THE UNIVERSITY OF MANITOBA

FACULTY OF DENTISTRY

CLINIC MANUAL
2011/2012

THIS CLINIC MANUAL IS CURRENT AS OF SEPT 21ST, 2011. IT IS A DOCUMENT THAT IS UNDER CONSTANT REVIEW AND REVISION. YOUR INPUT IS VALUED. ANY MAJOR CHANGES MADE SUBSEQUENT TO THE ABOVE DATE WILL BE CIRCULATED VIA GENERAL EMAIL AND POSTED IN THE CLINIC ONE WEEK PRIOR TO IMPLEMENTATION OF THE CHANGES.
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• The clinical experience is devoted to applying the basic sciences and preclinical techniques previously learned to clinical dentistry with the ultimate goal to graduate competent dentists and hygienists and to improve both the general and oral health of the patient. Of necessity, there is a unique personal relationship between a student and his/her patient. This must be kept on the highest professional level. The moral integrity of a member of the healing professions must never be compromised. His/her personal habits, deportment and general demeanor should be exemplary. It is a well established fact that a patient's choice of a dentist or dental hygienist, especially in the early years of practice, is often based on personality and appearance.

• The clinical practice of dentistry and dental hygiene will make a dramatic and unique change in your educational experience. During your years as an undergraduate dental/hygiene student, the majority of your time in clinical practice will be spent in a one-to-one student-teacher relationship. Such a relationship requires that you and your instructors share in the responsibility for the clinical treatment of patients.

• In the clinic you will be able to integrate the knowledge and skills you have gained in the basic and dental sciences courses. You will start to develop and cultivate the characteristics and habits of a competent practitioner.

• Graduation from the faculty acknowledges that milestone stage of learning at which you have demonstrated that you are competent. Success in the future will depend on your ability to continue to learn and keep pace with the advances taking place in the profession – the process of "life-long learning".

• It is therefore essential that you graduate with a good firm foundation in dentistry and good academic habits. Most of the habits you acquire here will remain with you all your professional life.

• Therefore, as professional men and women you should give the utmost attention to:

  A. Clinical Attendance
  B. Conduct
  C. Equipment
  D. Documents
  E. Personal Appearance
  F. Clinic Regulations

A. CLINICAL ATTENDANCE
• ANY DENTAL OR DENTAL HYGIENE STUDENT WHO IS SCHEDULED TO BE IN CLINIC MUST ADVISE THE DEAN’S OFFICE 789-3331 (SEE STUDENT HANDBOOK page 72 & 73) THE DEAN’S OFFICE WILL IN TURN ADVISE CLINIC ADMINISTRATION AND APPROPRIATE FACULTY MEMBERS.

B. CONDUCT

• The patient must be treated as an individual upon whom the student is privileged to treat and should therefore always be addressed with courtesy and understanding. Conversation with the patient and with colleagues, faculty and support staff, in the presence of the patient, should serve to inspire confidence and be informative.

• Courtesy and consideration for all patients is expected. Students should train themselves to think and act clearly and to speak intelligently to the patient in words that are understood. Proper decorum should exist at all times. Under no circumstances should a student display a loss of temper or confidence before a patient.

• Patients who exhibit inappropriate behavior with a student, staff or faculty member will be requested to seek treatment outside the Faculty. Therefore if you are uncomfortable with the actions/speech of your patient, seek the guidance of your instructor immediately. Document on the electronic health record (patient contact notes) the specific behavior/speech of your patient and the instructor, staff or classmate who witnessed the incident. All incidents of inappropriate behavior/speech (over the phone or in person) must be referred to either the Associate Dean Clinical, the Clinic Director or the Financial & Patient Management Administrator (Greta Loewen).

• The delivery of dentistry is a personal service and all matters pertaining to the patient must be treated in a confidential manner. During your training in this clinic and on rotations, you will have access to information of a personal nature. To divulge such information is a breach of professional confidence (see Appendix C Personal Health Information Act of the U of M page 47).

C. EQUIPMENT

• The general appearance of the operatory, and the manner and care of the operation of the unit provides the patient with a direct reflection of the student, the Faculty and the Profession. Therefore, thoughtful preparation and proper care of equipment is essential. Breakdown and malfunction of equipment can cause loss of time and inconvenience for both students and patients. Please contact (via the Repair Requisition form) our Technical Specialist (Doug Freisen) should you encounter any problems with the equipment.

• Students are not permitted to bring their own supplies into the clinic - they must use the supplies provided by the Faculty.
• Fourth year dental students in the General Practice Clinic are assigned to a specific unit in the Main Clinic. The unit assignment will change according to weekly rotations. Unit assignments are according to the Main Clinic Scheduler in AxiUm.

• Students attending Externship Programs in Pediatric Dentistry (i.e. S.M.I.L.E. Program) are to bring their packaged and sterilized high-speed and slow-speed handpieces as well as their clinical jackets to the assigned locations.

• Dental and dental hygiene students will be assigned clinic space according to the discipline in which they will be working during any particular session. Therefore, students will be depending on each other to leave the area clean, stocked with supplies and functioning.

• It is the student's responsibility to advise Dispensary Staff when supplies run low at their assigned unit in the Main Clinic.

Space in the Student Clinicians' Laboratory is assigned and shared. Please advise the laboratory coordinator (Michelle Wong) when supplies are required.

• For service or repair at a clinic unit or in the Student Clinicians' Laboratory:
  - leave a completed Repair Requisition (Appendix A) form, available in each clinic/lab.

  If a student is identified as causing willful breakage or damage by carelessness, he/she WILL be charged the cost of replacement/repair. Security cameras are in place in the Brass, Hart and Senior Clinicians Laboratories to provide students and the University an element of security and protection.

D. DOCUMENTS AND THE ELECTRONIC HEALTH RECORD (UNDER REVIEW)

• It is imperative that all students follow the clinic's standard pattern of record keeping so that everyone concerned is able to understand any patient's record, now or at any time in the future. (See Appendix B for Glossary of Standard Dental Terminology with Accepted Abbreviations).

• The patient's record must be accurate and complete:
  1. to provide a clear picture of the patient's medical and dental history and conditions which will be of invaluable aid in present and future planning.
  2. to solve any patient-student or patient-faculty misunderstanding as to dental conditions, dental operations or treatment, financial arrangements, appointments, etc.
  3. as a legal document which may be required in the case of a medical-legal controversy.

• All written documentation entered in the chart must be in pen and must be legible.
• All entries in the EHR must have the appropriate and corresponding instructor authorization swipe. **THE SWIPE IN THE COMPUTER IS THE SAME AS A SIGNATURE ON PAPER!**

• Errors on the paper record should be corrected by drawing a single horizontal or diagonal line(s) through the error, entering the correct information, initialing and dating the change. **It is not acceptable to use "white-out" for the correction of errors.**

• All entries must be made chronologically; blank spaces/lines must not be left between entries.

• **BECAUSE MANY SIGNATURES ARE ILLEGIBLE, PRINT YOUR NAME IN BRACKETS ALONG WITH YOUR SIGNATURE.** Students may choose to use the stamp which was issued in the kit rather than print their name.

• **CHARTS ARE THE PROPERTY OF THE FACULTY AND MUST NOT BE REMOVED AT ANY TIME FROM THE BUILDING.**

• **NO PART OF THE CHART CAN BE DUPLICATED WITHOUT PERMISSION FROM THE ASSOCIATE DEAN CLINICAL.**

• **PATIENTS CANNOT BE TREATED WITHOUT HAVING THEIR CHART PRESENT AND THEIR ELECTRONIC RECORD OPEN ON SCREEN.** Each time a patient is seen, complete documentation must be made in the Electronic Health Record, including the date, the appropriate swipes of the student and the instructor and fee code and fee (if appropriate).

Students may **obtain/review charts (other than charts required for current clinic) from the Chart Room** between 9:30 a.m. and 3:00 p.m. Please complete a Chart Request in Axium. After 3:00 p.m. - for unexpected situations - charts may be picked-up through the Clinic Administration Office.

• **The PATIENT CONSENT FORM must** be signed by the patient/parent and witnessed before taking any radiographs, examining or treating the patient. If it is not, have the patient sign and witness it yourself. **THIS IS IMPERATIVE and failure to comply may result in the suspension of clinic privileges.**

• The patient's signature is required on the Comprehensive Treatment Plan once it has been formulated, accompanied by a written INFORMED CONSENT, indicating an understanding of treatment options, treatment risks and costs for the treatment proposed. When treating patients under the legal age of consent, the parent or guardian must sign the Consent Form; otherwise treatment could be construed as an assault.

• **ALL CHARTS MUST BE DROPPED INTO THE CHART DROP AT THE CHART ROOM DESK BEFORE 9:00 P.M. FAILURE TO COMPLY WILL RESULT IN DISCIPLINARY ACTION.**

• Clinic charts are to be returned to the **Chart Room** immediately after clinic use.

• Charts requested for non-clinical use must be picked up on the date requested on Axium.
The **ONLY** exception to this regulation applies to charts required for Case Presentations. These charts may be signed out overnight upon receipt of a signature of approval from the Associate Dean Clinical, the Clinic Director, or the Financial and Patient Management Administrator (Mrs. Greta Loewen).

- **PATIENT SERVICES MUST BE RECORDED IN THE ELECTRONIC HEALTH RECORD AT EACH APPOINTMENT:** THE APPROPRIATE FEE LEVIED; THE CORRECT FEE CODE ENTERED; AN INSTRUCTOR’S SWIPE OBTAINED AND ALSO SWIPE BY THE STUDENT. PATIENTS ARE RESPONSIBLE FOR PAYMENT THE DAY TREATMENT IS RENDERED. IT IS THE STUDENT’S RESPONSIBILITY TO ENSURE PATIENT COMPLIANCE IN TIMELY PAYMENT. PATIENTS’ CHARTS WILL NOT BE RELEASED AND THUS TREATMENT CANNOT COMMENCE UNLESS THERE IS A ZERO BALANCE OWING.

- Ensure that the EHR daily notes, paper chart (where applicable) and Axium records match and are an accurate reflection of treatment provided and fees charged.
- The Chart Room will withhold charts required for the next clinic session until documentation has been completed/corrected and payment is in full.
- **Where paper entries are appropriate, all charts must be properly organized and in the prescribed sequence.** SAMPLE CHARTS are available at the Chart Room, near the computer in the MAIN CLINIC and at the STUDENT CENTRE DESK in Clinic Administration. All chart forms are to be secured into the acco-fastener and new sheets are to be inserted in the proper section and in the acco-fastener (DO NOT PLACE SHEETS IN THE RADIOGRAPH POCKET AT THE FRONT OF THE CHART.) The Patient Assignment Sheet must be the first page in the chart.

**ORDER OF CHART DOCUMENTS**

All like forms (ex. all periodontics forms) are filed together in reverse chronological order (date order up); except the **Comprehensive Treatment Plan (Diagnosis & Treatment Planning Form) & Tx Plan Updates** which are filed in chronological order (date order down with the most recent the very last page).

**RADIOGRAPH POCKET/ENVELOPE** must only be used for radiographs

**Patient Assignment Sheet**

**Medical HX Form** - Now in E.H.R.
- Changes in Medical History and or Physical
- Dental History/Medical History (portion of screening package)

**EHRs/Screening/Emer. (blue tab)**
- Daily Treatment Record
- Screening Form
- Emergency Questionnaire Form

**FORMS (yellow tab)**
- Consent and Waiver Form
- Faculty Policy re: Occupational Exposure to Blood and Body Fluids
- Information for Prospective patients
- Referral Form
- Pathology Report
- Oral Surgery Record
Endodontic Record (blue)
Periodontal History and Examination (mauve)
Periodontal Re- Evaluation/Supportive Periodontal Treatment (mauve)
Worksheet (white)
Informed consent to Treatment with Nitrous Oxide and Oxygen Sedation
Medical Questionnaire for N2O/O2 Sedation
Record of treatment with N2O/O2 Sedation

RADIOLOGY – interpretation with swipes done in AxiUm in accordance with the Radiology request form.

