

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

Revised 7/23

CLINIC POLICY MANUAL

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QUALITY CARE AND PHI

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. Any phase 2 procedure (orthodontics, fixed and removable prosthodontics) that is done prior to completion of all phase 1 procedures (oral surgery, endodontics, periodontics, prophylaxis, operative) must only be done with faculty approval, and only when it is in the best interest of the patient and meets the standards of patient care; deviations are not allowed to fulfill a student’s requirement.

It is the policy of the School that Protected Health Information is to be treated with the strictest confidentiality and should only be shared or discussed with appropriate individuals. Failure to comply with this policy will result in punitive action. Patient records are sent to other health care providers or other third parties only with the written permission of the patient using the Records Release Form. Records are only released from the School’s administrative office that is set up for this service.

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.

The School has a detailed policy regarding Quality Assurance in the Quality Assurance Policy manual that is maintained by the Quality Assurance Committee and is posted on the School’s webpage on the Learning Center.

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DRESS CODE

The current dress code is approved by the Faculty Assembly and can be found in the LSU School of Dentistry Student Handbook that is available on the school's website:

Learning Center>Policies and Manuals>Student Handbook

The use of Personal Protective Equipment is mandatory in all clinical settings. A detailed description of the policies is in the School's Exposure Control Plan that is available on the school's website:

Learning Center>Policies and Manuals>Exposure Control Plan

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PRECLINICAL AND CLINICAL INSTRUMENTS AND SUPPLIES

The clinical departments have the responsibility for selecting the materials and instruments used in the student clinics. The selection of materials and instruments is based on the best evidence to ensure excellent patient care. Also, the clinical departments are responsible for selecting all items in the supply kits that the students purchase each year. Each year, Clinic Administration will send a request for any changes in these kits. The items in this kits that are used in patient care are selected to ensure the best possible patient care. When possible, items and supplies utilized in the pre-clinical courses are followed through and utilized in the clinical courses. The Associate Dean of Clinical Affairs ensures that the selection of material and instruments by the clinical departments are purchased, stocked, and incorporated in the clinic. Only those materials approved by the departments and Clinic Committee are used in the clinic. When a change affects multiple departments, the Associate Dean ensures that those departments have discussed and agree with the change and that the change is discussed at the next Clinic Committee meeting for approval.

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

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, including the dispensary on the 7th floor.
3. The course directors of pre-clinical courses must plan ahead and inform the personnel in the 7th floor dispensary 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 student carts 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 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 Central Supply 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 purchased by the department.
9. When supplies are ordered by a departments on the uniform Central Supply Request Form, Central Supply will track and charge that department.
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 multiple attempts of a procedure, faculty will intervene to instruct the students and correct their errors and help conserve supplies; the best interests of the patient must always 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 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.

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CLINIC ADMINISTRATION ASSIGNMENT OF PATIENTS

Patients are assigned to the mini-clinic group by the Coordinator of Patient Screening and Patient Assignment. Within the mini-clinic, a patient will be assigned to a senior or a junior for comprehensive dental care. Sophomores will work on those patients in order to fulfill their clinical experiences. 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 requests 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.

The student will be notified of the assignment by receiving the patient's name and axiUm number through email. 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 in each mini-clinic will vary and be determined by the needs of the students and the needs of the patients.

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CLINIC ADMINISTRATION MINI CLINICS

The overall administration of mini-clinics is a function of the Associate Dean of Clinical Affairs. 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 second year and first year dental hygiene student. The fourth year student is 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 first year dental student will choose an incoming 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 the treatment plan

The Patient Care Coordinator will meet regularly with the mini-clinic assigned to him/her. 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 the members of the group.

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

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 from the Coordinator of Screening and Patient Assignment.
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 Associate Dean of Clinical Affairs. Another student in the group may be appointed leader by the Associate Dean of Clinical Affairs 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 the Coordinator of Screening and Patient Assignment.
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 Patient Care Coordinator. 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 unless approved by a faculty member and is in the best interest of the patient.
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. 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 Associate Dean of Clinical Affairs 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 email will not be accepted as an excuse.

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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 Associate Dean of Clinical Affairs or his designated representative.

Undergraduate clinic policy:

LSUSD students will not pay a fee for any procedures that do not involve laboratory services. Spouses and children of LSUSD students, non-faculty employees of the dental school, and other students of the LSUHSC will pay 50% fee for any procedure not involving laboratory services. For procedures that do involve laboratory services, all the above mentioned groups will pay a fee equal to the cost of the laboratory work. For endodontic procedures, faculty and LSUSD employees will not pay a fee. Non-faculty employees of LSU Health that are not dental school employees will receive a 35% discount on fees for non-laboratory procedures; procedures involving laboratory services will be full fee.

