral Surgical Procedures**

1. Wear sterile surgeon's gloves when performing oral surgical procedures, including periodontal surgery and endodontic surgery.
2. No recommendation is offered regarding the effectiveness of wearing two pair of gloves to prevent disease transmission during oral surgical procedures. The majority of studies among HCP and DHCP have demonstrated a lower frequency of inner glove perforation and visible blood on the surgeon's hands when double gloves are worn; however, the effectiveness of

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wearing two pair of gloves in preventing disease transmission has not been demonstrated (Unresolved issue).

C. **Protective Clothing**

1. Wear protective clothing such as a reusable or disposable gown, clinic jacket, or laboratory coat that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva or infectious material.

2. Change protective clothing if visibly soiled; change immediately or as soon as feasible if penetrated by blood or other potentially infectious fluids.

3. Remove barrier protection, including gloves, mask, eyewear and gown before departing work area (e.g., dental patient care, instrument processing or laboratory areas).

D. **Masks, Protective Eyewear, Face Shields**

1. Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures likely to generate splashing or splattering of blood or other body fluids.

2. The mask should be adjusted so that it fits snugly against the face. Keep any beard and mustache groomed so as not to interfere with the proper fit or wear a beard covering. Do not touch the front surface of the mask at any time during patient treatment.

3. Change masks between patients or during patient treatment if the mask becomes wet.

4. Clean with soap and water or, if visibly soiled, clean and disinfect reusable facial protective equipment (e.g., clinician and patient protective eyewear or face shields) between patients.

E. **Mouthpieces, resuscitation bags, pocket masks, or other ventilation devices ~~will be provided as necessary.~~**

1. Pocket masks are located in each emergency crash cart and with every rescue oxygen canister

PPE is appropriate to the situation when it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, under-garments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be available to those employees who are allergic to the gloves normally provided.

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Decontamination and Disposal

- Sharps - Do not use sharp objects if an alternative is available. Take precautions to prevent injuries from these objects. Never pick up broken glass without mechanical assistance (e.g., forceps). Keep puncture-resistant containers nearby.
- Disposal containers - Must be labeled and closed during transport. If there is a chance of leakage an additional labeled container should be used. The containers must be disposed of as infectious waste or decontaminated.
- Hand washing - Hands and other skin surfaces should be washed as soon as possible if contaminated. Always clean hands after removing gloves (e.g., using hand sanitizer).
- Cleaning spills - Wearing gloves and other protective equipment as needed for splashing, promptly clean the spill. Absorb excess material with an absorbing agent, then disinfect the area with a 1:100 household bleach-to water solution. Red biohazard labeled bags should be available for removal of contaminated material from the site.
- Laundry - Any contaminated laundry will be sent to the contracted laundry facility where Universal Precautions are observed or placed in a red biohazard labeled bag and sent to an off- campus facility.

Medical

Medical expenses incurred by employees acting in the normal course of their duties are to be covered by their medical insurance, provided the established protocols have been followed. WLHSDM Students who are acting in the normal course of the educational / clinical program are to use their health insurance to cover the costs of procedures deemed necessary.

Post-Exposure Incident

An Exposure Incident is defined as an event in which a health care professional's potential for infection is heightened after coming into contact with a patient's blood, body fluids, mucous membranes, or broken skin, including saliva. An incident can be anything from a puncture from a contaminated sharp such as an injection needle or a cut from a scalpel blade or suture needle.

If an exposure incident occurs, dental personnel are required to follow CDC and U.S. Public Health Service post-exposure guidelines. These encompass immediate care to the exposure site and provision of appropriate post-exposure prophylaxis. The WLHSDM contracted health care professional will conduct an immediate confidential medical evaluation and follow-up. Following the initial first-aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred (needlestick, instrument stick, bur stick, fluid in eye, etc.).
- Wash the exposed area thoroughly with soap and water. Do not use bleach or iodophor as an antiseptic. For fluid exposures to the eyes, you should use the closest eye wash station. Splashed to the nose, mouth or skin should be flushed with water.
- Notify the supervising clinical faculty immediately. He/she should accompany you to the operatory to be present when the patient (source) is told about the incident. Follow the same protocol after a non-present patient is notified by Office of clinical affairs.
- Inform the patient that an exposure incident involving fluids from their body has occurred.

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Review the patient's medical history with the patient and your supervising clinical faculty. Remember: The medical history is NOT an accurate diagnostic tool when evaluating an exposure incident as many patients choose not to report all their existing medical conditions. There are however several additional questions you can ask the patient (if appropriate).

- have you had any recent blood transfusions?
- have you ever been an I.V. drug user - are you
- sexually active?

These questions may offend certain individuals as they are very personal but if you have thoroughly explained to the patient about the incident so that the patient understands what has occurred and why we are asking these types of questions they will typically cooperate and answer them.

- Ask the patient if they would be willing to consent to a blood titer at no cost to them. This would be a referral to an appropriate healthcare provider under contract with WLHSDM. It is essential the source patient be tested whenever possible.

Procedures for Evaluating an Exposure Incident

The Office of Clinical Affairs will review the circumstances of the exposure incident to determine the:

- engineering controls in use at the time work
- practices followed
- description of the device being used protective equipment or clothing that was used at the time of the exposure
- incident (gloves, eye shields, etc.) location of the incident procedure being performed when the incident
- occurred employee's training
- If it is determined that revisions need to be made, the Office of Clinical Affairs will ensure appropriate changes

are made to the Infection Control and Aerosol Pathogen Plan. Post Exposure Evaluation and Follow-Up for WLHSDM Employees. Occupational health and risk management for the institution evaluates this for students.

1. Emergency first aid should be administered to the exposed employee, as appropriate. For sticks and cuts from contaminated instruments, needles, burs, etc. the wound should immediately be washed with soap and warm water.
2. If the injured person is an employee (i.e., faculty or other staff member) of the WLHSDM, the WLHSDM Clinic Aerosol Pathogens Exposure Report Form can be obtained from the Office of Clinical Affairs.
3. Immediately following an exposure incident, documentation of the route(s) of exposure and the circumstances surrounding the incident are recorded on the occurrence (incident) report form by the faculty member or supervisor. The circumstances of exposure are recorded, as well as information on the activity in which the worker was engaged at the time of the exposure, the extent to which appropriate work practices and protective equipment were used and, a description of the source of exposure.
1. The WLHSDM makes immediately available to the exposed employee a confidential medical evaluation and follow-up. This evaluation occurs at the contracted healthcare facility and should take place within 2 hours after the exposure. Once an exposure has occurred, the exposed employee is offered the opportunity of having a blood sample drawn.
2. The Office of Clinical Affairs advises the individual of the confidential testing and the advantages of having testing completed.

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3. If the exposed employee agrees to confidential testing, the employee is directed to the WLHSDM contracted healthcare facility with the completed form.
4. If the employee declines testing, the faculty member or supervisor records that the employee declined testing on the Declination form and has the employee sign the form.

Written Reports

1. The contracted healthcare provider issues a written report to the Office of Clinical Affairs that indicates that the exposed employee has been informed of the results of the evaluation and that the exposed employee has been informed of any medical conditions resulting from the incident that require further evaluation or treatment.
2. The health care provider provides complete findings or diagnoses to the exposed employee; however, this remains confidential between the health care professional and the exposed employee. Post Exposure Evaluation and Follow-up for Dental Students

1. Emergency first aid should be administered to the exposed student as appropriate. For sticks and cuts from contaminated instruments, needles, burs, etc. the wound should immediately be washed with soap and warm water.
2. An Occurrence Report is submitted using the TTUHSC desktop portal.
3. Immediately following an exposure incident, documentation of the route(s) of exposure and the circumstances surrounding the incident are recorded on the Occurrence Report by the supervising faculty member. The circumstances of exposure are recorded, as well as information on the activity in which the student was engaged at the time of the exposure, the extent to which appropriate work practices and protective equipment were used and, a description of the source of exposure.

   The WLHSDM makes immediately available to the exposed student a confidential medical examination and follow-up at UMC. This evaluation occurs at the TTUHSC Occupational Health Office located at 4801 Alberta, El Paso, TX. 79905, (915) 215-4429. The student must utilize their personal medical insurance and understand that the student is financially responsibility for all expenses incurred. Evaluation should take place within 2 hours after the exposure. **Written Reports**

1. The contracted healthcare provider issues a written report to the Office of Clinical Affairs that indicates that the exposed student has been informed of the results of the evaluation and that the exposed student has been informed of any medical conditions resulting from the incident that require further evaluation or treatment.
2. The health care provider provides complete findings or diagnoses to the exposed student; however, this remains confidential between the health care professional and the exposed student. Post Exposure Evaluation and Follow-up for Source Individuals

1. In the event of an exposure incident, documentation of the source individual (i.e., the patient) is established and recorded on the Occurrence Reporting Form for exposed students and the Texas Form 122 for exposed employees, unless identification of the source individual is not feasible. The Exposed Individual Report (Appendix Q) is a detailed report on the incident and is completed on all exposed individuals.
2. The faculty member in attendance asks that the source individual, if present, consents to blood testing and advises the individual of the benefits of confidential testing as follows:

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a. Determining the patient's antibody status to assure the exposed individual of his/her exposure to hepatitis B, hepatitis C, or HIV and, to assure that the exposed individual can begin medical prophylaxis immediately if indicated.

b. Reducing the anxiety level of the exposed employee or student.

c. Confidential testing requires that the results of the test be filed in the source individual's dental record.

3. If the source individual refuses blood testing for hepatitis B, hepatitis C, or HIV, the faculty member documents this on the Occurrence report or declination form

4. If the source individual consents to testing, the student should obtain a Source Patient Information Form (see appendices) to complete along with the Post Exposure Evaluation Consent Form (see appendices) for the patient to complete. The patient is then directed to the UMC Occupational Health Department or Emergency Department.

    a. Results of the source individual's testing is also made available to the exposed student or employee on a need-to-know basis if positive.

5. If a patient is exposed parenterally or his/her mucous membrane (eye splash and mouth, etc.) is exposed to the blood or body fluids of a health care worker, the above procedure should also be followed.

ASEPSIS IN THE CLINICAL ENVIRONMENT

Clinical asepsis in dentistry refers to the creation of a patient treatment area free of as many pathogenic microorganisms as can be reasonably accomplished. The patient receiving treatment is entitled to:

- A practitioner who is professionally competent and concerned for the patient's health and safety
- Instruments and equipment that are sterile or disinfected (according to acceptable protocols)
- The minimization of pathogenic microorganisms in the treatment area
- Health care providers who are either free from acute (symptomatic) disease or are wearing acceptable protective devices to eliminate the risk of transmitting disease.

The establishment and maintenance of clinical asepsis requires faculty, staff and student compliance with WLHSDM sterilization and disinfection protocols, as well as management of the treatment area.

Environmental Surfaces and Equipment

As a result of aerosols and splatter from dental procedures, all operatory surfaces are subject to contamination. These areas are considered to be the "field of contamination". Anything exposed in the field of contamination when a patient is treated must be considered to have been contaminated and requires disinfection or sterilization. Therefore, items that are not meant to be used in treating the patient must not be placed in the field of contamination.

All surfaces in the field of contamination, including countertops, chair, computer monitor, keyboard and mouse, light fixture and dental unit, must be disinfected or covered with plastic wrap at the beginning of the clinic session. If a covered touch surface is compromised and becomes visibly contaminated, it should be cleaned and disinfected with an intermediate level disinfectant (i.e., tuberculocidal claim) before applying the barriers for the next patient. All items must be disinfected before and at the end of the clinic session. Items in the field of contamination must be discarded, disinfected and/or sterilized after each patient. Countertops and surfaces which must be disinfected using the disinfectant wipes include the following:

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- Dental unit, light and arm
- Bracket tray, hoses, holders and control buttons
- Chair, controls, headrest and arms
- Operator's chair
- Counter surfaces and drawer handles
- Towel dispenser and soap dispenser
- Computer keyboard, monitor and mouse

Handles or similar surfaces that may be contaminated by blood or saliva must be wrapped with clear plastic wrap. Items that must be wrapped include:

- Light handle
- Light switch
- Air/water syringe holder
- Saliva ejector/evacuator bracket handle
- High speed evacuator
- Saliva ejector
- Computer keyboard and mouse

The headrest and bracket tray must be protected with the designated covers. Plastic wrap must be removed after each patient and at the end of each clinical period. Gloves must be worn when removing and discarding the used covering.

Sterile Protocol - Exodontia

Maintaining sterility is crucial in outpatient oral surgery procedures to prevent infections and ensure successful outcomes. Here are some key levels of sterility and techniques that are typically followed in outpatient oral surgery:

Level of Sterility

• Critical Items: These are items that come into direct contact with the bloodstream, bone, or other sterile tissues. Examples include surgical instruments like forceps, scalpels, and bone files.

• Semi-Critical Items: These items come into contact with mucous membranes or non-intact skin. Examples include handpieces and reusable impression trays.

• Non-Critical Items: These items come into contact with intact skin but not mucous membranes. Examples include blood pressure cuffs and countertops.

Techniques for Maintaining Sterility

• Sterile Attire: All members of the surgical team should wear appropriate sterile attire, including surgical gowns, masks, gloves, and hats.

• Hand Hygiene: Proper hand hygiene is essential before and after every procedure. This includes washing hands with soap and water or using an alcohol-based hand sanitizer.

• Sterilization of Instruments: All critical and semi-critical instruments should be sterilized using methods such as autoclaving or chemical sterilization before each use.

• Sterile Field: A sterile field should be established around the surgical site using sterile drapes to prevent contamination.

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- Aseptic Technique: Following the aseptic technique, which involves minimizing contact with non-sterile surfaces and preventing contamination of sterile items, is essential throughout the procedure.
- Oral surgeons and their teams must follow strict protocols and guidelines to ensure asepsis and prevent infections during outpatient oral surgery procedures. If you have specific concerns or questions about sterility in oral surgery, I recommend consulting with a healthcare provider or infection control specialist for further guidance.

Armamentarium for surgery

- Hair cover
- Clean scrubs
- Mask
- Safety glasses or loops
- Sink or automatic sink
- Sterile scrub brush with nail pick
- Antiseptic soap
- Drying towel
- Covering gown
- Latex-free gloves (sterile gloves are not required for clean-contaminated procedures)
- Sterile tray cover (paper)
- Patient drapes
- Patient eye protection

Hand Washing

- Ensure all jewelry is removed.
- Wet hands and forearms and up 2 inches past the elbow.
- Apply antiseptic soap.
- Start with rubbing hands together.
- Interlace the fingers of each hand and rub repeatedly, ensuring that all the space between each finger is cleaned.
- Take the right hand, apply soap to the left forearm, and rub vigorously up to 2 inches above the elbow; ensure all sides are cleaned.
- Repeat with left arm to right forearm.
- Once all services have been cleaned, it is time to rinse.
- Rinse with arms pointed up from the sink to assist with removing all soap and transient flora still left on surfaces, while maintaining clean hands and arms.

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- Washing hands with antimicrobial soap before donning and after removing gloves is a must.
- To further reduce microorganisms on the skin, follow up with an alcohol-based hand sanitizer.
- Use the correct size and type of surgical masks, eyewear, and face shields to protect yourself from infectious droplets and spray from oral fluids.
- Sterilizing and disinfecting all dental instruments, devices, and equipment through dry heat, chemical vapor, or autoclaving.

Sterile Set-up of Equipment and Instruments

- Put on a surgical cap and mask.
- Adjust loops or protective glasses.
- Perform a surgical hand scrub using an antimicrobial soap.
- Put on a gown and gloves.
- Maintain hands between upper chest and waist.
- Do not touch your mask, loops, glasses, or face once scrubbed and gloved.
- If any adjustment is necessary, use clean gauze to adjust and discard gauze; or have an unscrubbed assistant adjust.
- Place a sterile drape over the surgical tray.
- On the draped area, open sterile packs of instruments and supplies.
- Arrange the instruments and supplies in an organized manner.
- Ensure that only sterile materials come in contact with the sterile field.
- Avoid reaching over the sterile field or letting non-sterile items come into contact with it.
- Maintain the sterile field throughout the surgical procedure by being mindful of movements and contamination risks.

Draping Patient

- Have the patient use the bathroom before the procedure
- Place monitors (depending on ASA status and anesthesia planned)
- Have the patient use chlorohexidine 0.12% oral rinse before the procedure
- Place oxygen or nitrous oxide-oxygen, if planned
- Surgeon and assistant to wash hands and gown (Do not leave patient without a person to monitor patient if using nitrous oxide-oxygen)
- Drape patient

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Break in sterility

- Depending on what instrument or portion of the sterile field has been contaminated, remove and re-scrub, re-drape, remove and replace glove(s), or remove the instrument from the field.

Note

- It is all about efficiency.
- Be prepared before the procedure.
- Rehearse procedure and protocol with the assistant
- Define the roles of the assistant and primary provider prior to the procedure.

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Needlestick and Puncture Wound Precautions

Dental healthcare personnel are continuously exposed to potential percutaneous injury by needles or sharp hand instruments that have been contaminated with blood or saliva. This danger cannot be eliminated, but observance of the following recommendations will reduce the risk of injury.

- Never recap a needle by moving the needle toward another body part, especially the other hand. The "onehanded scoop method" should be used if the needle does not have a built-in safety device. (See "Management of Needles, Anesthetic Cartridges, and Other Sharp-Edged Devices" below.) Never recap a needle by a cooperative effort between two people.
- Transfer double-ended instruments as close to the handle center as possible.
- Never break or bend a used hypodermic needle by hand.
- Use a needlestick shield or an approved capping device appropriate for protection.
- Place needles, expended sharps, and anesthetic carpules into the puncture-resistant sharps containers located in each operatory.
- Use special care when exchanging or transferring instruments during and following patient treatment.

Percutaneous injury will occasionally occur even if precautions are observed. When an injury does occur, the injured individual must initiate and follow the procedures outlined later in the WLHSDM Exposure Control Plan.

Management of Needles, Anesthetic Cartridges, and Other Sharp-Edged Devices

1. OSHA recommends the use of rigid containers for the disposal of potentially infectious single-use sharp items such as needles, carpules and other sharp-edged devices. OSHA rules direct that the disposal unit be placed as close to the treatment area as practical and that clean-up procedures minimize the handling and transport of blood contaminated disposables. To comply with this regulation, EPA-approved sharps containers are installed in each dental operatory. The management of needles, carpules and other sharp-edged devices will comply with the following guidelines Use of the Anesthetic Syringe: When using an anesthetic syringe, it is important to practice needlestick avoidance. Prevention of needlestick injury starts with one basic rule: Never move the exposed needle toward an unprotected body part. The greatest risk to the dental health care worker occurs when needles are recapped. There are two procedures recognized to give adequate safety during the recapping procedure:

   a. One-Handed Scoop method: This method is accomplished by first leaving the cover on a flat surface. Next, insert the needle into the opened end and lift up so that the cover will fall into place over the needle. Grasp the cover near its opened end with the thumb and index finger of the free hand and press the cover into its tight interlocking position. This can also be accomplished by scooping the cover onto the needle and pressing against the end side until the cover is tight in position.

   b. Needle cover holder method: The needle cover holder method requires that the cover be placed into a holding device that will either protect the hand that holds the device or stand by itself on the instrument tray. Place recapped needles into the puncture resistant container located in the treatment area and in the dispensary.

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2. Disposal of Single Use Sharp-edge Devices: All sharp-edge devices contaminated during patient treatment must be disposed of in the sharps container so that patients, dental assistants and housekeeping staff are protected from a possible percutaneous injury. Restorative matrix bands, stainless steel crowns, pre-formed bands, copper bands, full-crown matrices, pre-fabricated posts, burs, orthodontic wires and other similar devices that are contaminated by blood and/or saliva when they are inserted in the mouth should never be returned directly to the dispensing box. Broken instruments should be returned to the dispensary after sterilization or tag before sterilization for replacement. The contaminated items must be disinfected at least at the intermediate-level and returned to the SPD for sterilization. Transfer of any of these items for trying or use on another patient without proper cleaning and disinfection is potentially hazardous to the health of the second patient.

3. Any sharp items that are small and delicate and become unserviceable during extended use must be disposed of in the sharps container. They are never to be placed in the regular waste system.

4. Maintenance of the Sharps Container: Replacement and disposal of the sharps container must comply with federal, state, local and university requirements of management of regulated medical waste. The following recommendations apply to use of the sharps containers in the WLHSDM:

   - Never place water or any other liquid into the container.
   - Never place cotton rolls, gauze sponges, paper products, or any non-sharp items into the sharps container.
   - Be certain that the metal needle adapter that is part of the anesthetic syringe is not inadvertently removed and discarded with the needle.
   - Notify the PSS when the sharps container is at the full line. WLHSDM housekeeping staff will be notified to replace the full container with an empty one.
   - If it becomes necessary, inform patients or visitors not to touch or manipulate the sharps containers. Failure to comply with your request should be reported to the supervising faculty or Clinic Mentor.

5. Do not reuse single use items.

PROTOCOLS FOR MANAGEMENT OF PATIENT TREATMENT AREAS

Decontamination or sterilization must occur for anything moving into and out of the treatment area. Treatment - generated aerosols, splatters, and the gloved hands of DHCP involved in treatment contain millions of microorganisms from the patient's saliva, mucous membranes and/or blood. The dental healthcare team must be diligent in infection control protocols to prevent movement of this contamination outside of the treatment area. Using personal barriers, the high-volume evacuation suction, and a pretreatment mouth rinse can reduce these dangers. Precautions must be taken continuously since contamination cannot be totally eliminated.

Hands, instruments and devices as they are moved out of the treatment area, must be decontaminated or discarded before contacting other surfaces using the guidelines below:

1. Gloved Hands Gloved hands should be covered with cover gloves whenever the hands move out of the treatment area, except when the gloves are contaminated with blood, pus, or heavily contaminated with saliva. In these cases, the gloves should be removed and discarded and the hands washed. When the gloves are removed and discarded, new gloves are used if the hands re-enter the treatment area. When cover gloves are used, they are removed and disposed of upon re-entry into the treatment area.

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2. Instruments and cassettes Rinse instruments to remove any visible debris and arrange into the cassette properly. Close the cassette and spray with disinfectant, set aside while dental unit is cleaned and disinfected. Rinse the instrument cassette to remove any excess disinfectant, pat dry, and return to the dispensary or cart.
3. Rotary instruments (burs, stones) Remove debris, replace into the bur block, spray with disinfectant and place in appropriate package.
4. Needles (anesthetic) Dispose of needles according to the needle management protocol cited below. The syringe should be returned to the instrument cassette during the treatment. When treatment is completed, the syringe should be disarmed and the accessories discarded into the sharps container.
5. Irrigating Needles - These needles remain in an isolated location of the work area attached to the syringe and are not recapped. After use, the needle is appropriately re-capped and the entire syringe needle complex is placed intact into the sharps container.
6. Crown Forms (celluloid) Items that have entered the mouth but not used are disposed of directly into the general trash.
7. Stainless Steel Crowns, Aluminum Shell Crowns or Copper Bands that do not enter the mouth are placed into a paper cup, sprayed heavily with disinfectant, and returned for sterilization, not to the dispensary. The dispensary clerk will prepare the returned items and forward them for sterilization. After the items are sterilized they can be returned to the dispensing boxes.
8. Eyeglasses Do not place into a pocket or protective case unless they have been cleaned by washing gently with the antimicrobial soap in the dental operatory and rinsed with copious amounts of water.
9. Mask Should be removed and discarded whenever it becomes wet or visibly stained. It can be placed onto a contaminated work surface when it is to be reused for the same patient. Masks must not be placed around the neck or pushed up onto the hair. Masks are a single-use item and must be changed between patients.

Preparing for Clinical Procedures

Students scheduled to perform a clinical procedure are expected to be as knowledgeable and prepared to deliver patient care as they would be for a didactic examination. This preparation includes knowledge of the procedure and necessary instrumentation, awareness of dental materials to be used, financial implications of the projected care for the patient, and attention to the infection control protocols governing patient care. Once in the treatment area, the following protocols must be adhered to:

Preparing the Treatment Area Prior to Patient Arrival

1. Disinfection of Environmental Surfaces

   Disinfect all environmental surfaces within the field of operation using the hospital-approved tuberculocidal disinfectant agent supplied in a labeled spray bottle in the clinical area. This will include contaminated counter

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tops, operator and assistant carts, hose attachments, and the exposed surfaces of the dental chair. The student or staff member should wear utility or cover gloves while applying the disinfectant. The disinfectant should be applied using a wipe-dry-wipe method. The disinfectant should be allowed to air-dry. Prior to seating the patient, the dental chair should be checked for residual moisture and dried with a paper towel if necessary, since residual moisture on the dental chair may stain the patient's clothes.

2. Barriers

Using clean hands, execute the barrier techniques pertaining to the clinical contact surfaces, particularly those that are difficult to clean:

- Wrap light handles, light switch and chair control switches;
- Wrap bracket table with plastic wrap;
- Place fitted headrest covers and bracket tray cover;
- Cover computer keyboard and mouse;
- Wrap air/water syringe holder, saliva ejector/evacuator bracket and handle.

3. Water Lines

The dental units are supplied with a self-contained bottled water system. Fill the bottles with designated water available at the main dispensary. The water lines that supply the air/water syringe and the water-cooled high-speed handpiece must be purged by running water through the lines at full pressure for a minimum of twenty (20) seconds. Excess water should be sprayed into the sink or paper cup. (Bottled water need not be changed between patients, but the system should be purged for at least 20 seconds).

4. Patient Records

Sign on to the clinic management system and access the EHR. Prior to leaving the operatory at any time, maintain patient confidentiality by placing the password protected screensaver on the monitor.

5. Instruments

Sterilized instruments, suction tip(s), sterilized air/water syringe tips, a red bag, anticipated materials and supplies for the appointment should be obtained and placed in the operatory by the student.

6. Waste Bags

The plastic bags should be securely taped to the countertop.-All blood and saliva drenched contaminated materials will be discarded in the red bag. Nonregulated trash generated during the patient visit will be placed in the clear bag.

7. Suction Tip/Air/Water Syringe

With clean or gloved hands, the student will connect the suction tip(s) and the air/water syringe. When indicated, there will be an infection control check-in by a faculty member or appointed staff, the student will open the sterilized instruments and arrange them on the covered instrument tray.

8. Food and Beverage

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All food and beverages are strictly prohibited in all clinical areas at all times. Clinical areas include operatories, dispensary, SPD, clinic support lab and all radiology areas. PSS and IT offices, support administration offices, the design room, and rounds room are not considered a clinical area, but food and beverages should be kept to a minimum in those offices.

Procedures to Follow During Patient Treatment

1. Handwashing and Hand care

Wash hands thoroughly before, during and after patient treatment. During patient treatment, hands must be immediately cleaned whenever gloves are removed. Thoroughly dry hands after each washing.

2. Personal Protective Equipment

Use masks and protective eye coverings during the treatment of the patient.

a. Gloves: The student will wear appropriate gloves.

b. Mask: Masks must be worn at all times while treating patient.

c. Protective Eyewear: Protective eyewear (with side protection) must be worn during patient treatment. Face shield may be substituted.

d. Clothing: The student is expected to wear appropriate clinic attire (disposal gown over scrubs) when treating patients. If the gown becomes soiled or contaminated, the student must replace it with a clean one before treating the next patient. Gowns should be changed daily or when visibly soiled. ~~for each clinic session~~. Gowns may not be worn in areas outside the designated clinical areas, including offices.

3. Dental Dam Isolation

The student will perform all dental procedures with a dental dam in place whenever possible.

4. Instrument Handling

All instruments used during the dental treatment must be placed on surfaces covered with plastic only (bracket tray), or on instrument trays/cassettes. Needles must be recapped when not in use, utilizing the scoop or needle cover holder technique as described in an earlier section. Dropped instruments are not to be picked-up or reused; if the instrument is critical to the treatment being provided, obtain a sterilized replacement instrument from the dispensary.

5. Material Supply Carts

Supplies stored in carts may only be accessed with clean hands or over gloves.

6. Patient Records

When possible, the student should dictate the information to a dental assistant or another student who will record data in the patient's record. Over gloves may be used for computer access.

7. Waste Disposal

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Throughout the appointment, properly dispose of all items as outlined below, in the red (biohazard) or clear plastic bags.