HYGIENE (light orange)
School of Dental Hygiene
Dental Hygiene Care Plan (yellow)

LAB FORMS (green tab)
Partial Denture Prostheses (yellow)
(Examination, Diagnosis and treatment plan)
Partial Denture Prostheses
(Partial denture treatment design and lab authorization)
Complete Denture Prostheses
(Examination, Diagnosis and treatment plan)
Complete Denture Prostheses
(Laboratory authorization)
Tooth Selection
University Lab Authorization Form

TREATMENT PLANS (purple tab)
Diagnosis and Treatment Planning Form (filed date order down)

UNDERGRAD ORTHO/PEDO
Patient Assignment Sheet
Daily Treatment Record (DTR)
Pediatric Consent Form (pink)
Medical History - Pediatric Dentistry (beige)
Pediatric Screening Record (pink)
Dental Exam
Comprehensive Plan by Visit

E. PROFESSIONAL CONDUCT AND APPEARANCE (UNDER REVIEW)

Professional Conduct
There is documented evidence to show that a patient's satisfaction with his/her dental/dental hygiene practitioner is strongly influenced by factors such as personality, appearance, decisiveness and practice behaviour. Students, faculty and staff are expected to be considerate and courteous to patients and to one another at all times.
Appearance and Dress Code
The health care provider is expected to project a neat, clean, professional image while working within the Faculty of Dentistry and at all extramural, professionally related activities.

Professional Situation
In professional, non-clinical/classroom situations within the Faculty or extra-mural (e.g. professional offices, conferences, etc.) recommended acceptable attire and presentation includes:

Acceptable:
Clean and well groomed
Men: Shirt & tie (or well pressed, good condition casual shirt) and slacks. Socks that extend above the ankle and closed-top shoes
Women: Blouse with dress slacks or skirt/dress of appropriate length.

Unacceptable:
Men and women: Torn jeans, overalls, sweat shirts/pants, shorts, leggings, halter tops, tank tops, T-shirts, sandals or open-toe shoes (men).

Clinical Situation
In clinic related areas as well as pre-clinical laboratories, students and faculty are expected to dress in a professional manner in clothing that is clean, neat and in a good state of repair:

Acceptable attire and presentation when in a clinical (patient care or simulation) area or situation includes:
- Generally clean and well groomed. Makeup to be worn in moderation
- Good principles of personal hygiene, including control of body odours. However, strongly scented colognes/perfumes should not be used.
- Hair should be clean, well-groomed and worn in such a manner that it will not interfere with patient care or laboratory activity and presents a professional image. If hair is excessively long, it must be worn in a surgical cap or pinned up while treating a patient.
- Identification badge worn, with name and picture visible to others.
- Fingernails clean and trimmed to surgical working length, with nails not extending beyond finger-pad and with well-cared for cuticles. Artificial nails or nail jewellery are prohibited. (Artificial nails are defined as any application of a product to the nail to include, but not limited to, acrylic, overlay, silk wraps but does not refer to nail polish). Only clear nail polish if used.
- Males: clean shaven, unless growing a permanent beard or moustache (minimum 6 months duration). Beards and moustaches to be neat and well-groomed.
- No jewellery, no wrist-watch, no neck pendants, multiple chains, drop earrings or facial hoops.
- All nose jewellery not covered by procedure mask must be removed.
- Earrings are not to extend beyond the ear lobe.
- All tongue, lip and eyebrow jewellery to be removed.
- Gloves, mask and protective eyewear worn at all times during patient treatment procedures.
- Clean, white athletic runners (in good condition) with hose or white socks (no leather or leather-like shoes, sandals or open-toe shoes). Runners must be solid without mesh parts. Socks must extend above the ankle.
• No sweaters, jackets or scarves (exception: religious wear)
• In clinic, a clean white clinic tunic will be required for all clinical sessions. The clinic tunic must have long sleeves, a high collar and elasticized sleeves.
• Garments (T-Shirts, etc.) worn beneath tunics must be solid white with no lettering or large logos).
• Clinic issue scrub pants must be worn, cleaned and changed daily.
• Chewing gum while operating or observing is not consistent with professional conduct and is not permitted while in the clinics.
• Nametags must be worn on the clinic tunics and clearly visible at all times.
• Shoes must be clean; open toed shoes are not permitted in clinics or labs.
• Appropriate hose (socks or stockings) must be worn for all clinic sessions.
• Blue jeans/Denim are not appropriate dress for any clinic session.
• Those students who are not in clinic attire and need access to clinics will be expected to enter wearing a clean lab coat - e.g. when going to the Dispensary window.
• Breaches in the Clinic Dress Code will be dealt with by the Associate Dean Clinics or the Clinic Director and may result in the loss of clinic privileges.
• Wearing a lab coat will be required for all pre-clinical labs as well as for the Students Clinicians' Lab.

Faculty members who are supervising clinic are expected to wear a clean clinic jacket. On non-clinic days, a lab coat or clinic jacket must be worn if attending a patient in clinic; otherwise appropriate dress as noted above is acceptable to access the clinic.

Students are expected to change into and out of scrubs and tunics on-site. Traveling to-and-from home to the school or off-site Clinics is a breach of infection control.

F. CLINIC REGULATIONS

General Rules and Regulations in the Clinics and Student Clinicians Laboratory

1. DRESS CODE – PLEASE SEE ABOVE – PROFESSIONAL CONDUCT AND APPEARANCE.

2. CELL PHONE USE:

Cell Phone Use in the Classroom and Pre-clinical Labs
Use of cell phones or smart phones (e.g. making telephone calls, texting, or internet browsing) is prohibited for any reason in the classroom and pre-clinical labs. Cell/smart phones are to be turned off or switched to 'silent' or 'vibrate' mode prior to entering the class or pre-clinical labs.

Cell Phone Use in the Clinic
The Faculty recognizes that an effective student-patient relationship requires the use of cell phones for timely communication about appointments and dental care. However, ringing cell phones and resultant loud conversations are disruptive and disrespectful in a patient care
environment. The following principles for cell phone use will help minimize the disruption that results:

- Cell phones must be set on ‘silent’ or ‘vibrate’ mode at all times in the clinic.
- The process of patient care should not be disrupted to answer a cell phone call. Incoming calls should be allowed to go to voice mail and returned at a time when there is a break in patient care (i.e., do not de-glove to answer an incoming call).
- When calls are answered or returned, it should be done discretely off to the side or outside of the clinic. This will help avoid disrupting others in the clinic.

3. RUBBER DAM

- **The use of rubber dam may be required when trying in or cementing castings.** Should it be impractical to use rubber dam during this stage, the patient chair must be positioned in an upright position.

- **It is mandatory to perform all phases of endodontic treatment under rubber dam.** Procedural radiographs must be taken without removing the rubber dam or frame. Patients are assisted to and from the X-ray rooms. Patients are not to be left in the X-ray chair alone at any time since other students may need the room.

- **PATIENTS MUST NOT LEAVE THE CLINIC WITH RUBBER DAM IN PLACE. EXCEPTIONS TO THIS MAY INCLUDE A TRIP TO THE WASHROOM. THE STUDENT MUST ACCOMPANY THE PATIENT. RUBBER DAM MUST BE REMOVED WHEN A FIRE ALARM SOUNDS. PATIENTS MUST NOT LEAVE THE BUILDING WITH RUBBER DAM IN PLACE.**

4. DISPENSARY REGULATIONS

A) Requisition Slips (See Appendix A)

- a. White - Equipment Requests
- b. Pink - Casting gold (now through laboratory coordinator)
- c. White - Prescriptions
- d. White - Repair Forms

B) Discs

- Each student is assigned a designated amount of numbered discs to be used for taking materials/equipment from the Dispensary.

- **Signed requisitions are necessary for anaesthetic if a 3rd carpule is required.**

- In the Pediatric Dental Clinic a signed requisition is necessary for the use of an anesthetic other then Xylocaine 2% (with vasoconstrictor) and if the student is using more than 1 carpule.

C) Issuance Of Gold - is now through the Service Lab and the Service Lab coordinator.
Hours for issuing and weighing gold are to be determined.

- When the Core/Crown/Bridge has been cast and ready for cementation, you must return to the Service Lab coordinator with the cast and the button. Both the casting and the button will be weighed at that time. The clinical instructors will request this documentation prior to approval of cementation.

- Under no circumstances are you to cement a crown or CPC unless you have had the casting weighed, returned the button, and a lab bill has been generated. Failure to do so may result in you being held financially responsible for the unaccounted gold and other disciplinary actions.

- Students are assessed for discrepancies and gold deficiencies over 10% of the amount issued will be charged to the student and must be paid when clearing from clinic at year end.

- **Use of personal gold for patient treatment is NOT allowed.**

D) Dispensary Equipment and Supplies

- Supplies required from Dispensary must be obtained between 8:50 a.m. - 12:00 noon and 1:50 p.m. - 5:00 p.m.

- Dispensary windows are closed each evening at 5:15 p.m. Supplies/equipment will not be taken in after this time.

- All equipment and supplies returned to the Dispensary must be appropriately cleaned and disinfected.

- Orthodontic kits are dispensed from Dispensary and will be checked upon return. Any item damaged or missing will be charged to the student.

E) Loaner Handpieces

- Loaner handpieces for those needing repair available for sign out at Central Sterilization. Bring all of the handpiece components to get a loaner.

- Do not leave any handpieces (loaner or student-owned) unattended at the Dispensary window or when returning handpieces to Central Sterilization. They must be both signed out and signed in by the student responsible.

5. ADMITTING AND DISMISSING PATIENTS
Assure yourself that all items of equipment and unit are cleaned and disinfected (refer to Infection Prevention & Control Manual).

On Admitting Patients

• Assist the patient in removing and hanging outdoor garments. Handbags must be kept in the closet.

• Seat the patient and adjust the chair.

• Offer Kleenex for the removal of lipstick as appropriate.

• Explain the type of treatment that you will be doing.

• Explain to the patient the reasons and options for the contemplated plan of treatment, cost and method of payment, also the length of appointments (up to three hours), and the approximate number of appointments. Obtain patient’s written consent.

• Be as honest and forthright as possible in answering any questions the patient asks with regard to treatment. Do not hesitate in consulting an Instructor when necessary.

• Patients must have protective eyewear for EVERY CLINICAL PROCEDURE. Failure to provide eye protection may result in suspension of clinic privileges.

• STUDENTS SHOULD ONLY BRING NECESSARY ITEMS INTO THE CLINIC WHEN TREATING PATIENTS (CLINIC MANUAL, HANDPIECES, INSTRUMENT TRAYS, ARTICULATORS, ETC.). ALL ITEMS NOT REQUIRED IN TREATING PATIENTS SHOULD BE LEFT IN THE STUDENTS’ LOCKER AND NOT BROUGHT INTO CLINIC. THIS INCLUDES KNAPSACKS, BRIEFCASES ETC.

• STUDENTS AND STAFF ARE NOT TO BRING FOOD AND BEVERAGES INTO THE CLINIC.

On Dismissing the Patient

• Explain any possible post-operative sequelae (if any).