Post-graduate clinic policy:

Orthodontics: no waivers or discounts

Prosthodontics: LSUSD staff – 50%; LSUSD immediate family of staff – 40%; LSUSD residents and students – 40%; LSUSD faculty – 35%; LSUSD immediate family of students, residents and faculty- 20%; LSUHSC – 20%.

Periodontics: fees for active periodontal treatment will be waived for students of the dental school, spouses and children of students of the dental school, dental faculty and staff; materials will be paid for by all groups

Endodontics: see undergrad policy above

Pediatric Dentistry: children and grandchildren of LSUSD students will have fee waived (excluding Minor Tooth Movement Clinic); children and grandchildren of faculty will receive a 50% discount (excluding Minor Tooth Movement Clinic)

Oral Surgery: fee for the procedure will be waived for students of the dental school, spouses and children of students of the dental school, dental faculty and staff; materials will be paid for by all groups

GPR: same as undergrad policy

Post-graduate pre-payment policy:

GPR: Pre-payment is required at 50% of the fee for any procedures involving laboratory and implant services. Total fee must be paid by the time of insertion.

Endodontics: Unless covered by insurance or other program, patients are required to pay for all endodontic procedures in full prior to initiating treatment. Exceptions to this may be considered on a case-by case basis, but must be approved by the program director or department head.

Pediatric Dentistry: No pre-payment is required except Minor Tooth Movement patients who pre-pay after they are accepted for treatment.

Orthodontics: Pre-payment is required prior to appliances being placed. The department likes to have the pre-payment prior to diagnostic records being made, but exceptions are made. Each patient reserves their spot with a one third of the treatment fee down payment which is more than enough to cover the records fee if the patient backs out of treatment. The department also has a fixed reimbursement schedule/policy in case patients stop treatment or move to another city.

Prosthodontics: Pre-payment is required before any procedure is started.

Periodontics: All patients must pre-pay for their procedures prior to being able to be scheduled for their next appointment. All non surgical procedures may be pre-paid prior to the patient being seated for the appointment. All surgical procedures must be pre-paid in full in order for the patient to be appointed. Special materials that are not in our stock must be pre-paid in full prior to ordering and prior to scheduling the appointment.

Oral and Maxillofacial Surgery: For all surgical procedures, unless covered by Medicaid, one half of the surgical fee must be paid before the surgery can be scheduled and the other half of the surgical fee must be paid before the surgery is started. If special materials must be ordered to perform the surgical procedure then the cost of those materials and one half of the surgery fee must be paid before the surgery can be scheduled and the other half of the surgical fee must be paid before the surgery is started. If covered by Medicaid then Medicaid will be billed for the surgery.

Other Policies:

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. At the end of each clinic session, the student-dentist will escort the patient to the payment clerk to pay for services rendered. Fees not collected on the date of service must be collected before any additional services are rendered (excluding emergency care).
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 turn it in on the next day of business.
5. 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.
6. The laboratory work authorization must be stamped "paid in full" by an authorized accountant.
7. Patient electronic records will be made inaccessible ("pay hold") when the balance is \$40.00 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).
8. 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.
9. The attending faculty may recommend to the Associate Dean of Clinical Affairs 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/her via email. Only the Associate Dean of Clinical Affairs or his/her designee (Department Chair or Program Director for the Advanced Education Programs) can approve and inform Patient Accounts with the decision after which the indicated action may be taken. Faculty or students cannot commit the School in discussion of fee adjustments with the patients. Credits, refunds, and remakes are approved based upon the standards of care of the dental profession, quality of treatment, and the ethical treatment of the School's patients as determined by the attending faculty member. It is the policy of the School to ensure that any failed or substandard procedure be rectified for the patient at no additional charge.
10. 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 Associate Dean of Clinical Affairs 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 for services within the last 30 days. Patients whose records are in "Pay hold" should be so notified on the statement that no further services can be rendered until their financial obligations have been met.
11. 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 Associate Dean of Clinical Affairs for violation of the school's clinic policies. Depending upon the circumstances, disciplinary action will be taken by the Associate Dean of Clinical Affairs or will be referred to the Student Affairs Committee. In addition to the appropriate disciplinary action, credit will not be given for the work done.

