

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF DENTISTRY
CLINIC POLICY MANUAL

Revised 06/11

CLINIC POLICY MANUAL

INDEX

- Section 1. Quality Assurance
- Section 2. Clinic Dress Code
- Section 3. Preclinical and Clinical Supplies
- Section 4. Clinic Administration Assignment of Patients
- Section 5. Clinic Administration Mini-Clinics
- Section 6. Fees and Collections
- Section 7. Central Dental Laboratory Services
- Section 8. Gold and Other Precious Metal Issues
- Section 9. Night, Weekend, and Holiday Dental Emergency Procedures
- Section 10. Handpiece Sterilization
- Section 11. Exposure Control Policy
- Section 12. Starting Check
- Section 13. Clinic Cubicles
- Section 14. Comprehensive Care
- Section 15. Recall of Active Patients
- Section 16. Treatment Plan Sequencing
- Section 17. Radiographic Exposure
- Section 18. Biopsy of Tissues
- Section 19. Attendance Policy
- Section 20. Drug Testing
- Section 21. Basic Life Support
- Section 22. Patient Record Policy
- Section 23. Policy on Emergencies
- Section 24. Faculty Clinic Coverage
- Section 25. Policy on Patient Blood Pressure Readings
- Section 26. Policy on Antibiotic Prophylaxis

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

QUALITY ASSURANCE

The following statement concerning quality care has been established by the Clinic, Academic Performance and Advancement, and Curriculum Committees of LSUSD:

“Providing comprehensive dental care of the highest quality is a paramount ideal and objective of the dental profession. The Academic Performance and Advancement Committees embrace this objective and believe that Louisiana State University Health Sciences Center School of Dentistry graduates must be capable of providing dental care of the highest quality. Learning experiences designed to achieve this goal are an integral part of the student’s didactic and pre-clinical curriculum in all departments. All students are expected to take full advantage of the learning experiences at all levels in order to provide the highest quality dental care at all times.”

Departments will identify, as early as possible, any student who demonstrates unacceptable performance in their clinic discipline. At that time, the department will establish remedial criteria which must be fulfilled by the student. All clinical activity of that student in that department will terminate until such time as the student has successfully fulfilled all remedial criteria. In all cases, the Chairman of both the Clinic and Academic Performance and Advancement Committees will be notified, in writing, of action taken by the department. The Chairpersons of the above committees may collaborate and may recommend additional or alternative action.

Students are not allowed to compromise standards of patient care in order to meet numerical requirements. In all cases where the sequence on the treatment plan is not followed, the faculty making that decision must record the reason for doing so in the patient’s electronic record. Any procedure that is determined to be below the standard of acceptable care must be rectified/redone by the student who performed the procedure. No student may pass on such a procedure to another student. Any violation of this policy will be deemed unprofessional conduct. Exceptions to this policy must be approved in advance by the course director and department chair.

It is the policy of the LSUSD that patient records, medical histories, and treatment are to be treated with the strictest confidentiality. Records, histories, and treatment are not to be discussed among students in private or in public places. Discussion, when necessary, with faculty or post-graduate students should be done in a quiet and professional manner. Failure to comply with this policy will be considered by the appropriate Academic Performance and Advancement Committee as a violation of the policy on professionalism.

No one other than the patient should be in the treatment area so that the student and faculty can devote their full attention to the patient. Infants and children are not allowed to accompany patients in treatment areas. Exceptions can be made for escorts and translators and will be made on a case by case basis at the discretion of the faculty.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

CLINIC DRESS CODE

On February 11, 2008, the Clinic Committee approved a new dress code for all undergraduate students.

Introduction All students must project a high professional image in their dress and appearance. All articles of clothing must be neat, clean, and properly laundered. They must not appear worn, tattered, or wrinkled. Personal cleanliness and grooming must be in keeping with a professional image. All students must conform to the dress code, which has been approved for them whether they are in class, laboratory, or clinic, while on campus during regular school and patient care hours. **Any student in violation of the dress code will be subject to referral to the Student Affairs Committee for disciplinary action as specified in the Student Conduct Code.**

Dental Students

A. Male Students (see introduction above)

Students must wear the appropriate color scrub shirt with slacks (no jeans or shorts), shoes, and socks. Shoes may be dress shoes, or clean, neat, athletic-type shoes. Clog shoes are acceptable if no perforations are present on the top of the shoe. All sandals or other types of open-toe shoes are prohibited. Plain white T-shirts may be worn under the scrub shirts. Short, white blazer jackets or lab coats that are clean and pressed may be worn over scrub shirts when in lab or class. Names are to be embroidered on all scrub shirts and lab coats. No hats are permitted.

B. Female Students (see introduction above)

Students must wear the appropriate color scrub shirt with slacks (no jeans, shorts or capri pants), shoes and socks or stockings. Skirts may be worn instead of slacks, as long as the skirts are an appropriate length for a professional school. Shoes may be flat dress shoes, but must cover the upper part of the foot; or clean, neat, athletic-type shoes. Clog shoes are acceptable if no perforations are present on the top of the shoe. All sandals or other types of open-toe shoes are prohibited. Plain white T-shirts may be worn under the scrub shirts. Short, white blazer jackets or lab coats that are clean and pressed may be worn over scrub shirts when in lab or class. Names are to be embroidered on all scrub shirts and lab coats. No hats are permitted.

C. Male and Female Students in Clinic

When students enter the clinical area to treat patients or to assist, a stricter set of guidelines applies, in addition to those above. Disposable gowns must be donned over the scrub shirt. Eye protection with side shields, gloves, facemasks and other barriers required by CDC infection control guidelines must also be worn and long hair must be pulled back and secured. All protective barriers must be removed before leaving the clinic area. Jewelry should be minimal, non-distracting, and unobtrusive and must not cause a violation of CDC guidelines. Jewelry in facial piercings such as the nose, eyebrow, lip, tongue, etc., shall not be worn in clinic. Personal fragrances should be avoided in the clinic.

Dental Hygiene Students

A. Male Students (see introduction above)

Students must wear the appropriate color scrub shirt and scrub pants, neatly pressed and clean. Shoes may be dress shoes, or clean, neat, leather tennis or athletic-type shoes. Clog shoes are acceptable if no perforations are present on the top of the shoe. All sandals or other types of open-toe shoes are prohibited. Shoes must be worn with socks. Plain white T-shirts may be worn under the scrub shirts. Clean, pressed, lab coats may be worn over scrub shirts when in lab or class. Names are to be embroidered on all scrub shirts and lab coats. No hats are permitted.

B. Female Students (see introduction above)

Students must wear the appropriate color scrub shirt and scrub pants (or scrub skirt), neatly pressed and clean. Shoes must be clean, neat leather tennis, athletic or nurse's shoes. Clog shoes are acceptable if no perforations are present on the top of the shoe. Shoes must be worn with socks or stockings. Plain white T-shirts may be worn under the scrub shirts. Clean, pressed, lab coats may be worn over scrub shirts when in lab or class. Names are to be embroidered on all scrub shirts and lab coats. No hats are permitted.