• MAKE SURE YOU HAVE MADE ALL OF THE APPROPRIATE ENTRIES IN THE EHR WITH APPROPRIATE INSTRUCTOR’S SWIPES AND APPROPRIATELY DOCUMENTED WITH SIGNATURES IN THE PAPER CHART.

• Inform the patient regarding the amount of fee for this appointment. PATIENTS ARE REQUIRED TO MAKE PAYMENT IN FULL AFTER EACH APPOINTMENT.

• Return patient’s personal belongings.

• Confirm the time of the next appointment in writing. For this purpose appointment cards are available at the Reception Desk and Dispensary.

• Help elderly patients from the chair.
• Raise the chair and have the patient sit in an upright position for a few minutes before getting out of the chair.

• Assist them with their outdoor garments.

• Ensure that patients have your first and last names and phone number in case of emergency or need to cancel appointments. Please make use of the Appointment Cards given to you for this purpose. The faculty protocol for dental emergencies is outlined on the appointment card. Additional cards are available from the Clinic Administration Office.

• Ensure that you have patients' phone numbers with you at all times and if cancellation is necessary, give the patient the same consideration that you expect.

Take patient and chart to the Reception Desk for payment of fee (refer to the Faculty Fee Policy).

6. CLEANLINESS, MAINTENANCE AND POSITIONING OF UNIT

Please refer to the Infection Prevention & Control Manual.

7. SUPPLIES AND EQUIPMENT AT THE UNITS

• ADVISE A DENTAL ASSISTANT OR DISPENSARY STAFF IF YOUR UNIT IS MISSING EQUIPMENT OR SUPPLIES. DO NOT TAKE ITEMS FROM OTHER UNITS. A SUMMARY OF ITEMS IN EACH MOBILE AND DRAWERS AT EACH UNIT IS IN APPENDIX C.

• TO AVOID DAMAGE TO THE FIBRE-OPTIC HANDPIECE LINES PLACE THE HANDPIECE IN THE HOLDER AND HAVE THE BUR FACE THE CONTROL BOX. DO NOT PLACE HANDPIECES UPSIDE DOWN IN THE HOLDERS. TRY TO REMOVE BURS IMMEDIATELY AFTER USE.

8. USE OF THE ENCLOSED TREATMENT ROOMS IN MAIN CLINIC (UNITS #39-43)

• These rooms are available for Periodontal Surgery, Post-Op evaluation and for Patient Management on "Pedo" days. Arrangements must be made well in advance with Mrs. Nicole Lacasse Brass to ensure that the room is available.

• Unit #35 should be reserved at least 2 days before the appointment for endodontic surgery to ensure there is an X-ray unit available during treatment. Fourth year students must make a diagnosis and discuss treatment with the supervising instructor before booking the room with Mrs. Nicole Lacasse Brass. At least one other student assistant must be arranged, preferably from third year class.

9. PEDIATRIC MANAGEMENT PROBLEMS IN MAIN CLINIC
• There will be a limit of 3 "quiet" rooms per clinic session which can be reserved by the Head of Pedodontics.

• Pediatric secretary must contact Clinic Administration to reserve a unit and Nicole Brass to arrange a dental assistant to assist in a quiet room by noon the Thursday prior to the Friday appointment.

• Patient management problems arising during treatment in the Main Clinic requiring the patient to be moved to a quiet room will be dealt with as they arise.

10. RADIOLOGY:

A) MONITORS

* The Manitoba X-Ray Safety Regulations 341/99R, states that all x-ray workers must wear radiation monitors while on duty. Radiation monitors are regulated by National Dosimetry Services. National Dosimetry Services is licensed by the Canadian Nuclear Safety Commission and the provincial regulatory authorities to provide dosimetry services throughout Canada. Formal licensing is a requirement under regulatory Standard S106-Technical and Quality Assurance Standards for Dosimetry Services in Canada. To maintain the dosimetry license, NDS (National Dosimetry Services) is mandated to submit the dose records to the National Dose Registry (NDR). NDR will only accept the dose records if certain personal information is provided, ie: Social Insurance Number, place of birth, etc. All information submitted is protected by the Freedom of Information and the Protection of privacy act (see Appendix C Personal Health Information Act of the U of M page 47).

• Radiation monitors are required to be worn by any student operating radiographic equipment in order to record any radiation exposure to the student. The Radiology department will issue radiation monitors. Students must provide Mrs. Lorraine Reinfort with their full name, social insurance number, birth date and place of birth.

• During the school term, the monitors are required to be changed September 1st, December 1st, March 1st and June 1st. There will be a two-week extension to the 15th of the month following the day of change to accommodate external rotations. Monitors must be returned to Radiology at the end of the second term to be available for the July 1st change day. Monitors will be re-issued to any students assigned to summer clinics.

• Students will be assessed a late charge of $50.00 for any monitor returned late (after the 15th of the month). A $75.00 charge will be assessed for a lost monitor or for a monitor not returned within 3 months from the day of change. Upon completion of the school year, monitors must be returned to Mrs. Lorraine Reinfort in order to have the student’s clearance sheet signed for the return of the monitor.

B) OUTLINE of RADIOLOGICAL REPORT

• Radiology reporting and interpretation is done on the Radiology form in AxiUm. Ensure you have the instructor’s approval swipes.

11. HOURS OF OPERATION
FOR EVERY CLINIC SESSION, PLEASE MAKE SURE YOU DISMISS THE PATIENT AT SUCH A TIME TO ALLOW YOURSELF TO VACATE THE CLINIC BY 5:30. REMEMBER, IF YOU DO NOT TURN IN YOUR INSTRUMENTS FOR REPROCESSING (STERILIZATION) BY 5:15 THERE IS A STRONG LIKELIHOOD THAT YOU WILL NOT HAVE YOUR INSTRUMENTS STERILIZED IN TIME FOR THE FOLLOWING MORNING’S SESSION, AND YOU MAY NOT BE ABLE TO SEE YOUR PATIENT.

1) Clinic Administration (D126)
   Monday - Friday: 8:00 a.m. - 4:30 p.m.

2) Reception Desk (D123)
   Monday - Friday: 8:30 a.m. - 5:15 p.m.

3) Chart Room (D125)
   Monday - Friday: 8:00 a.m. - 3:15 p.m.
   Non-Clinic charts may be requested and picked up between 9:30 a.m. - 4:00 p.m.

4) Clinic Hours (CLOSED Monday-Thursday 1:00-1:30)
   Monday – Thursday: 9:00 a.m. - 12:00 p.m.
   2:00 p.m. - 5:00 p.m.
   Friday: 9:00 a.m. - 11:30 a.m.
   1:00 p.m. - 4:00 p.m.

5) Dispensary
   Monday – Thursday: 8:50 a.m. - 5:15 p.m.
   Friday: 8:50 a.m. - 4:30 p.m.

6) Central Sterilization Room (CLOSED Monday-Thursday 1:00-1:30)
   Monday - Thursday: 7:30 a.m. - 5:40 p.m.
   Friday: 7:30 a.m. - 4:40 p.m.
   a. If burs are needed after morning session, they must be in Sterilizing Room no later than 12:15 p.m.
   b. If instruments/handpieces are needed for A.M. session they must be in Sterilizing Room by 5:15 p.m. of the previous day to be ready for the a.m. session.
   c. For lost and broken instruments please see Central Sterilization staff immediately.
   d. All instrument trays identification is to be done by Central Sterilization room staff.

N.B. IT IS ILLEGAL FOR STUDENTS TO TREAT PATIENTS IN ANY SCHOOL FACILITY WITHOUT THE SUPERVISION OF A DENTIST WITH THE PATIENT’S CHART.
PLEASE NOTE THAT ANY BREACH OF THIS RULE PERTAINING TO STUDENTS TREATING PATIENTS WITHOUT SUPERVISION WILL RESULT IN DISCIPLINARY ACTION.

7) Student Clinicians’ Laboratory Hours
   • Access to the Student Clinicians’ Lab is normally restricted to staff and 3rd and 4th year dental students. The laboratory door is operated by a card access.
   • The lab will be unavailable between 8:00 and 9:00 A.M. from Monday to Friday to allow the custodial staff the opportunity to clean the lab.
   • Please report any problems or irregularities to the Laboratory administrator (Michelle Wong)

Please enter through door with card access. Please be considerate to students working at units #1 & #2.

12. ORTHODONTICS

ORTHO TRAYS
Third and Fourth Year Students

• Disposable trays (S,M,L) are available in the Dispensary. (TO BE USED ONLY FOR PEDO AND ORTHO PATIENTS)

   • Confirm patient appointment time and ask the patient to inform the front desk when they arrive so the front desk can page the ortho assistant. Patient should be advised that there will be an $112.00 charge for records, to be paid at the time of appointment, and that a Main Clinic ortho assistant will be taking the photos as well as x-rays.

1) Two working days prior to record appt. staff will request the chart. If the student is seeing the patient the same day as record appt., the student should inform the ortho assistant.
2) X-rays will be placed into patient chart at completion of records appointment.
3) Printed photos will be put in the patients chart.
4) Student schedules case presentation.
Photos are usually printed within the week.

13. ENDODONTICS

Solution for irrigation of root canal is undiluted 5% sodium hypochlorite. You will be issued a container of sodium hypochlorite. If instructed, add water to the bottle you are issued to create a 50/50 mixture.

14. LATE MAIN CLINIC PROCEDURE

IF LATE, All REMAINING instruments and handpieces are to be left at the clinic unit until the following morning (no exceptions).
The student is expected to return the following morning at 7:30 AM to Central Sterilizing and the staff will admit them into the Clinic to complete operatory and instrument post-op procedures.

Failure to return in time for the Clinic unit to be made ready for the 9:00 AM clinic will result in loss of clinic privileges to that student. The length of that loss to be determined by the Associate Dean (Clinical).

15. STUDENT CLINICIANS' LABORATORY PROCEDURES AND STANDARDS

• It is recommended that students working late at night in the lab work in pairs. If casting is to be done, students must arrange to have someone assist them.

• Custodial service in the laboratories is limited. Each dental student is expected to clean after him/herself. Empty the waste drawer of the bench at which you are working. Turn off water taps, Bunsen burners and other equipment. Make sure the gas is turned off. Replace the bench paper as needed and put stool and rheostat and chairs up on the counter.

• All counter tops in work area are to be kept cleaned at all times. All personal equipment and supplies are to be removed from the lab when students leave the lab.

• Each class will be responsible for the designated equipment that they are assigned at the beginning of the school year. The class will have to replace any equipment that has not been returned.

A lab monitor schedule indicates the time and location of laboratory facilities which are to be cleaned by student clinicians on a rotating basis. Each day one student will be assigned the responsibility for cleaning the wet labs and another student will be responsible for cleaning the remainder of the Student Clinicians' Laboratory. In preparation for each work day the laboratory is to be cleaned by 8:00 a.m. From 8:00 - 9:00 a.m. the lab is to be vacated so that the custodial staff can clean the floor. The specific tasks associated with each assignment are:

I. WET LABS

- Wipe/clean and put in their proper place, the following:
  
  - vibrator
  - kettle
  - scales
  - polish box
  - vac-vestor
  - micro-etcher
  - model trimmer

- Empty and clean the pumice trays in the polish box.

- Fill the reservoir in the micro-etcher.

- Fill the plaster, hydrocal and jadestone one drawers.

- Clean the sink and counter top and replace bench paper.
- Fill the paper towel dispenser.
- Assure the hammers, dustpan, brooms and scraper are hanging in proper places.

II. REMAINDER OF LABORATORY

1) **Casting Room**
   - Clean the sink and counter top. Wipe/clean the exterior of the burnout furnaces.