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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, the Dental Laboratory Technology (DLT) Program, or do the laboratory work themselves. All laboratory procedures not performed personally by the student must be processed through the Central Dental Laboratory or the Dental Laboratory Technology teaching program. Under no circumstances may a student elect to use the services of a commercial dental laboratory or a fellow student. Work submitted to the Central Laboratory will be performed by in-house laboratory personnel or be outsourced to commercial dental laboratories under contract with the school. Work accomplished in the DLT 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 and only authorized personnel are allowed to use 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 be 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. Faculty and students should consider the following when utilizing the laboratory:
 - Analyze impression, mounted cast, and dies for defects before signing the laboratory prescription.
 - Analyze restoration returned from the laboratory for defects before placing in the mouth
4. The Central Dental Laboratory will not accept any case for which the fee has not been paid in full.
5. 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.
6. 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 as soon as possible.
7. 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.

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MANAGEMENT OF DENTAL EMERGENCIES

All active patients have access to professional services at all times for the management of dental emergencies. Patients are considered active once they are accepted for treatment at the screening appointment until the patient is officially inactivated. Once a patient is inactivated, the School will treat dental emergencies for 30 days so as to allow time to find another provider.

During normal business hours, patients are seen in the school clinic by fourth-year dental students who are assigned to an Emergency Rotation. When students are not in session or available, a faculty member of the Department of Comprehensive Dentistry is assigned to treat emergencies. Patients whose care is limited to one of the advanced education programs are seen by the program.

The General Practice Residency (GPR) residents are responsible for treating dental emergencies outside of business hours (nights, weekends, holidays). They are scheduled for emergency coverage per the Program Director. The schedule including resident cell phone numbers is located on the School's M Drive in the ON-CALL folder. In the event that a patient contacts his/her provider outside of business hours, the provider will contact the on-call GPR resident with all necessary information. The resident will then contact the patient to determine what course of action is necessary.

There is a 1st call and 2nd call on the schedule. Those utilizing the numbers should allow residents 15 minutes before calling a second time and then moving to 2nd call. If no answer, the Chief Resident on call for that month should be called.

Once one obtains the name and cell phone number of the General Dentistry resident on call:

- Call the resident and 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 and contact the patient if necessary
- 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, the GPR resident will advise patient to go to an emergency room (residents are on-call for Our Lady of the Lake Hospital in Baton Rouge and University Medical Center in New Orleans).

In the event that a patient is unable to contact his/her provider, the patient can contact the emergency answering service who will then contact the on GPR resident. This number for the emergency answering service is provided in the Patient Information Handbook, on the message that is heard when the school's number is called outside of business hours, and is on the website in the Patient section.

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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. Students must sign in their handpieces when they turn them into the dispensary, and sign them out when they retrieve them.

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 designated 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.

Detailed information regarding sterilization is contained in the School's Exposure Control Plan that is posted on the School's website in the Learning Center.

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INFECTION CONTROL POLICY

The LSU School of Dentistry has a detailed document regarding infection control measures that are used in patient care to prevent the spread of disease. That document, the LSU School of Dentistry Exposure Control Plan, is available on the school's website:

Learning Center>Policies and Manuals>Exposure Control Plan

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STARTING CHECK

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 dental student to perform any service on a patient while not being supervised by a faculty member.

In order to obtain a starting check, the student must inform the attending faculty of the patient's current medical status (including any axiUm 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).

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CLINIC CUBICLES

Effective September 1, 2019, no food, drink, or decorations of any kind will be permitted in any of the clinic cubicles or windows. This will include aquariums, plants, and anything not provided by the school. However, any posters, signs, pictures, shelves that can be wiped down with school supplied disinfectant wipes or spray, as well as a small bulletin board mounted on the wall either directly across the cubicle from the sink or on the towel dispenser, is permissible. Each individual bulletin board, poster, sign, or picture cannot exceed 18" x 18" in size and must not be permanently mounted anywhere in a cubicle.

All carts and cabinets will be kept clean and neat at all times. Only disposable items and items with surfaces that can be wiped down with disinfectant wipes or spray may be present in the cubicle. Additionally, only the instruments and equipment needed for the treatment of the patient in the chair should be on the counter or otherwise exposed in the cubicle. Instruments and equipment used in student labs should not be exposed in the cubicle.

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COMPREHENSIVE AND PATIENT-CENTERED CARE

It is the policy of the School to accept patients for comprehensive care. Comprehensive care shall be defined as providing the patient with all services necessary to restore the patient to a state of optimum oral health. 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.