C. Male and Female Dental Hygiene Students in Clinic

When students enter the clinical area to treat patients or to assist, a stricter set of guidelines applies, in addition to those above. Disposable gowns must be donned over the scrub shirt. Eye protection with side shields, gloves, facemasks and other barriers required by CDC infection control guidelines must also be worn and long hair should be pulled back and secured. All protective barriers must be removed before leaving the clinic area. Jewelry should be minimal, non-distracting, and unobtrusive and must not cause a violation of CDC guidelines. Jewelry in facial piercings such as the nose, eyebrow, lip, tongue, etc., shall not be worn in clinic. Personal fragrances should be avoided in the clinic.

Dental Laboratory Technology Students

A. Male Students (see introduction above)

Students must wear the appropriate color knit, collared "golf" shirt, and khaki pants (no jeans or shorts), neatly pressed and clean. Shoes must be worn with socks. Shoes may be dress shoes, or clean, neat, athletic-type shoes. Clog shoes are acceptable if no perforations are present on the top of the shoe. All sandals or other types of open-toe shoes are prohibited. Clean, pressed lab coats of the appropriate color may be worn over knit shirts. Names are to be embroidered on all lab coats. No hats are permitted.

B. Female Students (see introduction above)

Students must wear the appropriate color knit, collared "golf" shirt, and khaki pants (no jeans, shorts or capri pants), neatly pressed and clean. Shoes must be worn with socks or stockings. Shoes may be flat dress shoes but must cover the upper part of the foot, or clean, neat, athletic-type shoes. Clog shoes are acceptable if no perforations are present on the top of the shoe. All sandals or other types of open-toe shoes are prohibited. Clean, pressed lab coats of the appropriate color may be worn over knit shirts. Names are to be embroidered on all lab coats. No hats are permitted.

C. Dental Laboratory Technology Students in Clinic

When dental laboratory technology students enter the clinical area, a stricter set of guidelines applies, in addition to those above. If there is any potential contact with bodily fluids, disposable gowns must be donned. Eye protection with side shields, gloves, facemasks and other barriers required by CDC infection control guidelines must also be worn and long hair should be pulled back and secured. All protective barriers must be removed before leaving the clinic area. Jewelry should be minimal, non-distracting, and unobtrusive and must not cause a violation of CDC guidelines. Jewelry in facial piercings such as the nose, eyebrow, lip, tongue, etc., shall not be worn in clinic. Personal fragrances should be avoided in the clinic.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

PRECLINICAL AND CLINICAL SUPPLIES

The Clinic Committee has the responsibility for approving all supplies used in the clinics of LSUSD. No item may be used in any clinical area of the school that has not been approved by the Clinic Committee. The Central Supply List is maintained in a manner so that items and supplies utilized in the pre-clinical courses are followed through and utilized in the clinical courses. Unnecessary duplication of similar products will be avoided. Items are placed on and removed from the Central Supply List by the Assistant Dean of Clinics.

When new items are under consideration to be placed on the Clinical Central Supply List, they must be considered by all Chairs of the Departments in which the item will be used. They will then recommend the item for approval along with appropriate documentation, annual usage rates, maximum and minimum stock levels, and per unit cost. When a new item replaces an old item on the list, the new item will not be available until the stock level of the old item has been depleted.

Operation and personnel of the Clinical Central Supply area are responsible to the Assistant Dean of Clinics or his designee.

In light of the ever-increasing costs of dental supplies, everyone concerned must share in the responsibility of ensuring that supplies are not wasted or squandered. The following policies will regulate the use and conservation of pre-clinical and clinical supplies:

1. All clinical dispensing units of the School of Dentistry will issue, dispense, or disburse minimum levels of all items supplied. All items that can be issued or dispensed in a dispensing area will be maintained and dispensed there.
2. Dispensing units will issue items only on the floor for which the services are being performed. This includes room 7408 for dispensing items for the 7th floor pre-clinical labs.
3. The course directors of pre-clinical courses must plan ahead and inform the personnel in Room 7408 or another designee at the beginning of the school year (no later than July) of the supplies that are needed (items, amounts, and dates).
4. Clinic Administration will not stock any carts utilized to disburse supplies on the clinic floors.
5. Departments that maintain supply carts must have these supplies secured and under the control of a staff person at all times. These supplies must be ordered by the department from Clinical Central Supply using the Central Supply Request Form. No departmental supplies will be stored in any clinical dispensing area.
6. Supplies for postgraduate programs must be ordered by the Department from Clinical Central Supply on the appropriate day of the week by utilizing the uniform Central Supply Request Form. These supplies are to be under the control of the staff person at all times and secured by the Department.
7. Stock-piling of supplies by Departments is not allowed.
8. All items not on the Clinical Central Supply List and not utilized in common with other departments must be obtained on a request for purchase to the Purchasing Department from the department utilizing their own budget number for supplies. The request for purchase on these items will not be honored when the Clinic Administration supply budget number is utilized.
9. When supplies are ordered by Departments on the uniform Central Supply Request Form, Clinical Central Supply will indicate what supplies are utilized by what departments. A copy of the request form can be returned to the Department showing the cost of the items requested when necessary.
10. Dental Assistants must not dispense more of a supply item than is needed for the immediate procedure.
11. Dental Students must not procure more of a supply item than is needed for the immediate procedure.
12. When students fail to accomplish satisfactory results after the second attempt of a procedure, faculty must intervene to instruct the students and correct their errors, thus helping to conserve supplies. In clinical situations, the best interest of the patient must be considered.

13. Students are advised to plan ahead when they will need materials after dispensing areas are closed. They must arrange to receive necessary supplies during regular school hours for evening work.
14. All items and supplies stocked and disbursed by Clinical Central Supply are intended to be utilized only in the pre-clinical and clinical courses of LSUSD and not for the private consumption of any individual.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

CLINIC ADMINISTRATION ASSIGNMENT OF PATIENTS

Patients are assigned to the mini-clinic group. Within the mini-clinic, a patient will be assigned to a senior or a junior for comprehensive dental care. Sophomore and Hygiene students assigned to the mini-clinic will work on those patients in order to fulfill their clinical requirements. Assignment of patients will be accomplished as quickly as possible. All students should know the contents of their mini-clinic and the availability of the patients so ample time can be allowed in advance for addition of patients to their mini-clinics.

Various needs of the student are to be determined during the scheduled mini-clinic meetings. Appropriate request for patients should be determined at this time. Student planning should be so refined that the student can determine the need for new patients at the next mini-clinic meeting. Students should plan for a two-week period between request and first appointment with patient.

The student will be notified of the assignment by receiving the patient's name and Axium number through email or in writing (and copied to the appropriate Patient Care Coordinator). No treatment should be initiated on the patient prior to a diagnosis and treatment plan approved by a faculty member.

Patients may not be rejected once assigned to a student (unless compliance or other issues warrant). The Patient Care Coordinators for the mini-clinic will monitor the progression of treatment of all assigned patients. No patient should be assigned and not actively receiving treatment.

The total number of patients usually needed to adequately meet the students' needs is 40-50. Patients will not be assigned to any mini-clinic that already has fifty (50) or more patients assigned to it; exceptions to this rule can occur when warranted.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

CLINIC ADMINISTRATION MINI CLINICS

The overall administration of mini-clinics is a function of the Assistant Dean of Clinics. The Patient Care Coordinator will perform monitoring of mini-clinic activity.

Each mini-clinic is composed of a fourth year, third year, and second year dental student and first and second year hygiene students. The fourth year student is usually designated as the mini-clinic leader. Approximately one month prior to graduation, the leadership of the mini-clinic group is turned over to the third year dental student in order that he may communicate with the fourth year student, prior to his departure, any necessary business concerning the patients assigned to the mini-clinic. Near the close of each academic year, the second year dental student will choose a first year dental student to be assigned to the group with the approval of Clinic Administration.