B. **Polish Bay**
   - Clean the sink and counter top.
   - Wipe/clean the: ultrasonic cleaner high-speed lathe low speed lathe vacuum intake sta-vac VLC units
   - Install new arbor band on low speed lathe (screwdriver is stored the in drawer with extra bands).
   - Brush/wipe pindex machine.

C. **Main Lab**
   - Return materials/supplies to their shelves.
   - Brush/wipe/clean counter top and top of service area between counters.

Requisition for repairs- fill out repair requisition and take to sterilization room (D-133 - See Appendix “A” “Requisition and Repairs”).

D. **Year End**
   At the end of the school year all dental students will be assigned a specific area to clean.

*No students will be signed out of lab until their whole assigned area is cleaned.*

- Failure to properly fulfill the rotating and specific assignment for laboratory maintenance may result in withdrawal from lectures, laboratories and/or clinics until the tasks are completed. Such withdrawal does not serve as an excuse from completing responsibilities assigned from those lectures, labs and clinics. In addition, students who are negligent in maintenance may be assigned extra cleaning tasks.

**Student Clinician’s Lab Access**

The lab is primarily, but not solely, for use by 3rd and 4th year dental students. As such they are responsible for lab monitors and the cleanliness of the lab.
There are times when other groups of students need access to the lab. These are outlined below.

1st year dental students
- in normal circumstances they should not be doing any lab work in this lab; an exception might be if there is an equipment failure in the pre-clinical lab.

2nd year dental students
- the same circumstances apply to 2nd year dental students.

Any student needing to contact a patient by long distance after hours should access the phone in the student clinicians’ lab. It is the only Faculty phone available to students after clinic hours with long distance privileges.

Every student using the laboratory facilities, student clinicians’ lab or otherwise, is responsible for cleaning up after themselves.

16. PRECLINICAL LAB PROCEDURES AND STANDARDS (BRASS, HART, WET LABS)

Brass Lab D-218
- Always work after hours in the lab with a partner if possible.
- Always cover your work area with newsprint.
- Clean your work area after each lab session counters, mannequin, hoses and especially make sure to use plastic scrapper (each workspace should have one in the top drawer) and remove the wax from the floor around your work area.
- Make sure that the mannequin head is left assembled properly.
- DO NOT LEAVE any items on the counters or in the drawers. Staff will be monitoring and will remove all items.
- A Repair Requisition form must be completed for all equipment repairs and taken to the staff in Central Sterilization in D133. If staff is not available in Central Sterilization and the repair is URGENT call 799-5837 or EXT 3673 and leave a voice message for the Equipment Specialist/Technician.
- All supplies required for after hours will be stored in the cupboards at the back of the lab. Each student will be given the code for access, make sure to lock after use
- Monitors will be assigned weekly from each class. It is their duty to make sure that all students clean their personal workspace and the equipment and workspace in the Wet Lab, after each class. Monitors are also responsible for making sure that all curing lights and amalgamators are in their designated areas, to report if they are not working and to make sure that the front counters and sinks are cleaned after each class. Staff will be monitoring and failure to keep the lab clean and orderly will result in classes loosing the privilege of coming into the labs after hours.
- The monitoring schedule will be posted inside the lab door.
- CHEMICAL SPILL KIT is located on the counter behind the instructor’s station.
- FIRST AID KIT is on the wall behind the instructor’s station.
- WHMIS BINDER is in the black holder on the wall behind the instructor’s station.
- EYE WASH STATION is outside the lab in the hallway beside instructors station.
- FIRE EXTINGUISHER is by the phone on the back north wall.
- NEWSPRINT AND FACEMASKS are found in the middle drawer on the south wall counter.
- CLEANING SUPPLIES are found in the bottom cupboard on the south wall counter.
- TELEPHONE is on the north wall by the back door.

**Hart Lab D-220**

- Always work after hours in the lab with a partner if possible.
- Always cover your work area with newsprint.
- Clean your work area after each lab session counters, cupboard, hoses and especially make sure to use plastic scraper and remove the wax from the floor around your work area.
- Make sure the mannequin head is left assembled properly.
- DO NOT LEAVE any items on the counters or in the drawers. Staff will be monitoring and will remove all items.
- A Repair Requisition form must be completed for all equipment repairs and taken to the staff in Central Sterilization in D133. If staff is not available in Central Sterilization and the repair is URGENT call 799-5837 or EXT 3673 and leave a voice message for the Equipment Specialist/Technician.
- All supplies required for after hours will be stored in the cupboards at the back of the Brass lab. Each student will be given the code for access, make sure to lock after use
- Monitors will be assigned weekly from each class. It is their duty to make sure that all students clean their personal workspace and the equipment and workspace in the Wet Lab, after each class. Monitors are also responsible for making sure that all curing lights and amalgamators are in their designated areas, to report if they are not working and to make sure that the front counters and sinks are cleaned after each class. Staff will be monitoring and failure to keep the lab clean and orderly will result in classes loosing the privilege of coming into the labs after hours.
- The monitoring schedule will be posted outside the lab door.
- CHEMICAL SPILL KIT is located on top of the cupboard behind the instructor's station.
- FIRST AID KIT is on the wall by the north sink on the side counter.
- WHMIS BINDER is in the black holder on the wall by the north sink on the side counter.
- EYE WASH STATION is on the wall by the hallway entrance door.
- FIRE EXTINGUISHER is on the wall by the hallway entrance door.
- NEWSPRINT AND FACEMASKS are found in the middle drawer on the side counter.
- CLEANING SUPPLIES are found in the bottom drawer on the side counter.
- TELEPHONE is on the north wall by the back door in the Brass Lab.

**Wet Lab between Hart and Brass Lab**

- Cover your work area with newsprint to make clean up easier.
- Each student is responsible to clean up after him/herself, making sure to wipe counters and clean equipment. Each piece of equipment is labeled and has instructions on how to clean.
- Lab monitors will check daily before their class starts to make sure that the lab is cleaned and after each class to insure that the class has cleaned up. Directions are posted in the lab as to the procedure that is to be taken if the lab is found to not be in
an acceptable condition. Staff will be monitoring lab on a regular basis, and will inform students if not being left in acceptable condition.

- Failure for a class to clean the lab could result in losing after hour access to the labs.

CLEANING SUPPLIES ARE FOUND UNDER THE SINK BESIDE THE DOORWAY TO THE BRASS LAB.

17. PATIENT CARE (UNDER REVIEW)

A person is eligible to be a school patient if their required dental treatment is suitable for teaching purposes. Some patients are unacceptable because of their time restrictions, because of the complexity of their case for undergraduate teaching and others because of personality difficulties, etc.

a) Screening and Treatment Planning Patients

As a rule, all patients are screened through Oral Diagnosis for assessment of their Medical and Dental History. An intra-oral and extra-oral examination is then performed to determine if the patient is acceptable for Limited or Comprehensive Treatment in the undergraduate clinics.

- When 3rd or 4th year dental student brings in a friend or relative for treatment, the patient should NOT be booked into the Oral Diagnosis Clinic if you plan on treating the patient. Students should reserve their unit in Main Clinic in the discipline that relates to the treatment they expect to provide (e.g. Crown & Bridge, Operative, Removable Prosthodontics, General Practice Clinic).

  Patient demographics should be given to Reception Desk staff for entry into Axium under a temporary (T) chart number. The student can then reserve their unit with the T chart number, however, the patient will NOT be assigned until a Screening/Medical History package has been completed and authorized by Dr. Kim.

At the initial appointment, the student must complete, with their patient, the Screening/Medical History (package available at Reception Desk). Then have it checked and signed by an O.D. instructor or the Clinical Instructor to whom he/she is assigned BEFORE proceeding with the Comprehensive Treatment Plan. Chart Room/Reception Desk staff will issue a chart and enter and assign a patient on the computer when the Screening/Medical History is approved by Dr. Kim.

- When necessary, a Medical Consult MUST be generated by the supervising faculty or faculty from Oral Diagnosis or Clinic Administration. If there is time left in the clinic and there are no medical contraindications, the student may proceed with appropriate treatment.

- THE CHARTS FOR ADULT PATIENTS SCREENED IN MAIN CLINIC MUST BE LEFT IN THE CHART DROP. Chart Room staff will forward the chart to Dr. Kim who will review the medical and dental histories regarding the need for a MEDICALERT.
• Patients are classified according to suitability for treatment by 2nd, 3rd or 4th year dental students.

• Once a patient has been assigned to a student, the student must complete all necessary consultations, preferably, while the patient is being treatment planned and BEFORE proceeding with any definitive treatment. Consults must be written and signed in the Diagnosis and Treatment Planning Form (Comprehensive Treatment Plan form).

• Generally, all the patient's requirements will be attended to by ONE dental student or another member of the team (2nd, 3rd, 4th year Dental students and DH II student). EXCEPTIONS TO THIS REQUIRE APPROVAL AND TRANSFER BY DR. KIM OR GRETA LOEWEN PRIOR TO BOOKING OF PATIENT FOR TREATMENT.

PREREQUISITES FOR PATIENT TREATMENT REQUIREMENTS:

• SIGNED SCREENING/MEDICAL HISTORY/CONSENT FORMS
• ASSIGNMENT TO A STUDENT
• CREATION OF A APPROVED COMPREHENSIVE TREATMENT PLAN BY PATIENT AND INSTRUCTOR

ONCE A COMPREHENSIVE TREATMENT PLAN (CTP) HAS BEEN CREATED AND APPROVED, NO DEVIATION FROM THAT CTP IS PERMITTED WITHOUT THE SIGNING INSTRUCTORS’ APPROVAL.

The Treatment Plan will be prioritized into BLOCKS. For example, if a patient requires Perio, Operative, Endo and Crown & Bridge, the treatment plan may have treatment in the following blocks:

(fees quoted are for demonstration purposes only and do not reflect current fees)

<table>
<thead>
<tr>
<th>BLOCK</th>
<th>TREATMENT</th>
<th>EST. COST</th>
<th>LAB</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Endo #21 (1 canal)</td>
<td>$202.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perio - Initial Therapy (PSR2)</td>
<td>$72.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>#25 MO Ag</td>
<td>$60.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#16 O Ag</td>
<td>$46.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#36 MOD Ag</td>
<td>$73.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Perio Treatment Post Re-evaluation</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>#21 Cast Post (Incl. core)</td>
<td>$317.00</td>
<td>included</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#21 PBM Crown</td>
<td>$627.00</td>
<td>included</td>
<td></td>
</tr>
</tbody>
</table>
• On completion of the Comprehensive Treatment Plan, which includes the fee estimate, the student, the instructor and the patient must sign it in the designated spaces. The patient's signature indicates that he/she accepts the proposed treatment plan, the time involved and an estimated cost.

MAKE SURE THAT YOUR PATIENT UNDERSTANDS THAT THIS IS AN ESTIMATE OF COSTS FOR TREATMENT. CHANGES MAY BE NECESSARY AS TREATMENT PROCEEDS AND THEY WILL BE GIVEN REVISED COSTS AS REQUIRED.

b) Patient List

• An active patient list can be obtained in Info Manager under the Patient tab under the Patient List category. Click on Pre-Defined button select: either Alpha or Chart # sort Student Patient List. Then do a Search. To print: Select All and print on designated printer.

• Each student in 2nd, 3rd and 4th year dentistry has been grouped with a DH II & I student in order to facilitate patient transfers within the group.

• A list of the Dentistry/Dental Hygiene Teams (Appendix D) is enclosed. Depending on class size some students may have two sets of partners. Please check the list carefully. An assigned patient may have a 2nd, 3rd, 4th and DH I & II student listed.