It is the policy of the School to provide care in a patient-centered manner. Patient-centered care is defined as ensuring the patient is a key member of the care delivery process. The School will take into account the individual patient's needs, preferences, values and goals, and this will guide the treatment planning process. This commitment to patient-centered care ensures that at no time will the best interest of the patient be compromised in order to provide a necessary experience for a student. The supervising faculty is responsible to ensure that the patient has had their options explained to them. The School will not perform any service requested by a patient which would not meet the profession's standard of care.

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

Some patients may not be accepted for comprehensive care, but will be accepted for "limited care" at the School. 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.

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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.

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TREATMENT PLAN PHASING AND SEQUENCING

Treatment plans developed for patients after July 1, 2020 will follow the protocol listed below:

Data gathering is completed in Oral Diagnosis for D3 students and in Comprehensive Dentistry for D4 students. Data gathering includes the following: medical and dental history, charting, radiographs, and intra/extra oral photographs. The student will use this information to develop multiple appropriate treatment plan options. Treatment plans will be developed with faculty in the Department of Prosthodontics in the D3 year and the Department of Comprehensive Dentistry faculty in the D4 year. Treatment plans are entered into axiUm under the treatment planning tab. Each treatment plan will have a unique description placed in the Tx Plan Description area. Each additional treatment plan option will have a separate designation under a new treatment planning tab. The options tabs within a treatment plan will not be utilized for additional treatment options in order to allow all possible treatments to be approved by faculty for presentation to the patient.

Phasing of all treatment plans will be divided into 2 phases.

Disease Control Phase: LSU Phase 1
Definitive Phase: LSU Phase 2

Generally, the following disciplines are within either Phase 1 or Phase 2:

PHASE 1

Oral Surgery
Endodontics
Periodontics
Prophylaxis
Operative

PHASE 2

Orthodontics
Fixed Prosthodontics
Removable Prosthodontics

Students are taught to follow this basic order when formulating treatment plans as it pertains to sequencing.

The sequence is determined by the individual patient's acute pain or infection issues (if any) and the overall treatment goals.

Each treatment that is to be rendered will have a correct phase and sequence number added into the treatment plan.

Sequencing should place the treatments in correct groupings as pertains to timing of treatment. This allows a treatment plan to be printed into sections to help patients understand the progression of treatment.

Treatment may be performed out of sequence within the same phase or in a different phase at the discretion of the supervising faculty. Generally, Phase 1 must be completed before proceeding to Phase 2. Exceptions must be justified and approved by the supervising faculty.

To help ensure proper sequencing, students must get approval from faculty of the various clinical departments confirming all Phase 1 procedures are complete prior to proceeding with Phase 2 procedures. A form called the Golden Ticket is used for this purpose; this form must be signed by the various departments in order for Phase 2 treatment to proceed.

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RADIOGRAPHIC EXPOSURE

It is the policy of the LSU School of Dentistry that radiographs will be taken on patients for diagnostic purposes only. Only patients who are accepted for treatment will have radiographs taken either during the screening appointment, during the diagnosis process, or during treatment as approved by a faculty member.

The policies and protocols for the School of Dentistry's use of ionizing radiation are contained in the LSUSD Institutional Policy for the Diagnostic Use of Ionizing Radiation. This policy manual includes information on patient selection, frequency of radiographs, and retakes.

The LSUSD Institutional Policy for the Diagnostic Use of Ionizing Radiation is reviewed annually by the School's Radiation Safety Committee and is updated as needed. Any updates to policy are sent to the Clinic Committee for final approval and dissemination.

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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 taken in an appropriate container with the necessary paperwork to the LSU Oral Pathology Biopsy Service on the 8th floor, Room 8345. Upon receipt by the oral pathology biopsy staff, the specimen is logged into the Biopsy Service database, and the paperwork is scanned and imported into the patient's axiUm record.

Biopsy forms must include among other information the patient's name, axiUm number, date of biopsy, student or resident who completed the procedure, attending faculty member's name that supervised the procedure, and contact information for the clinicians.

Upon completion, the biopsy report is scanned and imported into the patient's axiUm chart. The original signed paper copy is delivered by hand or by confidential campus mail to the attending faculty who is responsible to verify results are provided to the patient. 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.

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ATTENDANCE POLICY

Dental students are required to attend all scheduled clinic sessions as a requirement of each specific clinical course. There are no excused absences. The only exception is an "approved absence" as described herein.