The goals and objectives of the mini-clinic are to provide all students with the following:

1. An effective system for obtaining patients to meet their educational needs.
2. Early patient exposure.
3. Controlled assignment and management of patients.
4. An opportunity to follow the treatment progress of patients for a long period of time.
5. An opportunity to discuss the treatment of patients with fellow students who are familiar with these patients.
6. An opportunity to see and evaluate the services provided by other students.

The goals and objectives of the mini-clinic are to provide the fourth year dental student with:

1. An opportunity to demonstrate professional leadership in the rendering of cooperative care of the patient with fellow students.
2. An opportunity to direct, on a small scale, the operation of a group practice.
3. The responsibility of overseeing the continuity of patient care.

The goals and objectives of the mini-clinic are to provide patients with the following:

1. A standardized system for receiving the services for which they were treatment planned in the shortest period of time.
2. A reduction in the length of time required to complete dental treatment.

The Patient Care Coordinator will meet with the mini-clinic assigned to him/her. The Patient Care Coordinator will arrange a time and place for the mini-clinic to meet, preferably twice each month. The Patient Care Coordinator may call mini-clinic meetings at any time that is convenient.

The purpose of these meetings is to allow time for each mini-clinic to meet as a group, update treatment plans, discuss their patients, analyze the student's progress, keep all members of the group apprised of the patients' progress, request new patients, and assign procedures to other members of the group (i.e. sophomores).

On occasion, a student may wish to present to his group an interesting case history or any unusual treatment situation.

The members of the group will also use this time to keep the leaders informed of patients' progress, completed patients that should be inactivated, and their needs for additional patients.

Patient care coordinators' responsibilities for operation of the mini-clinics are as follows:

1. Supervise the meeting of assigned groups and verify patient procedure needs.
2. Participate in discussion with each group as needed.
3. Verify completed patients to be inactivated.
4. Review students' clinical progress and relate this to their courses and the time remaining in clinic.
5. Review patient records to make sure that all assigned patients are being treated and allow no abandonment of patients.
6. See that patients assigned to mini-clinics are distributed fairly to all mini-clinic members.
7. Be sure that patients are provided for the dental hygiene students' requirements.

Leader responsibilities for operation of the mini-clinic are as follows:

1. Attend all mini-clinic meetings (all students)
2. Procure patients necessary to fulfill the needs for each member of the group. (Work with Patient Services or appropriate faculty member)
3. Assigning procedures to the students within his/her group when appropriate. Leader must be familiar with the needs of the group.
4. Assuring that all patients assigned to the group have a final treatment plan signed by faculty and the patient.
5. Verifying treatment procedures on current mini-clinic patients before adding new patients.
6. Any leader not functioning properly will be reported to the patient care coordinator and to the Assistant Dean of Clinics. Another student in the group may be appointed leader by the Assistant Dean of Clinics should it become necessary.

General mini-clinic policies are as follows:

1. Patients who do not keep appointments or who disrupt the orderly flow of dental treatment are to be inactivated. Adequate documentation in the patient record is mandatory.
2. When the mini-clinic patient load is inadequate for the student member's clinical needs, the student will request patients through Patient Services or the appropriate faculty member.
3. Students requesting a new patient will, prior to treatment, verify the treatment plan, and include a fee estimate based on procedures to be completed. A total cost estimate is to be presented to the patient together with the final treatment plan. An alternative treatment plan may be needed to meet the patient's ability to pay or the patient's state of dental health. Complex treatment plans can be simplified or rejected; however, these must be adequately documented and verified by faculty in the record. Patients with rejected treatment plans must be inactivated through the Office of the Assistant Dean of Clinics. All treatment plan changes must be entered into the patient's electronic record and signed off by a faculty member.
4. It is the individual student's responsibility to communicate with the patient to establish a dental appointment. All communications with patients should be in a professional manner; therefore, patients should never be intimidated, threatened or harassed by any student of LSUSD in any manner. Every effort should be made to communicate with the patient by telephone at a reasonable hour; i.e. prior to 10:00 p.m.
5. All procedures in progress by a student must be completed during the school year.
6. No credit will be given for services rendered on patients assigned to another student unless prearranged and approved by the Patient Care Coordinator.
7. Dental disease of all patients will be brought under control through established etiology control criteria.
8. All clinic policies will be strictly enforced.
9. No fourth year dental student will receive credit for any phase II work done on any patient having phase I work not yet completed. Only the Assistant Dean of Clinics can change this provision with advisement of an appropriate faculty member.
10. The Clinic Committee passed at the June 3, 1997 meeting the following policy:

Any student who misses a mini-clinic meeting shall be automatically suspended from further clinic activity until such time as he/she shall arrange for and have a new meeting. This suspension will be in effect with the first clinic period the day after the meeting was missed. The Patient Care Coordinator will inform the Assistant Dean of Clinics and the suspended student will be notified by the school's email

system. If the suspended student brings a patient in during the time of the suspension, he/she will receive no credit for the work done on that patient for the suspended period. Failure to check the email will not be accepted as an excuse.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

FEES AND COLLECTIONS

The Clinic Committee has the responsibility to approve all clinic fees for all programs. All clinic fees will be reviewed at least annually and the Clinic Committee's action published as the official fee schedule. Alterations of fees may be made upon the recommendation of a faculty member or Department Head, in writing, in the patient's record to and only by the Assistant Dean of Clinics or his designated representative.

Health Science Center Students, spouses and children of the dental students, and non-academic staff of LSUSD are eligible for a 50% discount of the usual fee for services not requiring laboratory procedures. Patients falling into the above category should verify their status with the Office of Patient Accounts. Their eligibility for special fees will then be noted in their record by Accounting. Special fees become effective on the date such verification occurs and will not be retroactive.

Carefully review the following:

1. The fee schedule currently in effect should be utilized to determine the fee for services currently being rendered regardless of the amount entered as the estimate on the treatment plan.
2. The patient should be informed what the fee will be for the services that will be rendered at the next appointment in order that he/she may pay for the services when rendered.
3. The student should take the patient to the appropriate payment clerk so that the entire fee may be collected on the appointment at which the procedure is initiated for all services rendered. Whenever possible, the fee should be collected by the clerk before the procedure is initiated.
4. Students are not allowed to accept cash from a patient. They must escort the patient to the appropriate clerk. A student may not take and keep any payments for services rendered of a patient. If a patient wants to pay by check after the pay window is closed, the student may accept a check made out to LSUSD and must turn it in on the next day of business.
5. Fees for service requiring the issuing of precious metals must be paid in full prior to the issuing of that metal and prior to the procedures being initiated.
6. Fees for service requiring laboratory procedures must be paid in full prior to submission to the laboratory and preferably prior to the procedures being initiated.
7. Both the laboratory work authorization and the precious metal issue form must be stamped paid in full by an authorized accountant.
8. Patient electronic records will be made inaccessible (Payment Hold) when the balance is \$15.00 or more or for any amount past due 60 days. Records will not be released until the patient has met their financial obligation in full. Therefore, no further appointments for any type of service should be made (emergencies are an exception).
9. Patients who do not meet their financial obligations to the School on a timely basis will be subject to immediate inactivation by the Administration and patient should be so informed.
10. The faculty may recommend to the Assistant Dean of Clinics that a patient receive a credit, refund, or remake at no charge by entering the recommendation in the patient's progress form in the electronic record and notifying him via email. Only the Assistant Dean of Clinics will inform Patient Accounts with his decision after which the indicated action may be taken. Faculty or students cannot commit the School in discussion of fee adjustments with the patients.
11. The accountant is the direct supervisor of all the cashiers and is responsible to the Business Manager for accuracy of the Accounts Receivable ledger. He/she will supply to the Assistant Dean of Clinics a monthly, departmentalized accounting of all charges, collections, accounts receivable, percentage of collection, and comparisons with prior years. He/she is responsible for the timely billing of the patients. Patients should not receive statements that have a zero balance, a credit balance, or a balance of less than \$15.00 for services within the last 30 days. Patients whose records are in Payment Hold should be

so notified on the statement that no further services can be rendered until their financial obligations have been met.