8. Dental Prostheses, and Laboratory Items (e.g., occlusal records, wax bite rims, etc.)

Dental prostheses should be lightly sprayed with the appropriate disinfectant prior to transporting to the laboratory. Impressions are to be presented in a moist paper towel for inspection by an attending faculty. When using ultrasonic cleaners, place the item (e.g., denture, temporary restoration) in a sealed, disposable plastic bag filled with cleaning solution into the ultrasonic machine and activate the cleaner. Following removal from the ultrasonic cleaner, dispose of the cleaning solution and disinfect the item before returning it to the patient.

9. Leaving Operatory During Patient Care

When faculty is needed, or any time the student finds it necessary to leave the operatory, gloves should be removed and hands washed or liquid disinfection should be used before leaving the operatory. When the student returns to the dental operatory, the hands must be washed or disinfected prior to the placement of new gloves.

Procedures to Follow During Extraoral Radiology Procedures:

1. Barrier techniques

   All personnel will be expected to wear gloves, masks, eyewear and protective clothing when radiographing patients.

2. X-Ray Equipment

   All fixed intraoral radiographic equipment will be covered with plastic wrap. The tube head and control panel of the dental Xray machine will be covered for each patient use; plastic wrap will be changed between patients. Nomads are wiped with high-level disinfectant after each patient usage.

3. Intraoral film positioning devices

   All intraoral film-holding devices will be sterilized between each patient use. The XCP positioning instruments should be obtained from the dispensary. After use, the students should rinse them and return them to the instrument collection area where they will be prepared for sterilization.

4. Surfaces

   Any environmental surface which was not covered during patient treatment and which may have become contaminated should be disinfected using the disinfectant adopted for other clinical procedures.

5. Digital radiography sensors/plates and other high-technology instruments

   High-technology instruments such as intraoral cameras, electronic periodontal probes, occlusal analyzers and lasers should be cleaned and ideally sterilized or high-level disinfected between patients. However, these items vary by manufacturer or type of device in their ability to be sterilized or high-level disinfected. Digital radiography sensors and plates must be covered with a plastic barrier. The plastic barrier is removed from the plate prior to scanning.

Procedures to Follow After Patient Treatment

1. Remove PPE

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Prior to dismissing the patient, the student should remove any burs on dental handpieces to avoid accidental contact. The student should remove gown, mask, gloves and wash hands. Care should be taken while removing PPE to avoid touching the face while removing the mask. When removing gowns, care should be taken not to have outside of gown touch scrubs or any exposed part of the body. Gloves must be removed first by peeling away, after which the second glove can be removed from the unprotected hand by inserting a finger under the cuff and peeling it off the hand. The patient can then be escorted from the clinical area.

2. Clean-up PPE

   When the student returns to the contaminated dental operatory, the student responsible for cleanup should wear utility gloves, mask, and protective eye wear.

3. Disposal of Sharps

   With gloves, the instrument tray should be broken down. The suction tips and air/water syringe tips should be dismounted and disposed of in regular trash. Capped needles, surgical blades and other sharp disposable instruments should be set apart from the other contaminated instruments on the tray. All sharps will be properly disposed of in sharps containers.

4. Sterilizable Instruments

   Each instrument cassette should be sprayed thoroughly using the disinfectant provided in the operatory. The saturated kits should be set aside until after the treatment area is disinfected and other duties are completed. The kits are then rinsed under running water, removing all visible debris and patted dry with paper towels. The instruments are cleaned, assembled into proper order, the covers are closed, and the kit is returned to the dispensary. Do not hand scrub the individual instruments.

5. Disposal of Infectious Waste

6. Generally, blood and /or saliva-tinged items are not regulated waste, but any disposable item that is soaked with blood/saliva (i.e., can be squeezed out or blood can be made to flake from the item) are considered regulated medical waste, and should be placed into the red bags. Other waste is considered regular trash. Water Lines and Bottles

   The water lines that supply the air/water syringe and the water-cooled high-speed handpiece must be purged by running water through the lines at full pressure for a minimum of 20 seconds. The excess water should be sprayed into the sink or paper cup. Water bottles should be removed, emptied and placed on the side counter of the operatory. A water-treating tablet must be added to all re-filled bottles.

7. Disposal of Wraps

   All disposable wraps should be removed from the treatment operatory. This includes all paper and plastic coverings used during the treatment. The contaminated coverings should be placed in the trash containers under the sink. The red plastic bag containing saliva and blood contaminated materials should be disposed of in designated waste container in the treatment area which are identified with a biohazard label.

8. Environmental Surface Disinfection

   Disinfectant solution should be sprayed on all dental operatory surfaces that were not covered but were contaminated during treatment. This includes the dental chair, counter top and sink.

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Procedures to Follow When Using the Clinical Support Workrooms

There is strong circumstantial evidence that infectious disease can be transmitted among dental laboratory technicians and/or dental students handling contaminated patient materials outside of the treatment area. In an effort to minimize the risk to anyone working with patient materials brought out of the treatment area, e.g., impressions, fixed prostheses, removable prostheses, etc., appropriate disinfection protocols should be followed. Anything leaving the treatment area should be disinfected before taking it to a clinical support workroom. Anything returning to the treatment area from a clinical support workroom should be disinfected. In addition, all instruments, equipment and surfaces in the clinical support workrooms should be cleaned after each use and disinfected at the end of the day. Impressions, fixed and removable prostheses, etc. should be rinsed thoroughly under tap water to remove saliva and blood, they should then be sprayed with the disinfectant provided in the dental unit. In addition to disinfecting these items before transporting them to the clinical support workrooms, the following precautions should be followed in workrooms themselves:

- gloves that are used during patient treatment should be discarded before leaving the treatment area and starting work in the clinical support workroom; hand instruments in the clinical support workroom, such as spatulas, mixing bowls, knives, wax carvers, etc. should be cleaned and disinfected between use;
- place paper barriers to maintain cleanliness and asepsis whenever practical; discard barriers after use; rag wheels,
- brushes, acrylic burs, sandpaper, etc. should be either sterilized, disinfected, or discarded after use; exhaust fans
- must be operating whenever trimming is complete; protective eyewear and masks must be worn when appropriate;
- clothing should be protected from splatter and airborne debris as much as possible; clinical support workroom work surfaces should be cleaned and disinfected when procedures are complete. Students are required to maintain
- all clinical support workrooms in a neat, clean, and presentable manner at all times. In order to make this possible,
- each student must properly clean the work area(s) before leaving the workroom. This can be easily managed by
- covering counter tops and work areas with disposable paper and disposing of the soiled paper when work is finished. Uncovered countertops must be wiped with paper towels and left clean and dry. If the area is not clean before beginning work, it is the student's responsibility to clean the work area and leave it clean upon completion of their work.

NOTE: Individual students who do not cooperate with the maintenance of the clinical support workrooms can be denied access to them.

INSTRUMENT STERILIZATION

All contaminated re-usable instruments, including handpieces that can tolerate heat-sterilizing devices, must be thoroughly cleaned and heat sterilized before use in the treatment of another patient. The dental school provides this support; however, each student and clinic support staff person is required to know the school’s sterilization protocol.

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After completion of patient treatment, the student is responsible for decontaminating all reusable instruments, including rotary instruments, before they leave the treatment area as described above. The dispensary/SPD assistants will open each cassette, check for missing instruments, and assess the cleanliness of each item. Ultrasonic or mechanical cleaning will be used whenever feasible instead of cleaning by hand. The student is responsible for ensuring that all instruments returned are disinfected and free of visible debris.

Sterilization Procedures:

a. Utility gloves must be worn. Rinse, ultrasonically clean as needed, and rinse instruments again. With same gloves and as needed, scrub debris from only a few instruments at a time using hot water, disinfectant, and a scrub brush. Avoid squeezing sharp ends of double-ended instruments that can penetrate heavy gloves. Dry instruments thoroughly with paper towels.

b. Inventory the instrument cassette and restock as necessary. Place the instruments in the order indicated on the cassette diagrams.

c. Date and sign a slow-color-change indicator strip and place with instruments.

d. Fold and seal bag with sterilization tape.

e. Sterilize the cassettes.

f. Perforated metal alginate trays must be scrubbed free of debris, disinfected, and dried thoroughly. Place each tray in a separate sterilization bag. The bag must be sealed with sterilization tape and then submitted for sterilization.

g. Do not overload the sterilizer. Place bags one finger's width apart on the shelves.

Instrument Storage

All sterile items will no longer have an expiration date; loss of sterility is event-related, not time-related. These items may be used as long as the integrity of the package is not compromised (e.g., wet, torn, damaged, or suspected of being contaminated). Examine wrapped packages of sterilized instruments before opening them to ensure the barrier wrap has not been compromised during storage. Reclean, repack, and re-sterilize any instrument package that has been compromised (e.g., dropped, torn, or wet). Document each label with the sterilizer identification number, load number, operator's initials, and sterilization date.

Handpiece Sterilization

Sterilization of handpieces and handpiece motors is required to comply with manufacturer's specifications. SPD personnel are responsible for all handpiece and motor maintenance and sterilization, following manufacturer's cleaning and sterilization directions. Before autoclaving a handpiece/motor, it will be cleaned with the manufacturer's automated cleaning unit. Handpieces and motors are then placed in autoclave bags, sterilized and distributed to dispensaries. Occasionally handpieces may not rotate freely after sterilization. If the handpiece is stiff, fit a bur and rotate it with gloved fingers to start it. Operate the handpiece for 30 seconds or until it works freely. If the handpiece still does not function properly, place a note on it with tape and return it to the dispensary.

Compliance & Training

All employees who have or are reasonably anticipating to have occupational exposure to aerosol pathogens will receive training prior to beginning duties and repeated at least annually. Faculty providing clinical student supervision and clinical staff are expected to be fully knowledgeable of this policy. A copy of this document will be available on the school's web

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site for reference. It will be reviewed annually with all faculty to insure their awareness of the most up to date content. This policy will be presented to students as part of their infection control training and reviewed annually by their Clinic Mentors. Personnel from Quality Assurance will perform random, weekly checks of faculty, staff and students to ensure compliance with this policy. Minor deficiencies will be noted and corrected immediately. Major deficiencies and recurring violations will be reported to the Office of Clinical Affairs and Patient Care for corrective action.

Documentation

- Medical records of employees will be maintained for the duration of employment plus 30 years.
- Training records for employees will be maintained for at least 3 years.

Definitions

- Aerosols: dispersion of fine particles into the air; droplet nuclei that are expelled by an infectious person (e.g. by coughing or sneezing)
- AIDS: Acquired Immune Deficiency Syndrome; disease caused by the human immunodeficiency virus (HIV). Airborne transmission: dissemination of microbial aerosols to a suitable portal of entry, usually the respiratory tract.
- Antimicrobial soap: soap containing an active ingredient against skin microorganisms.
- Aseptic technique: use of procedures that break the chain of infection and ideally eliminate cross contamination.
- Barrier protection: the placing of a physical barrier between the patient's body fluids and the health care worker to prevent disease transmission.
- Bioburden: microbial or organic material on a surface or object prior to decontamination.
- Biofilm: mass or layer of live microorganisms attached to a surface, often found in dental unit water lines.
- Bloodborne pathogens: disease-producing microorganisms that are spread by contact with blood or other potentially infected material (OPIM) from an infected person.
- Chain of infection: sequence of events that occur for an infection to spread.
- Cleaning: physically removing, by scrubbing and washing, infectious agents and organic matter from surfaces on which and in which infectious material may persist.
- Contamination: the introduction of disease organisms or infectious material into or onto normally sterile objects; the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- Decontamination: removing bioburden from objects or surfaces; use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or items is rendered safe for handling, use, or disposal.

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- Dental aerosols: small droplets of oral fluid and water generated during the use of handpieces, ultrasonic scalers and air/water syringes.
- Disinfection: the process of killing pathogenic agents by chemical or physical means; reducing the number of pathogenic organisms on objects or in materials so that they pose no threat of disease.
- Droplets: particles of moisture generated by coughing, sneezing, laughing; or procedures such as suctioning, sputum induction, or bronchoscopy which may contain infectious microorganisms but do not remain suspended in the air and normally travel a distance of less than six feet.
- Exposure incident: a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's or student's duties in the provision of patient treatment.
- Pathogen: any microorganism capable of causing disease in its host.
- Personal Protective Equipment (PPE): specialized clothing or equipment worn by a health care worker for protection against a hazard.
- Percutaneous: entry by way of or through the skin.
- Sterilization: process by which all forms of life are completely destroyed.
- Standard precautions: guidelines recommended by the Centers for Disease Control and Prevention for reducing the risk of transmission of blood-borne and other pathogens in hospitals. The standard precautions synthesize the major features of universal precautions (designed to reduce the risk of transmission of bloodborne pathogens) and body substance isolation (designed to reduce the risk of pathogens from moist body substances) and apply them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain blood; (3) nonintact skin; and (4) mucous membranes. The precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals and other healthcare facilities.

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Appendix A: Consent for Uses and Disclosures of PHI

CONSENT FOR MEDICAL TREATMENT AND USES AND DISCLOSURES OF PATIENT HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS (TPO) AT THE WOODY L. HUNT SCHOOL OF DENTAL MEDICINE

Please read, complete and sign the back of this consent form.

I give my permission to the University Health Sciences Center El Paso, Woody L. Hunt School of Dental Medicine ("Provider"), and its employees, volunteers, agents and independent contractors to educate, interview, examine, perform laboratory procedures and to treat my condition, as they deem necessary. I understand that in case of a life-threatening emergency, this consent may be implied for the time of the emergency.

I understand that Provider is a teaching institution; therefore, dental residents, post-doctoral dental students, pre-doctoral dental students, dental hygiene students and dental assisting students may participate in my care under the supervision of a physician/dentist. I understand that other outside medical professionals may also be consulted as deemed necessary for my care.

For coordination of my care and services, I understand that I may be provided with referrals to off campus specialists and the Provider may assist other treating physicians/dentists in the provision of my care.

- **Informed Consent**: If my condition requires an outpatient surgical procedure, the practitioner responsible for my care will explain to me the procedure to be performed, the general nature and extent of risks involved in such procedure and the alternative methods, if any.

- **Consent for Minor Students**: If you are a minor, we must have the signature of the parent or legal guardian (appointed by a court of law) on this form before any general treatment may begin, and such consent must be effective until you reach legal age in the State of Nevada (18 years old). Your parent or legal guardian must sign this consent form and receive a Notice of Privacy.

♦ **Exemptions to this consent may be granted for a life- threatening emergency or a serious health hazard; in other situations where a minor has been living apart from parents; to emancipated minors with court supporting documents; for family planning, contraceptive methods, and screening for sexually transmitted infections under federal and state constitutional law; and counseling and treatment of alcohol and substance abuse.**

APPOINTMENT POLICY:

- I agree to arrive at least fifteen (15) minutes early for my appointment.
- I understand that my appointment may be cancelled if I'm late.
- I will check-in at the intake window upon my arrival.
- If I miss two (2) consecutive appointments, (except cancellations or reschedules), I agree to meet with the Office Manager or designee before scheduling another appointment.
- I agree to call 24 hours in advance to cancel my appointment if I'm unable to show.

understand and agree that Provider may use or disclose protected health information for treatment, payment and operations in accordance with the Notice of Privacy Practices that I have received, and any posted amendments to that Notice. I understand that Provider will not use or disclose protected health information for any purpose other than as allowed in the Notice of Privacy Practices, unless such use or disclosure is authorized by law or I have provided a written authorization. (*See full explanation of disclosures and rights in the Notice of Privacy Practices*) If I am being treated while I am a student, I consent and agree pursuant to the Family Educational Rights and Privacy Act (FERPA) that my health information may be used and disclosed in accordance with the Notice of Privacy Practices (and any posted revision of that Notice) and the federal Health Insurance Portability and Accountability Act of 1996.

In the process of receiving health care, Provider may initiate a follow up call and a letter may be sent to continue care. Also, patients may receive phone calls to remind them of scheduled appointments.

I understand that if I agree to participate in a research study, I will be provided with a specific authorization to participate. (See Notice of Privacy Practices). I have the option to choose not to participate or to withdraw from the study at any time.

I understand that I have the right to revoke this consent in writing, unless Provider has already used or disclosed my information in reliance on the consent.

I understand that I have the right to request restrictions on certain uses and disclosures of my health information to carry out treatment, payment, or healthcare operations and that Provider is not required to agree to the restrictions requested.

Please note: I understand that if I request a restriction that may impede the ability of Provider to provide proper care, or which restricts the release of information required by law to be released, that Provider is unlikely to agree to the restriction and may cancel further services. Further, I understand that if I request a restriction that does not allow Provider to release necessary information to insurance providers, it may affect my ability to obtain reimbursement for medical expenses.

Notice regarding confidentiality of alcohol and drug abuse client records: The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal law and regulations (see 42 CFR Part 2). Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser unless a) You consent in writing, b) the disclosure is allowed by court order or otherwise authorized by law, or c) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, legal or program evaluation. Violation of the Federal law and regulations by a program may be a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations also do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

I acknowledge receipt of a copy of the Notice of Privacy Practices, effective which _____contains a more complete description of uses and disclosure of patient health information.

I understand that Provider reserves the right to change the Notice of Privacy Practices and a revised copy will be posted and available when requested. The changes will be applied to all prior and subsequent health information.

Patient Signature:_____ **Today's Date**:

_____

Print Patient Name:_____**Date of Birth**: _____

If patient is a minor:

Patient Representative Signature:

_____ _____ Date:

Description of Legal Guardianship: _____

Print Name: Phone No.

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Appendix B: Authorization for Disclosure of Patient Health Information

Last Name (Please Print) First M.I. Date of Birth

I hereby authorize the **TTUHSCEP Woody L. Hunt School of Dental Medicine** to disclose the following specific information from my health record **from (date)__to (date)**

Information to be disclosed (please initial):

Entire Health Record ___Progress Notes_ X-ray Report ___ Biopsy Report Lab tests_____

(specify & initial) _____Medications ___History & Physical Examination _____

Consultation Report _____ Operative Report ___Immunizations _____ Other (specify & initial) _____

*** I understand that if I am releasing my entire health record, this may include information relating to**:

	(**Initials**)	(**Initials**)
AIDS or HIV infection	_____release	_____do not release
Psychiatric/Mental Health (excluding psychotherapy notes) release	_____	_____do not release
Treatment for alcohol and / or drug abuse	_____release	_____do not release

Disclose to:(Name):_____Phone: **Fax:_____**

Address:_____City: _____State: **Zip_____**

For the purpose of (circle all that apply): Continuity of Care Consultation School Transfer Personal Insurance At my request Marketing (Provider may be compensated) Other (specify): _____

I understand if I do not authorize the release of my full health record, the recipient may be notified that only a limited health record is provided per patient request. I also understand that I am not required to sign an authorization as a condition of my further treatment except where the treatment is for the purpose of research, or the treatment is solely for the purpose of creating a health record for disclosure to a third party and I refuse to authorize such disclosures.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been already been taken in reliance on it. Forms are available at the reception desk. This authorization will expire 90 days from date of signature and I understand that the information used or

disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be subject to federal privacy law in some instances. The University, Provider, and its employees, officers, and healthcare providers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.

I understand it ***may take 15 business days and no more than 30 days*** for your request to be processed. A copying fee of $.60 per page applies to my request. I further understand that I am entitled to a copy of the authorization.

Signature of Patient:_____Date:_____Phone: _____

Signature of Representative where required (minors/incompetents) and authority of representative (e.g. parent/guardian):

Signature:_____Title:_____Date: _____ Phone: _____

Recipients of Alcohol/Drug/Infectious Disease/Mental Health Records: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2) and state law. These laws prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part2 or state law. A general authorization for the release of medical information is NOT sufficient for this purpose. The law restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Appendix C: HIPAA Business Associate Agreement

This HIPAA Business Associate Agreement is entered into and made part of the contract between the Texas Tech University Health Sciences Center (TTUHSCEP), for and on behalf of the Woody L. Hunt School of Dental Medicine (hereinafter "School"), and___, identified as a "Business Associate" in this Agreement, and is effective as of_. This Agreement shall be considered a part of, or an addendum to, the contract between the parties dated _____and any modifications, renewals, or extensions of the Contract
(the "Contract").

RECITALS

A. School desires to disclose, or provide access to, certain health information to Business Associate pursuant to the terms of the Contract. This health information may constitute Protected Health Information, which is defined in 45 CFR 164.501 ("PHI"). In this Agreement, PHI is limited to information created or received by Business Associate from or on behalf of School.

B. School and Business Associate intend to protect the privacy and provide for the security of any PHI disclosed to Business Associate in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-19 1 ("HIPAA") and regulations promulgated by the U.S. Department of Health and Human Services (the "HIPAA Regulations").

C. As part of the HIPAA Regulations, the Privacy Rule (defined as that part of the HIPAA Regulations in 45 CFR Parts 160 and 164 and any state laws that provide more stringent standards), requires School to enter into a contract with Business Associate prior to the disclosure of PHI.

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement and the consideration flowing from the Contract and its continuation, the parties agree as follows:

1. **Definitions.** To the extent any of the terms used in this Agreement require definition or interpretation, such as the terms "business associate", "hybrid covered entity", "data aggregation", "designated record set", "health care operations" or "protected health information", these terms shall have the same meaning as defined and applied in the HIPAA regulations.
2. **Obligations of Business Associate.**

a. **Use and Disclosure of PHI.** Business Associate shall not use or disclose PHI except for the purpose of performing Business Associate's obligations under the Contract and as permitted under the Contract and this Agreement, or where disclosure is required by law. Business Associate shall not use PHI in any manner that would constitute a violation of the Privacy Rule if so, used by School. Unless otherwise informed, Business Associate should assume that School intends to use

and disclose PHI only for treatment, payment and operations, and is not authorized to use PHI for any other purpose. Business Associate will comply with School's Notice of Privacy Practices, to the extent a copy has been provided to Business Associate.

b. **Disclosure to Others.** To the extent that it is necessary for Business Associate to disclose PHI to a third party, such as an agent or subcontractor, Business Associate must obtain an agreement with the third party, prior to making any disclosure, that third party will abide by the same restrictions and obligations in this Agreement. This includes, among other things, obligations to maintain confidentiality, to make certain records available in compliance with the Privacy Rule, and to report disclosures in violation of the Privacy Rule.

c. **Appropriate Safeguards.** Business Associate shall implement appropriate safeguards as are necessary to prevent the use or disclosure of PHI except as permitted by this Agreement.

d. **Reporting of Improper Use or Disclosure.** Business Associate shall report to School in writing of any use or disclosure of PHI in violation of the Contract or this Addendum within five (5) days of becoming aware of such use or disclosure. Business Associate shall also take measures, to the extent practicable, to mitigate any known harmful effect of such an improper disclosure, or alternatively, if requested by School, will cooperate with School in mitigating any known harmful effects.

e. **Access to Protected Information and Amendment**. If Business Associate, or its agents or subcontractors, has PHI in a designated record set, Business Associate shall make such information available to School or designated individuals for inspection and copying within fifteen (15) days of a request to enable School to fulfill its obligations under the Privacy Rule, including 45 CFR Section 164.524. In addition, within fifteen (15) days of receipt of a request from School, Business Associate, or its agents or subcontractors, shall make such PHI available to School for amendment and incorporate any such amendment to enable School to fulfill its obligations under the Privacy Rule, including 45 CFR Section 164.526.

f. **Accounting Rights.** Business Associate agrees to account for all disclosures of PHI as required by the Privacy Rule, commencing on the later of April 14, 2003 or the date of this Agreement, and to maintain such records for at least six (6) years. At a minimum, such information shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. Within fifteen (15) days of notice by School of a request for an accounting of disclosures of PHI, Business Associate, or its agents or subcontractors, shall make available to School the information required to provide an accounting of disclosures to enable School to fulfill its obligations under the Privacy Rule, including 45 CFR Section 164.

g. **Access to Records.** Business Associate shall make its facilities, systems, policies and procedures, internal practices, books and records relating to the use and disclosure of PHI available to School and to the Secretary of the U.S. Department of

Health and Human Services for purposes of determining Business Associate's compliance with the Privacy Rule. In connection with any compliance audit by School or its agents, such records shall be made available within fifteen days (15) of a request.

3. **Termination.**
    a. **Material Breach.** A breach by Business Associate of any material provision of this Agreement shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract. At School's election, Business Associate may be provided with an opportunity to cure the breach.
    b. **Effect of Termination.** Upon termination of the Contract for any reason, Business

Associate shall, at the option of School, return or destroy all PHI that Business Associate or its agents or subcontractors still maintain in any form. If return or destruction is not feasible, as determined by School, Business Associate shall continue to extend the protections of this Agreement to such information.

4. **Liability**. To the extent a lawsuit or claim of any type is made against School, alleging violation of HIPAA by Business Associate, or its agents or subcontractors, Business Associate will indemnify, defend and hold harmless School from any damages or costs pertaining to the lawsuit or claim.
5. **Amendment.** The parties agree to amend this Agreement where necessary to comply with HIPAA and any modifications in the Regulations pertaining to Business Associates.
6. **No Third-Party Beneficiaries**. Nothing express or implied in this Agreement is intended to confer any right on any person or entity apart from the parties themselves.
7. **Interpretatio**n. The provisions of this Agreement shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Agreement. This Agreement and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA and the Privacy Rule. The parties agree that any ambiguity in this Agreement shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the Privacy Rule.

TTUHSCEP ON BEHALF OF Woody L. Hunt School of Dental Medicine	BUSINESS ASSOCIATE
By:	By:
Print Name:	Name:
Print Title:	Title:
Date:	Date:

Appendix D: Request for Accounting of Disclosures

Name:	
Date of Request:	Date of Birth Telephone No.

You may request that we account for disclosures of your Protected Health Information. If you would like this information, please consider the following:
The list is free one time in any twelve-month period. We may charge you a reasonable fee for additional lists in the same twelve-month period.

- We will typically respond to your request within 60 days.
- We will not list disclosures made more than six years before your request.
- We will not list disclosures made earlier than clinic formation in 2021

- We will not list disclosures of Protected Health Information related to Treatment, Payment, or Health Care Operations or disclosures that you authorized.
- We will not list disclosures that we made to you, to governmental authorities as required by law, to those involved in your care, to comply with national security or intelligence purposes, to correctional institutions or law enforcement, disclosures made as part of a limited data set, and disclosures from our directory.

I am asking a list of disclosures for the following period of time: (be specific)

From:_____ To: _____

_____ _____
Signature of Patient Date

_____ _____
Signature of Patient Representative & Relationship to Patient (for minors) Date

For Office Use Only

Date Request Received _____ Initials _____

Date Accounting Provided _____ Initials _____

If accounting is refused or is limited, state reason: _____

_____ _____
Signature of Privacy Officer or Designee Date

Date Patient Notified _____ Initials _____

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Appendix E: Request for Amendment of Health Record

Name:	
Date of Request:	Date of Birth Telephone No.

I am asking for an amendment to the record of my health information as follows (be specific):

Describe the item to change and the date of the item: _____

_____

State the change that you are requesting: _____

_____

State the reasons supporting the change: _____

_____

_____

- If no reason is given for the request, your request will be denied. You may attach additional information as necessary to explain or support your request.
- If our office did not create the record (for example we receive the record from another health care provider), we cannot amend the record. You will need to contact your former health care provider to request an amendment.
- We will respond to your request in writing, typically within 30 days.
- If we deny the amendment, you may submit a written statement of disagreement. We then have the right to prepare a statement responding to your statement.
- Please note that if we accept the amendment, we do not destroy or alter original records. We will append the amendment to the applicable health record.

_____ _____
Signature of Patient Date

_____ _____
Signature of Patient Representative & Relationship to Patient (for minors) Date

For Office Use Only

DECISION ON REQUESTED AMENDMENT

Date of Requested Amendment_____Patient Name _____

1. ***Approved Amendment:*** The following request for amendment of information has been approved:

Δ _____

Δ _____

Δ _____

This information will be corrected and other organizations to which this information has been disclosed will be notified as required by federal law.

2. ***Amendment Denied:*** The request for amendment has been denied for following reasons:

We did not create the record the patient is seeking to amend

The record is accurate and complete

Insufficient factual support for the amendment

The requested amendment does not pertain to the patient's designated record set.

The requested amendment pertains to information that is not available for patient access.

Other (please explain) _____

_____

To Patient: This information will not be amended in our records. If you disagree with this decision, you may submit a written statement of disagreement. We have the right to prepare a statement responding to your statement of disagreement and include it in your health record. You will be sent a copy of this statement. Your statement of disagreement will be included in our records and it (or an accurate summary), along with any responsive statement we prepare (or an accurate summary), will be transmitted to any person or entity to whom the affected information is disclosed.