One student will be the Primary Provider (student) for each patient. However, a dental hygiene student may be co-assigned as the perio provider. The primary provider can designate any of the treatment (with the exception of Endo and Crown and Bridge for 3rd year) to any of the other students in the group (e.g. Class I amalgam on #16 to 2nd year). These transfers must be arranged Dr. Kim or the Financial and Patient Management Administrator (Mrs. Greta Loewen).

TRANSFER OF ALL OTHER PATIENTS OR ASSIGNMENTS OUTSIDE OF THE TEAM REQUIRES AUTHORIZATION FROM DR. KIM OR GRETA LOEWEN. FAILURE TO DO THIS MAY RESULT IN NO CREDIT FOR UNASSIGNED PROCEDURES. TRANSFER OF PATIENTS ON THE CLINIC FLOOR IS NOT PERMITTED. THEREFORE, ONLY TREAT PATIENTS THAT ARE PROPERLY ASSIGNED.

c) Timely Treatment

• Treatment for patients must proceed in an appropriate sequence as determined by the Comprehensive Treatment Plan and in a timely fashion. Students who do not see a patient for 30 days will be required to meet with Greta Loewen, with the chart for appropriate action.

• You can obtain a list of patients within your patient pool who have overdue conditions by going to Personal Planner module in Axium and performing a search in the “OVERDUE PATIENTS” file.

d) Medical History Check
The patient's Medical History MUST be checked by the student at the beginning of EACH APPOINTMENT and be noted as the first entry on the Daily Treatment Record (N/C MED HIST). Significant changes are ALSO to be recorded in the Med History in the EHR.

**N.B.** Patients receiving types of treatment such as chemotherapy or radiotherapy frequently develop adverse oral conditions. Dental care can sometimes prevent this happening or at least help the patient cope with the resulting mucositis or other conditions. If a patient informs you that he/she is undergoing chemotherapy or radiotherapy, please take the chart to Dr. S. Ahing, Dr. J. Perry to arrange appropriate dental care.

**N.B.** Pedo School Bus Program
At each appointment, students are to enter “Medical History Update-Unavailable “in the patient’s chart. This is due to the fact that the children attend the clinic without a parent or guardian. Also, just a reminder to forward a letter to parents to emphasize the fact that they are responsible for informing the Faculty of any changes to their children’s medical history.

**e) Medical History Updates**

- If there has been a change in a patient's medical history (e.g. a change in medications), this must be recorded in the EHR. Do not write changes under the MEDICALERT stamp on the inside of the chart cover. All medical history changes are reviewed by Dr. Kim and recorded on the inside of the chart cover as appropriate.

- Stamp the Patient Assignment sheet (Appendix E) of the chart with the MEDICAL HISTORY CHANGE stamp located at the computer station in the Main Clinic. This will ensure that the chart is routed to Clinic Administration for the appropriate MEDICALERT entries to be made. A sample of a patient Assignment Sheet with history is provided in the Clinic Manual (Appendix E)

**f) Whenever a new Treatment Plan or Treatment Plan Update is done:**

- Enter the Comprehensive Treatment Plan or Treatment Plan Update into Axium in the Wright Computer Lab before the patient is seen in Clinic for any dental treatment. At the beginning of the next clinical appointment have the instructor approve/swipe the Treatment Plan in Axium and then proceed with treatment.

**g) Changes to Treatment Plan (see examples at the Student Centre Desk in Clinic Administration)**

- Whenever treatment planned procedures are altered (ex. change from FVC #26 to MCC #26 or #15 MO amalgam to #15 MOD Amalgam)
  - date it and have it signed by the instructor and the patient. The latter will indicate the patient’s acceptance of the change (informed consent).
  - it is essential that any such changes be made in the way described to ensure that students receive credit for work performed and that Treatment Plans are kept current.
  - Axium treatment plan should reflect the current planned treatment.
h) **Treatment Plan Updates are required when:**

- there is a major change in a treatment plan (e.g. operative->endo, operative->C & B, or addition of C & B or Removable Prosthodontics to a Treatment Plan) 

  or

- 1 year after completion of dental treatment (not including perio or endo recalls).

18. **PROTOCOL FOR RECALL PATIENTS IN DENTAL HYGIENE – REVISIONS PENDING**

Patients in Dental Hygiene may be seen twice (initial appointment plus one recall appointment). After completion of the recall appointment, patients should be referred to Dr. L. Stockton (pending availability) for an exit examination appointment. Dr. L. Stockton will assess the patient's oral health status to determine if the patient will be assigned to a dental student because of other dental needs, referred to private practice or retained in the dental hygiene recall system based on the following:

1) All Pediatric Dentistry Patients (up to age 14 mixed dentition) seen by dental hygiene students will be placed on recall.

2) Patients classified as PSR 1/2 should be placed on one year recall instead of six months, unless there are exceptional treatment circumstances to warrant a six month recall.

3) Patients who have reasonably healthy mouths, but have some medical complication (systemic disease, medications) or some other pre-existing condition which would make them a highly desirable learning opportunity for students.

4) Patients of the PSR 3/4 classification who require significant maintenance care (extensive scaling/root planing).

Students must record their recommendation for recall on the Daily Treatment Record planned in Axium and on the Dental Hygiene disposition sheet on the bulletin board outside the Chart Room.

19. **PATIENTS ACCEPTED FOR LIMITED TREATMENT**

Suitability of patients for **Limited Treatment** may be determined in the following situations:

- A patient may be assigned as **LIMITED TREATMENT** (e.g. endo only) by Dr. Kim or the Financial and Patient Management Administrator (Mrs. Greta Loewen) before the Treatment Plan is completed.

- After the treatment plan is completed in the Clinic, it is determined that the patient can be accepted for **LIMITED TREATMENT ONLY**. This should be noted on the treatment plan.

- Patients may be referred from Private Practice for Limited Treatment.

20. **REQUESTS FOR NEW PATIENTS**
When you require additional patients in any of the clinical disciplines, (except Pedo and Ortho) -

- sign up for patients in the correct PATIENT REQUEST BOOK (green cover for G.P. Clinic and red cover for 2nd & 3rd Year Dentistry) located in the Student Centre in the Clinic Administration office D-126. Request for Dental Hygiene patients are done on bulletin board outside Chart Room.

- see Greta Loewen or Dr. Kim if the request is urgent

- patients currently on your list must either have treatment in progress or completed prior to requesting new assignments.

- frequency of appointments and the timeliness of treatment will be monitored by the Financial and Patient Management Administrator (Mrs. Greta Loewen).

- students will receive notification of new patient assignments by an Axium e-mail.

- Patients who are screened by students on their Oral Diagnosis rotations are placed on the Faculty waiting list and not assigned to the students who screen them.

21. REFERRAL TO GRADUATE PERIODONTICS CLINIC (HYGIENE STUDENTS)

Patients who are to be referred to the Graduate Periodontics Clinic from the Undergraduate Clinic must have the attached Referral Form (See Appendix N) completed prior to referral. We would like to suggest that instructors ensure that the following steps are taken in the referral process.

Patients/clients who are assigned to Grad Perio may also be assigned to a dental as well as a dental hygiene student. To avoid confusion and duplication of services, please refer to the following. All patients/clients who are assigned to Grad Perio will have a “D” provider displayed on the patient’s chart tab on the Rolodex. All periodontal treatment for these patients/clients should default to the Grad Perio provider. Exceptions will need approval from Dr. Kim.

The dental hygiene student obtains Referral Form from ‘clinic forms shelves’ in Main Clinic.
1. The dental hygiene student requests perio consult from Periodontist or dentist in Main Clinic. The student should be prepared to describe reason for perio consult, site(s) involved, stage in dental hygiene treatment.
2. The dental hygiene student fills out the referral form indicating all required information and consulting dentist’s recommendations. Please see attached example.
3. The dental hygiene student takes the completed form to the consulting periodontist / dentist for signature prior to the end of the clinic session.
4. The dental hygiene student gives the patient the Patient Information Form for patients referred to the Graduate Periodontics clinic. Form is also available on ‘forms shelves’ in Main Clinic.
5. At the end of appointment, the dental hygiene student attaches the Referral Form to the chart and places both in the Chart Drop.
6. The dental hygiene student enters the “Referral to Grad Perio” Code in Axium.
22. PATIENT CANCELLATIONS

If a patient has more than two missed appointments without excuse or adequate prior notification may be dismissed as a patient from the Faculty. Students are asked to:

- enter all broken, missed and late appointments on the Daily Treatment Record
- have an Instructor initial the chart entry for confirmation
- request dispositioning of charts by entering information requested on disposition sheet on Greta Loewen’s door.
- whenever a patient fails to show, enter Failed on the patient’s electronic record history in Axium by right clicking on the appointment on the Scheduler.
- always advise your Clinical Instructor of a short notice (less than 24 hours) canceled patient or a late show for appointments. It is unacceptable for a student booked into clinic to simply not attend.

23. WRIGHT LAB COMPUTER ACCESS

Due to the security problems on the Bannatyne Campus, the Wright Computer Lab will require card access to enter 24/7. Under no circumstances is the door to be propped open at any time. Card access will only be given to Students, Academic and Support Staff in the Faculty of Dentistry. All students have been given card access on their ID Cards for D012.

24. LONG DISTANCE TELEPHONE CALLS

Some of the patients assigned to you will live outside Winnipeg and a long distance charge is associated with all telephone calls.

- STUDENTS ARE ALLOWED TO PHONE THESE PATIENTS FROM THE FACULTY USING THE TELEPHONES IN THE MAIN CLINIC AND IN THE WRIGHT COMPUTER LAB.

The phone in the Wright Computer Lab has been given long distance (LD) capabilities. Please use this phone if you are required to call a patient who has a long distance phone number. There are no LD capabilities on the phone in the Senior Lab but the phone will remain for emergency purposes.

- STUDENTS ARE NOT ALLOWED TO CHARGE TELEPHONE CALLS FROM OUTSIDE THE FACULTY TO A FACULTY NUMBER.

- ANY THIRD PARTY CALL CHARGED TO THE FACULTY WILL BE IDENTIFIED AND THE RESPONSIBLE STUDENT WILL BE CHARGED THE COST OF THE CALL PLUS A $15.00 ADMINISTRATION FEE.
• **A Long Distance Call Form** (available beside the phones in Main Clinic and Wright Computer Lab and at Student Centre Desk in Clinic Administration D126) **MUST** be completed for each call.

• Completed forms should be left at the Dean's office reception desk (D113).

**25. CLEARANCE OF CHARTS (TREATMENT COMPLETED) (UNDER REVIEW)**

Once treatment has been completed for any patient and all grades/changes have been entered, the chart should be cleared from your list. **DO NOT WAIT UNTIL THE END OF THE YEAR TO CLEAR ALL OF YOUR CHARTS.**

**During the Academic Year**

- **Ensure Axium history is current and accurate**
- Complete the **“CLINIC CLEARANCE”** portion of the Patient Assignment Sheet. Appendix E or
- Fasten a completed **sticker** over **the top right side of the Patient Assignment Sheet**.
- All chart forms must be fastened into the chart and in proper order (see p.4 - ORDER OF CHART DOCUMENTS)
- Ensure that all fees have been collected, if so, drop chart with completed “clearance” information into chart drop and note on Disposition Sheet on either Greta (3rd year) or Dr. Kim’s (4th year) door that patient is completed.
- If there is an outstanding balance ensure that all applicable fees have been entered on Axium, then see Greta with the chart to discuss necessary action (i.e. statement, write-offs, etc…).