- 12. It is the policy of the LSUSD that students shall not pay fees for patient's treatment. Anyone who does so shall be reported to the Assistant Dean of Clinics for violation of the school's clinic policies. Depending upon the circumstances, disciplinary action will be taken by the Assistant Dean of Clinics or will be referred to the appropriate Academic Promotion and Advancement Committee or the Student Affairs Committee. In addition to the appropriate disciplinary action, credit will not be given for the work done.**

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

CENTRAL DENTAL LABOARTORY SERVICES

All dental procedures rendered in LSUSD requiring dental laboratory support must be performed in compliance with the Dental Practice Act. The student practitioner may elect to use the services of the Central Dental Laboratory System (Room 2315), the Dental Laboratory Technology Teaching program (Room 3345), or do the laboratory work themselves. All laboratory procedures not performed personally by the student must be processed through the Central Dental Laboratory. Under no circumstances may a student elect to use the services of a commercial dental laboratory or a fellow student. The option to use the Central Dental Laboratory System is available to all students but requires some preliminary work to be performed by the student prior to submitting a case to the laboratory. Work submitted to the Central Laboratory System may be performed by in-house laboratory personnel or be shipped to commercial dental laboratories under contract with the school. Work accomplished in the Teaching Program is performed by Dental Laboratory Technology Students.

The following policies govern the utilization of the services of the Central Dental Laboratory:

1. The Central Dental Laboratory is not a student or faculty laboratory; please do not expect or ask to use any of the equipment.
2. The Central Dental Laboratory will reject any and all cases when a first quality end product is not obtainable. The usual causes for this are inaccurate impressions, unstable dies, insufficient tooth reduction and/or inaccurate mountings. The Central Dental Laboratory will not perform any services that departments require their students to perform.
3. The Central Dental Laboratory will accept only those cases that have properly completed work authorization forms that comply with the regulations of the Louisiana State Board of Dentistry concerning laboratory prescriptions. All cases must submitted with the LSUSD Central Dental Laboratory work authorization form properly completed. Copies of the form will be kept in the Central Dental Laboratory. Specific instructions should be written by the student and be accurate and complete in every detail. All work authorizations must be signed by both the student and a faculty member licensed to practice dentistry in the State of Louisiana. Faculty and students should consider the following when utilizing the laboratory:
 - A. Analyze mounted cast and dies for defects before signing the laboratory prescription.
 - B. Analyze restoration returned from the laboratory for defects before placing in the mouth.
 - C. Do not send in or accept a questionable case.
4. The Central Dental Laboratory will not accept any case for which the fee has not been paid in full.
5. The original and pink copies of the work authorization, along with the case, are taken by the student to the Central Dental Laboratory, Room 2315, for the performance of the laboratory services.
6. Personnel in the Central Dental Laboratory will record the date that the case was received by the laboratory on the prescription and proceed with the rendering of the prescribed laboratory services.
7. The student will be notified by the Central Dental Laboratory to pick up the case when the laboratory phase has been completed. Laboratory personnel will note on the prescription the date that such was sent. Students should pick up and deliver the case to the patient immediately.
8. All work requests for fixed appliances will be submitted as a final impression with an opposing cast and bite records. Quadrant impressions are not acceptable except in the case of triple tray impressions, where acceptable criteria involving the use of the technique must be met. Laboratory personnel will pour the case, pin, separate and trim dies and where appropriate, apply die spacer prior to fabrication. If at any point it is determined that a clinically acceptable appliance cannot be fabricated for whatever reason, the case will be returned to the student for correction.

9. Faculty should be aware that the date submitted and date completed for a case can be obtained from the Central Dental Laboratory. Many times, students delay and procrastinate in presenting cases to the laboratory and in picking up cases from the laboratory, giving the impression of excessive time for having the laboratory services performed. Delay and procrastination on the part of the student will be sternly discouraged.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

GOLD AND OTHER PRECIOUS METAL ISSUE

If a student wishes to construct his/her own gold restoration, he/she should contact Central Dental Laboratory for specific instructions concerning gold issue.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

NIGHT, WEEKEND AND HOLIDAY DENTAL EMERGENCY PROCEDURES

The General Dentistry residents are on scheduled emergency service per the Program Director. The resident on call has his/her individual beeper. BEEPER NUMBERS ARE NEVER TO BE GIVEN TO PATIENTS. The schedule is located on the M Drive in the ON-CALL folder.

There is a first call and second call. Please allow residents 15 minutes before paging a 2nd time and then moving to 2nd call. If no answer, please page the Chief Resident on call for that month.

Once you obtain the name and beeper number of the General Dentistry resident on call:

- You dial in the resident's beeper number (voice prompter will ask for your phone number and then hang up).
- The resident will call you directly.
- Have all pertinent patient information ready: patient's name, Axium chart number, DOB, phone number, pharmacy number, and recent medical/dental history
- Resident will make decision on course of treatment.
- PLEASE NOTE: residents have no access to LSUSD or Hospital Dental clinics after hours and may send patient to emergency room as needed.

In case of a serious dental emergency, have patient immediately go to an Emergency Room (residents are only on-call for Earl K. Long Medical Center in Baton Rouge and University Hospital in New Orleans).

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

INSTRUMENT AND HANDPIECE STERLIZATION

All students must check out and use a sterilized instrument kit from the dispensary for each patient. Use of any unsterilized instrument or handpiece on a patient will be deemed unethical and unprofessional and will result in severe disciplinary action.

All handpieces must be sterilized between patients. Handpieces must be cleaned and bagged after each patient visit. The student must put his/her name on the sterilization bag with permanent marker and turn into the "dirty" side of the dispensary.

At the beginning of each clinic session, students can request handpieces, instrument kits, and bur blocks on the "clean" side of the dispensary. These items are computer scanned in/out under the student's name.

Instrument trays are to be wrapped in blue paper before returning and placed on the "dirty" side of the dispensary with student name written in permanent marker.

In the event the dispensary is closed and instruments need to be returned, students should wrap trays in blue paper with name written on it in permanent marker and place in the red biohazard container. These items will be picked up in the morning or at lunch by dispensary personnel for sterilization. These containers are placed on the counter by the "dirty" side of the dispensary.

*Handpieces are not to be left in the biohazard boxes.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

EXPOSURE CONTROL POLICY

THIS INFORMATION ON INFECTION CONTROL SUPERSEDES ALL PRIOR POLICES ON THIS SUBJECT. GUIDELINES FROM THE CENTERS FOR DISEASE CONTROL (CDC) AND OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION ARE INSTITUTED IN THESE POLICIES.