_____ _____

Signature of Privacy Officer or Designee Date

Date Patient Notified _____ Initials _____

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Appendix F: Request to Restrict Use or Disclosure of PHI

Name:	
Date of Request:	Date of Birth Telephone No.

We will only use your protected health information as disclosed in our Notice of Privacy Practices. This form is for the purpose of requesting additional restrictions.

I request the following restrictions on use or disclosure of my health information:

_____

_____

_____

- We will consider your request, but we do not have to agree to your request.
- We are unlikely to agree to the request if we believe it may impede your care or you seek to prevent disclosures required by law.
- If you request a restriction on information to be conveyed to your insurer or another source of payment, it may impede payment of your claim and/or affect a determination of whether you qualify for services.
- We will respond to your request in writing, typically within 30 days.
- If the restriction is agreed to, we will abide by the restriction. If the restriction is not agreed to, you have the right to decide whether you want to continue treatment without the requested restriction.
- If we agree to the restriction, but we subsequently determine that we cannot continue to abide by the restriction, you will be notified. Again, you will have the right to determine whether you wish to continue treatment without the requested restriction.

_____ _____

Signature of Patient Date

_____ _____
Signature of Patient Representative & Relationship to Patient (for minors) Date **FOR OFFICE USE ONLY**

Request Received _____ Initials _____

___ Restriction Agreed
___ Restriction Not Agreed

Comments / Reason:

Signature of Privacy Officer or Designee ____ Date ___

Date Patient Notified _____

Initials _____

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Appendix G: Request for Alternative Means of Communication

Name:	
Date of Request:	Date of Birth Telephone No.

This form is for the purpose of requesting that we communicate with you only by specific means or at specific locations.

I request that communications to me (e.g., appointment reminders, follow-up care, etc.) be made only in the following manner (email, fax, telephone, mail, in person) or location:

_____

_____

- We will usually agree to the request unless it may impede your care.
- In emergencies, we will use any available means to contact you.
- We will typically respond to your request within 30 days.
- If we decide that we can no longer abide by the request, we will notify you.

_____ _____
Signature of Patient Date

_____ _____
Signature of Patient Representative & Relationship to Patient (for minors) Date

FOR OFFICE USE ONLY

Request Received _____ **Initials** _____

Requested form of communication agreed or Requested form of communication not agreed Comments/Reason:

_____ _____
Signature of Privacy Officer or Designee Date

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Date Patient Notified _____ Initials _____

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Appendix H: Request for Access to Records

Name:	
Date of Request:	Date of Birth Telephone No.

If you are requesting access to your records, please consider the following:

- You may ask to review and copy information about yourself that is in our records.
- You are not entitled to obtain to psychotherapy notes and information compiled for legal proceedings.
- We may deny you access to your information if the information was received with a promise of confidentiality from an outside entity or person.
- We may suspend or deny access if in our judgment access to the information may affect your well-being, or that of another.
- In most circumstances, you will be provided access within 15 days of your request, and copies may be obtained within 30 days of your request. The copy fee is $6.50 plus the actual cost of postage for any copies that you request.

I am requesting access to my information for the following time period:

From:_____ To: _____

_____ _____
Signature of Patient Date

Signature of Patient Representative (for minors) Relationship of Representative Date

For Office Use Only

☐ Access granted on (date)_____ Initials _____

☐ Patient informed access denied on (date)_____ Initials _____

Reason access denied _____

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Appendix I: Complaint Regarding Health Information

Name:	
Date of Request:	Date of Birth Telephone No.

This form is for the purpose of making a complaint about how your health information has been used or disclosed by us, and any violations of the law that you believe have occurred.

Please describe your complaint (be specific):

_____

_____

What would you like us to do?_____

_____

• We will respond to your complaint as quickly as we can. We will typically respond within 30 days.

_____ _____
Signature of Patient Date

_____ _____
Signature of Patient Representative & Relationship to Patient (for minors) Date

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Action taken and reason: _____

_____

_____

_____ _____

Signature of Privacy Officer or Designee Date

Date Patient Notified _____ Initials _____

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IMMUNIZATION DECLINATION FORM

Name: _____

DOB: _____

My employer or affiliated Health care facility has recommended that I receive the vaccine listed below to protect myself, visitors, coworkers and/or patients I serve.

- ☐ Measles, Mumps, Rubella
- ☐ Varicella (Chickenpox)
- ☐ Tetanus, Diphtheria
- ☐ Tetanus, Diphtheria, Pertussis
- ☐ COVID vaccine

I acknowledge that I am aware of the following fact:

- The purpose of the recommended vaccine(s).
- I understand that if I contract the disease/infection, I may spread it to my patients, other healthcare workers, and/or my family. I may also be restricted from working with certain patient populations. If applicable, my supervisor and Occupational Health / Infection Control Department may be notified of these restrictions.
- I further understand that I may change my mind and accept vaccines(s) in the future at no charge to me (if applicable).

I acknowledge I have read and fully understand the information on this declination form.

Signature: _____ Date: _____
Employee / Student / Volunteer

_____
Witness (Optional):

For Clinic/Office Use Only
Check applicable boxes: ☐ Previously vaccinated (verbalized by employee/student) - proof or documentation not provided ☐ Other reason for declination, please specify: _____ ☐ Medical contraindication to immunizations

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INFLUENZA VACCINE DECLINATION FORM
2024-2025

Print Name:	**Date of Birth:**	**Department:**

My employer or affiliated Health care facility has recommended that I receive the vaccine listed above to protect myself, visitors, coworkers and/or patients I serve.

I acknowledge that I am aware of the following fact:

- The purpose of the recommended vaccination(s).
- I understand that if I contract the disease/infection, I may spread it to my patients, other healthcare workers, and/or my family. I may also be restricted from working with certain patient populations. If applicable, my supervisor and Occupational Health / Infection Control department may be notified of these restrictions.
- **If an individual wishes not to be vaccinated for seasonal influenza, individual may choose to decline administration of the vaccine and must adhere to the following:**

  a. A declination form must be completed and turned in to the Office of Occupational Health.

  b. If the individual falls into Risk category 1 and 2 **a mask must be worn while on duty for the duration of the flu season; which continues from September of the current year through March of the following year**. For more information see Infection Prevention Policy EP 7.13 Influenza Vaccination (3.)

- I further understand that I may change my mind and accept vaccination(s) in the future at no charge to me (if applicable).

I acknowledge I have read and fully understand the information on this declination form.

Reason for Declining: *(Please check all that apply).*

- ☐ I received the vaccine from another facility (Documentation must be provided).
- ☐ I have a medical exception:
  - ☐ A severe allergy to eggs or to the vaccine components
  - ☐ Medically contraindicated due to Guillain-Barre Syndrome
- ☐ My religious beliefs prevent me from taking the vaccine

Signature: _____ Date: _____
Employee / Student

HSCEP OP: 75.11B, **Health Surveillance Program for TTUHSC El Paso - Immunizations**

1. Reference(s):

- Immunization requirements are based on regulations, guidelines and recommendations available:
  a. Covered individuals must comply with Healthcare Worker Vaccination Recommendations from the CDC
  b. 25 Texas Administrative Code (TAC) § 97.64 "Required Vaccinations for Students Enrolled in Health-Related and Veterinary Courses in Institutions of Higher Education."
  c. Texas Education Code.

2. Baseline (preplacement) screening.

- All TTUHSC El Paso New employees, students and volunteers are required to complete an Infection Control Health Screening prior to the individual beginning work or site visits.
- New personnel will be screened at TTUHSC El Paso's Occupational Health (OH) Department prior to any patient contact. Preferably, screening should be completed before new employee orientation or during first week of employment. Visitors will be screened prior to start date on campus.
- The department responsible/sponsoring a visitor/student or employee will notify the individual to go to Occupational Health for Infection Control Screening and provide immunization records.

- **Pre-Matriculation Requirements**
  All TTUHSC El Paso students (undergraduate and graduate), with the exception of students identified as having no direct patient care, must have received required immunizations with documentation submitted prior to matriculation.

3. Annual Requirements

- Occupational Health will annually during month of hire review and send out a notice to all TTUHSC El Paso employees/students/volunteer with their TB screening tool a notice to update any immunizations.
- Annual Flu vaccine will be offered to all TTUHSC El Paso Employees/Students/Volunteers

4. Waiver of Vaccination Recommendations

- When vaccine/s shortages occur at the national or organizational level, the OH department will prioritize the immunization program towards employees and students performing activities with the highest risk of transmission of infectious diseases.

5. Cost Responsibilities

- TTUHSC El Paso employee titer cost and vaccinations will be borne by the OH department.
- Volunteers titers costs will be borne by the clinical departments. Immunizations costs will be borne by the OH department.

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1)

Title: **EXPOSURE CONTROL PLAN, BLOODBORNE PATHOGENS**	Policy Number: **EP 7.3A**
Regulation Joint Commission Reference:	Effective Date: **6/2010**

Policy Statement:

This exposure control plan is adopted as the minimum standard to implement the Blood Borne Pathogens Exposure Control Plan required in Health and Safety Code, §81.304. CHAPTER 81, HEALTH AND SAFETY CODE SUB-CHAPTER H.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC- EP Clinics, staff, & students.

Procedure:

These minimum standards apply to a governmental unit that employs people who:
Provide services in a public or private facility providing health care related services and have a risk of exposure to blood or other material potentially containing blood borne pathogens in connection with exposure to sharps or other potentially infectious material (OPIM).

This plan is provided to be analogous with Title 29 Code of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), Blood borne Pathogens Standard as specified in Health and Safety Code, §81.304.

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Blood borne Pathogens Standard, the following exposure control plan exists:

1. Exposure Determination**:**

The Texas Department of Health Blood Borne Pathogens Exposure Control Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment.
This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. The following job classifications apply:

(a.) Doctors: Faculty, Residents
(b.) Nurses – RN's, LVN's
(c.) Nursing Assistants - CMA's, RMA'S, NA's
(d.) Plumbers
(e.) Custodial Staff
(f.) Maintenance Staff

The job descriptions for the above employees encompass the potential occupational exposure risks to blood borne pathogens.

See Appendix A for required Personal Protective Equipment by task.

2. Implementation Methodology**:**

Compliance Methods:

A. Standard precautions-

Are observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material is considered infectious regardless of the perceived status of the source individual. Standard precautions will be used for care of all Ambulatory Clinic patients.

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment is used.
Examples include safety designed devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, passing instruments in a neutral zone, etc. Supervisors and workers examine and maintain engineering and work practice controls within the work area on a regular basis.

Standard precautions combine the major features of Universal Precautions with Transmission Based Precautions. Transmission Based Precautions are the second tier of precautions designed to supplement Standard Precautions and are used with patients documented or suspected to be infected or colonized with highly transmissible, important pathogens. Transmission Based Precautions Overview:

1. Transmission-Based Precautions Overview:

a. ***Airborne Precautions*** should be used in addition to standard precautions for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (five microns or smaller)

1. **Patient placement:**
   Place immediately upon arrival in an exam room. Keep door closed. Place a surgical mask on patient if possible.
2. **Respiratory protection:**
   Wear respirator protection (N95 mask) when entering the room of a patient with known or suspected active tuberculosis. Do not enter the room of patients known or suspected to have measles or varicella if susceptible to these infections.
3. **Patient Transport:**
   Limit the movement and transport the patient for essential purposes only. If transport or movement is necessary, place a surgical mask on the patient.

4. **Some examples of infections or diseases requiring airborne precautions:**
   Tuberculosis, Measles, and Varicella (including Disseminated Zoster).

b. ***Droplet Precautions*** should be used in addition to standard precautions for a patient known or suspected to be infected with microorganisms transmitted by droplets larger than five microns that can be transmitted by coughing, sneezing, talking, or by the performance of procedures such as suctioning.

1. **Patient placement**
   Place the patient in a designated exam room, keep door closed. If a room is not available, maintain a separation of at least three feet between the infected patient and other patients and visitors.
2. **Masking**
   Wear a mask when working within three feet of patient.
3. **Patient transport**
   Limit the movement and transport of the patient to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by placing a surgical mask on the patient.
4. **Some examples of infections or diseases requiring droplet precautions:**
   Neisseria Meningitis, multidrug-resistant Streptococcal Pneumonia, Pertussis, Streptococcal pharyngitis, Influenza, Mumps, and Rubella.

c. ***Contact Precautions*** should be used in addition to standard precautions for a patient known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by hand or skin-to-skin contact or indirect contact with environmental surfaces or patient-care items in the patient environment.

1. Patient placement

Place the patient in a designated exam room.

2. Gloves and handwashing

Wear gloves when entering the patient's exam room. Remove gloves before leaving the room and scrub hands with an antimicrobial agent. After glove removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces.

3. Gowns

Wear a gown when entering the exam room if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the room especially if, the patient is incontinent or has diarrhea, an ileostomy, or wound drainage not contained by a

dressing. Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces.

4. Patient transport

Limit the movement and transport of the patient to essential purposes only. If the patient is transported out of the room, ensure that precautions are maintained.

5. Environmental control

Ensure that patient care items, bedside equipment, and frequently touched surfaces receive cleaning after the patient is discharged.

6. Patient care equipment

When possible, dedicate the use of non-critical patient-care equipment and items such as stethoscopes, sphygmomanometers, bedside commodes, or electronic rectal thermometers to a single patient (or cohorted patients). If use of common equipment is unavoidable, items must be adequately cleaned and disinfected before use with another patient.

7. Some examples of infections or diseases requiring contact precautions:

Uncontained major abscesses or decubitus ulcers, scabies, pediculosis, Staphylococcal skin infections, Impetigo, Enteric infections (Clostridium difficile, Escherichia coli 0157.h7), Respiratory Syncytial Virus.

B. Hand washing facilities-

Are available to the employees who incur exposure to blood or other potentially infectious materials. These facilities are readily accessible. If hand washing facilities are not feasible, TTUHSC-EP provides alcohol-based hand wash products. When alcohol-based hand wash products are used, hands should be washed with soap and running water occasionally.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to skin or mucous membranes, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

C. Needles:

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. This plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a device or a one-handed technique.

D. Contaminated Sharps Discarding and Containment:

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and biohazard labeled or color-coded. During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found, maintained upright throughout use; are not allowed to overfill; and are replaced routinely.

E. Work Area Restrictions:

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. All procedures are conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

3. Collection of Specimens:

Specimens of blood or other potentially infectious materials are placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. The container used for this purpose is labeled with a biohazard label or color-coded unless standard precautions are used throughout the procedure and the specimens and containers remain in the facility. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a hospital, doctor's office, clinic, or laboratory setting. Labeling of these specimens should be done according to the agency's specimen collection procedure. This procedure should address placing the specimen in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. In facilities where specimen containers are sent to other facilities and/or standard precautions are not used throughout the procedure, a biohazard or color-coded label should be affixed to the outside of the container. If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color-coded. Any specimen, which could puncture a primary container, is placed within a secondary container, which is puncture proof.

4. Contaminated Equipment**:**

Equipment which may become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. TTMC Employees will place a biohazard label on all portions of contaminated equipment that remain to inform other employees, service representatives, and/or the manufacturer, as appropriate.

5. Personal Protective Equipment:

All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time, which the protective equipment is used.

Examples of personal protective equipment include gloves, eyewear with side shields, gowns, aprons, shoe covers, face shields, goggles and masks. All personal protective equipment is fluid resistant.

All personal protective equipment is cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements are made by the employer at no cost to employees. All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container.

All personal protective equipment is removed prior to leaving the work area and placed in the designated receptacle. Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, or mucous membranes. Latex sensitive employees are provided with suitable alternative personal protective equipment. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Surgical caps or hoods and/or fluid resistant shoe covers or boots are worn in instances when gross contamination can reasonably be anticipated.

6. Housekeeping**:**

Texas Tech Custodial Department ensures that all worksites are maintained in a clean and sanitary condition. The Custodial Department determines and implements an appropriate written schedule for cleaning and method of decontamination based on the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. All contaminated work surfaces are decontaminated after completion of a procedure, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift. All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis. Any broken glassware, which may be contaminated, is not picked up directly with the hands, a dust pan & broom are used.

7. Regulated Waste Disposal:

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area. Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color coded, and closed prior to removal. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closable, leak proof, labeled with a biohazard label or color-coded, and closed prior to removal.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

8. Laundry Procedures:

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments. Rather than rigid rules and regulations, hygienic and commonsense storage and processing of clean and soiled linen is recommended.
Disposable gowns are used almost exclusively at the Texas Tech Dental – OHC.

Hepatitis B Vaccine:

All employees who have been identified as having potential occupational exposure to blood or other potentially infectious materials are offered the Hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after blood borne pathogens training and within 10 working days of initial assignment to work unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons. Employees receive the vaccine at Texas Tech Physicians Occupational Health Clinic. Employees who decline the Hepatitis B vaccine sign a declination statement. Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.
See Appendix B – Declination Statement Form.

9. Post Exposure Evaluation and Follow up:

When an employee incurs an exposure incident, the employee reports to the Emergency Room ~~Occupational Health Clinic~~ at University Medical Center.

All employees who incur an exposure incident are offered a confidential medical evaluation and follow up as follows:

i. Documentation of the route(s) of exposure and the circumstances related to the incident.
ii. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless the employer can establish that testing of the source is infeasible or prohibited by state or local law.
iii. The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
iv. The employee is offered the option of having their blood collected for testing of the employee's HIV/HBV serological status.
v. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
vi. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
vii. The Health and Safety Department at Texas Tech is designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

10. Interaction with Healthcare Professionals:

A written opinion is obtained from the healthcare professional who evaluates employees of this facility after an exposure incident.
In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

1) a copy of this facilities exposure control plan;
2) a description of the exposed employee's duties as they relate to the exposure incident;
3) documentation of the route(s) of exposure and circumstances under which the exposure occurred;
4) results of the source individual's blood tests (if available); and,
5) medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional at least in the following instances:

1) when the employee is sent to obtain the Hepatitis B vaccine, or
2) whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

1) whether the Hepatitis B vaccine is indicated;
2) whether the employee has received the vaccine;
3) the evaluation following an exposure incident;
4) whether the employee has been informed of the results of the evaluation;

5) whether the employee has been told about any medical conditions that may result from exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report).

12. Use of Biohazard Labels**:**

The OHC has a procedure that determines when biohazard-warning labels are to be affixed to containers or items are to be placed in color-coded bags. This procedure includes the types of materials that should be labeled as biohazard material. These materials may include but are not limited to, regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

13. Training**: students?**

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training. This training is to be conducted within one year of the employee's previous training. Training for employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

Blood Borne Pathogen Control

2) OSHA Blood borne Pathogen Final Rule;
3) Epidemiology and symptomatology of bloodborne diseases;
4) modes of transmission of blood borne pathogens;
5) (this facility's or organization's) exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
6) procedures which might cause exposure to blood or other potentially infectious materials at this facility;
7) control methods which are used at the facility to control exposure to blood or other potentially infectious materials;
8) personal protective equipment available at this facility (types, use, location, etc.);
9) hepatitis B vaccine program at the facility;
10) procedures to follow in an emergency involving blood or other potentially infectious materials;
11) procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
12) post exposure evaluation and follow up;
13) signs and labels used at the facility; and,
14) an opportunity to ask questions with the individual conducting the training.

14. Record keeping:

According to OSHA's Blood borne Pathogens Standard, medical records are maintained by: Texas Tech University Health Science Center El Paso Occupational Health Department.

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Appendix A to Exposure Control Plan

Procedures with Exposure Potential	Personal Protective Equipment Recommended
Arterial Specimen collection	Gloves and mask, consider goggles
Assistance to provider with invasive procedures i.e.: Colonoscopy, Bronchoscopy etc.	Gloves, gown, goggles or face shield, mask
Catheter Care	Gloves and goggles, consider mask
Dressing change/Wound Care	Gloves (gown if splash potential) and gloves, consider goggles
Handling of Lab specimens	Gloves (place in sealed container in plastic, puncture resistant Ziploc for transport)
Immunizations, routine	Gloves
I.M. Injections	Gloves
Medical Equipment, cleaning of; soiled with blood or OPIM	Gloves, long sleeve gown, goggles/face shield
Perineal care – 2^0 fecal or urinary incontinence	Gloves and long sleeve gown
Sharps disposal	Gloves
Suctioning-Naso-pharyngeal and Endo tracheal	Gloves, goggles or face shield, mask if face shield not used.
Trach care	Gloves, goggles or face shield, mask if face shield not used.
Vaginal exam, assisting with or performing	Gloves (gown, mask and face shield if potential for Amniotic fluid exposure)
Venipuncture	Gloves

APPENDIX B HEPATITIS B VACCINE DECLINATION STATEMENT (staff)

I understand that due to my potential for occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Signature _____ Date _____

Witness_____ Date_____

ANNUAL ASSESSMENT TOOL

		Yes	No
1.	The exposure control plan is located in OHC		
2.	Employees at occupational risk for bloodborne pathogens exposure are identified.		
3.	Employees comply with Standard Precautions when performing duties.		
4.	Employees appropriately use engineering controls in the work place.		
5.	Employees employ safe work practices in performance of duties.		
6.	Hand washing facilities are readily accessible in work areas.		
7.	Employees regularly wash their hands, especially after glove removal.		
8.	Employees deposit contaminated sharps in biohazard containers immediately after use.		
9.	Employees change filled biohazard containers when full.		
10.	Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work areas.		
11.	Food and beverages are not kept in close proximity to blood or bodily fluids.		
12.	Employees do not mouth pipette/suction blood or bodily fluids.		
13.	Employees place specimens in leak resistant containers after collection.		
14.	Employees place specimens in biohazard leak proof containers for shipment.		
15.	Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated.		
16.	Employees wear the designated fluid resistant personal protective		

	equipment/attire appropriate for the task at hand		
17.	Employees place contaminated personal protective equipment in the appropriate receptacles.		
18.	Employees maintain a clean environment at all times.		
19.	Employees follow appropriate written schedules for cleaning and decontamination determined by TTUHSC-EP.		
20.	Employees know the safe procedure for contaminated, broken glass clean up.		
21.	Employees demonstrate knowledge of the agency's policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy.		
22.	Employees place wet laundry in leak resistant bags or containers and transport used laundry in biohazard leak proof containers.		
23.	Each employee knows his documented hepatitis B vaccine status.		
24.	Employees know where and to whom to report exposure incidents.		
25.	An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service.		
26.	Employees are oriented and receive annual training regarding the exposure control plan.		
27.	Recording and reporting occupational exposures are conducted in accordance with OSHA's Blood borne Pathogens Standard.		
28.	Medical and training records are maintained in accordance with OSHA's Blood borne Pathogens Standard.		

El Paso - *Ambulatory Clinic Policy and Procedure*

Definitions:

The following words and terms when used in this Exposure Control Plan have the following meanings unless the context clearly indicates otherwise.

1. **Blood** - Human blood, human blood components, and products made from human blood.
2. **Bloodborne pathogens** – Pathogenic microorganisms that are present in human blood and that can cause diseases in humans, and include:
   a) Hepatitis B virus (HBV);
   b) Hepatitis C virus (HCV); and
   c) human immunodeficiency virus (HIV).
3. **Contaminated** – The presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface.
4. **Contaminated equipment** - Any equipment used in the workplace that has been soiled with blood or other potentially infectious materials on an item or surface.
5. **Contaminated sharps injury** – Any sharps injury that occurs with a sharp used or encountered in a health care setting that is contaminated with human blood or body fluids.
6. **Device** – An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part, or accessory that is:
   a) recognized in the official United States Pharmacopoeia National Formulary or any supplement t it;
   b) intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease in many or other animals; or
   c) intended to affect the structure or any function of the body of man or other animals and that does not achieve any of its principle intended purposes through chemical action within or on the body of man or other animals and is not dependent on metabolization for the achievement of any of its principal intended purposes.
7. **Engineering Controls** – Engineering Controls include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers and retractable or self-sheathing needles.
8. **Engineered sharps injury protection** – A physical attribute that:
   a) is built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids and that effectively reduces the risk of an exposure incident by a mechanism, such as barrier creation, blunting, encapsulation, withdrawal, retraction, destruction, or another effective mechanism; or

b) is built into any other type of needle device, into a non-needle sharp, or into a non-needle infusion safety securement device that effectively reduces the risk of an exposure incident.

9. **Exposure control plan** – developed by the Texas Department of Health is adopted as the minimum standard to implement Health and Safety Code.

10. **Exposure incident** – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

11. **Health care professional** - A person whose legally permitted scope of practice allows him or her to independently evaluate an employee of a governmental unit and determine the appropriate interventions after an exposure incident; this would include hepatitis B vaccination and post exposure evaluation and follow up.

12. **Needleless system** – A device that does not use a needle and that is used:
    a) to withdraw body fluids after initial venous or arterial access is established;
    b) to administer medication or fluids; or
    c) for any other procedure involving the potential for an exposure incident.

13. **Occupational exposure** – A reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

14. **Other potentially infectious materials** include:
    a) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, ~~any~~ body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
    b) any unfixed tissue or organ (other than intact skin) from a human, living or dead; and
    c) HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

15. **Personal protective equipment** – Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

16. **Regulated waste/special waste** from health care-related facilities – Solid waste which if improperly treated or handled may serve to transmit an infectious disease (s) and which is composed of the following;
    a) animal waste;
    b) bulk blood, bulk human blood products, or bulk human body fluids;
    c) microbiological waste;

d) pathological waste; or
e) sharps

17. **Sharp** – An object used or encountered in a health care setting that can be reasonable anticipated to penetrate the skin or any other part of the body and to result in an exposure incident and includes;
    a) needle devices;
    b) scalpels;
    c) lancets;
    d) a piece of broken glass;
    e) a broken capillary tube;
    f) an exposed end of a dental wire; or
    g) a dental knife, drill, or bur.
18. **Sharps injury** – Any injury caused by a sharp, including a cut, abrasion, or needlestick.
19. **Standard precautions** – Approaches to infection control.

Policy Number: **EP 7.3A**	Original Approval Date: **9/2001**
Version Number: **3**	Effective Date: **6/2010**
Signatory approval on file by: Pedro Serrato, M.D. Clinic Operations Committee Chairman, El Paso Jose Manuel de la Rosa, M.D. Dean, School of Medicine, El Paso	

Appendix K: Clinical Privileges Checklist

- ☐ Texas Standardized Credentialing Application LHL234 Rev.01.07 – ***Complete all fields, mark any with "NA", Print Name, Initial, Date and Sign***
  - ***Make extra copies of the pages that you need if there are not enough fields for you to enter all of your information -*** (ie. you have more than 2 insurance companies, make extra copies of pg 5, or additional state licensures, make extra copies of pg 2, etc.)
  - ***Peer References, please include email address for each:*** Three professional peer references from the same field and/or specialty that are not relatives. All peer references should have firsthand knowledge of the applicant 's abilities and competence. (Physicians should list physicians, dentists should list dentists, podiatrists should list podiatrists, etc.) For professional's completing within one year post graduate training programs, one peer reference must be from the applicant's program director or associate program director. **Note:** Professionals in training may not serve as a peer reference.