APPROVED ABSENCES

The Dean or Associate Dean for Academic Affairs may grant a petition for an approved absence (minimum of five consecutive school days) in case of medical or personal reasons. Approved absences may also be granted for participation at a professional meeting sanctioned by the student adviser. For any approved absence, the student must arrange with the faculty involved to make up satisfactorily all work the student will miss. The student should contact the Office of Academic Affairs for the criteria for consideration of an Approved Absence.

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BASIC LIFE SUPPORT

All personnel having clinic responsibilities involving direct patient care (clinic faculty, dental students, dental hygiene students, residents, and dental assistants) are required to be certified in the American Heart Association BLS Healthcare Provider Course. Incoming dental and dental hygiene students are required to be certified prior to enrollment. Anyone that does not have current certification is not permitted to engage in patient care.

LSU School of Dentistry offers annual courses for all personnel to satisfy the CPR requirement, including third-year dental students, faculty, residents, and staff. Alternatively, individuals may obtain certification outside of the school.

Dental and dental hygiene student records are maintained by the CPR Coordinator. Faculty, residents, and dental assistant records are maintained by the departments.

Clinical faculty and staff must complete the compliance test on managing common medical emergencies annually; anyone not completing the test is not permitted to engage in patient care.

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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.

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POLICY ON EMERGENCIES

In the event of a medical emergency involving a patient, the student should immediately notify the nearest faculty member. The faculty will assess the patient to determine whether the patient's status requires emergency procedures or merely support. The emergency cart will be brought 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 provides 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 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 student or faculty member will call 911. Once the 911 call has been placed, the dispensary staff will notify 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.

The following protocol is posted in the clinic and in the emergency manual that is on the emergency carts:

- **Immediately notify the nearest faculty member.**
- **Relocate emergency cart next to patient.**
- **Place patient in appropriate position, assess airway, pulse, & blood pressure.**
- **Student or a faculty member should instruct the dispensary personnel to call for appropriate support from the Department of Oral and Maxillofacial Surgery**

**Registered Nurse, Room 4312K
Office: 504-941-8175 Cell: 504- 289-5915**

Oral Surgery Resident Emergency Phone 504-941-0406

- **If the patient's condition seems to be worsening, instruct dispensary to call 911**
- **Once the 911 call has been placed, the dispensary personnel will notify University Police**
- **Start CPR, if needed.....Do NOT Delay C-A-B**
- **Faculty with ACLS certification may administer drugs when in their judgment it is deemed appropriate.**

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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.

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POLICY ON PATIENT BLOOD PRESSURE READINGS

At its meeting of June 16, 2020, the Clinic Committee approved the following policy:

“The standard of care beyond which a student will not render any treatment to the patient is a blood pressure reading of 180/110 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.” Additionally, patients whose blood pressure exceeds 180/120 will be advised that the American Heart Association classifies their condition as a “hypertensive urgency” and urged to contact their physician immediately to receive necessary treatment.

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 or provided by the school. No other devices may be used unless specifically approved by the attending faculty.

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POLICY ON ANTIBIOTIC PROPHYLAXIS

The School of Dentistry's policy on antibiotic prophylaxis of patients reflects the published ADA guidelines:

Prevention of Prosthetic Joint Infection:

In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. For patients with a history of complications associated with their joint replacement surgery who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and the orthopedic surgeon. In cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate regimen and when reasonable write the prescription.

Prevention of Infective Endocarditis:

Infective endocarditis prophylaxis is recommended only for categories of patients at highest risk for adverse outcome while emphasizing the critical role of good oral health and regular access to dental care for all.

The current infective endocarditis/valvular heart disease guidelines state that use of preventive antibiotics before certain dental procedures is reasonable for patients with:

- prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts;
- prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords;
- a history of infective endocarditis;
- a cardiac transplant with valve regurgitation due to a structurally abnormal valve;
- the following congenital (present from birth) heart disease;
- unrepaired cyanotic congenital heart disease, including palliative shunts and conduits;
- any repaired congenital heart defect with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch or a prosthetic device

For the both scenarios, the patient will be placed on "Medical Hold" and the treating physician will provide input as to the course of patient management. **If the physician desires the patient to be placed on prophylactic antibiotic coverage, the physician will provide the patient with a prescription for the antibiotic of choice.**

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PROTOCOL ON POSSIBLE FOREIGN BODY ASPIRATION

The School of Dentistry's policy mandates that any possible foreign body aspiration or ingestion is identified and treated. The services of Diagnostic Imaging Services will be utilized. The patient will be directed to one of the locations, and the faculty member supervising the procedure will call the location to alert DIS that a patient is coming for radiographs. Further instructions are described below the location information.