PURPOSE

Dental Health Care Workers (DHCW) potentially can be exposed to a number of pathogens both bloodborne and airborne. These pathogens can be transmitted by direct contact with blood or oral fluids; by indirect contact with contaminated instruments or environmental surfaces; and by conjunctival or mucosal contact or by inhalation of aerosol. This Exposure Control Plan establishes policies and procedures for delivery of dental care at LSUHSC School of Dentistry that prevent disease transmission from patient to DHCW, DHCW to patient and patient to patient.

All personnel in the School of Dentistry in job classifications with occupational exposure to pathogens are required to comply with the guidelines in this plan. Everyone is encouraged to submit suggestions or observations to improve the safe delivery of dental care.

The Infection Control Committee is responsible for implementation of the Exposure Control Plan. The plan will be reviewed annually and the committee will seek input from all clinical personnel regarding improvements and new technologies to reduce risk of exposure to infectious agents.

References:

Occupational Safety and Health Administration Regulations. 29 CFR Bloodborne Pathogens. – 1910.1030

Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR2003;52(No.RR-17)

EXPOSURE DETERMINATION

Job classifications with occupational exposure

Clinical Faculty – Dental and Hygiene Schools
Basic Science Faculty – Gross Anatomy
Dental Prosthetic Laboratory School Faculty
Dental Assistant
Dental Radiology Technician
Central Sterilization Assistant
Prosthetic Laboratory Technicians
Students – Dental, Hygiene, Prosthetic Laboratory, Dental Assisting

Tasks and procedures with occupational exposure

Exposure of dental radiographs

All clinical dental procedures – Adult and Pediatric
Examination
Prophylaxis, scaling and root planning
Restorative procedures including operative and prosthodontics
Removable prosthodontics
Endodontics
Periodontal surgery
Oral and maxillofacial surgery
Orthodontics
Packaging and sterilization of dental instruments
Transport of contaminated instruments to Central Sterilization Room
Cleaning and disinfection of instruments
Packaging of instruments for sterilization
Technique laboratory procedures involving extracted teeth

MEDICAL HISTORY

Always obtain a thorough medical history. Include specific questions about medications, current and recurrent illnesses, hepatitis, HIV status, tuberculosis, unintentional weight loss, lymphadenopathy, oral soft tissue lesions, or other infections. Medical consultation may be indicated where a history of active infections or systemic disease is elicited.

STANDARD PRECAUTIONS

Standard Precautions apply to all patients. They integrate and expand Universal Precautions to include organisms spread by blood and also

- **Body fluids, secretions, and excretions except sweat, whether or not they contain blood**
- **Non-intact (broken) skin**
- **Mucous membranes**

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is designed to protect the skin and mucous membranes of the eyes, nose and mouth from blood or other potentially infectious material (OPIM). Spray and aerosol from handpieces and air-water syringe, patient's cough and other activities in the operatory are possible sources of pathogens. PPE required includes:

Surgical mask that includes both mouth and nose protects the patient from microorganisms generated by the wearer and the DHCW from splatter and aerosol. Mask should be changed if wet or visibly soiled and between patients. LSUSD has no facility or NIOSH certified masks for treating active tuberculosis patients. For suspected TB patient protocol see **Appendix A** of the Exposure Control Plan.

Protective eyewear with side-shields will be worn for all clinical procedures. Protective eyewear is required for the patient to protect their eyes from debris. Eyewear must be cleaned and disinfected between patients.

Long-sleeve disposable gowns will be worn for all clinical procedures. Gowns should be changed as soon as possible if torn or visibly soiled and between patients. Gowns should be removed before leaving treatment areas and under no circumstances will be worn into waiting areas, lounges or between buildings.

Single use, powder free gloves will be worn for all clinical procedures. Patient examination gloves may be worn non-surgical clinical procedures. Sterile surgical gloves will be worn for periodontal

surgery and oral surgery procedures. Hands should be washed before putting on and after removing gloves.

Central Sterilization Room personnel will use nitrile utility gloves when cleaning and disinfecting contaminated instruments. Nitrile gloves should also be used when cleaning with disinfectant solutions as latex gloves do not adequately protect the user.

Non-latex gloves, both nitrile and vinyl, are available for providers or patients with **latex allergy or sensitivity**. For more information on latex allergy see Appendix **B of the Exposure Control Manual**.

ENGINEERING CONTROLS

All handwashing sinks at the Baton Rouge campus have hands-free controls reducing possibility of cross-contamination from touch surfaces.

Puncture proof, properly labeled sharps containers prevent injury to both clinical staff and housekeeping staff.

WORK-PRACTICE CONTROLS

All **burs will be removed** from handpieces before removing the handpiece from the dental unit to prevent percutaneous injury.

Tissue retraction for incision and suturing will be done with an instrument and not with a finger.

All **sharps**, including but not limited to **disposable needles, anesthetic carpules, burs, disposable scalpel blades, and broken instruments** will be disposed of in properly labeled, red, puncture-resistant **sharps containers** located in each operatory.

Recapping needles will be done using a one-hand scoop method or a recapping device. Personnel will **never use a two-hand recapping technique** or bend or break needles before disposal. Always recap needle before removing from aspirating syringe. Do not pass an uncapped needle.

Surface decontamination. Surfaces in the dental operatory are considered either **contact surfaces** or **housekeeping surfaces**. **Housekeeping surfaces** (floors, walls, and sinks) are not considered risks for disease transmission and can be cleaned with detergent and water or hospital disinfectant/detergent as part of routine housekeeping.

Contact surfaces in the operatory include:

- Light handles
- Switches
- Radiographic equipment
- Computers
- Reusable containers
- Drawer handles
- Mobile cabinet tops
- Counter tops

Barrier protection will be used whenever possible to cover contact surfaces. Barriers include plastic wrap, bags, adhesive wrap and other moisture impervious materials. If contact surfaces can not be barrier protected or if they become contaminated inadvertently they must be disinfected using an EPA registered hospital disinfectant according to manufacturers' directions. All surfaces should be cleaned and disinfected at the end of the day. Note: computer keyboards can not be disinfected and clinicians must use barriers or unglove before using clinic computers.

The triple syringe will be discharged into the sink for 30 seconds after each patient, the body of the syringe will be wiped with an EPA approved hospital disinfectant and a new sterile tip will be placed on it prior to seating the next patient. Suction hoses, chair, and chair controls will also be wiped down with an EPA approved hospital disinfectant between patients

Contaminated Instruments will be placed in appropriate labeled containers for transport from clinics to central sterilization rooms (CSR). If contaminated instruments must be hand carried to CSR they should be carried in the blue paper wrap and held away from the body.

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in clinics, laboratories and central sterilization rooms.

No food or drinks will be kept in refrigerators, freezers, shelves, cabinets or on counter tops where potentially infectious material may be present.

Dental unit waterlines are treated to control biofilm and reduce microbacterial count in operatory aerosol and spatter. IN THE OPERATORY: All units have self-contained water systems. When refilling the unit water bottle, clean gloves must be worn. Place one ICX tablet in the bottle and fill with tap water. The ICX tablet maintains water quality for up to two weeks and the bottles do not need to be refilled every morning.