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- ☐ Delineation of Privilege Form, if applicable - ***Complete, Print Name, Sign and Date***
- ☐ Faculty Addendum Form - ***Complete, Print Name, Sign and Date***
- ☐ TSCA Addendum Form - ***Complete, Print Name, Sign and Date***
- ☐ Exclusion Provider Notice - ***Print Name, Sign and Date***
- ☐ Bylaws, Policies & Procedure Acknowledgement Form - ***Print Name, Sign and Date***
- ☐ Specialty Designation Form - ***Complete, Print Name, Sign and Date***
- ☐ ID Verification Form - ***Print Name and enter Specialty***
- ☐ Color Copy of Acceptable Documents for Verifying Employment Authorization and Identity (***see Form I-9 List of Acceptable Documents***)
- ☐ Copy of current State of Texas Professional License, and if in any other state
- ☐ Copy of Drug Enforcement Administration Registration (DEA) with a Texas address
- ☐ Copy of Social Security Card
- ☐ Copy of Board Certifications
- ☐ Copy of Dental Education diploma
- ☐ Copy of ECFMG Certificate for foreign graduates
- ☐ Copy of Post Graduate Training certificates -internships, residencies or fellowships
- ☐ Copy of DD214 discharge certificate, for military service
- ☐ Copy of current and previous Professional Liability Malpractice Insurance Coverage - ***Declaration Page with effective date, expiration date, and amount of coverage - 5 years most recent to oldest***
- ☐ Curriculum Vitae (CV) with dates in month/year format (MM/YYYY)
- ☐ National Provider Identifier (NPI), user name and password: https://nppes.cms.hhs.gov/#/
- ☐ CAQH number, user name and password: https://proview.caqh.org/Login?ReturnUrl=%2F&Type=PR
- ☐ Current color photo, passport size
- ☐ Proof of Immunizations
- ☐ Copy of highest level resuscitation – BLS, ACLS, ATLS, APLS, PALS
- ☐ Procedure Logs for the past 12 months (Must NOT contain any patient information)

******* Return all forms and documents to the address or email listed below*******

Below are the "minimum" requirements for Clinic Mentor's to shadow in the OHC:

- ☐ Clinic Mentor is awaiting Texas license or has Texas license
- ☐ Clinic Mentor is working through credentialing process
- ☐ Clinic Mentor has completed checklist below and has been verified by TTU Occupational Health

Please use the checklist, to ensure all completed forms and documents are included:

- ☐ Copy of current HIPAA training certificate
- ☐ Proof of Immunizations (see link below for requirements)

https://ttuhscep.edu/occupationalhealth/Immunizations.aspx

- ☐ Copy of BLS
- ☐ New Employee Safety Orientation Program II (Unit Safety Officer)

Below are guidelines for shadowing personnel awaiting full credentialing:

- ☐ Clinic Mentor **cannot** touch patient in clinic floor
- ☐ Clinic Mentor **can** verbally teach students
- ☐ Clinic Mentor **will** wear PPE while on clinic floor and comply with infection control policies

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Appendix L: *Spill Response*

Response to a chemical spill must occur at several levels. For laboratory workers, some spills must be cleaned-up at the first level - theirs. Other spills must be managed by

Environmental Health & Safety. The first question, then, which must be answered, is: "When is a spill really a spill?"

A spill is defined as "**a material out of control**". In a practical sense, the quantity of material is not important. *The essential issue is whether the hazards, the location, and the quantity cause the situation to be beyond the control of the laboratory worker.*

Experience provides some guidelines for deciding whether a spill should be cleaned-up by laboratory personnel or by spill response personnel. For convenience and safety, a minimum quantity beyond which all spills, regardless of the substance, must be reported has been established. Policy states that all spills greater than 1 quart (1 liter) must be reported to Compliance. While this may seem overly stringent to some, experience indicates that over-reporting is preferable to under- reporting.

In addition to the minimum quantity, several other spills must be reported, regardless of the quantity (beyond de minimis).

- All spills of extremely flammable materials (flash point less than 20°F) must be reported.
- All spills of extremely toxic materials (5 mg/kg LD50) must be reported.
- All mercury spills must be reported.
- All personal contaminations must be reported.
- All leaking containers must be reported.
- All uncontrolled compressed gas releases must be reported.

Personnel are responsible to have procedures for spills which are below the reportable level. These procedures are explained below. **Personal Safety**

- The primary consideration for laboratory personnel when a material is spilled is safety. Safety for every person in the laboratory and in the building is of paramount importance. If the spill could potentially harm someone, call Compliance or Public Safety at 911. Otherwise, the laboratory worker who will clean-up the spill must follow specific procedures to do so safely and effectively.

Personal Protective Equipment (PPE)

- Before attempting to clean up a spill, the lab responder must put on a minimum amount of personal protective equipment (PPE).

Safety glasses
Lab coat
Nitrile or neoprene gloves

Clean-up Materials

- Laboratories must have certain supplies available before attempting to clean-up a spill. The actual materials to be used will depend upon the hazards posed by the spilled material. A recommended list of supplies is presented below:

Absorbent pads
Absorbent socks
Acid neutralizer
Activated carbon
Caustic neutralizer
Dust pan & brush
Heavy duty plastic trash bags
Laboratory tongs
One gallon or five-gallon plastic bucket with lid
Hazardous Waste Tags

Note: This procedure is not applicable to spills of Mercury or radioactive materials.

Clean-Up Procedure
1.0 PPE
2.0 Control
3.1 Absorb/Remove
3.2 Acid, Caustic, or other Non-Flammable Liquids
3.3 Flammable Liquids
4.0 Remove broken glass
5.1 Decontaminate
5.2 Acidic Liquids
5.3 Caustic Liquids
5.4 Flammable Liquids
5.5 Container
6.0 Inspect
7.0 Package Spill Residues
8.0 Restock Spill Supplies

1.0 PPE
Don the appropriate PPE. If, during the spill or subsequent actions, any person comes in contact with a chemical, refer to the manufacturers Material Safety Data Sheet for First Aid guidance.

2.0 Control
Control the source of the spill, if it is still present. A bottle, for example, which was knocked over, will still have some material in it. The responder should carefully upright the container, place it on an absorbent pad in a safe location, and replace the lid on the container. Any spread of spilled material must also be controlled. This is best done by placing absorbent pads or socks around and on the spill. Many laboratory spills involve broken glass. The spill responder must be careful to avoid getting cut.

3.1 Absorb/Remove

3.2 Acid, Caustic, or other Non-Flammable Liquids
These are most easily absorbed with absorbent material. Place used absorbent materials in a trash bag. Frequently, laboratory spills will spread into drawers and behind or under equipment. The responder must be careful to locate all such contaminated areas.

3.3 Flammable Liquids
Flammable liquids should be absorbed on activated carbon or absorbent pads and socks. Use approximately 2 pounds of activated carbon per pint (0.5 liters) of liquid. Use the dust brush or spatula to thoroughly mix the activated carbon with the liquid. Use the dust pan and brush to collect all residues. Remove large pieces of broken glass as described in step 4.0 and place all other debris in a plastic trash bag or appropriate container.

4.0 Remove broken glass
Using tongs, or carefully using gloved fingers, remove all large pieces of glass and place them in an appropriate container.

5.1 Decontaminate

5.2 Acidic Liquids
Apply acid neutralizer on all surfaces affected by the spill. Soak up the neutralizer and apply fresh neutralizer. Remove the residues with absorbent pads or paper towels, then thoroughly wash the affected area with hot soapy water. Use absorbent pads to finish cleaning the area.

5.3 Caustic Liquids
Apply caustic neutralizer on all surfaces affected by the spill. Soak up the neutralizer and apply fresh neutralizer. Remove the residues with absorbent pads or paper towels, then thoroughly wash the affected area with hot soapy water. Use absorbent pads to finish cleaning the area.

5.4 Flammable Liquids
Thoroughly wash the area with hot soapy water. Use absorbent pads to finish cleaning the area.

5.5 Container
Use absorbent pads, neutralizers, and hot soapy water, as appropriate, to remove all traces of spilled material from the container. Remember to clean the bottom of the container.

6.0 Inspect
Carefully check the entire affected area for spill residue, hidden contamination, or unsafe conditions, and act accordingly.

7.0 Package Spill Residues
Place all spill residues and contaminated PPE in plastic bags. Seal the bags and place in the bucket or other appropriate container. Attach a properly completed Waste Tag on the outside of the container. Place the bucket in the Accumulation Point.

8.0 Restock Spill Supplies
Gather and restock supplies as needed.

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Appendix L2: Hazardous Waste

What is a Hazardous Waste?

A Hazardous Waste, is defined by the United States Environmental Protection Agency in Title 40 of the Code of Federal Regulations (40 CFR) section 261.3. Briefly stated, it says "It exhibits any of the characteristics of hazardous waste identified in subpart C..." or "It is listed in subpart D of this chapter..." Subpart C (40 CFR 161.20 through 261.24) describes four characteristics of hazardous wastes, while subpart D (40 CFR 261.30 through 261.35) contains lists of chemicals and processes that generates hazardous wastes. It is important to remember that a material must first be a waste before it can be a hazardous waste.

The Four Characteristics of Hazardous Waste

There are four characteristics that pertain to what a hazardous waste is; if a waste has one or more of the following four characteristics, it is then a hazardous waste.

The Ignitability Characteristic

Wastes that are regulated as a hazardous waste due to the characteristic of ignitability include:

- Liquids with a flash point less than 140°F
- Solids that are capable (under standard temperature and pressure) of causing fire through friction, absorption of moisture or spontaneous chemical change, and when ignited burns so vigorously and persistently that it creates a hazard.
- Compressed gases that are ignitable as defined by the Department of Transportation (DOT).
- An oxidizer as defined by the DOT.

The characteristic of ignitability carries the waste number D001.

The Corrosivity Characteristic

Wastes that are regulated as a hazardous waste due to the characteristic of corrosivity include:

- An aqueous (water-based) liquid with a pH less or equal to 2 or greater than or equal to 12.5.
- A liquid that corrodes steel, as specified by the National Association of Corrosion Engineers.

The characteristic of corrosivity carries the waste number D002.

The Reactivity Characteristic

Wastes that are regulated as a hazardous waste due to the characteristic of reactivity include:

- A material that is normally unstable and readily undergoes violent change without detonating.
- A material that reacts violently with water.
- A material that forms potentially explosive mixtures with water.
- A material that when mixed with water, it generates toxic gases.
- Certain cyanide or sulfide bearing materials.
- A material that is capable of detonation or explosion, or other DOT regulated explosives.

The characteristic of reactivity carries the waste number D003.

The Toxicity Characteristic

Below are the elements/compounds that are currently regulated as hazardous wastes when present in a waste at or above the concentration listed.

Waste Number Contaminant Regulatory Level (mg/L)
D004 Arsenic 5.00
D005 Barium 100.00
D018 Benzene 0.50
D006 Cadmium 1.00
D019 Carbon Tetrachloride 0.50
D020 Chlordane 0.03
D021 Chlorobenzene 100.00
D022 Chloroform 6.00
D007 Chromium 5.00
D023 o-Cresol 200.00
D024 m-Cresol 200.00
D025 p-Cresol 200.00
D026 Cresol 200.00
D016 2,4-D 10.00
D027 1,4-Dichlorobenzene 7.50
D028 1,2-Dichloroethane 0.50
D029 1,2-Dichloroethylene 0.70
D030 2,4-Dinitrotoluene 0.13
D012 Endrin 0.02
D031 Heptachlor (+epoxides) 0.01
D032 Hexachlorobenzene 0.13
D033 Hexachlorobutadiene 0.50
D034 Hexachloroethane 3.00
D008 Lead 5.00
D013 Lindane 0.40
D009 Mercury 0.20
D014 Methoxychlor 10.00
D035 Methyl ethyl ketone 200.00
D036 Nitrobenzene 2.00
D037 Pentachlorophenol 100.00
D038 Pyridine 5.00
D010 Selenium 1.00
D011 Silver 5.00
D039 Tetrachloroethylene 0.70
D015 Toxaphene 0.50
D040 Trichloroehtylene 0.50
D041 2,4,5-Trichlorophenol
400.00 D042 2,4,6-
Trichlorophenol 2.00 D017 2,4,5-
TP (Silvex) 1.00 D043 Vinyl
Chloride 0.20

Listed Hazardous Waste

The lists of hazardous waste are composed of hundreds of chemicals, chemical mixtures, and the processes associated with their use. There are four different lists; each list is identified by the letters "F", "K", "P" or "U". If a chemical is included in a specific list, then when it, or any mixture of it, becomes a waste, it will be a hazardous waste.

The "F" List
The "F" list contains 39 separate waste numbers, but regulates hundreds of chemicals from nonspecific sources. This includes (but is not limited to) solvents used in degreasing, solvents in general, distillation of certain chemicals, plating solutions and wastewater treatment residues.
The "K" List
The "K" list contains 151 separate waste numbers, but it regulates wastes from specific sources. The sources include organic and inorganic chemical processes, pesticide manufacturing, and petroleum refining.

The "P" List
The "P" list contains 122 separate waste numbers, and each waste number is associated with a specific chemical, when they are discarded commercial chemical products, off-specification species, container residues or spill residues. Many common chemical wastes are regulated by the "P" list.

The "U" List
The "U" list contains more than 250 separate waste numbers, and each waste number is associated with a specific chemical, that are commercial chemical products, manufacturing chemical intermediates, or off-specification commercial chemical products. The "U" listed wastes are identified as being acutely toxic.

Proper Waste Management

The proper management of all hazardous wastes is mandatory. It is required by Federal and State laws, University policy, and by the need to protect the environment for future generations. The laws and policy define how wastes need to be managed as to protect the environment for future generations. Simply stated "What you landfill or pour down the drain today, you may be eating or drinking tomorrow"; it makes sense to manage all wastes properly.

Four Steps to Waste Management
There are many steps to proper waste management, but you should be concerned with the following: identification; containerization; and accumulation.

1) Identification
It is very important to identify the wastes that you or your department generates. If a waste is not properly identified or characterized, it can't be managed.

2) Containerization
It is very important that hazardous wastes are containerized. This helps ensure that they do not evaporate or spill into the environment.

3) Accumulation
Most colleges and departments on campus, (art, biology, chemistry, engineering, physics, theater, etc.) have areas where hazardous wastes are accumulated until an adequate amount is ready for disposal. These areas are designated "satellite accumulation areas" (SAA).

4) State and Federal hazardous waste regulations allow for "satellite accumulation" of hazardous waste as listed in 40 CFR Section 262.34(c). This allows for up to 55 gallons of hazardous waste or 1 quart of acutely ("U" listed) hazardous waste to be *accumulated at or near the point of generation*. Containers in which hazardous waste is to be put must be in **good condition** (e.g., without leakage, rust, dents or other structural defects), must be compatible with the waste they contain, **remain closed** at all times unless there is addition or removal of waste, and must be **clearly labeled** with the words "Hazardous Waste." Generation of more than 55 gallons of hazardous waste must be removed and placed in Hazardous Waste Facility within three days. Also, a satellite accumulation area must be **inspected monthly** by the generator of the waste,

documenting the condition of containers and area and ensuring proper labeling and handling practices are conducted. ***Call for Help***

If you or anyone in your department has a question about waste management, call the Department of Compliance. If you have an after-business hours emergency, contact the Department of Public Safety at 911.

Hazardous Waste Labeling

As previously stated, all hazardous wastes must be identified and labeled indicating what they are. Below is a discussion of the Federal and State requirements, and how wastes are to be labeled here at WLHSDM.

Federal Law requires that all containers of hazardous waste be identified and labeled as such. This is specified by the US Environmental Protection Agency, as found in 40 CFR. Part 262, Subpart C of this regulation (40 CFR 262), Pre-Transport Requirements, is where the labeling, marking and accumulation of containers of waste are detailed. Below is an important portion of the text:

40 CFR 262.34

"(1) A generator may accumulate as much as 55 gallons of hazardous waste or one quart of acutely hazardous waste listed in Section 261.33(e) in containers at or near the point of generation where wastes initially accumulate, which is under the control of the operator of the process generating the waste, without a permit or interim status and without complying with paragraph (a) of this section provided he:

(I) Complies with Sections 265.171, 265.172 and 265.173(a) of this chapter; and

(ii) Marks his containers with either the words "Hazardous Waste": or with other words that identify the contents of the containers

(2) A generator who accumulates either hazardous waste or acutely hazardous waste listed in Section 261.33(e) in excess of the amounts listed in paragraph (c)(1) of this section at or near the point of generation, with respect to that amount of excess waste, comply within three days with paragraph (a) of this section or other applicable provisions of this chapter. During the three-day period the generator must continue to comply with paragraphs (c)(1)(I) through section (ii) of this section. The generator must mark the container holding the excess accumulation of hazardous waste with the date the excess amount began accumulating."

"A generator who accumulates or stores hazardous waste on site shall, in addition to complying with the requirements for labeling set forth in 40 CFR Part 262, include on the label of each container of hazardous waste the hazardous waste number assigned by the United States Environmental protection Agency."

Thus, all containers of hazardous waste must be marked with the words "Hazardous Waste" and the applicable EPA Hazardous Waste Number. This is the minimum information required by law, for all containers of hazardous waste. The maximum quantity of waste that can accumulate at the point of generation is 55 gallons. Also, the waste must be under control (secured) by the person managing it.

Hazardous Materials Identification Tag

This is used in place of the common red & white hazardous waste labels. The tag contains additional information, not found on the hazardous waste label. This information is used to track the waste, and helps ensure that all regulated wastes are managed and disposed of properly. The tag is described, line-by-line, below:

Container ID#; this field is used to identify and track each container of hazardous waste. The ID number is composed of four sections:

Example: "CHE-133-95-004"

a) Building ID- Three-digit abbreviation. Example; Chemistry would be CHE
b) Room Number- Three-digit room number. Example; Room 133 would be 133

c) Calendar Year Generated Two-digit year abbreviation. Example; 1995 would be 95

d) Container Number Three-digit sequential number. Example; if three containers of waste had already been generated from one room, the next container would be 004

Date put into use; Enter the date that waste was first put into the container *Date*

filled; Enter the date that the container was filled

Waste Check boxes; most of the regulated wastes generated at WLHSDM are hazardous wastes. Place a check mark in the appropriate box. If unsure, contact Compliance for assistance.

Waste Composition Information; This is the location for where the description of the substance or waste is placed. Be sure to put the common or chemical name, and its approximate quantity. Do not abbreviate or use chemical formulas. Example: Photo chemicals containing silver would be described as Spent Developer and Fixer, Contains Silver.

Generator Information; Print the following information in the space provided:

- a) Your name
- b) Telephone number
- c) Department
- d) Building
- e) Room number

Signature; The tag needs to be signed by a person who is familiar with the waste

Date; Include the date when the tag is signed

Waste Code; Texas State Law requires that each container of hazardous waste be identified with the applicable EPA Hazardous Waste Number. Contact the Department of Environmental Health & Safety if you are unsure what number(s) apply to your waste

Accumulation Start Date; This date will be entered by a staff member of the Department of Compliance.

RCRA/NON-RCRA Check Boxes; This section will be completed by a staff member of the Department of Environmental Health & Safety

If you have any questions or problems with completing the Hazardous Materials Identification Tag for any of your regulated wastes, contact the Department of Environmental Safety at 915/215-7425 as soon as possible.

Common Wastes

Below is a non-comprehensive list of hazardous and non-hazardous wastes generated at the WLHSDM, and the applicable waste codes.

- Art Debris - D005, D006, D007, D010, F003, F005
- Chemistry 116 Waste - D002, D004, D006, D007, D008, D009, D010
- Ethanol - D001
- Flammable Aqueous Solutions - D001, D035, F002, F003, F005
- Formaldehyde - State Regulated Waste
- Mercury Debris - D009

- Nickel-Cadmium Batteries - D006
- Photochemicals - D010, D011
- Refrigerant Oil - F002

Industrial Wastes

What is an Industrial Waste?

Industrial wastes include many common wastes that are not hazardous wastes, but still need to be managed more strictly than regular trash. Below is a discussion of some of the industrial wastes found at WLHSDM.

Used Oil

Generators of used oil are required to provide for on-site management and record keeping in addition to those requirements currently enforced. Also, in the regulations, are additional requirements for bulking and blending facilities used by those transporting used oil. Most of the federal used oil management regulations as listed in 40 CFR 279, are incorporated into the Texas regulations for used oil. Used oil is any oil refined from crude oil, or synthetic oil, that has been used and as a result of the use is physically or chemically contaminated. Used oil, if generated in the State of Texas, is not considered a hazardous waste if it is collected to be recycled or burned for energy recovery.

Used oil is jointly managed by the TTUHSC EP Maintenance and Compliance. If you generate a waste oil, contact them to arrange for characterization and proper disposal or recycling.

Managing Used Oil

Departments on the university campus that generate used oil such as the motor pool must collect and appropriately store the oil. Any laboratories using vacuum pumps also generate used oil. Storage of used oil includes tanks or containers which are in good condition (e.g., without leakage, rust, dents or other structural defects). Included on these storage facilities should be the words, "Used Oil." Weekly inspections should be performed and documented, indicating the relative condition of the containers as well as the general area of storage.

Mixing Provisions

Newly adopted Texas regulations allow for the mixing of specific non-hazardous materials with used oil. Waste gasoline may be mixed with used oil, provided the resultant mixture does not exhibit any of the following characteristics of a hazardous waste- ignitability, reactivity, corrosivity or toxicity. Waste diesel fuel as well as non-waste diesel fuel may also be mixed with used oil.

Other mixtures with used oil not allowed under the used oil regulations must be managed as a hazardous waste. However, this is not the case if the resultant mixture is shown to be non-hazardous, recycled or burned for energy recovery. **It is very important to consult with the company handling the waste oil mixture to ensure that they can accept and properly manage it.**

Non-hazardous wastes mixed with used oil is allowed provided there is sufficient documentation which is to remain on-site and available for at least three years from the date of mixing.

Managing Used Oil Spills

Isolated spills of used oil may be controlled with sorbent material such as kitty litter, vermiculite, or any synthetic adsorbent provided the mixture of used oil and sorbent does not contain any free liquid. This mixture may then be disposed of as a solid waste if no free liquid remains.

Used Oil Filters

Terne is an alloy of tin and lead and functions as a plating for some oil filters. Terne filters are used in buses, heavy duty construction vehicles and tractor-trailers. Because of the lead concentration in terne-plated filters, these filters must be managed as a hazardous waste. However, for such vehicles as automobiles, vans and light duty trucks, non-terne oil filters are used.

Under EPA's final rule effective June 19, 1992, non-terne plated used oil filters are exempt from hazardous waste regulation if the oil filters have been gravity hot-drained. The EPA recommends a hot-drain time of 12 hours and defines "hot-drained" as drained near engine operating temperature and above 60 degrees Fahrenheit. The following methods are acceptable for exemption from hazardous waste regulations:

- Puncturing the filter anti-drain back valve or the filter dome end and hot-draining.
- Hot-draining and crushing.
- Dismantling and hot-draining.
- Any other equivalent hot-draining method which will remove used oil.

No determination has yet been made regarding fuel filters, transmission oil filters or specialty filters.

Antifreeze

Antifreeze is generated mostly in part from motor vehicle maintenance performed on campus. If the antifreeze is recycled, no waste determination is necessary, but the documentation of the recycling (receipt or bill of lading) must be kept on file.

Wipers & Rags

Cloth wipers and rags are widely used for cleaning applications in several departments on the university campus such as art, publications, engineering, physics and the motor pool. The wipers and rags generated in these departments are contaminated with solvents, inks, oil or grease and therefore must be managed appropriately.

Federal hazardous waste regulations as listed in 40 CFR, Section 262.11, requires that generators of theses contaminated wipers and rags determine prior to disposal, whether a hazardous or non-hazardous waste has been generated. If these wipers and rags are not laundered for reuse, several criteria apply to determine if it is a hazardous waste. Several cleaning solvents are listed in the Code of Federal Regulations as hazardous wastes. These solvents have waste number's F001, F002, F003, F005 and include tetrachloroethylene, methylene chloride, 1,1,1-trichloroethane, xylene, acetone, toluene and methyl ethyl ketone. Also, if any of the listed solvents or solvent mixtures constitute 10% of the total, the wipers and rags are managed as a hazardous waste due to the level of toxicity as well as the potential for ignitability through friction or spontaneous chemical changes.

Contamination with other substances such as heavy metals, other organics and pesticides are also possible during use and may render the wipers and rags a hazardous waste. Heavy metals include cadmium, chromium, barium, lead, mercury or silver. Determination of whether or not these wipers and rags are hazardous or non-hazardous may be needed if any of these contaminants are expected.

Once wipers and rags are determined to be a hazardous waste, they need to be regulated as such. Requirements for regulation include a closed container, label describing the contents, and accumulation time requirements.

Wipers and rags which are laundered for reuse, are not considered a hazardous waste and are not regulated by The Texas Department of Environmental Protection. However, the following guidelines must be followed for this exemption:

- Contaminated cloth wipers and rags must be free of any liquid which can be removed by wringing or dripping.
- Contaminated cloth wipers and rags must be stored in sealed containers at all times during onsite storage, transportation to a laundering facility and storage prior to treatment at a laundering facility.

Possible options to consider when using wipers and rags are to change to paper wipes in order to reduce quantity and management costs and to use alternative non-hazardous solvents and materials to reduce

the generation of hazardous wipers and rags. A list of alternative chemicals is available from the Business Environmental Program.

Fluorescent Lamps

Fluorescent lamps and High Intensity Discharge lamps (HID's) are used as a lighting source throughout the campus. Under Federal and State regulations, a business is responsible for determining whether each waste generated is hazardous or non-hazardous; typically, fluorescent lamps and HID's contain some mercury vapor, which may cause the lamp to be a hazardous waste when no longer useful. Information on this topic is available through maintenance or compliance offices.

Light Ballasts

Light ballasts are found in the fluorescent lamp housings, and are located in almost every office or room on campus. Ballasts sometimes fail and need to be removed, or other times they are replaced with a more energy-efficient light fixture. Either way, it is very important to manage waste light ballasts correctly. Older light ballasts contain Poly Chlorinated Biphenyls (PCB's) which are strictly regulated. *All non-PCB ballasts are labeled by the manufacturer as either "Non-PCB" or "No-PCB." If a ballast does not state that it does not contain PCB's it is assumed that it does.* Light ballasts can be divided into four groups:

- Non-Leaking Non-PCB: these can be placed into the normal trash.
- Leaking Non-PCB: these must be managed as an industrial waste - place into a labeled shipping container.
- Non-Leaking PCB: these can be placed into the normal trash or managed as an industrial waste - place into a labeled shipping container.
- Leaking PCB: these must be managed as an industrial waste - place into a labeled shipping container.

Aerosol Cans

Many aerosol cans are used during normal business; cleaning, painting and printing tend to generate spent aerosol cans. A can that is empty (all product has been used for its intended purpose and the pressure in the can is reaching atmospheric pressure) may be disposed of as a non-hazardous waste.

Occasionally, an aerosol can become plugged or the material is no longer useable. Federal and State regulations require that these aerosol cans be managed differently than empty cans. The cans may be a hazardous waste due to the pressure contained in the can or the contents may pose a hazard.

Most aerosol cans can be safely and properly emptied with an aerosol can puncturing and emptying device. This service is free of charge. If you have *any* aerosol cans, contact compliance/maintenance to arrange for disposal and/or recycling.

Batteries

Batteries are generated in almost all areas of the University. There are four different types of spent batteries generated; Alkaline, Lithium, Nickel-Cadmium and Lead-Acid.

<u>Alkaline Batteries</u>

Typically: "AAA," "AA," "C," "D" size batteries

Most all Alkaline batteries in use today are "low-mercury," and can be disposed of in the normal trash. Previously, many alkaline contained an appreciable amount of mercury, which causes the battery to be regulated as a hazardous waste. If you are not sure if your waste alkaline batteries are "low-mercury," contact the maintenance/compliance offices, and a determination will be made.

Lithium Batteries

Typically: Watch/Computer batteries

All spent or unwanted Lithium batteries are managed as a hazardous waste. This is due to the reactivity potential of the Lithium. Contact compliance or maintenance, if you need to dispose of this type of battery.

Nickel-Cadmium (NiCad) batteries

Typically: Rechargeable "AAA," "AA," "C," "D" sizes, Cellular phones, Radio, Power Tool batteries

All spent or unwanted NiCad batteries are managed as a hazardous waste. This is due to the toxicity of the Cadmium. Contact EH&S if you need to dispose of this type of battery.

Lead-Acid batteries

Typically: Automotive and special-purpose rechargeable batteries.

All spent or unwanted Lead-Acid batteries are batteries are managed as a hazardous waste. This is due to the toxicity of the Lead, and the corrosivity of the acid. Contact maintenance/compliance offices if you need to dispose of this type of battery.