**Final Clearance**

- Complete the steps outlined above.
- For 4th year students, all charts will be reviewed by Dr. Kim regarding treatment and by Sylvia Backman for fees.

Pediatric Dentistry and Orthodontic charts will be cleared by the respective Section Heads for review of treatment and Greta Loewen for fee review.

**26. APPOINTMENT SLIPS**

• Appointment slips are available at the Dispensary or Reception Desk.

• If a fee is to be collected at the next appointment, mark the amount on the slip as a reminder.

• It is the student's responsibility to arrange suitable appointments and ensure fees are collected regularly (at the end of each appointment). The Transactions file of the patient record in Axium assists with quoting of fees, provided the **TREATMENT PLANNED/COMPLETED** information has been entered accurately.
• Please advise all patients of the duration of appointments, including the parents of your Pediatric Dentistry and Orthodontic patients.

27. MEDICAL CONSULTATIONS

All medical consultations, other than for patients being seen in Oral Diagnosis, will be performed in the following manner.

• Oral Diagnosis Clinical Faculty will evaluate the medical history and determine whether or not a consultation is necessary.

• Consultations will always be in writing (generated by the student and Oral Diagnosis Instructor and signed by the patient). Make sure that the consult covers everything significant in the medical history and that the questions are specific. When consults are sent out and returned, they will be evaluated by Drs. S. Ahing or J. Perry, to assure that they are understandable and pertinent to dentistry or the specific dental procedure(s) noted in the consultation.

• Consultations by phone will be done in exceptional situations as determined by Oral Diagnosis staff and are to be followed up in writing the same day.

• Charts are to be signed out to Oral Diagnosis (via the chart room staff) with the Medical Consult form. A copy of the consult form will remain in Oral Diagnosis and the chart will be on HOLD at the Reception Desk.

• Students are NOT ALLOWED to proceed with treatment, until the consult has been returned, without permission from Dr. S. Ahing, Dr. J. Perry or Dr. Kim.

If in doubt about the patient's medical status, consult with Dr. S. Ahing, Dr. J. Perry or Dr. Kim.

28. PATIENTS REQUIRING PROPHYLACTIC ANTIBIOTICS – CLINIC PROTOCOL FOR THE PRESCRIBING OF PROPHYLACTIC ANTIBIOTICS WILL BE DETERMINED BY DR’S PERRY AND AHING.

• Patients accepted through Oral Diagnosis who require prophylactic antibiotics (as confirmed by medical consultation) MUST be treatment planned in one clinic session.

• When the treatment plan has been determined, Dr. Kim will review the proposed treatment and determine whether the patient is suitable for treatment in the undergraduate clinics or should be referred to C3 (Health Sciences Centre Dentistry Clinic) or to private practice.

• At each appointment, indicate on the Daily Treatment Record that the patient has taken the proper type and amount of antibiotic (number of tablets and (milligrams/tablet).

• Also note that the patient was advised to take the next dose at the appropriate time.
• The current recommendations from the American Heart Association (under review) will normally be followed (Appendix I), unless otherwise indicated on the inside of the chart cover by Dr. Kim.

• Scheduling of appointments should be a minimum of 10 days apart for these patients.

29. INTERDISCIPLINARY CONSULTATIONS

Each discipline has a consultation code and one or more of these may be assigned for any given patient. Consultations with the various disciplines are to be completed by:

• Having the Instructor(s) write their recommendations, sign and date the Treatment Planning Form.

• Enter and have instructor swipe the appropriate Consultation Code into Axium as complete (“C”).

30. PROTOCOL FOR ORAL DIAGNOSIS CONSULTATION

• The protocol for Oral Diagnosis/ Oral Radiology/ Oral Medicine/ Oral Pathology consultation of undergraduate dental/dental hygiene patients in the Main Clinic is stated below.

1) The dental/dental hygiene student will discuss the need for an oral diagnosis/ oral radiology/oral pathology consultation with their instructor.

2) If such a consultation is deemed necessary by the instructor, the student will seek consultation with the Oral Diagnosis instructor overseeing the Oral Diagnosis Clinic, by completing an Oral Diagnosis Consultation Request Card. This card is available upon request in the Oral Diagnosis Clinic. The reason for the consultation must be clearly stated using appropriate medical/dental terminology. (See Appendix A)

3) The Oral Diagnosis instructor, when free of immediate duties in the Oral Diagnosis Clinic, will consult with the patient and student in the Main Clinic.

4) If the consultation requires the expertise of an Oral Pathologist, the Oral Diagnosis instructor will make such a determination, and the oral diagnosis instructor:

   a) will contact an Oral Pathologist directly, or

   b) in the event an Oral Pathologist is not available, will complete a Faculty Referral Form (see Appendices N), also available in the Oral Diagnosis Clinic, for patient re: appointment by the Oral Diagnosis Clinic support staff at a time when an Oral Pathologist is scheduled in the Oral Diagnosis Clinic.

• This protocol has evolved to facilitate consultation of patients as expeditiously as possible. Normally an interdisciplinary consultation would require rebooking of the patient at a time not necessarily convenient to the patient, or at a time when the student
may not be available to attend. In the great majority of cases, the Oral Diagnosis instructor is able to complete the consultation request, without the intervention of an Oral Pathologist, during the clinic period in which the consultation request has been initiated.

31. PATIENTS ASSIGNED FOR ORAL SURGERY

Assignments for Oral Surgery and Oral Surgery Consults mean that it is the assigned student's responsibility to have the patient treated at the appropriate time. If your patient requires extractions, determine with an Oral Surgery Instructor:

- when the surgery should be done
- by whom the surgery will be done (i.e. 3rd year student, 4th year student, O.S. resident, etc.) and arrange the appointment for the patient through the Oral Surgery Clinic (Rm. D130)
- indicate on the Daily Treatment Record the date and time of the appointment
- the patient must be advised that a Consultation fee of $45.00 will be charged if the patient is to be treated in the Graduate Oral Surgery Program
- no consultation fee will be charged if treatment is to occur in the Undergraduate Oral Surgery Clinic.

32. DENTAL EMERGENCIES (UNDER REVIEW)

No patient in pain is refused treatment for the relief of such pain during those hours in which the Oral Diagnosis Clinic is open. These cases are routinely handled in the Oral Diagnosis Emergency Clinic.

- Patients who have been assigned WITHIN ONE MONTH and not yet seen by the assigned student, will be treated as a routine emergency patient and will be seen in the Oral Diagnosis Clinic by assigned OD students.

When emergency patients have been on a student’s Patient List for more than ONE MONTH but have not been seen by the assigned dental student the assigned student will be responsible for providing, or arranging to provide, the required treatment that day.

If the student has difficulty in arranging to treat the emergency patient, he/she should seek assistance from the Reception Desk Staff. Such appointments are to be scheduled only in cases of patients experiencing extreme pain. Students are not to be adjusting dentures, correcting occlusion of recent restorations, etc in O.D. Your patient may be seen in Oral Diagnosis depending on the OD patient load and the number of assigned students. If this is not possible, attempts will be made to page an available student. The patient must be treated by the assigned student if other arrangements cannot be made.
All students who have had a patient cancellation are to advise the Reception Desk staff and be available to treat emergencies.

- Students will not be called from tests, lectures, labs or seminars to provide emergency treatment. These patients will be seen in the Oral Diagnosis Clinic by the students assigned to this clinic.

- Students on their Oral Surgery rotation will leave that area to provide emergency care **ONLY** with the permission of the Oral Surgery instructor.

- Students on rotation (hospital or community) or absent from clinic for any other reason must arrange for coverage by a classmate. Return the form in **Appendix P** to Clinic Administration in Rm. D126.

33. **EMERGENCY PROTOCOL FOR PEDIATRIC DENTAL PATIENTS**

No child in pain will be refused treatment. A child who presents with oral pain, whether already accepted as a pediatric dental patient or not, will be seen on an emergency basis in the Oral Diagnosis Emergency Clinic. The following guidelines should be observed.

Depending on patient co-operation and behavior, treatment will be carried out as follows:

   **a)** Patients with no behavioral problems - these children can be treated as routine patients and will be seen in the Oral Diagnosis Clinic by the students assigned to this clinic.

   **b)** Behavior management problems - if patients cannot be managed for some reason in the Emergency Clinic, the patient should be referred to the Children’s Hospital Dental Department (phone 787-2516 Monday - Friday, 8:30am - 4:30 p.m.) using a Faculty of Dentistry “Referral Form”. (Appendix N)

34. **AFTER HOURS DENTAL EMERGENCY PROTOCOL**

This protocol is established to assist **ACTIVE** Faculty patients in receiving **EMERGENCY** dental treatment after normal working hours. This service is available only for emergency treatment and is not to be used for the patient’s convenience.

A) **After Hours Protocol For Students**

1) Give each of your patients your **FULL NAME** and a **TELEPHONE NUMBER** at which you can be contacted after normal working hours.

2) Ensure that **ALL** of your patients are advised of the protocol to follow if a dental emergency arises.

3) **I. UNDERGRAD PATIENTS - IF CONTACTED** after hours or on the weekend by a patient, and the student determines the patient requires immediate attention, student will refer patient to Polo Park Dental Centre at 774-2521 or Sturgeon Creek Dental Centre at 958-9500. Depending on the nature of the emergency, the
student may alternatively ask the patient to go immediately to the nearest hospital emergency room.

II. ORAL SURGERY PATIENTS – UNDERGRAD PATIENTS - IF CONTACTED after hours or on the weekend by a patient, and the student determines the patient requires immediate attention, student will call Health Sciences Centre Paging (787-2071) and ask to speak to the Oral Surgery Resident-On-Call. The student will then arrange to meet the resident and the patient at H.S.C to follow up and take care of the patient issue.

B) After Hours Protocol For Adult Patients
For any patient contacting you with the following symptoms should be swelling, fever, bleeding and other symptoms that might be interpreted as life threatening, the patient should be referred to the nearest Hospital Emergency room.

C) After Hours Protocol For Pediatric Dental Patients
Students must ensure that the parent/guardians of all pediatric dental patients have the Children’s Hospital Emergency phone number (787-2306) in case of emergencies.

35. FACULTY FEE POLICY

- Fees are charged for all treatment provided. All patients are advised of this fact, in writing (Appendix W Information for Prospective Patients), prior to their acceptance. The Faculty Fee Schedule is to be followed (Appendix I).

- Familiarize yourself with the Faculty Fee Schedule. Keep a copy in your Clinic Manual Binder. Be aware of all treatments which have fees attached, e.g. Pontic, Treatment Plan, etc.

- IT IS THE RESPONSIBILITY OF THE STUDENT TO PROVIDE EACH PATIENT WITH AN ESTIMATE OF THE COST OF TREATMENT once a Comprehensive Treatment Plan has been finalized. Fee presentation must be noted on the Treatment Planning Form and the estimate of cost signed by the patient, student and the instructor. Please note that once treatment plan has been approved and entered on Axium an estimate can be printed from Axium.

- When presenting the patient with the proposed treatment plan and the estimate of the cost, advise the patient of the method and expectation of payment, i.e. payment after each appointment, payment in advance etc. Our payment policy must be completely understood and accepted by the patient before any further treatment can proceed.

All procedures must be correctly entered into AxiUm to ensure proper medico-legal requirements are met and so a patient balance can be generated for payment when the patient is dismissed. Payment is expected at the conclusion of each appointment.
**ENDO FEES**

- The access opening fee is to be included in the endo fee if the patient is seen for completion of the root canal within 3 months of the access opening. Please use the Fee Waiver Form for this adjustment.
- Half of the endo fee is due at the onset of endodontic treatment with the balance due upon completion of the endo.