HAND HYGIENE

Hand hygiene is **the single most critical measure for reducing the risk of transmitting organisms between patients and DHCWs** according to the CDC.

At the dental school in New Orleans all operatories are equipped with sinks and disinfectant soap. Facility limitations in clinic areas of the Baton Rouge campus mean there are a limited number of sinks for handwashing; dispensers for alcohol-based hand rub are located throughout clinics.

All involved in patient care will:

Wash hands with soap and water for at least 15 seconds before donning gloves for clinical procedures and,

Wash hands with soap and water or (if hands are not visibly soiled) an alcohol-based antiseptic hand-rub, rubbing hands until the agent is dry, whenever removing and redonning gloves.

Before surgical procedures, personnel will perform a surgical hand scrub with antimicrobial soap for 2-6 minutes (or with plain soap followed by alcohol-based surgical hand-scrub with persistent activity).

Petroleum base hand lotions can weaken latex gloves and increase their permeability and therefore should not be used until the end of the work day.

Fingernails should be short enough to allow thorough cleaning underneath and to prevent glove tears. **Artificial nails** have been shown to harbor gram-negative organisms and have been implicated in fungal and bacteriological infection outbreaks in hospital ICUs and are **not allowed**.

Jewelry should not interfere with glove use. If rings may cause tears or cause the person to have to wear an improper glove size they should be removed. Removal of jewelry is recommended.

DISPOSAL OF SINGLE USE ITEMS

All soiled items, e.g., cotton rolls, 2 x 2 gauze, patient drapes, must be placed in plastic bags (plastic head rest covers) and placed into lined biohazard containers for future disposal. Gloves, facemasks, and gowns are to be placed in biohazard boxes (not waste baskets).

Blood, suctioned fluids, or other liquid waste may be carefully poured into a drain connected to a sanitary sewer system. Other solid waste contaminated with blood or other body fluids must be placed in plastic headrest covers sealed, and carried to sturdy biohazard containers to prevent leakage of the contaminated items. Such contained solid wastes can then be disposed of according to requirements established by local or state environmental regulatory agencies and published recommendations.

DISINFECTION/STERILIZATION

The Central Sterilization Room is located on the third floor of the clinic building. All contaminated instruments will be carried to the dispensary window in the blue wrap for transport to the sterilization facility. Access to Central Sterilization is restricted; students are prohibited from bringing instruments to Central Sterilization or entering the facility.

PROSTHETIC LABORATORY PROCEDURES

It is imperative that infection control procedures be in place to protect the student, laboratory technicians and lab tech students as well as persons in the hallways from a potential exposure incident. When a case must be delivered to the prosthetic laboratory the following guidelines will be followed:

The student or resident will remove mask, gloves and clinic gown before leaving the clinic area. Any student attempting to deliver a case to the prosthetic lab in clinical attire will be refused service and their name will be reported to the infection control committee.

ALL impressions, appliances, dentures, records, or anything that will be taken or sent to a prosthetic laboratory or a student laboratory for processing **will be disinfected at the chair prior to leaving the clinic area.**

ALL ITEMS will be delivered to the lab bare handed and be labeled “**Disinfected**” or be delivered in a cup containing disinfectant or, in the case of impressions, in a headrest cover sprayed with disinfectant.

Impressions will be gently rinsed with water to remove saliva prior to disinfection. If necessary, stone powder and a sable brush can be used to remove blood and debris. The impressions will then be placed in a headrest cover and sprayed with disinfectant. The appliance will remain in the disinfectant for **10 minutes** then gently rinsed with water.

Newly fabricated crowns and bridges will be placed in a cup and covered with disinfectant for **10 minutes** by the clock.

Old, grossly contaminated appliances will be placed in a headrest cover and sprayed with disinfectant. The appliance will remain in the disinfectant for **10 minutes** then rinsed and placed in a clean headrest cover. The appliance will be delivered to the lab in the headrest cover for further cleaning by ultrasonic or scrubbing as determined by lab personnel.

DENTAL HANDPIECES

All handpieces will be autoclaved between patients. Students will turn both high and low speed handpieces in at the dispensary window for sterilization.

After use wipe the handpiece with a moist 2X2 to remove gross debris. Turn the handpieces in to the dispensary and they will be delivered for lubrication and sterilization

USE OF TEETH IN EDUCATIONAL SETTINGS

Extracted teeth collected for pre clinical courses must be placed in a plastic container containing a 1:10 solution of bleach with the biohazard label. When they are brought to the department, they will be placed in a 10% formalin solution for a period of two weeks before using in education exercises. Before these teeth are used in education exercises, they must have been cleaned of adherent material by scrubbing with detergent or by using an ultrasonic cleaner. When an extracted tooth is no longer useable, it must be discarded in the appropriate biohazard box (Sharps box). OSHA considers extracted teeth to be potentially infectious. Extracted teeth with amalgam must be placed in a special disposal container.

DENTAL CHAIR WATER SYSTEM CLEANING

DUWL TREATMENT PROTOCOL

Wash hands with soap and water and put on exam gloves as the pick-up tube and bottle opening can become contaminated with improper handling. **Don't touch the bottle top or pick-up tube.**

Turn the water bottle to the left until it can be removed. Empty any remaining water.

Drop an ICX tablet into the bottle and fill with water from the tap. Wait 60 seconds for the tablet to dissolve.

Align the full bottle with the water unit cap making sure the pick-up tube extends straight down into the bottle.

Screw the bottle onto the unit until secure.

Operate the air-water syringes and handpiece lines to clear air from the water lines.

WATERLINE TESTING

DUWL water will be tested on a regular basis and results will be maintained in a log.

Any unit that tests above ≤ 500 CFU/ml will be shocked with Sterilex Ultra and then retested.

MEDICAL CONDITIONS, WORK RELATED ILLNESSES AND WORK RESTRICTIONS

The required immunizations appear in Appendix F of the Exposure Control Plan. DHCP with a potentially transmittable infection must report to their supervisor who will report to the Assistant Dean of Clinics and determination will be made if the DHCP can work in the patient treatment area. DHCP will not be penalized with loss of wages, benefits, or job status. Immunizations listed in Appendix F are required. If you decline, the Assistant Dean of Clinics should be informed.

BLOOD BORNE PATHOGEN EXPOSURE PROTOCOL AND REPORTING

If injured by a sharp instrument such as a needle, bur or hand instrument (a sharps injury) or if you have body fluids splash a mucous membrane (i.e. Eye) immediately do the following:

Thoroughly wash the affected area with disinfectant soap and water (**Do not use bleach or surface disinfectant**) or wash eye(s) at nearest eyewash station.

Report the incident to covering faculty member.

Both the provider and the patient must be evaluated in a timely manner to establish the level of risk for infection and to initiate proper treatment if indicated.

Complete protocol and forms for exposure incident treatment and reporting are located in Appendix G of the Exposure Control Plan.

COMPLIANCE

It is the responsibility of each DHCP to follow the Infection Control Policy. Faculty members also have the responsibility of ensuring that students whom they are supervising follow the Infection Control Policy.

INFECTION CONTROL PROTOCOL COMPLIANCE MONITORING

Infection Control Protocol Compliance is a high priority in all areas of the school. All faculty, students, and staff have the responsibility to ensure compliance with the policies established by the School of Dentistry.