Appendix M: Clinical Adverse Event Form

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO
Woody L. Hunt School *of* Dental Medicine

WLHSDM Office of Clinical Affairs

INCIDENT/UNUSUAL EVENT FORM

PLEASE RETURN THIS CONFIDENTIAL FORM WITH **24 HOURS** TO: OFFICE OF **CLINICAL AFFAIRS**

Patient _____ Date of Occurrence_____

Student _____ Date of Report_____

Incident Involves:	Actual	Potential
○ Patient	_____	_____
○ Student	_____	_____
○ Staff	_____	_____
○ Faculty	_____	_____
○ Visitor	_____	_____
○ Treatment	_____	_____
○ Medical Emergency	_____	_____
○ Behavior	_____	_____
○ Operating Policies	_____	_____
○ Documentation/Records	_____	_____

Location: Please Specify Exact Location (bench, team, chair, lobby, etc.):

- ○ Dental Learning Center

  _____

- ○ Oral Health Clinic

  _____

Involves the Following (please check all that apply)

- ○ Delayed treatment
- ○ Inaccurate diagnosis
- ○ Procedure complication
- ○ Adverse reaction treatment
- ○ Adverse reaction medication
- ○ Wrong tooth
- ○ Exposure (requires additional exposure report)
- ○ Faculty supervision
- ○ Confidentiality (required additional report)
- ○ Medical information verification
- ○ Informed consent
- ○ Alcohol or narcotics
- ○ Verbal abuse

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- Physical abuse (requires security report)
- Disruptive behavior
- Sexual harassment (requires additional report)
- Litigious intent
- Billing dispute
- Non-compliant behavior
- Patient leaves against advice
- Other (brief description)

Appendix 5-3F: Clinical Adverse Event Form

DESCRIPTION OF INCIDENT:

_____
_____
_____
_____
_____
_____
_____
_____
_____

_____

LIST OF OTHER PEOPLE WITH DIRECT KNOWLEDGE OF INCIDENT:

1. Name _____
Contact _____

2. Name _____
Contact _____

3. Name _____
Contact _____

Others:

_____
_____
_____
_____

SUPERVISOR SIGNATURE_____

SUPERVISOR NAME (Please print legibly) _____

DELIVER ORIGINAL TO OFFICE OF CLINICAL AFFAIRS WITHIN 24 HOURS.

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Appendix N: Guidelines for Prescribing Dental Radiographs

ADA American Dental Association®
America's leading advocate for oral health

FDA

DENTAL RADIOGRAPHIC EXAMINATIONS:

RECOMMENDATIONS FOR PATIENT SELECTION AND LIMITING RADIATION EXPOSURE

REVISED: 2012

AMERICAN DENTAL ASSOCIATION
Council on Scientific Affairs

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Food and Drug Administration

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DENTAL RADIOGRAPHIC EXAMINATIONS:

RECOMMENDATIONS FOR PATIENT

SELECTION AND LIMITING RADIATION EXPOSURE

BACKGROUND

The dental profession is committed to delivering the highest quality of care to each of its individual patients and applying advancements in technology and science to continually improve the oral health status of the U.S. population. These guidelines were developed to serve as an adjunct to the dentist's professional judgment of how to best use diagnostic imaging for each patient. Radiographs can help the dental practitioner evaluate and definitively diagnose many oral diseases and conditions. However, the dentist must weigh the benefits of taking dental radiographs against the risk of exposing a patient to x-rays, the effects of which accumulate from multiple sources over time. The dentist, knowing the patient's health history and vulnerability to oral disease, is in the best position to make this judgment in the interest of each patient. For this reason, the guidelines are intended to serve as a resource for the practitioner and are not intended as standards of care, requirements or regulations.

The guidelines are not substitutes for clinical examinations and health histories. The dentist is advised to conduct a clinical examination, consider the patient's signs, symptoms and oral and medical histories, as well as consider the patient's vulnerability to environmental factors that may affect oral health. This diagnostic and evaluative information may determine the type of imaging to be used or the frequency of its use. Dentists should only order radiographs when they expect that the additional diagnostic information will affect patient care.

Based on this premise, the guidelines can be used by the dentist to optimize patient care, minimize radiation exposure and responsibly allocate health care resources.

This document deals only with standard dental imaging techniques of intraoral and common extraoral examinations, excluding cone-beam computed tomography (CBCT). At this time the indications for CBCT examinations are not well developed. The ADA Council on Scientific Affairs has developed a statement on use of CBCT.[1]

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INTRODUCTION

The guidelines titled, “The Selection of Patients for X-Ray Examination” were first developed in 1987 by a panel of dental experts convened by the Center for Devices and Radiological Health of the U.S. Food and Drug Administration (FDA). The development of the guidelines at that time was spurred by concern about the U.S. population’s total exposure to radiation from all sources. Thus, the guidelines were developed to promote the appropriate use of x-rays. In 2002, the American Dental Association, recognizing that dental technology and science continually advance, recommended to the FDA that the guidelines be reviewed for possible updating. The FDA welcomed organized dentistry’s interest in maintaining the guidelines, and so the American Dental Association, in collaboration with a number of dental specialty organizations and the FDA, published updated guidelines in 2004. This report updates the 2004 guidelines and includes recommendations for limiting exposure to radiation.

PATIENT SELECTION CRITERIA

Radiographs and other imaging modalities are used to diagnose and monitor oral diseases, as well as to monitor dentofacial development and the progress or prognosis of therapy. Radiographic examinations can be performed using digital imaging or conventional film. The available evidence suggests that either is a suitable diagnostic method.[2-4] Digital imaging may offer reduced radiation exposure and the advantage of image analysis that may enhance sensitivity and reduce error introduced by subjective analysis.[5]

A study of 490 patients found that basing selection criteria on clinical evaluations for asymptomatic patients, combined with selected periapical radiographs for symptomatic patients, can result in a 43 percent reduction in the number of radiographs taken without a clinically consequential increase in the rate of undiagnosed disease.[6,7] The development and progress of many oral conditions are associated with a patient’s age, stage of dental development, and vulnerability to known risk factors. Therefore, the guidelines in Table 1 are presented within a matrix of common clinical and patient factors, which may determine the type(s) of radiographs that is commonly needed. The guidelines assume that diagnostically adequate radiographs can be obtained. If not, appropriate management techniques should be used after consideration of the relative risks and benefits for the patient.

Along the horizontal axis of the matrix, patient age categories are described, each with its usual dental developmental stage: child with primary dentition (prior to eruption of the first permanent tooth); child with transitional dentition (after eruption of the first

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permanent tooth); adolescent with permanent dentition (prior to eruption of third molars); adult who is dentate or partially edentulous; and adult who is edentulous.

Along the vertical axis, the type of encounter with the dental system is categorized (as "New Patient" or "Recall Patient") along with the clinical circumstances and oral diseases that may be present during such an encounter. The "New Patient" category refers to patients who are new to the dentist, and thus are being evaluated by the dentist for oral disease and for the status of dental development. Typically, such a patient receives a comprehensive evaluation or, in some cases, a limited evaluation for a specific problem. The "Recall Patient" categories describe patients who have had a recent comprehensive evaluation by the dentist and, typically, have returned as a patient of record for a periodic evaluation or for treatment. However, a "Recall Patient" may also return for a limited evaluation of a specific problem, a detailed and extensive evaluation for a specific problem(s), or a comprehensive evaluation.
Both categories are marked with a single asterisk that corresponds to a footnote that appears below the matrix; the footnote lists "Positive Historical Findings" and "Positive Clinical Signs/Symptoms" for which radiographs may be indicated. The lists are not intended to be all-inclusive, rather they offer the clinician further guidance on clarifying his or her specific judgment on a case.

The clinical circumstances and oral diseases that are presented with the types of encounters include: clinical caries or increased risk for caries; no clinical caries or no increased risk for caries; periodontal disease or a history of periodontal treatment; growth and development assessment; and other circumstances. A few examples of "Other Circumstances" proposed are: existing implants, other dental and craniofacial pathoses, endodontic/restorative needs and remineralization of dental caries. These examples are not intended to be an exhaustive list of circumstances for which radiographs or other imaging may be appropriate.

The categories, "Clinical Caries or Increased Risk for Caries" and "No Clinical Caries and No Increased Risk for Caries" are marked with a double asterisk that corresponds to a footnote that appears below the matrix; the footnote contains links to the ADA Caries Risk Assessment Forms. It should be noted that a patient's risk status can change over time and should be periodically reassessed.[8]

The panel also has made the following recommendations that are applicable to all categories:

1. Intraoral radiography is useful for the evaluation of dentoalveolar trauma. If the area of interest extends beyond the dentoalveolar complex, extraoral imaging may be indicated.
2. Care should be taken to examine all radiographs for any evidence of caries, bone loss from periodontal disease, developmental anomalies and occult disease.

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3. Radiographic screening for the purpose of detecting disease before clinical examination should not be performed. A thorough clinical examination, consideration of the patient history, review of any prior radiographs, caries risk assessment and consideration of both the dental and the general health needs of the patient should precede radiographic examination.[9-15]

In the practice of dentistry, patients often seek care on a routine basis in part because oral disease may develop in the absence of clinical symptoms. Since attempts to identify specific criteria that will accurately predict a high probability of finding interproximal carious lesions have not been successful for individuals, it was necessary to recommend time-based schedules for making radiographs intended primarily for the detection of dental caries. Each schedule provides a range of recommended intervals that are derived from the results of research into the rates at which interproximal caries progresses through tooth enamel. The recommendations also are modified by criteria that place an individual at an increased risk for dental caries. Professional judgment should be used to determine the optimum time for radiographic examination within the suggested interval.

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RECOMMENDATIONS FOR PRESCRIBING DENTAL RADIOGRAPHS

These recommendations are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination. Even though radiation exposure from dental radiographs is low, once a decision to obtain radiographs is made it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure.

Table 1.

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	**Child with Transitional Dentition** (after eruption of first permanent tooth)	**Adolescent with Permanent Dentition** (prior to eruption of third molars)	**Adult, Dentate or Partially Edentulous**	**Adult, Edentulous**
New Patient* being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
Recall Patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6–12-month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6–18-month intervals	Not applicable

Recall Patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12–24-month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18–36-month intervals	Posterior bitewing exam at 24–36-month intervals	Not applicable
TYPE OF ENCOUNTER (continued)	**Child with Primary Dentition** (prior to eruption of first permanent tooth)	**Child with Transitional Dentition** (after eruption of first permanent tooth)	**Adolescent with Permanent Dentition** (prior to eruption of third molars)	**Adult, Dentate and Partially Edentulous**	**Adult, Edentulous**
Recall Patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.				Not applicable
Patient (New and Recall) for monitoring of dentofacial growth and development, and/or assessment of dental/skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars	Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships.	
Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions				

***Clinical situations for which radiographs may be indicated include, but are not limited to:**

A. Positive Historical Findings

1. Previous periodontal or endodontic treatment
2. History of pain or trauma
3. Familial history of dental anomalies
4. Postoperative evaluation of healing
5. Remineralization monitoring
6. Presence of implants, previous implant-related pathosis or evaluation for implant placement

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract (“fistula”)
9. Clinically suspected sinus pathosis
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical tooth erosion
23. Peri-implantitis

□□Factors increasing risk for caries may be assessed using the ADA Caries Risk Assessment forms f

EXPLANATION OF RECOMMENDATIONS FOR PRESCRIBING DENTAL RADIOGRAPHS

The explanation below presents the rationale for each recommendation by type of encounter and patient age and dental developmental stages.

New Patient Being Evaluated for Oral Diseases

Child (Primary Dentition)

Proximal carious lesions may develop after the interproximal spaces between posterior primary teeth close. Open contacts in the primary dentition will allow a dentist to visually inspect the proximal posterior surfaces. Closure of proximal contacts requires radiographic assessment.[16-18]

However, evidence suggests that many of these lesions will remain in the enamel for at least 12 months or longer depending on fluoride exposure, allowing sufficient time for implementation and evaluation of preventive interventions.[19-21] A periapical/anterior occlusal examination may be indicated because of the need to evaluate dental development, dentoalveolar trauma, or suspected pathoses. Periapical and bitewing radiographs may be required to evaluate pulp pathosis in primary molars.

Therefore, an individualized radiographic examination consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be examined visually or with a probe is recommended. Patients without evidence of disease and with open proximal contacts may not require radiographic examination at this time.

Child (Transitional Dentition)

Overall dental caries in the primary teeth of children from 2-11 years of age declined from the early 1970s until the mid-1990s.[22-24] From the mid-1990s until the 1999-2004 National Health and Nutrition Examination Survey, there was a small but significant increase in primary decay. This trend reversal was larger for younger children. Tooth decay affects more than one-fourth of U.S. children aged 2–5 years and half of those aged 12-15 years; however, its prevalence is not uniformly distributed. About half of all children and two-thirds of adolescents aged 12–19 years from lower-income families have had decay.[25]

Children and adolescents of some racial and ethnic groups and those from lower-income families have more untreated tooth decay. For example, 40 percent of Mexican American children aged 6–8 years have untreated decay, compared with 25 percent of non-Hispanic whites.[25] It is, therefore, important to consider a child's risk factors for caries before taking radiographs.

Although periodontal disease is uncommon in this age group,[26] when clinical evidence exists (except for nonspecific gingivitis), selected periapical and bitewing radiographs are indicated to determine the extent of aggressive periodontitis, other forms of uncontrolled periodontal disease and the extent of osseous destruction related to metabolic diseases.[27,28] A periapical or panoramic examination is useful for evaluating dental development. A panoramic radiograph

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also is useful for the evaluation of craniofacial trauma.[15,29,30] Intraoral radiographs are more accurate than panoramic radiographs for the evaluation of dentoalveolar trauma, root shape, root resorption[31,32] and pulp pathosis. However, panoramic examinations may have the advantage of reduced radiation dose, cost and imaging of a larger area.

Occlusal radiographs may be used separately or in combination with panoramic radiographs in the following situations: 1. unsatisfactory image in panoramic radiographs due to abnormal incisor relationship, 2. localizations of tooth position, and 3. when clinical grounds provide a reasonable expectation that pathosis exists.[32-34]

Therefore, an individualized radiographic examination consisting of posterior bitewings with panoramic examination or posterior bitewings and selected periapical images is recommended.

Adolescent (Permanent Dentition)
Caries in permanent teeth declined among adolescents, while the prevalence of dental sealants increased significantly.[35] However, increasing independence and socialization, changing dietary patterns, and decreasing attention to daily oral hygiene can characterize this age group. Each of these factors may result in an increased risk of dental caries. Another consideration, although uncommon, is the increased incidence of periodontal disease found in this age group compared to children.[36]

Panoramic radiography is effective in dental diagnosis and treatment planning.[30,37,38] Specifically, the status of dental development can be assessed using panoramic radiography.[39] Occlusal and/or periapical radiographs can be used to detect the position of an unerupted or supernumerary tooth.[40-42] Third molars also should be evaluated in this age group for their presence, position, and stage of development.

Therefore, an individualized radiographic examination consisting of posterior bitewings with panoramic examination or posterior bitewings and selected periapical images is recommended. A full mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.

Adult (Dentate or Partially Edentulous)
The overall dental caries experience of the adult population has declined from the early 1970s until the most recent (1999-2004) National Health and Nutrition Examination Survey.[43] However, risk for dental caries exists on a continuum and changes over time as risk factors change.[44] Therefore, it is important to evaluate proximal surfaces in the new adult patient for carious lesions. In addition, it is important to examine patients for recurrent dental caries.

The incidence of root surface caries increases with age.[45] Although bitewing radiographs can assist in detecting root surface caries in proximal areas, the usual method of detecting root surface caries is by clinical examination.[46]

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The incidence of periodontal disease increases with age.[47] Although new adult patients may not have symptoms of active periodontal disease, it is important to evaluate previous experience with periodontal disease and/or treatment. Therefore, a high percentage of adults may require selected intraoral radiographs to determine the current status of the disease. Taking posterior bitewing radiographs of new adult patients was found to reduce the number of radiological findings and the diagnostic yield of panoramic radiography.[48,49] In addition, the following clinical indicators for panoramic radiography were identified as the best predictors for useful diagnostic yield: suspicion of teeth with periapical pathologic conditions, presence of partially erupted teeth, caries lesions, swelling, and suspected unerupted teeth.[50]

Therefore, an individualized radiographic examination, consisting of posterior bitewings with selected periapical images or panoramic examination when indicated is recommended. A full mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.

Adult (Edentulous)

The clinical and radiographic examinations of edentulous patients generally occur during an assessment of the need for prostheses. The most common pathological conditions detected are impacted teeth and retained roots with and without associated disease.[51] Other less common conditions also may be detected: bony spicules along the alveolar ridge, residual cysts or infections, developmental abnormalities of the jaws, intraosseous tumors, and systemic conditions affecting bone metabolism.

The original recommendations for this group called for a full-mouth intraoral radiographic examination or a panoramic examination for the new, edentulous adult patient. Firstly, this recommendation was made because examinations of edentulous patients generally occur during an assessment of the need for prostheses. Secondly, the original recommendation considered edentulous patients to be at increased risk for oral disease.

Studies have found that from 30 to 50 percent of edentulous patients exhibited abnormalities in panoramic radiographs.[51-55] In addition, the radiographic examination revealed anatomic considerations that could influence prosthetic treatment, such as the location of the mandibular canal, the position of the mental foramen and maxillary sinus, and relative thickness of the soft tissue covering the edentulous ridge.[51,53,55] However, in studies that considered treatment outcomes, there was little evidence to support screening radiography for new edentulous patients. For example, one study reported that less than 4 percent of such findings resulted in treatment modification before denture fabrication, and another showed no difference in post denture delivery complaints in patients who did not receive screening pretreatment radiographs.[54,56]

This panel concluded that prescription of radiographs is appropriate as part of the initial assessment of edentulous areas for possible prosthetic treatment. A full mouth series of periapical radiographs or a combination of panoramic, occlusal or other extraoral radiographs may be used to achieve diagnostic and therapeutic goals. Particularly with the option of dental

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implant therapy for edentulous patients,[57] radiographs can be an important aid in diagnosis, prognosis, and the determination of treatment complexity.

Therefore, an individualized radiographic examination, based on clinical signs, symptoms, and treatment plan is recommended.

Recall Patient with Clinical Caries or Increased Risk for Caries

Child (Primary and Transitional Dentition) and Adolescent (Permanent Dentition)
Clinically detectable dental caries may suggest the presence of proximal carious lesions that can only be detected with a radiographic examination. In addition, patients who are at increased risk for developing dental caries because of such factors as poor oral hygiene, high frequency of exposure to sucrose-containing foods, and deficient fluoride intake (see caries risk assessment forms, for the two age groups are more likely to have proximal carious lesions. Remove active link

The bitewing examination is the most efficient method for detecting proximal lesions.[16,18,58] The frequency of radiographic recall should be determined on the basis of caries risk assessment.[15,59,60] It should be noted that a patient's caries risk status may change over time and that an individual's radiographic recall interval may need to be changed accordingly.[61]

Therefore, a posterior bitewing examination is recommended at 6-to-12-month intervals if proximal surfaces cannot be examined visually or with a probe.

Adult (Dentate and Partially Edentulous)
Adults who exhibit clinical dental caries or who have other increased risk factors should be monitored carefully for any new or recurrent lesions that are detectable only by radiographic examination. The frequency of radiographic recall should be determined on the basis of caries risk assessment.[15,59,60] It should be noted that a patient's risk status can change over time and that an individual's radiographic recall interval may need to be changed accordingly.[61]

Therefore, a posterior bitewing examination is recommended at 6-to-18-month intervals.

Recall Patient (Edentulous Adult)

A study that assessed radiographs of edentulous recall patients showed that previously detected incidental findings did not progress and that no intervention was indicated.[62] The data suggest that patients who receive continuous dental care do not exhibit new findings that require treatment.

An examination for occult disease in this group cannot be justified on the basis of prevalence, morbidity, mortality, radiation dose, and cost.[53-55]

Therefore, no radiographic examination is recommended without evidence of disease.

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Recall Patient with No Clinical Caries and No Increased Risk for Caries

Child (Primary and Transitional Dentition)
Despite the general decline in dental caries activity, recent data show that subgroups of children have a higher caries experience than the overall population.[63,64] The identification of patients in these subgroups may be difficult on an individual basis. For children who present for recall examination without evidence of clinical caries and who are not considered at increased risk for the development of caries, it remains important to evaluate proximal surfaces by radiographic examination. In primary teeth the caries process can take approximately one year to progress through the outer half of the enamel and about another year through the inner half.[20,65-68] Considering this rate of progression of carious lesions through primary teeth, a time-based interval of radiographic examinations from one to two years for this group appears appropriate. The prevalence of carious lesions has been shown to increase during the stage of transitional dentition.[25,69] Children under routine professional care would be expected to be at a lower risk for caries. Nevertheless, newly erupted teeth are at risk for the development of dental caries.

Therefore, a radiographic examination consisting of posterior bitewings is recommended at intervals of 12 to 24 months if proximal surfaces cannot be examined visually or with a probe.

Adolescent (Permanent Dentition)
Adolescents with permanent dentition, who are free of clinical dental caries and factors that would place them at increased risk for developing dental caries, should be monitored carefully for development of proximal carious lesions, which may only be detected by radiographic examination. The caries process, on average, takes more than three years to progress through the enamel.[20,65-68] However, evidence suggests that the enamel of permanent teeth undergoes post eruptive maturation and that young permanent teeth are susceptible to faster progression of carious lesions.[70-73]

Therefore, a radiographic examination consisting of posterior bitewings is recommended at intervals of 18 to 36 months.

Adult (Dentate and Partially Edentulous)
Adult dentate patients, who receive regularly scheduled professional care and are free of signs and symptoms of oral disease, are at a low risk for dental caries. Nevertheless, consideration should be given to the fact that caries risk can vary over time as risk factors change. Advancing age and changes in diet, medical history and periodontal status may increase the risk for dental caries.

Therefore, a radiographic examination consisting of posterior bitewings is recommended at intervals of 24 to 36 months.

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Recall Patient with Periodontal Disease

Child (Primary and Transitional Dentition), Adolescent (Permanent Dentition), and Adult (Dentate and Partially Edentulous)

The decision to obtain radiographs for patients who have clinical evidence or a history of periodontal disease/treatment should be determined on the basis of the anticipation that important diagnostic and prognostic information will result. Structures or conditions to be assessed should include the level of supporting alveolar bone, condition of the interproximal bony crest, length and shape of roots, bone loss in furcations, and calculus deposits. The frequency and type of radiographic examinations for these patients should be determined on the basis of a clinical examination of the periodontium and documented signs and symptoms of periodontal disease. The procedure for prescribing radiographs for the follow-up/recare periodontal patient would be to use selected intraoral radiographs to verify clinical findings on a patient-by-patient basis.[28,74]

Therefore, it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.

Patient (New and Recall) for Monitoring of Dentofacial Growth and Development, and/or Assessment of Dental/Skeletal Relationships

Child (Primary and Transitional Dentition)

For children with primary dentition, before the eruption of the first permanent tooth, radiographic examination to assess growth and development in the absence of clinical signs or symptoms is unlikely to yield productive information. Any abnormality of growth and development suggested by clinical findings should be evaluated radiographically on an individual basis. After eruption of the first permanent tooth, the child may have a radiographic examination to assess growth and development. This examination need not be repeated unless dictated by clinical signs or symptoms. Cephalometric radiographs may be useful for assessing growth, and/or dental and skeletal relationships.

Therefore, it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships.

Adolescent (Permanent Dentition)

During adolescence there is often a need to assess the growth status and/or the dental and skeletal relationships of patients in order to diagnose and treat their malocclusion. Appropriate radiographic assessment of the malocclusion should be determined on an individual basis.

An additional concern relating to growth and development for patients in this age group is to determine the presence, position and development of third molars. This determination can

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best be made by the use of selected periapical images or a panoramic examination, once the patient is in late adolescence (16 to 19 years of age).

Therefore, it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical examination may be used to assess developing third molars.

Adult (Dentate, Partially Edentulous and Edentulous)
In the absence of any clinical signs or symptoms suggesting abnormalities of growth and development in adults, no radiographic examinations are indicated for this purpose. *Therefore, in the absence of clinical signs and symptoms, no radiographic examination is recommended.*

Patients with Other Circumstances
(Including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization)

All Patient Categories
The use of imaging, as a diagnostic and evaluative tool, has progressed beyond the longstanding need to diagnose caries and evaluate the status of periodontal disease. The expanded technology in imaging is now used to diagnose other orofacial clinical conditions and evaluate treatment options. A few examples of other clinical circumstances are the use of imaging for dental implant treatment planning, placement, or evaluation; the monitoring of dental caries and remineralization; the assessment of restorative and endodontic needs; and the diagnosis of soft and hard tissue pathoses.

Therefore, it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring in these circumstances.

LIMITING RADIATION EXPOSURE

Dental radiographs account for approximately 2.5 percent of the effective dose received from medical radiographs and fluoroscopies.[75] Even though radiation exposure from dental radiographs is low, once a decision to obtain radiographs is made it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure. Examples of good radiologic practice include x use of the fastest image receptor compatible with the diagnostic task (F-speed film or digital);

- x collimation of the beam to the size of the receptor whenever feasible;
- x proper film exposure and processing techniques;
- x use of protective aprons and thyroid collars, when appropriate; and review

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- x limiting the number of images obtained to the minimum necessary to obtain essential diagnostic information.

RECEPTOR SELECTION resource, but we only do digital

The American National Standards Institute and the International Organization for Standardization have established standards for film speed.[76,77] Film speeds available for dental radiography are D-speed, E-speed and F-speed, with D-speed being the slowest and F-speed the fastest. According to the U.S. Food and Drug Administration, switching from D to E speed can produce a 30 to 40 percent reduction in radiation exposure.[78] The use of F-speed film can reduce exposure 20 to 50 percent compared to use of E-speed film, without compromising diagnostic quality.[79-85]

Exposure of extraoral films such as panoramic radiographs require intensifying screens to minimize radiation exposure to patients. The intensifying screen consists of layers of phosphor crystals that fluoresce when exposed to radiation. In addition to the radiation incident on the film, the film is exposed primarily to the light emitted from the intensifying screen. Previous generations of intensifying screens were composed of phosphors such as calcium tungstate. However, rare-earth intensifying screens are recommended because they reduce a patient's radiation exposure by 50 percent compared with calcium tungstate-intensifying screens.[86-89] Rare-earth film systems, combined with a high-speed film of 400 or greater, can be used for panoramic radiographs.[86] Older panoramic equipment can be retrofitted to reduce the radiation exposure to accommodate the use of rare-earth, high-speed systems.

Digital imaging provides an opportunity to further reduce the radiation dose by 40 to 60 percent.[90-93] In digital radiography, there are three types of receptors that take the place of conventional film: charge-coupled device (CCD), complementary-metal-oxide-semiconductor (CMOS), and photo-stimulable phosphor (PSP) plates. Systems that use CCD and CMOS based; solid-state detectors are called "direct." When these sensors receive energy from the x-ray beam, the CCD or CMOS chip sends a signal to the computer and an image appears on the monitor within seconds. Systems that use PSP plates are called "indirect." When these plates are irradiated, a latent image is stored on them. The plate is then scanned and the scanner transmits the image to the computer.

RECEPTOR HOLDERS

Holders that align the receptor precisely with the collimated beam are recommended for periapical and bitewing radiographs. Heat-sterilizable or disposable intraoral radiograph receptor-holding devices are recommended for optimal infection control.[94] Dental professionals should not hold the receptor holder during exposure.[86] Under extraordinary circumstances in which members of the patient's family (or other caregiver) must provide restraint or hold a receptor holder in place during exposure, such a person should wear appropriate shielding.[86]

COLLIMATION

Collimation limits the amount of radiation, both primary and scattered, to which the patient is exposed. An added benefit of rectangular collimation is an improvement in contrast as a result

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of a reduction in fogging caused by secondary and scattered radiation.[89] The x-ray beam should not exceed the minimum coverage necessary, and each dimension of the beam should be collimated so that the beam does not exceed the receptor by more than 2 percent of the source-to-image receptor distance.[86] Since a rectangular collimator decreases the radiation dose by up to fivefold as compared with a circular one, [86,95,96] radiographic equipment should provide rectangular collimation for exposure of periapical and bitewing radiographs.[86] Use of a receptor-holding device minimizes the risk of cone-cutting (non-exposure of part of the image receptor due to malalignment of the x-ray beam). The position-indicating device should be open ended and have a metallic lining to restrict the primary beam and reduce the tissue volume exposed to radiation.[86] Use of long source-to-skin distances of 40 cm, rather than short distances of 20 cm, decreases exposure by 10 to 25 percent.[86,97] Distances between 20 cm and 40 cm are appropriate, but the longer distances are optimal.[86]

OPERATING POTENTIAL AND EXPOSURE TIME

The operating potential of dental x-ray units affects the radiation dose and backscatter radiation. Lower voltages produce higher-contrast images and higher entrance skin doses, and lower deep-tissue doses and levels of backscatter radiation. However, higher voltages produce lower contrast images that enable better separation of objects with differing densities. Thus, the diagnostic purposes of the radiograph should be used to determine the selection of kilovolt setting. A setting above 90 kV(p) will increase the patient dose and should not be used.[89] The optimal operating potential of dental x-ray units is between 60 and 70 kVp.[86,89]

Filmless technology is much more forgiving to overexposure often resulting in unnecessary radiation exposure. Facilities should strive to set the x-ray unit exposure timer to the lowest setting providing an image of diagnostic quality. If available, the operator should always confirm that the dose delivered falls within the manufacturer's exposure index. Imaging plates should be evaluated at least monthly and cleaned as necessary.