As a patient incentive, once endo has been completed and paid for, if a crown is needed and is completed here within one year of the completion of the endo, half of the endo fee will be credited to the patient at final billing of that crown.

**LAB BILLS**

- Laboratory fees are included in the overall cost of the procedure. A lab fee will be assessed for all procedures where a lab fee is indicated for your information and our record keeping.
- If a student performs the lab work the lab will generate a lab bill. Original lab bills are delivered to Clinic Administration at the same time the case is delivered to the control room. One copy of the lab bill is included with the case, one copy is filed in the chart and one copy is filed in the lab bill binder kept in Clinic Administration Office.
- Lab cases in the impression stage will not be sent out unless the patient has made the appropriate payment (approx. 50%), and final cases will not be released to the chart room unless payment has been paid in full.

**PATIENTS ARE REQUIRED TO PAY FOR TREATMENT AT EACH APPOINTMENT.**

- Ensure that all transactions have been entered and approved in Axium
- Take the patient and the chart to the Reception Desk for payment. Payment can be made by cash, cheque (payable to the University of Manitoba), Interac (direct payment) or credit card (Visa or MasterCard).
- The cashier will enter the payment directly into Axium.
- The patient is given the regulation receipt. Patients may pay prior to the appointment to avoid lineups that normally occur at the end of the clinic session if the fee is known prior to the start of the appointment, or if they wish to make a down payment on account.
- Records will be closely monitored by the Financial and Patient Management Administrator (Mrs. Greta Loewen) in the Clinic Administration office.
- Treatment may be placed on HOLD until payment is received at the discretion of the Associate Dean Clinics.
- Patients for whom fixed or removable prosthodontics, all cast restorations, pedodontic and orthodontic appliances are planned are required to pay the procedure fee PRIOR to the start of treatment and the remaining laboratory fee prior to the conclusion of treatment.
- Any student proceeding with treatment without recording the appropriate treatment codes and fees in the chart and in Axium and collecting the appropriate amount WILL BE SUBJECT TO DISCIPLINARY ACTION.

- Any exception to this policy is to be approved by the, Associate Dean Clinical or the Financial and Patient Management Administrator (Mrs. Greta Loewen) ONLY.
- If it is determined that the student has not followed clinic policy concerning the collection of fees, he/she may be suspended from clinic at the discretion of the
Associate Dean Clinical Ignorance of this regulation will not be considered as an excuse.

FEE ADJUSTMENTS:

Any requested adjustments to fees must be initiated with the FEE ADJUSTMENT FORM. Please note that while you or an instructor may think it is advisable to adjust or waive a fee, THE ONLY PERSON AUTHORIZED TO ALTER FEES IS THE ASSOCIATE DEAN CLINICAL. Students and instructors DO NOT have this authority.

It is appreciated that during your supervision of dental treatment at the Faculty of Dentistry you may be of the opinion that certain treatment should be provided at no cost or at a reduced cost to a patient. If such a situation arises, you are required to document your recommendation including your reason(s) on the FEE ADJUSTMENT FORM. The patient should be advised that this recommendation will be forwarded to the attention of Greta Loewen for appropriate approval/administration. If the recommendation is approved, the patient will be informed.

- IF THE ASSOCIATE DEAN CLINICAL IS UNAVAILABLE, THE FINANCIAL AND PATIENT MANAGEMENT ADMINISTRATOR (MRS. GRETA LOEWEN) or the Clinic Director, Dr. Kim MAY BE CONSULTED.

- Students are required to review their patients’ accounts on a weekly basis. (Info Manager Report, Billing file, select category: Patient Balances, do search).
- Please see A/R Assistant or Greta in the Clinic Administration Office (D126) if corrections are required.
- Patient account balances on Axium should be checked for accuracy after each appointment. THERE SHOULD BE NO BALANCE OWING. To view the details of your patient’s account, select their name on the ROLODEX memo pad and click TRANSACTION. You can view all transactions in the GENERAL file or if you want to see only the treatment charges you should select the TREATMENT file. To see only the payments made on an account select the PAYMENT file. Treatments that have been completed on the HISTROY of the DENTAL CHART but that do not appear in the TRANSACTION file will be in the CHECK OUT window and must be graded/swiped by an instructor.

If, when reviewing your patient’s account, you find incorrect entries take the chart to the Reception Desk and have your patient pay the amount you calculate to be correct according to the Faculty fee guide. Then arrange a time for Sylvia or Greta to review the chart. you may be referred to your instructor for the completion and grading of procedures.

Please remember that the accuracy of your patient’s account and your grades are dependent on you selecting the appropriate codes and action (i.e. Completed-“C” vs. In Process-“I”)

- See the Financial and Patient Management Administrator (Greta Loewen) if you have any questions/problems concerning your patient(s) accounts.

PATIENTS WITH 3RD PARTY DENTAL INSURANCE
• The current Screening Form will indicate if the patient has dental insurance or is covered by Social Assistance. Social Assistance patients are office coded 3GIPA in Axium.
• Guidelines for treating patients on Social Assistance are included in the Clinic Manual (Appendix J).
• These patients will require treatment pre-authorization prior to treatment. **DO NOT PROCEED WITH TREATMENT PRIOR TO RECEIVING PRE-AUTHORIZATION** (see staff at the Reception Desk).
• Upon determining that a patient has such coverage, please advise the Reception Desk staff who will enter the appropriate insurance information and coding on Axium.
• Pre-authorization prior to initiating some forms of treatment is a requirement of all of the plans. This information is entered on AXIUM and appears on the patient Rolodex under Office Codes (3PREA – Third Party Insurance).

It is our endeavor to make insurance pre-authorization as efficient as possible in order that you can proceed with treatment for your patient(s). Therefore, if a patient requires insurance pre-authorization please ensure that the following occurs:

1. Once the Comprehensive Treatment Plan has been completed, it must be entered accurately and approved (swiped) by your instructor in Axium.

   **PLEASE NOTE:** Pre-existing conditions (i.e. bridges or crowns) must be indicated (chart as E on Axium) or the insurance company will request whether it is initial placement and that will delay the pre-authorization process.

2. Escort your patient to the Reception Desk to ensure that their insurance information is complete and accurate and to advise the reception desk staff that a **PRE-AUTHORIZATION** is **REQUIRED**.
3. The staff will stamp the Daily Treatment Record with a green (**PRE-AUTHORIZATION REQUIRED**) stamp.
4. Drop the chart into the chart drop at the end of your clinic session/day as usual. The chart room staff will direct the chart to the reception desk the next day for print of pre-authorization and approval.

• Each year, a number of patients have treatment provided by students without proper authorization resulting in losses of thousands of dollars for the faculty.
• **If a student knowingly provides treatment for a patient on 3rd party insurance without pre-authorization, credit for those procedures may be denied.**
• If treatment has been started, the student is usually responsible for completing the treatment as well as the lab work.
• The Associate Dean Clinical may authorize treatment to proceed without authorization from the insurance company or prior to authorization when no other suitable patients were available.
• Information requested by insurance companies should be completed by the dental student with the instructor, and returned to the Reception Desk within one week.

*The Financial and Patient Management Administrator (Mrs. Greta Loewen) is available to meet with students to discuss problems concerning fees.*
36. BLEACHING PACKAGE & PRE-RINSE

Home Bleaching Services provided by students to patients at the Faculty are a service that must be supervised by a dentist and need to be part of the patient’s history. Therefore, students must enter the appropriate treatment code: 97121 (Mx Arch), 97122 (Md Arch), 97123 (Both Arches) and 97120. Refills are provided only when the patient is present and when these services are rendered. It is the responsibility of the student to enter treatment history on AxiUm and collect appropriate fees for the kit(s)/refill(s) at the time of delivery.

Listerine pre-rinse is available at the Dispensary for PSR/SPT 3 & 4 patients/clients. The fee is included in the Faculty fee.

37. MEDICAL EMERGENCY PROTOCOL

General Procedures to follow in case of a medical emergency:

1. The first person (staff or student) on the scene should assist the victim if possible, and immediately call for help from Staff in the Vicinity.

2. The staff member will page “Dr. Stat” by
   i. Dialing 54 (to access paging system)
   ii. then, Dialing 0 (to access whole bldg)
   iii. Repeat 3 times “Dr. Stat” and location 3 times.

3. All licensed dentists on staff are qualified to attend and should do so when required. The most qualified person attending will assume the overall management of the situation. Any of the following staff that attend the emergency will automatically assume over-all management of the situation:

   Dr. S. Ahing      Dr. C. Cottick
   Dr. J Perry       O.S. Residents
   Dr. L. McFadden   Dr. A. Stoykewych
   Dr. C. Dale       Dr. T. Blight

4. Once a responsible person has indicated that a true medical emergency has occurred, the Reception Desk staff should be informed and will immediately dial 555, using a line that has been kept open for this purpose. Advise the Reception Desk staff person of the patient’s condition: i.e. conscious, unconscious, pulse, breathing or not breathing.

5. The Ambulance Service should be told to come to the 780 Bannatyne Ave. entrance. If the emergency is in the basement, on the second or third floor advise the Ambulance Service of the elevator and its space limitations. The responsible person in the area of the emergency should designate a staff person to meet the Ambulance Staff at the 780 Bannatyne Ave. entrance and escort them to the site of the emergency.
A responsible person involved in assisting the victim should travel with the ambulance to inform the hospital staff of the circumstances of the collapse, and provide any other relevant information. The Faculty chart can be taken with the patient, if needed.

Whoever is in attendance must assess the situation and call the Reception Desk to contact an ambulance or call 555 directly if unable to reach anyone at the Reception Desk.

6. **Location of Positive Pressure Oxygen Sources**
   - Main Clinic Dispensary (2)
   - Oral Surgery Clinic
   - Oral Diagnosis Clinic
   - Private Practice Suite
   - Ortho Clinic
   - Grad Perio Clinic (D339)

7. **Medical Emergency Kits**
   Each clinic dispensary will have a kit accessible at all times

8. **Epinephrine (Adrenaline) 1:1000**
   Located in each clinic dispensary in Medical Emergency Kits.

9. **Medical Emergency Baskets**
   - i. Main Floor - Oral Surgery Clinic Dispensary (adult only)
   - ii. Main Floor - Main Clinic Dispensary (adult & Pedo)
   - iii. Second Floor - Private Practice Suite (adult only)
   - iv. Third Floor - Perio Graduate Clinic (adult only)

10. **Automatic External Difibrillator (AED)**
    - i. Main Clinic wall opposite computers
    - ii. Oral Surgery Clinic
    - iii. Graduate Periodontal Clinic

38. **REPORTING OF INCIDENTS**

   Campus Police (Phone 555) must be informed by Clinic Reception staff that an emergency has taken place and advised of the particulars of the incident. All incidents must be reported in writing as soon as possible. **Incident Report** forms are available in the Clinic Administration office and are to be returned to the office of the Associate Dean Clinical on completion.