Diagnostic Imaging Services
Phone: 504-883-5999
Fax: 504-883-5364

4241 Veterans Memorial Blvd, Ste. 100
Metairie, La 70006

925 Avenue C
Marrero, La 70072

71154 Highway 21
Covington, La 70433

1310 Gause Blvd
Slidell, La 70468

For more locations go to <https://capitolimagingervices.com/medical-imaging-locations/>

Write a prescription for patient to include the following:

- Patient's name, date of birth, and nature of foreign body to be x-rayed.
- Write order for AP and Lateral chest x-ray and KUB
- Include **Diagnosis code of T17.808A**
- Request the written report be faxed to 504-941-8394(Dental School Nurse).
- Request verbal report to be called to doctor requesting test, include doctor's name and contact phone number.

• **Fill out incident form DA 3000.** Form is available in dispensary or online at <http://doa.louisiana.gov/orm/pdf/DA3000.pdf>.

- Bring the incident report to Student Health Nurse, Room 4312K.

If there is evidence of impending airway issues, immediately call 911 and RN Emergency Cell 289-5915, Office 941-8175, and/or Oral Surgery Clinic 504-889-8995.

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Policy on Service Animals

The following excerpts are taken from the U.S Department of Justice Civil Rights Division:

Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.

Under the ADA, State and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is allowed to go. For example, in a hospital it usually would be inappropriate to exclude a service animal from areas such as patient rooms, clinics, cafeterias, or examination rooms. However, it may be appropriate to exclude a service animal from operating rooms or burn units where the animal's presence may compromise a sterile environment.

A service animal must be under the control of its handler. Under the ADA, service animals must be harnessed, leashed, or tethered, unless the individual's disability prevents using these devices or these devices interfere with the service animal's safe, effective performance of tasks. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.

Inquiries, Exclusions, Charges, and Other Specific Rules Related to Service Animals:

- When it is not obvious what service an animal provides, only limited inquiries are allowed. Staff may ask two questions: (1) is the dog a service animal required because of a disability, and (2) what work or task has the dog been trained to perform. Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.
- Allergies and fear of dogs are not valid reasons for denying access or refusing service to people using service animals. When a person who is allergic to dog dander and a person who uses a service animal must spend time in the same room or facility, for example, in a school classroom or at a homeless shelter, they both should be accommodated by assigning them, if possible, to different locations within the room or different rooms in the facility.

- A person with a disability cannot be asked to remove his service animal from the premises unless: (1) the dog is out of control and the handler does not take effective action to control it or (2) the dog is not housebroken. When there is a legitimate reason to ask that a service animal be removed, staff must offer the person with the disability the opportunity to obtain goods or services without the animal's presence.
- Establishments that sell or prepare food must generally allow service animals in public areas even if state or local health codes prohibit animals on the premises.
- People with disabilities who use service animals cannot be isolated from other patrons, treated less favorably than other patrons treat, or charged fees that are not charged to other patrons without animals. In addition, if a business requires a deposit or fee to be paid by patrons with pets, it must waive the charge for service animals.
- If a business such as a hotel normally charges guests for damage that they cause, a customer with a disability may also be charged for damage caused by himself or his service animal.
- Staff are not required to provide care for or supervision of a service animal.

In addition to the provisions about service dogs, the Department's ADA regulations have a separate provision about miniature horses that have been individually trained to do work or perform tasks for people with disabilities. (Miniature horses generally range in height from 24 inches to 34 inches measured to the shoulders and generally weigh between 70 and 100 pounds.) Entities covered by the ADA must modify their policies to permit miniature horses where reasonable. The regulations set out four assessment factors to assist entities in determining whether miniature horses can be accommodated in their facility. The assessment factors are (1) whether the miniature horse is housebroken; (2) whether the miniature horse is under the owner's control; (3) whether the facility can accommodate the miniature horse's type, size, and weight; and (4) whether the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.

The entire policy can be found at https://www.ada.gov/service_animals_2010.htm

Based on this policy and with the approval and confirmation of the LSU Health New Orleans ADA Coordinator, the School of Dentistry will comply with the policy in the following manner:

Service animals will be allowed in all areas of the school including waiting rooms, treatment cubicles, cafeteria, library, and any area that is accessible to the public. The only exception shall be the surgery suite on the 4th floor and any designated surgical areas in the annex.