PATIENT SHIELDING AND POSITIONING review after state meeting

The amount of scattered radiation striking the patient's abdomen during a properly conducted radiographic examination is negligible.[98] The thyroid gland is more susceptible to radiation exposure during dental radiographic exams given its anatomic position, particularly in children.[93,99,100] Protective thyroid collars and collimation substantially reduce radiation exposure to the thyroid during dental radiographic procedures.[101,102] Because every precaution should be taken to minimize radiation exposure, protective thyroid collars should be used whenever possible. If all the recommendations for limiting radiation exposure are put into practice, the gonadal radiation dose will not be significantly affected by use of abdominal shielding.[86] Therefore, use of abdominal shielding may not be necessary.

Protective aprons and thyroid shields should be hung or laid flat and never folded, and manufacturer's instructions should be followed. All protective shields should be evaluated for damage (e.g., tears, folds, and cracks) monthly using visual and manual inspection.

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Proper education and training in patient positioning is necessary to ensure that panoramic radiographs are of diagnostic quality.

OPERATOR PROTECTION

Although dental professionals receive less exposure to ionizing radiation than do other occupationally exposed health care workers,[75,86] operator protection measures are essential to minimize exposure. Operator protection measures include education, the implementation of a radiation protection program, occupational radiation exposure limits, recommendations for personal dosimeters and the use of barrier shielding.[103] The maximum permissible annual dose of ionizing radiation for health care workers is 50 millisieverts (mSv) and the maximum permissible lifetime dose is 10 mSv multiplied by a person's age in years.[86] Personal dosimeters should be used by workers who may receive an annual dose greater than 1 mSv to monitor their exposure levels. Pregnant dental personnel operating x-ray equipment should use personal dosimeters, regardless of anticipated exposure levels.[86]

Operators of radiographic equipment should use barrier protection when possible, and barriers should ideally contain a leaded glass window to enable the operator to view the patient during exposure.[86] When shielding is not possible, the operator should stand at least two meters from the tube head and out of the path of the primary beam.[103] The National Council on Radiation Protection & Measurements report "Radiation Protection in Dentistry" offers detailed information on shielding and office design.[86] State radiation control agencies can help assess whether barriers meet minimum standards.

HAND-HELD X-RAY UNITS

Hand-held, battery-powered x-ray systems are available for intra-oral radiographic imaging. The hand-held exposure device is activated by a trigger on the handle of the device. However, dosimetry studies indicate that these hand-held devices present no greater radiation risk than standard dental radiographic units to the patient or the operator. No additional radiation protection precautions are needed when the device is used according to the manufacturer's instructions. These include: 1. holding the device at mid-torso height, 2. orienting the shielding ring properly with respect to the operator, and 3. keeping the cone as close to the patient's face as practical. If the hand-held device is operated without the ring shield in place, it is recommended that the operator wear a lead apron.

All operators of hand-held units should be instructed on their proper storage. Due to the portable nature of these devices, they should be secured properly when not in use to prevent accidental damage, theft, or operation by an unauthorized user. Hand-held units should be stored in locked cabinets, locked storage rooms, or locked work areas when not under the direct supervision of an individual authorized to use them. Units with user-removable batteries should be stored with the batteries removed. Records listing the names of approved individuals who are granted access and use privileges should be prepared and kept current.

FILM EXPOSURE AND PROCESSING

All film should be processed following the film and processer manufacturer recommendations. Once this is achieved, the x-ray operator can adjust the tube current and time and establish a

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technique that will provide consistent dental radiographs of diagnostic quality. Poor processing technique, including sight-developing, most often results in underdeveloped films, forcing the x-ray operator to increase the dose to compensate, resulting in patient and personnel being exposed to unnecessary radiation.

A safelight does not provide completely safe exposure for an indefinite period of time. Extraoral film is much more sensitive to fogging. The length of time for which a film can be exposed to the safelight should be determined for the specific safelight/film combination in use.

QUALITY ASSURANCE

Quality assurance protocols for the x-ray unit, imaging receptor, film processing, dark room, and patient shielding should be developed and implemented for each dental health care setting.[86] All quality assurance procedures, including date, procedure, results, and corrective action, should be logged for documentation purposes. A qualified expert should survey all xray units on their placement and should resurvey the equipment every four years or after any changes that may affect the radiation exposure of the operator and others.[86] Surveys typically are performed by state agencies, and individual state regulations should be consulted regarding specific survey intervals. The film processor should be evaluated at its initial installation and on a monthly basis afterward. The processing chemistry should be evaluated daily, and each type of film should be evaluated monthly or when a new box or batch of film is opened.[86] Abdominal shielding and thyroid collars should be inspected visually for creases or clumping that may indicate voids in their integrity on a monthly basis.[86] Damaged abdominal shielding and collars should be replaced. Table 2 lists specific methods of quality assurance procedures, covering not only inspection of the x-ray unit itself but also of the film processor, the image receptor devices, the darkroom and abdominal shielding and collars.[103,104]

It is imperative that the operator's manual for all imaging acquisition hardware is readily available to the user, and that the equipment is operated and maintained following the manufacturer's instructions, including any appropriate adjustments for optimizing dose and image quality.

TECHNIQUE CHARTS/PROTOCOLS

Size-based technique charts/protocols with suggested parameter settings are important for ensuring that radiation exposure is optimized for all patients. Technique charts should be used for all systems with adjustable settings, such as tube potential, tube current, and time or pulses. The purpose of using the charts is to control the amount of radiation to the patient and receptor. Technique charts are tables that indicate appropriate settings on the x-ray unit for a specific anatomical area and will ensure the least amount of radiation exposure to produce a consistently good-quality radiograph. Where are they?

Technique charts for intraoral and extraoral radiography should list the type of exam, the patient size (small, medium, large) for adults and a pediatric setting. The speed of film used, or use of a digital receptor, should also be listed on the technique chart. The chart should be

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posted near the control panel where the technique is adjusted for each x-ray unit. A technique chart that is regularly updated should be developed for each x-ray unit. The charts will also need to be updated when a different film or sensor, new unit, or new screens are used.

RADIATION RISK COMMUNICATION

Dentists should be prepared to discuss with their patients the benefits and risks of the x-ray exam.[105] To help answer patient and parent questions about dental radiology radiation safety, the American Academy of Oral and Maxillofacial Radiology and the Alliance for Radiation Safety in Pediatric Imaging partnered to create a brochure targeted at parents and patients.[106] Table 2.

Quality Assurance Procedures for Assessment of Radiographic Equipment		
The following procedures for periodic assessment of the performance of radiographic equipment, film processing, equipment, image receptor devices, dark room integrity, and abdominal and thyroid shielding are adapted from the National Council for Radiation Protection and Measurements report, "Radiation Protection in Dentistry."[86] Please refer to state guidelines for specific regulations.		
Equipment	**Frequency**	**Method**
X-ray Machine	On installation At regular intervals as recommended by state regulations Whenever there are any changes in installation workload or operating conditions	Inspection by qualified expert (as specified by government regulations and manufacturers recommendations).

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Film Processor	On installation Daily	**Method 1: Sensitometry and Densitometry** A sensitometer is used to expose a film, followed by standard processing of the film. The processed film will have a defined pattern of optical densities. The densities are measured with a densitometer. The densitometer measurements are compared to the densities of films exposed and processed under ideal conditions. A change in densitometer values indicates a problem with either the development time, temperature or the developer solutions. *Advantages* Accuracy Speed *Disadvantage* Expense of additional equipment **Method 2: Reference Film** A film exposed and processed under ideal conditions is attached to the corner of a view box as a reference film. Subsequent films are compared with the reference film. *Advantage* Cost effectiveness *Disadvantage* Less sensitive
Image Receptor Devices Intensifying Screen and	Monthly With each new batch of film Every six months	**Method 1: Sensitometry and Densitometry** (as described above) **Method 2: Reference Image** (as described above) Visual inspection of cassette integrity Examination of intensifying screen for
Extraoral Cassettes		scratches Development of an unexposed film that has been in the cassette exposed to normal lighting for one hour or more
Darkroom Integrity	On installation Monthly After a change in the lighting filter or lamp	While in a darkroom with the safelight on, place metal object (such as a coin) on unwrapped film for a period that is equivalent to the time required for a typical darkroom procedure Develop film Detection of the object indicates a problem with the safelight or light leaks in the darkroom

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Abdominal and Thyroid Shielding	Monthly (visual and manual inspection)	All protective shields should be evaluated for damage (e.g., tears, folds, and cracks) monthly using visual and manual inspection. If a defect in the attenuating material is suspected, radiographic or fluoroscopic inspection may be performed as an alternative to immediately removing the item from service. Consideration should be given to minimizing the radiation exposure of inspectors by minimizing unnecessary fluoroscopy.

TRAINING AND EDUCATION

Where permitted by law, auxiliary dental personnel can perform intraoral and extraoral imaging.[103] Personnel certified to take dental radiographs should receive appropriate education. Practitioners should remain informed about safety updates and the availability of new equipment, supplies and techniques that could further improve the diagnostic quality of radiographs and decrease radiation exposure. Free training materials are available for limiting radiation exposure in dental imaging through the International Atomic Energy Agency.[107]

CONCLUSION

Dentists should conduct a clinical examination, consider the patient's oral and medical histories, as well as consider the patient's vulnerability to environmental factors that may affect oral health before conducting a radiographic examination. This information should guide the dentist in the determination of the type of imaging to be used, the frequency of its use, and the number of images to obtain. Radiographs should be taken only when there is an expectation that the diagnostic yield will affect patient care.

Dentists should develop and implement a radiation protection program in their offices. In addition, practitioners should remain informed on safety updates and the availability of new equipment, supplies, and techniques that could further improve the diagnostic ability of radiographs and decrease exposure.

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Appendix O: Occurrence Report

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Occurrence Report Confidential Peer Review

1. ___ Treatment Issue ___ Slip/fall ___ Communication ___ Medication ___ Medical Equipment ___ Other

2. EXACT LOCATION OF OCCURRENCE:

Date of Occurrence: _____ Time of Occurrence: _____

3. PERSON PREPARING REPORT:

Name: _____ Department: _____ Phone: _____

4. PERSON INVOLVED:

Name (last, first, m.i.): _____

Address: _____ Phone: _____

Medical Record Number (if applicable) _____ DOB: _____

Please **select one** of the following, and indicate **which** clinic, school, department:

Patient – Clinic: _____

Student – School: _____

Visitor – Destination: _____

Volunteer – Department: _____

5. WITNESSES: ___ Yes ___ No

Who: _____ Contact #: _____

Is witness an employee? ___ Yes ___ No Department: _____

6. PROBLEM or ISSUE: Please describe exactly WHAT, WHY, HOW, (R) or (L) side of body, which finger, etc.

7. FALLS:

Activity/circumstances of patient when fall occurred:

Treatment given or action taken:

8. SEEN BY PHYSICIAN: ___ Yes ___ No

Physician assessment:

Physician's Signature: _____ Date: _____

9. DISPOSITION OF PATIENT/OUTCOME:

Submit to: Quality Improvement – A02

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Appendix P: Laser Safety

Overview

In accordance to ANSI Z136.3 Health Care Facility Standards for Safe Laser Use, this Safety Manual addendum briefly outlines its applicability to WLHSDM. Safety precautions will apply to all procedural and repair/ maintenance protocols. This addendum is not considered exhaustive, but necessary only in identifying fundamental Laser-related safety precautions and regulations. Please see TTUHSC EP Ops 75.01-75.05 and applies to all persons who operate, service or maintain Intense Pulsed Light or Laser devices on the campus.

Hazard Evaluation

Several Laser devices exist within WLHSDM. Class 2 devices include CD/DVD-drives and Laser printers; and typically pose little to no hazard. Class 3 devices include Laser measuring devices and Laser pointers; and may be an eye hazard. Class 4 devices include dental Lasers; and pose a definite hazard. All Class 3 and Class 4 devices MUST bear a Laser warning label which indicates class, wattage, and wavelength, as well as a Danger sign with warning. Class 3 Lasers exceeding 5mW and all Class 4 Lasers MUST have a key or interlock to turn them on/off, must have an FDA device approval on file, and must be approved for use at the WLHSDM by the Laser Safety Officer (LSO).

Control Measures

Administrative Laser Safety Officer

An LSO is appointed by the TTUHSC EP. His/her responsibilities shall include determining, reporting, and working to solve Laser safety hazards on campus. S/He will make Laser Standard Operating Procedures (LSOPs) and Laser Procedural Controls (LPCs) which govern Personnel laser use, maintenance, medical surveillance, and environment controls. All SDM personnel are responsible for reporting any laser use to the LSO. The LSO may grant or disallow Laser use at the WLHSDM. The LSO will designate all laser nominal hazard zones (NHZs), all appropriate personal safety protective wear, safety signage and location, and deliver Laser safety training at the WLHSDM.

Training

All persons using a laser must have been trained and certified according to Texas and have a copy of such certification on file with the WLHSDM. Auxiliaries must have received the same documented training.

Records

Records must be kept in one centralized location, the Office of Clinical Affairs. It shall include copies of certifications for all operators, safety training logs, and FDA device approvals/certifications. It shall also include copies of the radiation safety onsite “audits” for compliance.

Equipment and Environment

Protective Equipment

Proper protective equipment will be provided all personnel using lasers within an NHZ. Within any NHZ: all wall surfaces shall be less reflective, all electrical outlets will be safely grounded and not require an extension cord, proper ventilation will include local air exchange/ventilation as well as High Volume Evacuation (HVE). Each Laser device must have recommended SOPs for setup and takedown.

FDA-approved Devices Only

Class 3 Lasers shall not exceed 5mW (except in an authorized research facility with posted precautions), and shall never be pointed at eyes directly or indirectly (via reflection, scattering, *etc.*). Class 4 Lasers shall be used only within an established and marked NHZ, with appropriate bodily protection (*I.e.*, .1µm filtering mask, gloves, proper wavelength protective eyewear), warnings, and environmental precautions (*i.e.*, no flammable liquids or gases, minimized reflective surfaces). All departments and personnel are required to immediately report Class 3 (over 5mW) and Class 4 Laser devices used at the WLHSDM to the LSO. They will be added to the log of lasers in use at WLHSDM. Treatment Sites

All Laser treatment sites shall meet or exceed ANSI standards. The same applies to all temporary treatment sites (*e.g.*, sim-lab sites). Treatment sites shall be visibly delineated and have the required danger and caution signs conspicuously posted at their boundary (NHZ boundary).

Laser Safety Program

LSO

Responsibilities shall include evaluation of the controls in place to reduce laser hazards, monitoring laser activity, regulation and authorization of laser use, application of protective laser measures, laser incident/accident reporting, and monitoring laser training and education of WLHSDM personnel. Training

Detailed training in Laser safety shall be provided for Health Care Personnel (HCP) using or working in the presence of Class 3B and Class 4 Laser devices. Such training shall be documented and retained with the central Laser archive. All credentialing and/or certification shall include all applicable safety training.

Personnel

SDM Laser Safety Training shall be provided to the following: LSO, laser operators, laser technical support staff, auxiliaries and personnel handling Class 4 Laser devices.

Programs

Laser safety training shall provide a thorough understanding of all procedures required to establish and maintain a safe work environment during laser use, dispensing/storage, disinfection/sterilization, and repair. Training should be device and procedure specific and harmonious with facility policies, procedures, standards, as well as applicable local, state, and federal regulations.

Credentialing/Certification

A laser operator shall not use any laser device beyond the purpose for which it was intended, the scope of his/her training/experience, or the bounds of his/her licensure. Any use shall conform to all WLHSDM standards, regulations and accepted treatment parameters. Any laser credential/ certification must include personal laser use, and how to maintain a safe working environment.

Personnel Medical Surveillance

Operator include only those who have a certificate of laser use on file at WLHSDM, and who the LSO approves to operate a Laser at WLHSDM and its accompanying premises.

Auxiliary personnel include assistants, support personnel and students who have taken laser safety training, and the LSO approves to assist in laser use at WLHSDM and its accompanying premises.

Incidental personnel include all those handling Class 4 Lasers, who have had Laser Safety Training, and the LSO approves for handling Class 4 Laser devices at WLHSDM and its accompanying premises. They are not authorized to activate any Class 4 Laser device, except for recharging purposes.

Ocular Health Records do we do this? We do not.

All operators and auxiliary personnel are required to provide baseline ocular health records by a licensed ocular medical examiner prior to operation of any Class 4 Laser device. Such record(s) shall include the following tests for: 1) visual acuity to 20/20, 2) a normal macular field per Amsler Grid or similar, and 3) normal color vision, for each eye. Any deviation from acceptable/normal requires extended tests until identification of the deviation is reached.

Incidents/Accidents

All incidents and accidents are investigated and reported by the LSO. An immediate follow-up ocular examination is required for any suspected victim, with any deviation from their established baseline ocular health fully investigated and reported. Such records shall be included in the central Laser archive, and retained per requirement/regulation/policy.

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Appendix Q: Exposed Individual Report

WLHSDM CLINIC
Bloodborne Pathogens
Exposure Report Form

In case of exposure to bloodborne pathogens, complete this form and return to the Office of Clinical Affairs and Patient Care. If other person were involved, attach additional copies of this form for each person involved.

Date of Report: _____ Time of Report: _____

Name (Last, First, MI): _____

Sex: Male ☐ Female ☐ Date of Birth: _____ ID #: _____

Address: _____
Street City State Zip

Work Phone: _____ Home Phone: ____

Status at time of Exposure: ☐ Employee ☐ Student ☐ Faculty ☐ Other _____

Job Title: _____

Duties related to exposure:

_____

Has exposed individual been immunized against Hepatitis B Virus? ☐Yes ☐No

Dates of immunization: (1)____/____/____ (2)_____ / / (3) _____/ /

Place where exposure incident occurred:

_____
Work Area Date Time

Did the incident arise out of and in the course of University employment ☐Yes ☐No

Name of individual in charge of area where exposure occurred:

_____

List any witnesses present:

_____
Name Address Phone

Name	Address	Phone
Name	Address	Phone

Personal protective equipment in use at time of exposure:

Exposure to: ☐Blood ☐Body Fluids ☐Body Fluids with visible blood

Type of exposure:

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Severity of Exposure

How much fluid? Duration of exposure?
Estimated time or interval from exposure until medical evaluation:

Source of Exposure

Source individual, if known:

Name	Address	Phone

x Proceed to SOURCE INFORMATION PAPERWORK and complete

x Is a blood sample from the source available? ☐Yes ☐

x Is the source individual's HBV antigen/antibody status known? ☐Yes No

x Is the source individual's HIV status known? ☐Yes ☐ No

Describe Activity Leading to Exposure

Describe Immediate Interventions:

x Was the area washed and/or flushed? ☐Yes ☐No

x Did the injury bleed freely? ☐Yes ☐No

x Was antiseptic applied? ☐Yes ☐No

x Was medical treatment obtained? ☐Yes ☐No

Hospital, Physician, or clinic where injured person was taken, if applicable:

Person Completing Form

Name

Job Title

Work Phone

Home Telephone

Signature

Date

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TTUHSC EL PASO NEEDLESTICK/BODY FLUID EXPOSURE PROGRAM MATRIX

IF…	THEN…	
If an exposure/sharps injury occurs:	Please take the summary of the event (*Employee's report of injury*) and any source patient information to the UMC Emergency Room. Please self identify as a Texas Tech employee/ student. **Please return all completed "Exposure Forms" to TTUHSC-EP Human Resources Department**	• Clinician will see the employee and initiate lab order on employee. • *If exposure took place at UMC, UMC will initiate baseline labs on source patient.* • *If exposure took place in clinics, order must be obtained from TTUHSC Infection Control Nurse for labs on source patient.* • Will refer employee to Texas Tech Occupational Health/Infection Control located in the Basement of the Clinical Science Building, room A02H to follow up on the exposure and receive follow-up lab orders Contact number: 915-215-4510

	As Soon As Possible! You may contact HR personnel for assistance	
If employee /student needs exposure follow up services:	Please contact Infection Control **Office of Occupational Health/Infection Control 4801 Alberta Ave, Basement, A02H Contact Number: 915-215-4510**	EXPOSURE FOLLOW-UP ONLY • Following the exposure and availability of lab results, the infection control nurse will contact the employee/ student to schedule a post-exposure interview. Lab results of both the employee and the source patient will be revised during face to face meeting with the exposed employee. • Orders for follow up labs will be sent directly to the lab. These results will be obtained by Occupational Health. The employee may call Occupational Health/Infection Control to obtain those results

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Appendix R: Request for Item

REQUEST TO ADD CLINICAL MATERIALS AND/OR EQUIPMENT AND/OR INSTRUMENTS

NOTE: No material is to be utilized in clinical care at the WLHSDM without prior approval by the Office of Clinical Affairs.

Submitter_____

Date_____

Requested Item_____

_____

Use/Replacement_____

_____

Current Evidence for Addition/Replacement

1.

2.

3.

_____ **To**

be completed by the Committee:

Discussion:

Decision_____

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Patient Satisfaction Survey is this current. No, see updated below

Appendix S: Patient Satisfaction Survey

Thank you for visiting Texas Tech Dental Oral Health Clinic today.
Please answer the questions below:

Questions
Ease of making your appointment?
Waiting time in the reception area?

Our staff
Questions
Friendliness of the receptionist upon your arrival?
Care and concern of our dentists and dental assistants?

Practice Communications
Questions
Your phone calls were answered promptly?

Provider Visit
Questions
Time taken to listen and answer your questions?

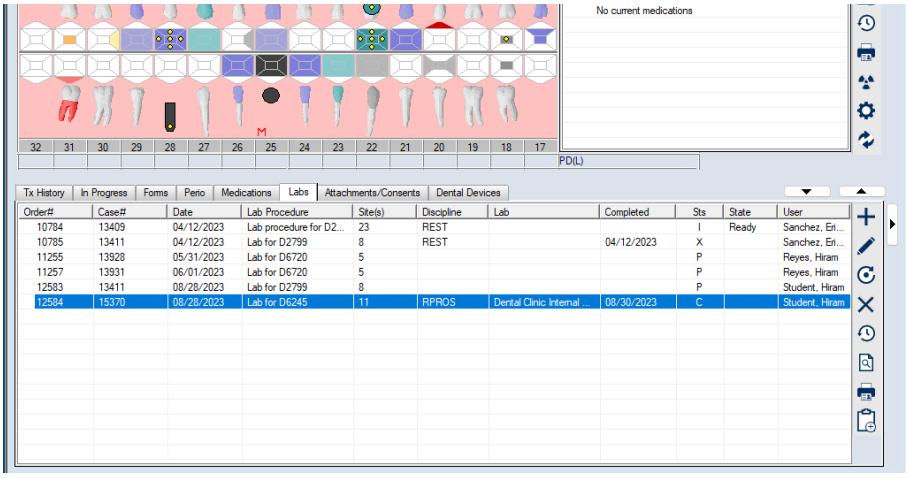
POC	DUTY	OCCURANCE
LILI	EDI CLAIMS	DAILY
LILI	BANK DEPOSIT	DAILY
PSS	QUALTRICS	DAILY
PSS - Yesica B.	VOICEMAIL	DAILY
PSS - Yesica B.	FAX	DAILY
RDA's/RDH's	LINE FLUSHING	DAILY
SPD	AUTOCLAVE / WASHER TEST / ULTRASONIC TEST	DAILY
SPD	MEDICAL STERILIZATION LOG	DAILY
SPD	EOD INSTRUMENT REPORT	DAILY
LIZ	INFECTION CONTROL	DAILY-PRN
LILI	AUDIT/ ADJUSTMENTS REPORT	WEEKLY (FRI)
LILI	MAIL	M-W-F
CARLOS	COMPETENCY/CHALLENGE REPORT	WEEKLY (MON)
PSS	NO SHOW/RECALL REPORT	WEEKLY
RDA's - ERIKA S.	EYE WASH	WEEKLY (FRI)
RDA's/RDH's	TRAPS/FILTERS	WEEKLY (FRI)
RDA's/RDH's	CLEAN VACUUM LINES	WEEKLY (FRI)
SPD	DECON WASHERS	WEEKLY
SPD	AUTOCLAVE LEAK TEST	WEEKLY (MON)
PSS - PRISCILLA	LOSS/GAIN PATIENT REPORT	MONTHLY (1st OF THE MONTH)
CAD/CAM	LAB REDO REPORT	MONTHLY
LILI	INSURANCE REPORT - VERIFICATION	MONTHLY (1st OF THE MONTH)
LILI	BUDGET RECONCILIATION REPORT	MONTHLY (1st WEEK OF THE MONTH) NLT 8th
LILI	STERILIZATION INVOICE	MONTHLY (5TH OF THE MONTH)
LIZ	QA/QC COMMITTEE	MONTHLY (1st OF THE MONTH)
PSS - PRISCILLA	MONTHLY REPORTS (PROCEDURE-APPOINTMENT)	MONTHLY (1st OF THE MONTH)
RDA's/RDH's	SHOCK WATER LINES	MONTHLY (1st OF THE MONTH)
RDA's/RDH's	SHOCK VACUUM LINES	MONTHLY (1st OF THE MONTH)
RONNIE	O2 TANKS	MONTHLY
RONNIE	N2O TANKS	MONTHLY
SERENA	CASH RECONCILIATION	MONTHLY
SERENA	BIRTHDAY CELEBRATIONS	MONTHLY (TBD)
VALERIE	EMERGENCY KITS / FRIDGES	MONTHLY
WILL	HIPAA REPORT	MONTHLY
WILL	OHC MONTHLY MEETING ((AGENDA)	MONTHLY (TBD)
WILL	ON CALL ROSTER	MONTHLY (BY THE 25TH)
WILL	EMPLOYEE TRAINING	MONTHLY
WILL	OHC UPDATE - DR. ANDINO	MONTHLY
WILL	UPDATE CLINIC BOOK	MONTHLY
WILL/LILI/BREANNA	60 DAY BLS REPORT	MONTHLY (1st WEEK OF THE MONTH)
YOLI	INTIVEO PT SURVEY	MONTHLY (1st OF THE MONTH)
YOLI	QA/QC COMMITTEE	MONTHLY (1st OF THE MONTH)
SHELLEY/RICARDO	LEAD APRONS	WEEKLY
SHELLEY/RICARDO	STEP WEDGE	QUARTERLY
WILL/GABY	WATER TEST	SEMI-ANNUAL (JAN-JUL)
RONNIE	AMALGAM SEPERATOR / STERI STRAWS	ANNUAL
WILL	OSHA	ANNUAL - APRIL
SAFETY	FIRE EXTINGUISHERS	MONTHLY
SAFETY	FIRE DRILL	QUARTERLY
SAFETY	RADIATION CONTROL LICENSE	ANNUAL
SAFETY	STEP WEDGE	ANNUAL
YOLI	STUDENT IMMUNIZATION RECORDS	ANNUAL

Appendix T: QA Indicator

Lab Order QA Form

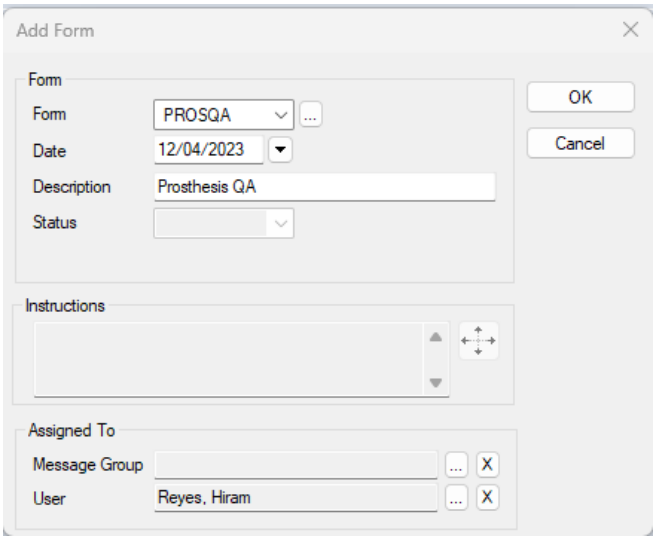
The Lab Order QA Form will be used to track the quality of your received dental prosthesis.