Student cubicles are subject to random unannounced inspection to monitor compliance with infection control policies

The obligation of faculty to monitor compliance is not limited to those times when they are assigned student contact. It is the faculty responsibility to intervene whenever they see a violation regardless of when or where it is observed.

A team shall be appointed by the Chairman of the Infectious Disease Control Committee to inspect for compliance at all levels. Formal inspections will occur unannounced and on a staggered schedule. The members of this team shall have the responsibility to report violations whenever they are observed, not just when they are conducting formal inspections.

Violations of Infection Control protocol will be recorded by the inspection team and reported to the Chairman of the Infection Control Committee.

Students:

First violation will be corrected by the inspection team member, documented, and reported to the Chairman of the Infection Control Committee.

Second violation will be corrected by infection team member, documented, and student must report to the Infection Control Committee

Third violation and any subsequent violation will be corrected by inspection team member, documented, and referred to Student Affairs Committee under the Student Conduct Code.

Faculty:

Infraction by faculty will be corrected by the inspection team member, documented, and reported to the Department Head and Dean.

Staff:

Infraction by staff will be corrected by the inspection team member, documented, and reported to the Assistant Dean of Clinics.

HAZARDOUS CHEMICAL EXPOSURES

A copy of the LSUHSC (NO) Environmental Health and Safety Manual is available online on the LSUSD Website: http://www.is.lsuhs.edu/safety/EHS_SafetyManual.pdf. Material Safety Data Sheets (MSDS) are kept in Central Supply, on the computer, or you may call the Safety Office at 504-568-6585. To access MSDSs on the computer, log on to YAHOO.com then enter MSDS on the search engine. All lists will be shown - choose MSDS archives and then enter the product name. All hazardous (chemical) exposures must be reported to the Safety Office and the Assistant Dean of Clinics.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

STARTING CHECK

Undergraduate dental students are required by law to practice under the direct supervision of a licensed dentist in the State of Louisiana. It is illegal and against the policy of the dental school for any undergraduate dental student to perform any service on a patient while not being supervised by a licensed faculty member of the dental school.

In order to obtain a starting check, the student must inform the attending faculty of the patient's current medical status (including any Axiom alerts), vital signs, radiographic status, the proposed procedure for that appointment, and any other pertinent information. It is only after this information is given, and the faculty member, after an oral exam if necessary, directs the student to proceed, that the procedure may be started (this includes even minor procedures such as the taking of any type of impression, applying topical anesthesia, bite registrations, applying a dental dam, etc).

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

CLINIC CUBICLES

Effective July 1, 1993, no decorations of any kind will be permitted in any of the clinic cubicles. This will include any and all posters, signs, pictures, shelves, aquariums, plants and anything not provided by the school. A small bulletin board may be mounted on the wall directly across the cubicle from the sink. This bulletin board cannot exceed 18" x 8" in size.

All carts and cabinets will be kept clean and neat at all times. These areas will be subject to unannounced inspections to insure compliance. Failure to comply will result in loss of clinic time.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

COMPREHENSIVE CARE

It is the policy of the Louisiana State University Health Sciences Center School of Dentistry to accept patients for comprehensive care. It is also policy to provide care in a timely manner consistent with the well being of the patient and the needs of our teaching program.

Comprehensive care shall be defined as providing the patient with all services necessary to restore the patient to a state of optimum oral health. This shall be done in a patient centered manner. By patient centered, the LSUSD means that at no time will the best interest of the patient be compromised in order to provide a necessary experience for a student. Patient centered also means the patient shall be the final determinate as to what treatment they wish to receive and to what level of optimum health they desire. The supervising faculty is responsible to ensure that the patient has had their options explained to them. The LSUSD will not perform any service requested by a patient which would not meet the standard of care expected of a member of the profession.

Those patients whose treatment may be beyond the capability of an undergraduate dental student will be assigned to a postgraduate program if appropriate.

Some patients will not be accepted to Comprehensive Care, but will be accepted for Limited Care at the School of Dentistry. This will only occur when the reasons for doing so have been explained to the patient and the patient agrees to this. Reasons for placing a patient into a Limited Care category may vary. The patient will be informed of his treatment needs which the school will not provide and will be advised as to the type of dentist (i.e. general or specific specialty) he should seek in order to have those needs met.

It is the responsibility of the supervising faculty at the time of the screening and treatment planning appointments to ensure that the patients are advised of this policy.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

RECALL OF ACTIVE PATIENTS

Every patient will be recalled after the date of their initial prophylaxis on a regular basis determined by their individual need. In most cases, this procedure will be initiated by the dental hygiene students. This process will continue as long as the patient remains in active status and should normally be terminated by the exit prophylaxis.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

TREATMENT PLAN PHASING AND SEQUENCING

All new treatment plans developed for patients after September 1, 2007, shall be phased and sequenced as follows:

The Phases of Treatment Planning

Systemic Phase

Acute Phase	LSU Phase 0
Disease Control Phase	LSU Phase 1
Definitive Phase	LSU Phase 2
Maintenance Phase	

For each treatment procedure entered into the Treatment Planning Tab or the Chart Add Tab of the axiUm Electronic Health Record System, a phase number corresponding to the phases above should be entered into the phase field.

Normal Treatment Sequence at LSU

PHASE 1

Oral Surgery	1
Endodontics	2
Periodontics	3
Prophylaxis	4
Operative	5

PHASE 2

Orthodontics	6
Fixed Prosthodontics	7
Removable Prosthodontics	8

For each treatment procedure entered into axiUm, a sequence number corresponding to the sequence numbers listed above should be entered into the sequence field.

Procedures assigned the same sequence should be entered first according to priority of treatment need and then in quadrant or tooth number order for procedures with the same priority of treatment.

Entering the phase and sequence for each planned procedure will result in a uniform appearance within axiUm for treatment plans among all patients.

Treatment may be performed out of sequence within the same phase according to priority of treatment and only at the discretion of the supervising faculty. Phases 0 and 1 must be complete before proceeding to Phase 2. Any exception must be justified and approved by the supervising faculty.

Any change in the treatment plan that is being made must be recorded, and the reason for the change stated clearly in the electronic record.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

RADIOGRAPHIC EXPOSURE

It is the policy of the LSU School of Dentistry that dental patients be x-rayed for diagnostic purposes only. Patients who are accepted for treatment will be x-rayed either during the screening appointment or later on upon referral by the supervising dentist.

The following selection criteria will be used:

1. Panoramic and bite-wing images as indicated by the patient's needs; single periapical images whenever needed for diagnosis
2. Panoramic radiographs on edentulous patients
3. Single periapical images for limited care patients and endodontic patients
4. Additional films as deemed necessary based on the condition of the oral cavity and for appropriate dental treatment

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

BIOPSY OF TISSUES

It is the policy of the LSU School of Dentistry that all tissue removed from clinic patients shall be subjected to gross and/or microscopic examinations. All biopsy specimens will be sent in an appropriate container with the necessary paperwork to Clinic Administration (room 2115) by the surgeon or appropriate designee where the paperwork will be scanned into the patient's record. The specimen and paperwork will then be delivered to the Department of Oral Pathology and signed for by a member of that department. Biopsy forms must include the patient's name, Axium record number, the date the biopsy was performed, and the student and/or doctor's name that performed the biopsy.

Logs will be kept in Pathology showing the patient's name, Axium record number, department of origin, the date the biopsy was received, and the student and/or doctor's names (s) that did the biopsy.

