

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

Revised 7/21

CLINIC POLICY MANUAL

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Louisiana State University Health Sciences Center
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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.

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CLINIC DRESS CODE

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

Current Students>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 LSU School of Dentistry Exposure Control Plan that is available on the school's website:

Current Students>Policies and Manuals>Exposure Control Plan

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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 Associate Dean of Clinical Affairs.

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 unless authorized by the Associate Dean of Clinical Affairs.

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

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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. Sophomores 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 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. 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. 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 quality 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 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 approximately once a month.

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.

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 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 their Patient Care Coordinator.
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 Associate Dean of Clinical Affairs. 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. 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 Associate Dean of Clinical Affairs can change this provision with advisement of an appropriate faculty member.
9. 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); children and grandchildren of staff members permanently assigned to LSU School of Dentistry will be offered a 100% 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.

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. 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 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 ("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).
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 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 via email. Only the Associate Dean of Clinical Affairs 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 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 \$40 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.
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 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 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.

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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 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 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. 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 outsourced 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 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 licensed to practice dentistry in the State of Louisiana. 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. The work authorization, along with the case, will be 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.

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NIGHT, WEEKEND AND HOLIDAY DENTAL EMERGENCY PROCEDURES

The General Dentistry Residents are on scheduled emergency service per the Program Director. Resident cell phone numbers are not to be given out to patients. The schedule is located on the M Drive in the ON-CALL folder.

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
- 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 the patient immediately go to an Emergency Room (residents are only on-call for Earl K. Long Medical Center in Baton Rouge and University Medical Center in New Orleans).

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INSTRUMENT AND HANDPIECE STERILIZATION

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.

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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:

Current Students>Policies and Manuals>Exposure Control Plan

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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 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.

Unannounced inspections per the Infection Control Committee will be scheduled to enforce this policy. Failure to comply will result in an Unprofessional Conduct Report that could lead to punitive action.

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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; 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 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 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.

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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

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.

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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. Patients who are accepted for treatment will have radiographs taken either during the screening appointment or later as approved 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

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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.

The dean or his assignee may grant a petition for a short approved absence in case of illness, participation at a professional meeting, or any emergency, with the explicit understanding that the student will arrange with the faculty involved to make up satisfactorily all the work the student will miss.

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DRUG TESTING

Chancellor's Memorandum

CM-38 – Substance Abuse Policy

To: Vice Chancellors, Deans, Administrative Staff, Department Heads.

From: LSU Health Sciences Center New Orleans Chancellor

Effective Date: November 1, 1999

Revised: June 17, 2009

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>

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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 by the CPR Coordinator for all personnel who are currently CPR certified, and by the Associate Dean of Clinical Affairs for dental students. It is the responsibility of the Associate Dean of Clinical Affairs to deny access to the clinic for all personnel who do not possess a current CPR certification when notified by the CPR Coordinator.

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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.

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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. 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** (passed by Clinic Committee on July 9, 2013):

Recommendation 1: There is no need, based upon the most current evidence based science, for dental practitioners to routinely provide patients who have prosthetic joint replacements and who will be undergoing dental procedures with prophylactic antibiotic coverage to prevent infection of the orthopedic implant.

Recommendation 2: The previous statement is true **EXCEPT** under the following circumstances where the patients are more at risk for joint infection:

- a. Previous prosthetic joint infections
- b. Immunocompromised/immunosuppressed patients:
 1. Inflammatory arthropathies such as rheumatoid arthritis, systemic lupus erythematosus etc.
 2. Chemotherapy or radiation induced immunosuppression secondary to malignancies
 3. AIDS
- c. Poorly controlled Type I or II diabetes
- d. Hemophilia

Under the circumstances in Recommendation 2, the patient should be placed under "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 then the physician will provide the patient

with a prescription for the antibiotic of choice. It is further recommended that the physician shall always decide on the antibiotic of choice and write the prescription. The dental practitioner should not write the prescription.

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PROTOCOL ON POSSIBLE FOREIGN BODY ASPIRATION

The School of Dentistry's protocol to ensure that any possible foreign body aspiration is identified and treated is as follows. The services of Diagnostic Imaging Services will be utilized. The locations and telephone numbers are shown below. Patient will be directed to one of the locations, and the faculty member supervising the procedure will call the location to alert them that a patient is coming for radiographs. Further instructions are described below the location information.

Diagnostic Imaging Services

**4241 Veterans Memorial Blvd, Ste. 100
Metairie, La 70006
504-88-7921**

**925 Avenue C
Marrero, La 70072
504-459-3200**

**71154 Hwy 21
Covington, La 70433
985-643-5476**

**1310 Gause Blvd
Slidell, La 70468
985-643-5476**

For more locations, go to www.disnola.com

- On a prescription pad, include the patient's name and nature of foreign body to be x-rayed.
- Request AP and Lateral chest x-ray and KUB. Diagnosis code of 934.8
- Give the name of the doctor requesting the test and the doctor's contact phone number for a verbal report. Request the written report be faxed to the Dental School at 504- 941-8394.
- **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 R.N, Room 4312K.
- ***If there is evidence of impending airway issues immediately call 911
And RN Emergency Cell 504-289-5915, Office 941-8175, and/or Oral Surgery Clinic 504-889-8995.***