How to Add the form

1. With your patient selected.
2. Go to E.H.R. > Lab tab
3. 

4. Select the lab order where you want to submit the QA form
5. Click the Add Form on the bottom right of the window.

6. Select Prosthesis QA



7. Fill the form accordingly

Appendix T: QA Indicator

Dental Chart Audit Guidelines

Medical History	• Must be taken or updated; at least to be updated and signed by patient annually • Should be approved by faculty
Vitals	• BP and pulse taken at all appointments • If not taken, give reason for not being taken
Informed Consents	• All informed consents need to be signed • HIPPA, General, screening- at screening appointment • Treatment consent after comp exam completion; • **Specific** consent for specific treatments (such as surgical procedure, endo, implant, esthetics for removable/fixed prosthodontic procedures)
Odontogram Charting	• Odontogram charting is charted/completed and approved, including radiographic findings
Periodontal Charting	• Periodontal charting (plaque, calculus, PD, CAL, BOP, recession, furcation and prognosis) completed and approved

Treatment Plan	• Phase and sequence are in order • Planned treatments approved by clinical mentors/faculty • Have patient sign treatment consent and treatment estimate
All rendered Treatment Codes are approved	• All rendered treatment codes are approved by supervising faculty, either in process or completed on date patient is in clinic. • Treatment date to match appointment date
Treatment Progress notes	• Treatment progress notes need to be approved by supervising faculty ▪ Attach your note to the treatment code that was completed ▪ Treatment note must possess the same date patient was in clinic and treatment was rendered ▪ Backdate as needed
Radiographs	• All radiographs taken should have respective dental procedure codes added in Axium; codes must be completed and approved by faculty
Medical Consult (If indicated)	▪ Medical consult code (D9311) must be completed ▪ MEDCON form completed in Axium, approved by supervising faculty ▪ Printed MEDCON form is provided to the patient
Referral (If indicated)	▪ Dental Referral form should be completed with a printed form provided to the patient • If patient needs to be referred back for continuing dental care, the dental consultation/referral code D9310 should be planned and completed in Axium
Recalls	• POE Exams: performed annually • Prophy- 6 months • Perio Maintenance- 3 months • Recall MUST be set in patient EHR
Required Forms	**Screening appointment:** • Screening • Lifestyle • Medical/dental history or PEDs MH **Comprehensive exam appointment:** • DXTP • Occlusion • Caries Risk • Health Risk Assessment • Sleep form if indicated **Endo Treatment** • Endo Form **PCCE Code** • PCCE Form

Appendix T: QA Indicator

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DENTAL DESIGN/LABORATORY QUALITY ASSURANCE FORM

FIXED PROSTHODONTICS

*** REVIEW PRIOR TO MILLING OR LABORATORY SUBMISSION ***

(Please print legibly)

CASE NUMBER:_____

STUDENT:_____

LEVEL: ○ **D1** ○ **D2** ○ **D3** ○ **D4** **Prepared** **Accept**
Redo **Comment**

Image
Occlusion
Design/

FIXED:

Seating

- ○ **INLAY(S); TOOTH Nos.** _____
- ○ **ONLAY(S); TOOTH Nos.** _____
- ○ **FULL CROWN; TOOTH Nos.**_____
- ○ **VENEER(S); TOOTH Nos.**_____
- ○ **PFDP; TOOTH Nos.**_____

On Time
Stable
Contours
Margins
IP Contacts
Occlusion
Shade
Pt. Approve
Delivery Time

Student_____

Faculty_____

Appendix T: QA Indicator

TEXAS TECH UNIVERSITY
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DENTAL DESIGN/LABORATORY QUALITY ASSURANCE FORM

REMOVABLE PROSTHODONTICS

*** REVIEW PRIOR TO MILLING OR LABORATORY SUBMISSION ***

(Please print legibly)

CASE NUMBER:_____

STUDENT:_____

LEVEL: ○ **D1** ○ **D2** ○ **D3** ○ **D4** **Prepared** **Accept**
Redo **Comment**

REMOVABLE:

- ○ **CD; Arch** _____
- ○ **PRDP; Arch** _____
  - ○ **METAL BASED**_____
  - ○ **SILICONE BASED**_____
- ○ **INTERIM PRDP**_____
- ○ **IMMEDIATE CD; Arch**_____
- ○ **IMMEDIATE PRDP Arch**_____
- ○ **IMPLANT RETAINED CD Arch**_____
- ○ **IMPLANT RETAINED PRDP Arch**_____

Student_____

Faculty_____

Image
Occlusion
Design/Rx

Seating
On Time
Stable
Contours
Borders
Fit
Tooth Mold
Tooth Shade
Tissue Shade
Occlusion

Pt. Approve
Delivery Time

TEXAS TECH UNIVERSITY
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Department (Policy Owner):		Policy & Procedure Title:
Texas Tech Dental - Oral Health Clinic		CAD/CAM Equipment Maintenance
Policy Number:	**Effective Date:**	**Last Revised Date:**
Appendix U	October 1, 2023	

Responsible Party: Responsible Department:

Texas Tech Dental - Oral Health Clinic CAD/CAM for Office of Clinical Affairs

Texas Tech Dental – Dental Learning Center CAD/CAM

Approved By: Office of Clinical Affairs

_____ _____

Signature Date

Purpose:

The purpose of this policy is to outline the processes and provide necessary guidance for maintenance of all equipment used for the fabrication and dispensing of fixed or removable prosthodontic devices including but not limited to full coverage crowns, implant prosthetics, complete dentures, removable partial dentures and occlusal guards on behalf of the Woody L. Hunt School of Dental Medicine's (WLHSDM) Dental Oral Health Clinic and Dental Learning Center, in accordance with Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) operating policies.

Review:

This policy will be reviewed before the 31st of August each year by the Director of the CAD/CAM Lab and Clinical Education Dean, with recommended changes to be forwarded to the Office of Clinical Affairs.

Policy/Procedure:

I. Definitions

A. *CAD/CAM*: Computer Aided Design & Computer Aided Manufacturing

B. *Maintenance log:* Will be used to track the scheduled maintenance for all CAD/CAM mills, printers and other equipment used in the direct manufacture of the prescribed dental prosthetics with the date and service performed.

C. *Manufacturer's schedule:* This will be used to follow the timelines as per manufactures recommended maintenance schedule.

II. Internal Controls

Proper internal controls should be in place for providing oversight by the Department Digital Lab Tech II and/or Certified Dental Technician so that any assigned Digital Lab Technician(s) can perform the maintenance on based on the manufacturer's recommended schedule.

A. Weekly maintenance shall be performed by assigned personnel every *Friday* and documented on the maintenance log.

B. Scheduled maintenance shall be performed and verified on a monthly basis by the Certified Dental Technician.

III. General Guidelines for Maintenance

A. Instructions – All equipment shall be serviced based on the manufacturer's instructions. Detailed instructions can be found in the CAD/CAM policy & procedures manual.

B. Error Logs – In the event that scheduled maintenance is not able to be properly performed by CAD/CAM personnel, the manufacturer will be contacted directly. The case will be logged to track the resolution of the maintenance error. In the meantime, the device will be tagged as out of service.

C. Trouble Tickets – CAD/CAM personnel will track tickets issued by the manufacturer until there is resolution and the machine can be placed back in service. Documentation of date(s) that the machine was out of service is to be maintained within the CAD/CAD policy and procedures manual.

TEXAS TECH UNIVERSITY
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Department (Policy Owner):	**Policy & Procedure Title:**	
Texas Tech Dental - Oral Health Clinic	CAD/CAM Inventory Control Plan	
Policy Number:	**Effective Date:**	**Last Revised Date:**
Pending	October 1, 2023	

Responsible Party: ~~Mohammed Akl, DDS, MS~~ – Director, CAD/CAM Lab

Responsible Department: Texas Tech Dental - Oral Health Clinic CAD/CAM
Texas Tech Dental – Dental Learning Center CAD/CAM

Approved By: ~~Dr. Fady F. Faddoul - Associate Dean of Clinical Affairs~~

_____ _____

Signature Date

Purpose:

The purpose of this policy is to outline the processes and provide necessary guidance on maintaining an accurate account of all supplies and materials pertaining to the fabrication and dispensing of fixed or removable prosthodontic device including but not limited to full coverage crowns, implant prosthetics, complete dentures, removable partial dentures and occlusal guards on behalf of the Woody L. Hunt School of Dental Medicine's (WLHSDM) Dental Oral Health Clinic and Dental Learning Center, in accordance with Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) operating policies.

Review:

This policy will be reviewed before the 31st of August each year by the Director of the CAD/CAM Lab and Clinical Department Administrator, with recommended changes to be forwarded to the Associate Dean of Clinical Affairs.

Policy/Procedure:

- **Definitions**

- *CAD/CAM*: Computer Aided Design & Computer Aided Manufacturing

- *Inventory Log:* Will be used to track the materials for all CAD/CAM mills, printers and other equipment used in the direct manufacture of the prescribed dental prosthetics with the date and service performed.

Do we?

- **Internal Controls**

Proper internal controls should be in place for providing oversight by the Department Digital Lab Tech II and/or Certified Dental Technician so that any assigned Digital Lab Tech(s) or Laboratory Administrator can maintain an accurate account for all incoming and exhausted materials used in the fabrication of prescribed prosthetics.

- *Inventory*: Scheduled inventory checks shall be performed and verified on a monthly basis by the Laboratory Administrator.

- *Check-in:* All materials will be logged in by the Certified Dental Technician or Laboraotry Administrator for tracking purposes upon receipt of shipment. Ordering of materials will be as needed to maintain production standards.

- *Dispense:* Materials will be controlled and tracked with a log that will be updated on a monthly basis. This log will reflect a beginning and end count of all materials used in the CAD/CAM lab during the month. All personnel that pull from inventory stock will be required to sign off on dispensing log to ensure adequate record keeping.

- *Disposal of Exhausted Material:* All exhausted materials will be placed in a designated disposal area to ensure that they are accounted for during the monthly inventory check. The materials will then be discarded following manufacturer recommendations. Do we use in DLC? REMOVE FROM CLINIC

- *Reports of Manufactured Prosthetics:* Monthly and/or quarterly report(s) will be generated on the Programill CAM software to account for pucks used for milling. Similar reports will be generated for the SprintRay and Einstein printers. Material(s) will be tied to patient's lab slips and logged to aid in the tracking of resin volumes and inventory.

- **General Guidelines for Inventory Control**

- **Instructions**

All materials will be tracked and logged in the CAD/CAM policy & procedures manual. report system?

- **Loss Prevention**

a) CAD/CAM personnel will track materials that have been dispensed with end of month reports.
b) In case of a discrepancy in inventory reporting, the discrepancies will be carefully documented and then escalated to the Director of the CAD/CAM Lab for review.

- **Reporting on Loss Inventory**

a) Material(s) that cannot be accounted for will be placed in an inventory loss report.
b) The Laboratory Administrator will ensure that the loss is accounted for on the updated inventory log.
c) Dispensing log sheets will be used for reference on personnel that received and/or dispensed the material(s) in question.

Supplemental Documents

Ep 7-19: Cleaning of Pediatric Toys and Equipment

Ep 7-20: DECON of Reusable Instruments

Ep 7-26: Cleaning of Patient Care Areas

Ep 9-11: Clinical Personnel Dress Code

Ep 9-14: Individuals in Clinic for Clinic/Academic Purpose

Ep1-23: Guidelines for Service Animals

Ep 2-07: Medical Emergencies in Clinic

Ep 5-12: Retention and Retirement of Paper Medical Records

Ep 5-22: Confidentiality Agreement

Ep 7-01: Infection Control Screening

Ep7-02: Standard Precautions/Transmission Based Precautions

Ep7-03: Needlestick Injuries/Exposures to Bodily Fluids, Care and Follow Up

Ep 7-03a: Exposure Control Plan, Bloodborne Pathogens

Ep 7-07: Tuberculosis Control Plan

Ep 7-07a: TB Clinic Referral Acknowledgement

7-09: Procedure for Notifying Custodial for Outside Normal Schedule

Ep 7-10: Prevention of transmission of HepB, C and HIV

Ep 7-12: Infection Prevention and Control Plan

Ep 7-13: Influenza Vaccination Policy

Ep 7-15: Consuming Food/Drink in Clinical Areas

Ep 7-16: Hand Hygiene

Ep 7-17: Handling Sharps

Ep 7-18: Disposal of Biohazard/Infectious Waste

Mercury Checklist

HIPAA and Bill of Rights

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EL PASO
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130 Rick Francis St.
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O: 915.215.4231
www.elpaso.ttuhsc.edu/sdm

Ambulatory Clinic Policy and Procedure

Title: **CLEANING OF PEDIATRIC TOYS AND EQUIPMENT**	Policy Number: **EP 7.19**
Regulation Reference: Joint Commission	Effective Date: **7/2019**

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to clean toys and diagnostic tools in clinics to prevent the spread of infections.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC El Paso ambulatory clinics.

Procedure:

1. Children's furniture in waiting areas should be cleaned with an EPA approved solution (for maximum contact time) at least twice daily, once in the morning and once at lunch, by clinic staff. More frequent cleaning on a PRN basis to minimize potential for transmission of pathogens is highly encouraged.

2. Clinic toys and other diagnostic or treatment tools (i.e., markers, white boards, pens, etc.) used in patient care areas are to be cleaned with an EPA approved solution in between each patient.

3. No furry/fluffy toys are to be placed in clinic settings.

4. Due to infection control reasons, use of toys in the clinics is strongly discouraged.

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www.elpaso.ttuhsc.edu/sdm

Ambulatory Clinic Policy and Procedure

Title: **DECONTAMINATION OF REUSABLE INSTRUMENTS**	Policy Number: **EP 7.20**
Regulation Reference: AAMI, CDC, The Joint Commission	Effective Date: **10/2023**

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to provide evidence based guidelines for staff performing pre-cleaning, cleaning and decontamination of endoscopes or instruments and to identify safety practices.

Scope and Distribution:

This policy applies and will be distributed to all Texas Tech Physicians of El Paso Ambulatory Clinics who use reusable instruments.

Definitions:

CLEANING: Is the removal of visible soil (e.g. organic and inorganic material) from objects and surfaces and normally is accomplished manually or mechanically using water with detergents or enzymatic products.

CRITICAL: Instruments or devices introduced directly into the human body or into contact with the bloodstream or normally sterile areas. Such devices should be sterilized (e.g. surgical instruments, biopsy forceps).

DECONTAMINATION: Removes pathogenic microorganisms from objects so they are safe to handle (i.e., safe in the context of being reasonably free from a risk of disease transmission).

DISINFECTION: Describes a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects.

HIGH-LEVEL DISINFECTION (HLD}: Destruction of all vegetative microorganisms, mycobacterium, small or non-lipid viruses, medium or lipid viruses, fungal spores, and some bacterial spores. Most high-level disinfectants have the ability to sterilize given sufficient exposure time.

INSTRUCTION FOR USE (IFU}: Manufacturers explicit steps required for cleaning, disinfection, the level of disinfection required (e.g., sterilization, high level disinfection, low or intermediate level of disinfection), the frequency of disinfection, and the products which are compatible for use on device.

NON-CRITICAL: Instruments or devices that do not ordinarily touch the patient or touch only intact skin. These devices should be cleaned by disinfection. (E.g. bedrails, blood pressure cuffs).

PERSONAL PROTECTIVE EQUIPMENTS (PPE}: Accessories worn to minimize exposure to hazards that cause serious workplace injuries or illnesses.-

PRE-CLEANING: Procedure done to remove and loosen debris before manual/automated cleaning is performed.

SEMI-CRITICAL: Instruments or devices that come into contact with intact skin or mucous membranes and do not ordinarily penetrate sterile tissue. These devices should receive at least High-level disinfection, (e.g. respiratory equipment, surgical mirror, flexible endoscopes).

Delineation

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24001 130 Rick Francis St.
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O: 915.215.4231
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Ambulatory Clinic Policy and Procedure

Title: **CLEANING OF PATIENT CARE AREAS**	Policy Number: **EP 7.26**
Regulation Reference: Joint Commission, CDC	Effective Date: **11/2020**

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to clean patient care areas and medical equipment using evidence based infection control practices.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC El Paso ambulatory clinics.

Procedure:

1. Exam tables, chair tops, door knobs, and pediatric scales should be cleaned after each patient use with an approved solution registered as an EPA approved product. (Please check with the Office of Infection Control to identify which solutions may have been adopted at that location for use.) *NOTE: Housekeeping staff will wipe down countertops in exam rooms and sweep and mop floors. However, items on the countertops or on floors will not be moved by housekeeping personnel.
2. Medical equipment used in direct contact with patients should be cleaned after each use per manufacturer's recommendations.
3. Medical lamps, overhead procedure lights and all other equipment in patient exam rooms should be wiped down with an approved EPA solution, at least weekly.
4. If cleaning is needed under exam tables, behind heavy equipment or the like, special arrangements must be made with facilities ahead of time.
5. Cleaning solutions that have been transferred into a different container (highly discouraged) should be clearly labeled with product name, manufacturer's expiration date, and initialed.

References

Centers for Disease Control and Prevention. (2020, 04 21). *Environmental Cleaning Procedures*. Retrieved from Healthcare-associated infections: https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html

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Ambulatory Clinic Policy and Procedure

Title: **CLINICAL PERSONNEL DRESS CODE**	Policy Number: **EP 9.11**
Regulation Reference:	Effective Date: **1/2016**

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to define the specific guidelines for clinical personnel, related to the dress code, to ensure that a professional image is presented to patients and the community. It is intended to provide security through an employee identification system and to protect the employee by requiring work attire in accordance with safety and infection control consideration.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC El Paso ambulatory clinics.

Procedure:

1. General Appearance: General appearance of all personnel should reflect a high standard of cleanliness and hygiene at all times. Patients and the general community expect a greater degree of cleanliness, neatness and professionalism than is found in most industries. Employees should therefore, dress discreetly and present a professional appearance.

2. General Guidelines:

    a. Shoes – Shoes must be cleaned and polished, closed toe, quiet soles, and non-skid. Shoe laces must be kept clean. Tennis shoes may be worn.
    b. Hose – Appropriate colored hose or socks are to be worn with the uniforms.
    c. Uniforms – The uniform must be professional in appearance and reflect high standards of cleanliness and hygiene at all times.

        i. The uniform must be color-coordinated.
        ii. T-shirts, jeans, sweat pants, jogging or fleece pants, and sweatshirts are not considered a professional uniform.
        iii. Exceptions may be made on special occasions (i.e., t-shirt days, holidays, etc.) as designated by nurse managers (head nurses) or clinic administrators.

    d. Hair – Hair must be clean and neat in appearance and worn in a professional business manner.

        i. Nursing staff with direct patient contact must secure their hair so it does not contact the patient or interfere with patient care or safety.
        ii. Facial hair such as beards and sideburns must be neat, clean and well-trimmed.

    e. Fingernails – Fingernails should be clean and length of nails should not extend past ¼" beyond the fingertips.

        i. Garish "shocking" nail polish is not acceptable.
        ii. Personnel engaged in patient care may not wear artificial nails.
        iii. Gemstones, stickers, or any other "3-D" decorative additions may not be worn.

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Ambulatory Clinic Policy and Procedure

Title: **INDIVIDUALS ALLOWED IN CLINICS FOR CLINICAL OR ACADEMIC PURPOSES**	Policy Number: **EP 9.14**
Regulation Reference: HSC-EP Operating Policies	Effective Date: **10/2022**

Policy Statement:

It is the policy of Texas Tech Physicians of El Paso (TTP-EP) to provide appropriate oversight of all activities within its ambulatory clinics by health professional staff, other support staff, trainees, students, researchers and visitors.

Scope and Distribution:

This policy covers activities within all TTP-EP Clinics.

Procedure:

Only the following individuals are allowed to participate or be present inpatient related clinic activities:

1. Professional Staff that have an active clinical appointment at the TTUHSC-EP PLFSOM and have been granted clinic privileges by the Dean according to its Professional Staff Bylaws and Credentialing policies. Any question or request should be channeled through the Medical Staff office.

2. Clinical or administrative support Staff employed or contracted by TTUHSC-EP PLFSOM to provide clinic related services. Any question should be channeled through the office of Human Resources or Clinical Affairs.

3. Students and trainees enrolled in and performing assigned academic activities as part of official TTUHSC-EP educational programs.

4. Visiting students, researchers and trainees in accordance with HSCEP OP 59.06. Any question regarding 3 and 4 should be channeled through the office of Academic Affairs unless otherwise indicated in the policy.

5. Research Faculty of the TTUHSC-EP for the specific roles related to a TTUHSC-EP Institutional Review Board approved study, including the formal approval of the respective Clinical Department Chairperson.

6. Volunteers in accordance with HSCEP OP 10.28.

7. Personnel of external regulatory agencies allowed by law or contract to review clinical activity or records.

8. Personnel of other external organizations required for specific training or assistance of professional or support staff with the prior authorization by the office of Institutional Compliance. Any question regarding 7 and 8 should be channeled through the office of Institutional Compliance.

9. All individuals are subject to the applicable policies of Occupational Health and Health Information Privacy.

10. It is the responsibility of the individual's supervisor, or of the office or employee bringing or interacting with the individual to seek the respective approval when applicable for their participation or presence in the clinics designated spaces.

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Ambulatory Clinic Policy and Procedure

Title: **GUIDELINES FOR SERVICE ANIMALS AND PETS**	Policy Number: **EP 1.23**
Regulation Reference: Americans with Disabilities Act	Effective Date: **4/2019**

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to provide guidelines for "service animals" or "pets" on campus.

Scope and Distribution:

This policy applies and will be distributed to all Texas Tech Physicians of El Paso ambulatory clinics.

A. Title II and III of the Americans with Disabilities Act (ADA) of 1990 mandate that persons with disabilities accompanied by Service Animals be allowed access with their Service Animals into places of public accommodation, including restaurants, public transportation, schools, and healthcare facilities.

B. Service Animals are working animals, not pets.

1. Service Animals are dogs that are individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to: guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks.
2. In some cases, miniature horses that have been individually trained to do work or perform tasks for people with disabilities will be permitted, consistent with applicable law.
3. Emotional Support Animals or Comfort Animals are often used as part of a medical treatment plan as therapy animals, but they are not considered Service Animals. TTUHSC El Paso will permit Emotional Support Animals or Comfort Animals on a case-by-case basis, consistent with applicable law.
4. Inquiries may not be made about the nature or extent of a person's disability, but may be made to determine whether an animal qualifies as a Service Animal. When it is not obvious what service an animal provides, the only two permitted questions are: (1) is the dog a Service Animal required because of a disability, and (2) what work or task has the animal been trained to perform. An individual or entity may not require documentation, ask that the Service Animal demonstrate its ability to perform the work or task, or require proof of the Service Animal's training, certification, or license.

Procedure:

A. General Guidelines

1. Pets are not allowed in the healthcare facility.
2. Service Animals are allowed in the healthcare facility unless the animal's presence or behavior creates a fundamental alteration in the nature of a facility's services in a particular area or a direct threat to other persons in a particular area. A direct threat is a significant risk to the health or safety of others that cannot be mitigated or eliminated by modifying policies, practices, or procedures. The determination that a direct threat exists must be made on a case-by-case basis.
3. Service Animals may be excluded from an Operating Room or similar special care areas (e.g. burn units, some ICUs, PE units, and any other area containing equipment critical for life

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Ambulatory Clinic Policy and Procedure

Title: **MEDICAL EMERGENCIES IN CLINICAL AREAS**	Policy Number: **EP 2.7**
Regulation Reference: Joint Commission PC.02.01.09	Effective Date: **07/2024**

Policy Statement:

This policy shall provide guidelines for the appropriate management of cardiac/respiratory arrest or other medically emergent situations at a BLS level in the Texas Tech Physicians of El Paso (TTP-EP) ambulatory clinics.

Scope and Distribution:

This policy applies to all Texas Tech Physicians of El Paso clinics.

Procedure:

1. In the event of a cardio-pulmonary arrest or other life-threatening emergency, the clinical personnel should:

   a. Initiate Basic Life Support and/or appropriate emergency treatment (A-B-C's) or as ordered by the physician.
   b. Call 911 to activate EMS.
   c. Designate a person to obtain needed supplies or equipment and another to record interventions and patient assessments to eventually document them in the EMR.
   d. Notify the Texas Tech Police to direct the EMS to the patient.
   e. Assist the EMS team to prepare the patient for transport to the nearest emergency department.
   f. An occurrence report should be completed as required by policy EP 8.4, Occurrence Reporting.

2. Minor medical emergencies not requiring immediate referral to the Emergency Department may be treated by medical personnel within the Texas Tech Physicians of El Paso clinics at the discretion of the physician and consent of the patient.

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Ambulatory Clinic Policy and Procedure

Title: **RETENTION AND RETIREMENT OF PAPER MEDICAL RECORDS**	Policy Number: **EP 5.12**
Regulation Reference: Joint Commission	Effective Date: **9/2021**

Policy Statement:

It is the policy of the Texas Tech Physicians of El Paso (TTP-EP) to regularlyand systematically purge inactive medical records from the designated Medical Records area. An inactive medical record is one in which new patient diagnostic information has not been added for at least 3 (three) years

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC El Paso clinics, also known as Texas Tech Physicians of El Paso.

Procedure:

1. Inactive medical records are to be logged and stored, microfilmed, or electronically retained by the Medical Record Custodian. If paper medical records are microfilmed, the paper medical records may be destroyed pursuant to state and federal regulations SLR105-State of Texas Records Retention Schedule.
   Patient Files/Medical Records-Clinical: 10 years after the last date of service or the patient's 21st birthday, whichever is longer.

2. The designated Medical Records Custodian shall be able to locate and retrieve information from a purged medical record removed to offsite storage location.

3. All original medical records will be retained in the designated Medical Record Department until they can be destroyed pursuant to SLR-105 State of Texas Records Retention Schedule.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

CONFIDENTIALITY AGREEMENT

I acknowledge receipt of HSCEP OP 52.09, Confidential/Sensitive Information, including Attachment A – Information Security Plan for Financial Information. As defined in this OP and/or any other Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) policy or applicable federal or state law, I agree to hold as strictly confidential "Confidential/Sensitive Information" to which I have access to or obtain as an employee, student, volunteer, or any member of the TTUHSC El Paso workforce with whom the entity for which I work has a relationship (contractual or otherwise) involving the exchange of any Confidential/sensitive information.

I understand the importance of maintaining the strict confidentiality, both in accessing and releasing Confidential Information, and I agree to comply with applicable policies, laws and regulations in performing my duties and responsibilities as these relate to Confidential Information. I understand I must comply with TTUHSC El Paso policies and procedures, including, but not limited to:

- HSCEP OP 52.09, *Confidential Information*
- HSCEP OP 52.02, *Privacy and Security of Health Information*
- HSCEP OP 77.13, *Student Education Records*
- Texas Administrative Code Rule §202

I agree to the following:

1. Only access Confidential Information as required to perform my duties and responsibilities at TTUHSC El Paso.
2. Handle all Confidential Information, whether written, electronic, oral or in some other form, in such a way that it shall not be revealed or disclosed to an unauthorized person. This includes but is not limited to any unauthorized electronic social networking sites or means, such as twitter, Facebook, etc.
3. Not disclose Confidential Information now, or at any time in the future, except as required to perform my job duties and responsibilities at TTUHSC El Paso and then only to the extent disclosure is consistent with the authorized purpose for which the information was obtained.
4. Agree to use the resource *only* for the purpose specified by the institution or information-owner as mandated by TAC 202.
5. Will never:
   - Share/disclose passwords.
   - Use tools or techniques to break/exploit/disable security measures.

I further agree that on or before the date of separation of my employment or association with TTUHSC El Paso for any reason, I will return any and all Confidential Information in any form, including paper or electronic, in my possession, custody or control to the appropriate TTUHSC El Paso authority, and I will destroy any and all duplicate Confidential Information that may remain on my personal electronic device(s) or that is otherwise under my personal control.

I acknowledge and agree that any breach of this Confidentiality Agreement by me may result in disciplinary action which may include immediate termination of my employment or affiliation with TTUHSC El Paso. Further, I understand that such a breach may result in legal action.

The terms of this Confidentiality Agreement are effective immediately and apply to all Confidential/Sensitive Information I have obtained in the past as well as future Confidential/Sensitive Information. I understand that this document will become a part of my permanent employment, volunteer and/or student record.