Copies of all biopsy reports will be sent to Clinic Administration (room 2115) and to the appropriate Patient Care Coordinator. The report will be scanned into the patient's Axium record. The Patient Care Coordinator shall notify the appropriate student and/or doctor as to this fact and will assure that the patient is scheduled for a consultation relative to the findings. Documentation as to the fact that the results of the biopsy were discussed with the patient shall be recorded in the patient's Axium record.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

ATTENDANCE POLICY

All Junior and Senior students will be required to attend 90% of the clinic sessions scheduled for them in order to be promoted and/or graduate.

Lab work sessions, personal commitments and illness are included in the 10% missed sessions allowed.

Students who exceed the 10% missed sessions will be allowed to remediate by working in clinic sessions at the rate of two (2) sessions for each one missed in excess of 10%. Remediation will begin as soon as possible after the completion of the academic year. This will only be permitted during the available scheduled clinic sessions before the start of the next year. If there are not enough sessions available, the junior student will not be promoted to the senior year.

Seniors who cannot complete their remediation prior to graduation will graduate at the next regularly scheduled medical center graduation

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

DRUG TESTING

Effective Date: November 1, 1999
Memorandum to: All Vice Chancellors, Deans, Administrative Staff, and Department Heads
Subject: Chancellor's Memorandum #38
Substance Abuse Policy and Procedures
LSUHSC New Orleans Campus

I. Policy Statement

The unauthorized use of, possession of, or being under the influence of alcohol and the illegal use, abuse, possession, manufacture, dispensation, distribution of, or being under the influence of controlled or illegal drugs is prohibited while at work, on call, on duty, at school, or engaged in Louisiana State University Health Sciences Center New Orleans campus (LSUHSC-NO) business on or off LSUHSC-NO premises.

LSUHSC-NO shall provide for post job offer drug testing and an on-going alcohol and drug testing program for reasonable suspicion/for cause, post accident, periodic monitoring or aftercare, and random testing. LSUHSC-NO shall also provide a Campus Assistance Program (CAP) for referral and assessment of alcohol and/or drug problems.

II. Scope

This policy applies to all faculty, staff, residents, and students of LSUHSC-NO. Post-job offer candidates and non-employees are covered by this policy to the extent herein specified. Faculty, staff, residents, students, post-job offer candidates, and non-employees (henceforth referred to as individuals) whether paid, unpaid, or gratis must understand that initial and continued employment/enrollment is contingent upon a willingness to comply with this policy.

The complete policy can be found on the LSUHSC website at the following link:

<http://www.lsuhsoc.edu/no/administration/cm/cm-38.aspx>

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

BASIC LIFE SUPPORT

All personnel having clinic responsibilities involving direct patient care (clinic faculty, dental students, dental hygiene students, and dental auxiliary personnel) are required to be certified in cardiopulmonary resuscitation on a two year basis. Incoming students are required to be certified before classes begin. Anyone failing to pass re-certification is not permitted access to the clinic until this requirement has been met.

All personnel are required to pass the American Heart Association BLS Healthcare Provider Course. LSU School of Dentistry offers sufficient courses for all personnel to satisfy the CPR requirement. Should an individual fail to avail him/herself of the opportunity to participate at LSU School of Dentistry, it is then his/her responsibility to obtain certification elsewhere at their own expense.

Records are maintained in the Assistant Dean of Clinics for all personnel who are currently CPR certified. The CPR coordinator forwards the names of those personnel who have been certified or re-certified. It is the responsibility of the Assistant Dean of Clinics to deny access to the clinic for all personnel who do not possess a current CPR certification.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

PATIENT RECORD POLICY

At its meeting of May 11, 1999, the Clinic Committee passed a motion setting the following policy to be implemented June 14, 1999:

It is required that all patient progress entries in dental school patient records be approved by the faculty member who supervised the student in clinic. The student's name that entered the treatment as well as the faculty who approved it will appear in the treatment history of the patient record.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

POLICY ON EMERGENCIES

In the event of a medical emergency involving a patient, the student should immediately notify the nearest faculty member. The faculty should assess the status of the patient to determine whether the patient's status requires emergency procedures or merely support. The emergency cart should be relocated next to the patient. The patient should be placed in the appropriate position, his/her airway assessed and a blood pressure cuff placed on the patient's arm. The manual attached to each of the emergency carts provide specific instructions for providing the appropriate care for the different types of incidents most likely to occur in the clinic. Once the assessment has been completed, if necessary, the student or a faculty member should instruct the chart room personnel to call for appropriate support from the Department of Oral and Maxillofacial Surgery (numbers posted in all clinics) giving the floor, cubicle and chair location. In the event there has been no response to the call or if the patient's condition seems to be worsening, then the chart room personnel will be instructed to call 911. Once the 911 call has been placed, the chart room personnel are to notify the university police so they can meet the emergency vehicle and escort the paramedics to the patient.

It is the responsibility of the faculty and attending student to attempt to stabilize the patient until further help arrives. Faculty with ACLS certification may administer drugs when in their judgment it is deemed appropriate.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

FACULTY CLINIC COVERAGE

At its meeting of April 2, 2002, the Clinic Committee passed a motion setting the following policy to implemented June 10, 2002:

It is required that all clinic faculty must be present on the clinic floor five minutes prior to the official clinic start time.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

POLICY ON PATIENT BLOOD PRESSURE READINGS

At its meeting of July 1, 2008, the Clinic Committee passed a motion setting the following policy to be implemented:

“The standard of care beyond which a student will not render any treatment to the patient is a blood pressure reading of 160/100 equal to or higher, either the systolic or the diastolic readings. The student will refer the patient to see his or her physician in regard to their pressure reading.”

Blood pressures will be taken on every patient that will have a procedure that causes stress or that local anesthesia will be given. Blood pressure must be taken with the device supplied in the student instrument kits. No other devices may be used unless specifically approved by the attending faculty.

Louisiana State University Health Sciences Center
School of Dentistry

Clinic Administration

POLICY ON ANTIBIOTIC PROPHYLAXIS

The School of Dentistry's policy on antibiotic prophylaxis of patients reflects the published ADA guidelines. The following two conditions necessitate antibiotic coverage:

- 1) Patients with **cardiac conditions** shown to have risk of infective endocarditis:
 - a. Prosthetic heart valves
 - b. Previous infective endocarditis
 - c. Congenital heart disease (CHD)
 - i. Unrepaired cyanotic CHD, including palliative shunts and conduits
 - ii. Completely repaired congenital heart defect with prosthetic material or device for 6 months post-op
 - iii. Repaired CHD with residual defects that inhibit endothelialization
 - d. Cardiac transplants with valvulopathy

- 2) Patients with **prosthetic joints**:

All total joint replacement patients prior to any invasive procedure that may cause bacteremia, but pins, plates and screws, or other orthopedic hardware that are not within a synovial joint are not at risk (the clinician is encouraged to consult with the orthopedic surgeon on whether or not to pre-medicate).

- 3) Variances from the above rules may be made by attending Faculty if there are written instructions from the patient's physician on the chart. If the patient's physician states, in writing, that he/she wants antibiotic coverage, then it will be given. If the patient's physician states, in writing, that the patient does not need antibiotic coverage and the patient's condition fits within the coverage guidelines, then it will be given. If there is confusion on whether to give antibiotic coverage, then a consult should be sent to the patient's physician.