Signature of Employee, Student, Volunteer or any member of TTUHSC El Paso workforce _____ Date _____

Print Name _____ Tech ID R# _____

ATTACHMENT B
HSCEP OP 52.09
Page 1 of 1
April 15, 2021

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Ambulatory Clinic Policy and Procedure

Title: **INFECTION CONTROL SCREENING: NEW EMPLOYEE, STUDENT, VISITOR**	Policy Number: **EP 7.1**
Regulation Reference: Joint Commission	Effective Date: **2/2017**

Policy Statement:

It is the purpose of this policy and a condition of employment to provide / maintain a safe environment for both patient and healthcare workers by following CDC, OSHA guidelines for immunization to reduce the risk of transmission of the following diseases:

- Hepatitis B
- Measles (Rubeola)
- Mumps
- Rubella
- Varicella
- Tuberculosis
- Tetanus, Diphtheria and Pertussis
- Influenza (Annual Flu campaign)

New employees, students, volunteers and visitors of Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) are required to complete an Infection Control Health Screening prior to the individual beginning work, or students/visitors beginning site visits. Visitors who must be screened are defined as anyone on campus for two weeks or more.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC El Paso ambulatory clinics.

Definitions:

Clinical Personnel: Refers to any personnel involved with direct patient care such as Physician's, Physician's Assistants, Medical Students, Residents, Nurses, etc.

Non-Clinical Personnel: Refers to anyone not involved with direct patient care such as Administrative personnel, coders, Human resources and clerical personnel.

Health Care Worker (HCW) - Meaning all paid and unpaid health care personnel who have the potential for exposure to patients and / or infectious material.

Personal Protective Equipment (PPE): Might include, but not limited to, masks, gowns, gloves, face shields.

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Ambulatory Clinic Policy and Procedure

Title: **STANDARD PRECAUTIONS AND TRANSMISSION BASED PRECAUTIONS**	Policy Number: **EP 7.2**
Regulation Reference: CDC	Effective Date: **5/2017**

Policy Statement:

It is the policy of Texas Tech University Health Science Center El Paso (TTUHSC El Paso) to control and reduce the risk of transmission of pathogens including bloodborne pathogens within the ambulatory clinics.

Scope and Distribution:

This policy applies and will be distributed to all Texas Tech Physicians of El Paso clinics.

Procedure:

1. **Standard Precautions:** Will be followed when there is a possibility of exposure to blood or other body fluids. Blood and body fluids from all patients or person's will be considered infectious.

    a. Gloves are to be worn when:
        i. obtaining blood specimens
        ii. placing intravascular catheters or IV access
        iii. handling blood or other body fluids, or items soiled with blood or body fluids
        iv. when changing dressings
        v. when changing diapers
        vi. when performing any invasive procedures or any diagnostic procedure
        vii. when exposure to blood or body fluids may be anticipated
        viii. when caring for patients undergoing invasive procedures and when cleaning or examining wounds

    b. Goggles or face mask with eye shield should be worn when splashing of blood is likely to occur as in pin removal, wound irrigation, etc.

    c. Gowns, masks, and goggles are to be worn during procedures involving more extensive contact with blood or body fluids. (i.e., endoscopic procedures, dental procedures, procedures that may involve blood spattering)

2. **Transmission-Based Precautions:** In addition to consistent use of standard precautions, additional transmission-based precautions are warranted when the patient is exhibiting symptoms of an active infection (e.g. diarrhea, rash, respiratory symptoms, draining wounds or lesions) which can include pathogens that are highly transmissible, and/or epidemiologically important agents based on the mode of transmission of the specific pathogen:

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Ambulatory Clinic Policy and Procedure

Title: **NEEDLESTICK INJURIES/EXPOSURES TO BODY FLUIDS, CARE & FOLLOW UP**	Policy Number: **EP 7.3**
Regulation Reference:	Effective Date: **11/2020**

Policy Statement:

A system is established and maintained to assure timely and appropriate treatment, reporting and follow-up of needle sticks injuries/exposures to blood or body fluids for Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) medical staff, residents, students, and employees.

Scope and Distribution:

This policy applies and will be distributed to all Texas Tech Physicians of El Paso clinics.

Definitions:

A. Hazardous body fluids include blood and bloody fluids which are known or assumed to be associated with transmission of blood borne pathogens. Other Potentially Infectious Materials (OPIM) – The following fluids also are considered potentially infectious: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomit are not considered potentially infectious unless they contain blood.

B. VERY HIGH RISK Exposure

1. Transfusion of blood.
2. Injection of large volume of blood/HBF (>1ml).
3. Parenteral exposure to laboratory or research specimens containing high titer of virus.

C. HIGH RISK Exposure

1. Injection of blood (<1ml).
2. Intramuscular (IM/"deep">3mm) injury produced by a blood/or OPIM contaminated needle, instrument or other sharp object.
3. Laceration or similar wound produced by visible blood/or OPIM contaminated instrument or other sharp object, which causes spontaneous bleeding in the Health Care Worker.
4. Visible laceration or similar new wound inoculated with blood/or OPIM.

D. MODERATE RISK Exposure

1. Laceration or similar wound produced by a blood/or OPIM contaminated instrument which does not cause spontaneous bleeding.
2. Prior wound or skin lesion visibly contaminated with blood/or OPIM.

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El Paso - *Ambulatory Clinic Policy and Procedure*

Title: **EXPOSURE CONTROL PLAN, BLOODBORNE PATHOGENS**	Policy Number: **EP 7.3A**
Regulation Reference: Joint Commission	Effective Date: **6/2010**

Policy Statement:

This exposure control plan is adopted as the minimum standard to implement the Blood Borne Pathogens Exposure Control Plan required in Health and Safety Code, §81.304. CHAPTER 81, HEALTH AND SAFETY CODE SUB-CHAPTER H.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC- EP Clinics, staff, & students.

Procedure:

These minimum standards apply to a governmental unit that employs people who:
Provide services in a public or private facility providing health care related services and have a risk of exposure to blood or other material potentially containing blood borne pathogens in connection with exposure to sharps or other potentially infectious material (OPIM).

This plan is provided to be analogous with Title 29 Code of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), Blood borne Pathogens Standard as specified in Health and Safety Code, §81.304.

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Blood borne Pathogens Standard, the following exposure control plan exists:

1. Exposure Determination**:**

The Texas Department of Health Blood Borne Pathogens Exposure Control Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment.
This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency.
The following job classifications apply:

(a.) Doctors: Faculty, Residents
(b.) Nurses – RN's, LVN's
(c.) Nursing Assistants - CMA's, RMA'S, NA's
(d.) Plumbers
(e.) Custodial Staff
(f.) Maintenance Staff

The job descriptions for the above employees encompass the potential occupational exposure risks to blood borne pathogens.

See Appendix A for required Personal Protective Equipment by task.

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Ambulatory Clinic Policy and Procedure

Title: **TUBERCULOSIS CONTROL PROGRAM**	Policy Number: **EP 7.7**
Regulation Reference: Joint Commission Infection Prevention Standard IC.02.03.01. CDC. Texas Department of Public Health.	Effective Date: **07/2019**

Policy Statement:

Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) requires baseline tuberculosis skin testing (TST) and an individual Tuberculosis (TB) Assessment for all occupational groups that meet the definitions of Risk Category 1 and/or 2 as defined in this policy. The purpose of this policy is to maintain a safe environment for both patients and health care workers by reducing the risk of tuberculosis transmission based on current U. S. Department of Health and Human Services and Centers for Disease Control and Prevention (CDC) Recommendations. Compliance with this policy is mandatory.

Additional requirements may apply based on HSC OP 75.11 Health Surveillance Program for TTUHSC Institutional Health and Infection Control program. (Refer to this policy for more information)

Scope and Distribution:

This policy applies throughout TTUHSC El Paso Campus including Paul L. Foster School of Medicine, Gayle Greve Hunt School of Nursing, Graduate School of Biomedical Sciences, and off - site centers and clinics.

Definitions:

Risk category 1 - applies to individuals performing activities with the highest risk of transmission of tuberculosis (TB). This includes staff/students who have direct contact with a possible/potential infectious individual, have face-to-face contact with an individual capable of spreading the infection, or staff/students working with research participants or animals who may pose a risk of transmission of tuberculosis. (For example: clinical personnel having patient to patient contact, patient to health care worker (HCW), HCW to patient, and HCW to HCW)

Risk category 2 - applies to individuals performing activities with a probable risk of transmission of TB as a result of the geographic location of their work on the clinical unit or in the laboratory. (For example: Medical records personnel, registration personnel, facilities personnel, greeters, and ancillary staff in clinic settings)

Risk category 3 - applies to individuals performing activities with a possible risk of transmission of TB. These activities usually involve staff who may have indirect contact with the source of the infectious agent through airborne transmission, through the use of vehicles, accidental face-to-face contact such as the cafeteria, or an academic or administrative office.

Risk category 4 - applies to individuals performing activities with minimal risk of transmission of TB. These staff work off-site, do not travel to any site with potential source of infection and do not require face to face contact with high risk people (For example: MPIP staff)

Health Care Worker or HCW - Meaning all paid and unpaid health care personnel who have the potential for exposure to patients and / or infectious material.

Mantoux tuberculin skin test (TST) or TB test - A test that is often used to find out if you are infected with

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Ambulatory Clinic Policy and Procedure

Tuberculosis Clinic Referral Acknowledgment

Employee / Student Name: _____ DOB: _____

I received a TB Skin test on _____which resulted in a positive reaction.

As a result, I will be referred to the City of El Paso Department of Public Health TB Control Clinic, for evaluation and possible treatment for Latent Tuberculosis Infection (LTBI).

For more information regarding this referral see Infection Prevention Policy EP 7.7 Tuberculosis Control Plan.

It has been made clear to me that the best source of obtaining information and treatment (If needed) is to talk with a health care provider at the TB Chest Clinic. All risks and benefits will be discussed with me in more detail during my appointment.

I understand that if I decide not to take prophylaxis, I can be at risk developing active Tuberculosis and passing this infection to others. I also understand that there may be consequences, such as quarantine / suspension that would impact my employment / student status if I developed active TB.

Signature signifies receipt/knowledge of referral and authorizes Texas Tech University Health Science Center El Paso (TTUHSC El Paso) to release information necessary for its completion.

_____ _____

Signature

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Ambulatory Clinic Policy and Procedure

Title: **PROCEDURE FOR NOTIFYING CUSTODIAL FOR CLEANING OUTSIDE OF THE NORMAL CLEANING SCHEDULE**	Policy Number: **EP 7.9**
Regulation Reference:	Effective Date: **06/2019**

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to establish a procedure for clinics to notify the Facilities Operations and Maintenance (FO&M) Department for cleaning requirements outside of the normal cleaning schedule.

Scope and Distribution:

This policy applies and will be distributed to all Texas Tech Physicians of El Paso clinics.

Procedure:

1. In the event of a spill involving blood or body fluids that occurs within the premises of a clinic, the clinic staff will clean small fluid spills with an EPA approved cleaning agent. If spill cannot be easily cleaned by clinical staff, a clinic representative will contact the FO&M custodial team for disinfecting the spill by calling 915-215-4500. When submitting the request, the clinical representative will inform the FO&M team about the nature of the fluid to be cleaned.

2. The custodial team will notify the Infectious Control Nurse (ICN) about the requested cleaning services. The ICN will evaluate the request to determine if it is safe for the custodial team to proceed with the terminal cleaning of the area following outlined procedures. The area will be properly barricaded, secured or sealed to allow access to authorized personnel only.

3. The ICN will guide the custodial team on the proper cleaning procedure for the affected area. A sign will be posted outside the area to inform the public that the area is out of service. The custodial team will proceed with the terminal clean within a reasonable amount of time. The custodial team is only responsible for cleaning over the surface of equipment or furniture contained in the affected area in order to avoid cross contamination.

4. Contamination of a large area (walls, cabinets) will require a thorough cleaning that may include removing contents of cabinets to clean, removal of pictures, furniture, etc. so that all contents and surfaces are cleaned well and free of any contaminating material. Assistance from the nursing staff might be required in the case a more thorough cleaning is needed that may include removing contents of cabinets, removal of pictures, furniture. The custodial team will not remove items from desks and inside of cabinets to avoid cross contamination. Housekeeping will clean all exterior surfaces of bed lamp and chairs, walls and floor.

5. The exam room or common area will be considered unusable until such time as FO&M has completed the cleaning process. A sign will be posted on the exam room or in the common area stating “cleaning in progress”.

6. The exam room/common area shall not be used until all cleaned surfaces have dried.

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Ambulatory Clinic Policy and Procedure

Title: **PREVENTION OF TRANSMISSION OF HEPATITIS B, C AND HIV FROM HCW TO PATIENT**	Policy Number: **EP 7.10**
Regulation Reference: Joint Commission, CDC, AJIC, SHEA	Effective Date: **4/2019**

Policy Statement:

It is the policy of Texas Tech University Health Science Center El Paso (TTUHSC El Paso) to provide guidance for the prevention of transmission of the blood borne pathogens (BBP): Hepatitis B, C and HIV during those invasive procedures considered to be exposure prone. This policy is not intended to prevent Health Care Workers (HCW) from participating in patient care activities solely based on their BBP infection.

Scope and Distribution:

This policy applies to and will be distributed to all Texas Tech Physicians of El Paso clinics.

Definitions:

Health Care Worker: A person who furnishes direct patient care services under a license, certificate or registration issued by the state or a person providing direct patient care in the course of training or education.

Exposure Prone Procedure: A specific invasive procedure that poses a direct and significant risk of transmission of Hepatitis B, C, or HIV. Performance of exposure prone procedures presents a recognized risk of percutaneous injury to the Health Care Worker (HCW) and if such injury occurs, the HCW's blood is likely to contact the patient's body cavity, tissue, blood or mucous membranes.

Certain invasive surgical or dental procedures are already implicated in the transmission of blood borne infections from infected HCW's to patients. Examples include certain Cardiothoracic, Colorectal, Oral and Obstetric/ Gynecologic procedures. (i.e.: Vaginal Hysterectomy, Major Pelvic Procedure, Cardiac Surgery, etc.)

Characteristics of Exposure Prone Procedures
Include Digital Palpitation of a needle tip in a body cavity or the presence of the HCW's fingers and a needle or other sharps instrument or object in a poorly visualized or highly confined anatomic site.

Invasive Procedure: A surgical entry into tissues, cavities or organs. Repair associated with: an operating or delivery room, emergency department or outpatient setting including a physician's or dentist's office; Cardiac Catheterization or angiographic procedures; vaginal or Cesarean delivery or invasive obstetric procedure during which bleeding may occur or the manipulation, cutting or removal of any oral or perioral tissues including tooth structure during which bleeding occurs or has the potential to occur.

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Ambulatory Clinic Policy and Procedure

Title: **INFECTION PREVENTION AND CONTROL PLAN**	Policy Number: **EP 7.12**
Regulation Reference: OSHA, TDSHS, CDC, APIC	Effective Date: **04/2024**

Policy Statement:

It is the policy of Texas Tech Physicians of El Paso (TTP EP) to establish an Infection Prevention and Control Plan that proactively prevents infections in the Ambulatory Clinics by identifying infections, evaluating the system, and reporting outcomes.

Scope and Distribution:

This policy applies and will be distributed to all TTP El Paso ambulatory clinics.

Procedure:

1. Community environment

El Paso is located at the furthest western tip of Texas along the Rio Grande River, where New Mexico and the Mexican state of Chihuahua meet. El Paso County is home to 884,432 residents (City of El Paso, 2023), with a Hispanic population of 82.9% (US Census Bureau, 2024). Specific characteristics of El Paso County include the following:

- Population - The population is projected to grow by 71,943 over the next 5 years (City of El Paso, 2023).
- Income- In 2022, El Paso County residents' per capita and median income levels still remain below the Texas average (US Census Bureau, 2024).
- Neighboring communities - Several New Mexico cities and towns (Sunland Park, Anthony, Chaparral, and Chamberino) are located within a 25-mile radius of El Paso, which adds approximately 43,000 people to this geographic area.
- Health care - Health issues in rural areas and limited access to health services face inequalities that lead to worse health care than that of urban and suburban residents (Warshaw, 2017).
- Fort Bliss – The army installation is currently home to over 90,000 soldiers and family members in Fort Bliss and El Paso (U.S. Army, 2024).
- Mexico - Ciudad Juarez estimated population is 1,500,000 people and is a significant entry point and transportation hub into the U.S. for all central northern Mexico (Wikipedia, 2021).

From an epidemiological point of view, the large percentage of the population that travel between El Paso, TX, Ciudad Juarez, Mexico, Fort Bliss Army Installation, and Las Cruces, New Mexico, creates a direct impact on numerous infectious diseases with a potential public health effects, including respiratory infections, Influenza, Tuberculosis, West Nile virus, and SARS-CoV-2.

2. Authority Statement

The Infection Control Nurse (ICN) is delegated to daily infection control activities and will report directly to the Director of Quality Improvement (QI). The ICN has the authority to institute any appropriate and necessary surveillance, studies, or other measures to prevent the spread of infectious diseases to patients, employees, or visitors within TTUHSC EP Ambulatory Clinics.

The ICN shall have the authority to issue instructions for discontinuation of supplies/items when the potential of infection exists or is highly suspected. Arrangements for substituting items, discontinuation of products, and appropriate replacement will be the responsibility of the Clinic Manager or equivalent.

3. The goals of the Infection Prevention and Control Plan are to:
   a. Take proper measures to limit unprotected exposure to pathogens throughout the organization or the

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Ambulatory Clinic Policy and Procedure

Title: **INFLUENZA VACCINATION POLICY**	Policy Number: **EP 7.13**
Regulation Reference: Joint Commission, Centers for Disease Control (CDC)	Effective Date: **12/2018**

Policy Statement:

It is the policy of Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to minimize transmission of seasonal influenza within the organization and the community at large by providing yearly seasonal influenza vaccinations to all faculty, residents, staff, students, and volunteers.

Scope and Distribution:

This policy applies to all Texas Tech Physicians of El Paso ambulatory clinics.

Definitions:

Risk category 1 - applies to individual's performing activities with the highest risk of transmission of influenza. This includes individuals who have direct contact with a possible/potential infectious individual, have face-to-face contact with an individual capable of spreading influenza, or staff working with research participants who may pose a risk of transmission. (For example: clinical personnel having patient to patient contact, patient to health care worker (HCW), HCW to patient, and HCW to HCW)

Risk category 2 - applies to individuals in contact with a probable risk of transmission of an infectious agent as a result of the geographic location of their work on the clinical unit or in the laboratory. (For example: Medical records personnel, laboratory personnel, facilities personnel, Greeters, and ancillary staff in clinic settings)

Risk category 3 - applies to individuals performing activities with a possible risk of transmission of an infectious agent. These activities usually involve staff who may have indirect contact with the source of the infectious agent through airborne transmission, through the use of vehicles, accidental face-to-face contact such as the lobby, or an academic or administrative office.

Risk category 4 - applies to individuals performing activities with minimal risk of transmission of an infectious agent. These staff work off-site, do not travel to any site of the source of infection and do not require face to face contact with high risk people (For example: MPIP staff)

Procedure:

1. All individuals who provide patient care at University Medical Center of El Paso and individuals that fall into Risk categories 1 and 2 are required to obtain the seasonal influenza vaccine between September 1 of the current year and March 31 of the following year.
    a. A Vaccination Information Sheet must be given to all individuals receiving seasonal influenza vaccine.
    b. Signed consent must be obtained from the individual receiving the vaccine prior to administration of the vaccine.

2. If the individual received seasonal influenza vaccine from a source other than TTUHSC El Paso documentation that the individual received the vaccine must be presented to the Office of Occupational Health.

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Ambulatory Clinic Policy and Procedure

Title: **CONSUMING FOOD/DRINK IN CLINICAL AREAS**	Policy Number: **EP 7.15**
Regulation Reference: OSHA Regulations 29 CFR1910.1030(d)(2)(ix) & 29 CFR 1910.141(g)(2)	Effective Date: **12/2018**

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to control the spread of infection through the consumption of food and drink in clinical areas.

Scope and Distribution:

This policy applies to all Texas Tech Physicians of El Paso ambulatory clinics.

Procedure:

1. To prevent the possible transmission of pathogens, consumption of food or drink in active clinical areas (i.e. nursing stations, charting areas, exam rooms, etc.) is not allowed.
2. Faculty/staff/students/residents may keep food/drink in a closed off area such as a drawer or cabinet as long as the food/drink is packaged or housed in a closed container.
3. Patients and those with them should not be allowed to consume food or drink in exam rooms to minimize risk of exposure to pathogens.
4. It will be left up to the discretion of clinical departments whether or not to allow consumption of food/drink in patient waiting areas outside the clinical area. If a clinical department elects not to allow consumption of food/drink in patient waiting areas they must adhere to the following:

    a. The clinical department must create a departmental policy stating that no food or drink is allowed to be consumed in the patient waiting area.
    b. Signs must be visibly posted in the waiting area informing patients that consuming food or drink is not to be consumed in patient waiting areas.

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Ambulatory Clinic Policy and Procedure

Title: **HAND HYGIENE**	Policy Number: **EP 7.16**
Regulation Reference: CDC, APIC	Effective Date: **4/2019**

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to maintain a safe environment for patients, visitors, and employees by preventing transmission of infections through the use of proper hand hygiene techniques.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC El Paso ambulatory clinics.

Procedure:

1. Basic Hand Washing (soap and water):

    a. Wash hands with soap and water when:

        1) Hands are visibly soiled (dirty).
        2) Hands are visibly contaminated with blood or body fluids.
        3) After removing gloves.
        4) Before and after eating.
        5) After using restroom.
        6) Before and after having contact with a patient, performing an invasive procedure, or manipulating an invasive device (e.g. Foley Catheter, Port-A-Cath).

    b. How to wash hands effectively with soap and water:

        1) Wet hands first with warm (avoid HOT) water.
        2) Apply 3 to 5 ml (about the size of a quarter) of soap approved by the institution to hands.
        3) Rub hands together and in between fingers for at least 20 seconds.
        4) Cover all surfaces of the hand, fingers and under finger nails with soap using friction.
        5) Rinse hands with water and dry thoroughly.
        6) Use paper towels after drying hand to turn off faucet.

2. When alcohol based hand rubs should be used:

    a. Alcohol base hand wash should be available in every patient care area of each clinic and used whenever soap and water wash is impractical.

        1) Before having direct contact with a patient,
        2) After having direct contact with a patient's skin,
        3) After having direct contact with body fluids, wounds or broken skin,
        4) After touching computer equipment, medical equipment, or furniture near the patient,
        5) After removing gloves.

    b. How to affectively use alcohol based hand rubs:

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Ambulatory Clinic Policy and Procedure

Title: **HANDLING & DISPOSAL OF NEEDLES/SHARPS**	Policy Number: **EP 7.17**
Regulation Reference: Joint Commission, NIOSH Publication 2000-135	Effective Date: **9/2014**

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to handle and dispose of all needles and other sharp items (i.e. broken glass, lancets etc.) safely to prevent the transmission of potentially infectious agents.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC El Paso ambulatory clinics.

Procedure:

1. Handling Needles/Sharps

    a. Use only devices with built in safety features.
    b. Needles should not be recapped. If recapping is unavoidable, a recapping device or the one-handed “scoop” method should be used.
    c. Promptly dispose of used needles in appropriate sharps containers.
    d. Report all needlesticks and sharps injuries to your supervisor and Occupational Health promptly to ensure appropriate follow-up care.

2. Disposal of Needles/Sharps

    a. Disposable sharps containers are to be utilized in all clinics where sharp items are used.
    a. Sharps containers, if wall mounted, should be securely mounted at eye level and locked.
    a. Keys to the sharps containers are to be kept separate from the sharps containers.
    b. Sharps containers are to be replaced when three quarters (3/4) full with lid securely closed, then discarded in biohazard container provided by Maintenance and Operations Services.
    b. The entire container will be picked up by custodial staff.

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO
Woody L. Hunt School of Dental Medicine

Office of the Associate Dean
of Clinical Affairs MSC 24001
130 Rick Francis St.
El Paso, Texas 79905
O: 915.215.4231
www.elpaso.ttuhsc.edu/sdm

Ambulatory Clinic Policy and Procedure

Title: **DISPOSAL OF BIO HAZARDOUS/INFECTIOUS WASTE**	Policy Number: **EP 7.18**
Regulation Reference: Joint Commission, Texas Department of State Health Services	Effective Date: **08/2019**

Policy Statement:

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to dispose of bio hazardous/Infectious waste in accordance with state and local ordinances. This policy provides for the safe handling and disposal of such waste.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC El Paso clinical departments.

Procedure:

Waste disposal procedures at TTUHSC are dictated by the Texas Department of State Health Services and 25 TAC §§1.131-1.137, "Definition, Treatment & Disposal of Special Waste from Healthcare Related

1. Special Waste in all Clinical Departments includes the following:

    a. Microbial waste: discarded live and attenuated vaccines.
    b. Pathological waste:

        i. Human materials removed during procedures.
        ii. Laboratory specimens of blood and tissue after completion of laboratory examination.
        iii. Foreign body implantable material (surgically implanted devices, prosthesis, and medication dispensing devices).
        iv. Sharps (any object that can penetrate the skin):

            1. Hypodermic needles and syringes with attached needles
            2. Contaminated (known or reasonably anticipated presence of blood or other body fluids) scalpel blades, razor blades, disposable surgery scissors, and intravenous stylets and rigid inducers
            3. Contaminated/broken glass pipettes, specimen tubes, blood culture bottles, and microscope slides

        v. Bulk blood, human blood products, and bulk human body fluids (OPIM)

            1. Free-flowing waste, human blood, serum, plasma, and body fluids identified under universal precautions as recommended by the Centers for Disease Control and Prevention (CDC), including disposable items saturated with blood or body fluids
            2. Bulk is defined as a containerized, aggregate volume of 100 mL or greater
            3. Saturated is defined as thoroughly wet such that liquid or fluid flows freely from an item or surface without compression
            4. Other Potentially Infectious Materials (OPIM) is defined as any unfixed tissue or organ (other than intact skin) from a human (living or dead), such as HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-contained culture medium, and the following human body fluids:

This checklist can be utilized by patients and dentists to ensure that both parties agree upon the procedures to be utilized during amalgam removal.

Today's Date: Removal Date:

Patient Name: Dentist Name:

PATIENT PROTECTION

- Slurry of charcoal, chlorella, or similar adsorbent for patient to rinse and swallow before the procedure
- Full body, impermeable barrier, as well as full head/face/neck barrier under/around the dam
- External air or oxygen delivered via a nasal mask for the patient OR via nasal cannula completely covered with an impermeable barrier
- Dental dam made with non-latex nitrile material placed and properly sealed in the patient's mouth
- Saliva ejector placed under the dental dam
- At source oral aerosol vacuum in close proximity to patient's mouth
- Clean Up device (not essential but preferred)
- Copious amounts of water to reduce heat and a conventional high speed evacuation device to capture mercury discharges
- Section amalgam into chunks and remove in as large of pieces as possible, using a small diameter carbide drill
- After removal, the patient's mouth should be thoroughly flushed with water and then rinsed out with a slurry of charcoal, chlorella or similar adsorbent

DENTIST/STAFF PROTECTION

- Protective gowns and covers for the dentist and dental personnel
- Non-latex nitrile gloves for the dentist and dental personnel
- Face shields and hair/head coverings for the dentist and dental personnel
- Either a properly-sealed, respiratory grade mask rated to capture mercury or a positive pressure, properly-sealed mask providing air or oxygen for the dentist and dental personnel
- During the opening and maintenance of suction traps in operatories or on the main suction unit, dental staff should utilize the appropriate personal protection equipment

OFFICE & ENVIRONMENTAL PROTECTION

- An amalgam separator that is properly installed, utilized, and maintained
- High-volume air filtration system (such as an at source oral aerosol vacuum)
- If possible, open windows to reduce the mercury concentration in the air
- Compliance with federal, state, and local regulations addressing the proper handling, cleaning, and/or disposal of mercury-contaminated components, clothing, equipment, surfaces of the room, and flooring in the dental office

HIPAA and Bill of Rights Information

I acknowledge receipt of HIPAA and Bill of Rights information.

Attachments: Notice of Privacy Practices (English and Spanish versions)

Patient Name

I certify that I have read this form or it has been read to me.*

	test	
Patient Signature (Required)	Patient/Other Legally Authorized Person	Date

Patient

Relationship to Patient