39. **EMERGENCY KIT CONTENTS**

    1. Ventolin inhaler (1/kit)
    2. Ammonia ampoules (2/kit)
3. 12 gauge needle (2 inch)
4. Epinephrine vials and syringes
5. Benadryl Steri-dose syringe 50 mg/mL (2/KIT)
6. Nitrolingual Spray 0.4 mg dose; 200 doses (1/kit)
7. Benadryl capsules 25 mg (4 capsules/kit)
8. Laerdal Pocket Mask w/valve (1/kit)
9. Tourniquets (3/kit)
10. Fruit juice (2/kit)
11. 1 pair ea. S, M. & L latex gloves
12. Powdered milk
13. Ipecac syrup (Main Clinic only)
15. Flashlight/Batteries
16. Alcohol swabs (4)
17. Icing Sugar (Main Clinic only)

EPI PENS AVAILABLE IN MAIN CLINIC, ORAL SURGERY AND GRAD ORTHO EMERGENCY KITS ONLY. ALL OTHER KITS HAVE VIALS AND SYRINGES THAT HAVE TO BE ASSEMBLED BEFORE USE. **PLEASE ORIENT YOURSELF WITH THIS PROCEDURE**

40. MANAGEMENT OF PATIENTS WITH HERPETIC LESIONS

1. Confirm diagnosis with O.D. Staff prior to any treatment.

2. Oral Diagnosis Staff will identify stage of lesion.

<table>
<thead>
<tr>
<th>STAGE</th>
<th>TREATMENT*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRODROMAL STAGE</td>
<td>• no treatment restrictions.</td>
</tr>
<tr>
<td>• infectivity +</td>
<td>• modify appointment schedule to avoid</td>
</tr>
<tr>
<td>• patient is aware</td>
<td>lesion in the vesicular stage.</td>
</tr>
<tr>
<td>lesion will appear</td>
<td></td>
</tr>
<tr>
<td>in a few hours</td>
<td></td>
</tr>
</tbody>
</table>

| VESICULAR STAGE     | • treatment should be limited to relief of    |
| • infectivity +++++ | pain/infection.                               |
| • most infectious   | • no elective treatment**                     |
| stage               |                                                |
| • small gray or     |                                                |
| white vesicles      |                                                |
CRUSTING STAGE
• infectivity ++ • treatment should be limited to procedures that don't produce aerosols or splatter.
• less infectious than vesicular stage • (no cavitron or gross scaling or polishing, care in removing rubber dam).

IMMEDIATE POST-LESION STAGE
• infectivity + • no treatment restrictions.

* all patients should be treated using normal barrier protections - gloves, mask, patient/operator glasses.

** exceptions depend on:
- agreement between staff/student and patient.
- nature of procedure.

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

- Cover lesion with petroleum jelly prior to treating patient.
- Ensure that the herpetic lesion is not a marker for any underlying systemic disorder, that the patient understands to apply any medications that may be prescribed, that the patient understands how to avoid inoculation and cross-infections.

41. MANAGEMENT OF INGESTION AND ASPIRATION ACCIDENTS

A) Ingestion Of Fluoride

1. a. Induce vomiting. 16 mL of Ipecac Syrup (Main Clinic emergency kit).
   b. If no vomiting, give milk or a soluble calcium salt.
   Pediatric dosage: 15 ml/kg to a maximum of 200-300 ml.
   Adult dosage: 200 - 300 ml.

2. Hospitalize for evaluation.

B) Ingestion of Corrosives (Acids, Alkalis, Sodium Hypochlorite)

1. a. Do not induce vomiting.
   b. Ingest 200 - 300 ml of milk (water is second choice).
   c. If available, 100 ml of 2.5% sodium thiosulphate.

2. Hospitalize for evaluation.

C) Broken Thermometer
The small amount of mercury is not harmful. Soft tissues which are injured should be irrigated, sutured if necessary. Irrigation fluid should not be ingested. For medico-legal purposes, a poison control opinion should be sought.
D) **Ingestion Of Mercury**

1. **a.** Give 200 - 300 ml of milk and 2 egg whites.
   **b.** Do not induce vomiting.

2. Transport to hospital.

E) **Cyanoacrylate**

1. **a.** Place the patient over a sink. Avoid swallowing.
   **b.** Irrigate lips and mouth with copious amount of warm water for 10-15 minutes. A few drops of nitromethane may be used if water fails. Nitromethane can be used on ophthalmic mucosa as well.

2. Gently separate lips. Prescribe antibiotics for secondary infection if necessary.

**General Comments**

Do not give anything by mouth if the patient is comatose.

Do not give emetics (or induce vomiting) if:

- **a.** comatose, convulsing, or if there is loss of gag reflex;
- **b.** pH of ingested substance is not close to physiologic (neutral) *i.e. strong acids and alkalis.*

The first void of vomitus should be kept for laboratory analysis.

Refer to a physician as necessary.

F) **Aspiration of Metallic Objects**

Determine if aspirated or ingested. Search for object. If it is not found, a chest radiograph is required. Do not give laxatives. If the radiopacity of the object is unknown, do a test film with a dental radiograph first. Requisition forms are available in Oral Diagnosis or from Dr. S. Ahing.

42. **SPILL CLEAN-UP PROCEDURE - MAIN CLINIC**
   - also see MSDS D138

Eliminate all sources of ignition. Whenever there is a Chemical Spill in Main Clinic or other areas of the building, inform Clinic staff immediately.

**Alcohol – Denatured (in torches and lab containers)**

- Eliminate all sources of ignition
- Collect products for recovery or disposal
- Ventilate enclosed spaces

**Alcohol – Isopropyl in Units**

- Keep area from sparks/flame

**Alcohol**

- Eliminate all sources of ignition
- Provide adequate ventilation
- Use Chemical Spill Kit for clean-up and disposal

**Betadine**
- Ventilate area. Wash spill site after material pick up is complete.

**Chloroform**
- Use Chemical Spill Kit for clean-up and disposal.

**Copalite**
- Use Chemical Spill Kit for clean-up and disposal.
- Residue remaining can be removed with isoprophyl alcohol.

**Duralay Liquid**
- Remove sources of ignition.
- Prevent skin contact. Do not breathe vapor.
- Use Chemical Spill Kit for clean-up and disposal.

**Hemodent**
- Wash area with water.

**I.R.M.**
- Use Chemical Spill Kit for clean-up and disposal.

**Mercury**
- Do not touch the spill.
- Use acceptable mercury absorbent material. **DO NOT INCINERATE.**

**M7 Bleach (Sodium Hypochlorite)**
- Use Chemical Spill Kit for clean-up and disposal.

**Sodium Hypochlorite**
- Ventilate area. Flush with water and mop up.

**White Satin**
- Wipe up, mop or soak with absorbent material. Wash area with a strong detergent. Watch for slip hazard.
43. FIRE ALARM PROTOCOL

• **IN CASE OF A CONTINUOUS FIRE ALARM,** students are directed to evacuate their patients from the building in a calm and orderly manner.

1) **Oral Diagnosis and Oral Surgery Clinics** - evacuate through the 780 Bannatyne Avenue exit

2) **Radiology Clinic** - evacuate through the Waiting Room at the 790 Bannatyne Avenue exit

3) **Main Clinic** - evacuate through the Main Clinic doors and direct patients through either the Waiting Room at the 790 Bannatyne Avenue exit or through the 780 Bannatyne Avenue exit, depending on the patient flow.

4) In cold or bad weather, students are to take their patients to the PsycHealth Centre. A Fire Warden will advise when it is safe to return to the Dentistry building.

**DENTAL STUDENTS MUST REMOVE RUBBER DAM FROM THE PATIENT’S MOUTH BEFORE EVACUATING THE CLINIC.**

Please note the placement of Fire Blankets mounted on the wall in the Main Clinic (Rm. #D128) and the Student Clinician’s Lab.

**IN THE CASE OF AN INTERMITTENT ALARM** (indicates occupants should be prepared to evacuate), the building **DOES NOT** need to be evacuated.
University of Manitoba
Faculty of Dentistry

44. WORKING ALONE POLICY

When students work alone at any time the purpose of a working alone policy has two parts:

1. Ensure that when students are working alone they can get help in an emergency.
2. In cases where student is incapacitated or unable to call for help themselves someone must come looking for them.

Emergencies include but are not limited to physical injury due to illness or trauma, fire, flood, explosion, structural collapse, poisoning, intrusion/invasion by unauthorized or dangerous people or any other event which threatens the safety and security of people, property or the environment.

Procedure elements:

1. **Communication** – A worker must be able to attract assistance in case of emergency. Communication elements include:
   - Phones (land lines dial #555, cell phones and emergency red phones).
   - If all else fails pull the fire alarm

   **DON'T FEEL FOOLISH IN ASKING FOR EMERGENCY HELP, IT COULD MEAN YOUR LIFE!**

2. **Planning** – It is recommended that students pair up when doing lab work after hours (Saturday/Sunday/holidays, Monday to Friday from 5:00 p.m. to 8:00 a.m.). However, if a student must work alone someone should know and care. Planning elements are:
   - **Check in** - with a supervisor, friend, relative or spouse (guardian). Contact Security Services @ 789-3330.
     - Let them know where you are going to be working (room #).
     - Let them know how long you expect to be working.
     - Tell them if you move.
   - **Check up** - with your supervisor, friend, relative or spouse (guardian).
     - At specific intervals (i.e. hourly) if you will be working alone for a long time. If you miss your check-up time your guardian should try contacting you and come looking for you if they cannot contact you.
   - **Check out** - with your supervisor, friend, relative or spouse (guardian). Contact Security Services @ 789-3330.
45. CLINIC BOOKING SYSTEM

- **EVERY STUDENT HAS A FIXED ROTATION.** This means each student has a unit reserved in one of the clinics and is assigned to one of the disciplines available during that session. Each student is responsible for bringing in a suitable patient from his/her list of patients in the assigned discipline.

- **Students are allowed to book a patient for any session** during the current week, and any session during the 4 WEEKS FOLLOWING THE CURRENT WEEK, provided that they are scheduled to be in the clinic and not on an out of clinic rotation (e.g. Oral Diagnosis) for that session.

DENTAL STUDENTS

- Units have been assigned for third year and fourth year dental students for Monday – Thursday according to student rotations. If you will be using your unit **YOU MUST RESERVE IT** and complete the patient information in Axium Scheduler before 3:00 p.m. the working day prior to the appointment. Your chart will be delivered to your assigned unit and you will be able to set-up in as required.

4th YEAR BOOKING SYSTEM

The Dent 4 Booking system is intended to offer flexibility to 4th year dental students’ scheduling, minimize the necessity of pink carding and to maximize clinic utilization. Pink cards should be used only under “special” circumstances and when either late or over booking.

Six Endo chairs will be available for Monday, Tuesday and Wednesday afternoon and Tuesday morning in GP Clinic sessions. This is the maximum number of students allowed in each Endo session.

In selective clinic sessions (Monday, Tuesday, Wednesday & Thursday mornings and Tuesday, Wednesday & Thursday afternoons) 6 Prosth Units (identified as “Pros”) will be available on Axium for students to book their RPD patients (Complete & Partial dentures). Six chairs have been made available for PERIO on Monday afternoon and Thursday morning. 8 Chairs have been made available for Implant on Monday and Thursday afternoons and 4 chairs on Wednesday and Thursday mornings.

The remaining clinic sessions have no booking limitations with the exception of Endo – other than access and obturation for previously approved gutta percha points, all remaining molar endo steps must be performed during an “Endo” session.

All unreserved units designated Endo, Pros, Perio or Implant will be changed to ‘GP’ at 8:30AM of the morning of open booking (eg. Monday at 8:30AM, any Endo, Pros, Perio or Implant chairs not booked for Wednesday will be changed to GP).

**OPEN BOOKING RELEASE SCHEDULE FOR 4TH YEAR DENTAL STUDENTS:**

<table>
<thead>
<tr>
<th>BOOKING DAY</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tr>
<td>OPEN BOOKING</td>
<td>Thursday at 12:30</td>
<td>Friday at 12:30</td>
<td>Monday at 12:30</td>
<td>Tuesday at 12:30</td>
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</table>
OPEN BOOKING FOR 3RD YEAR DENTAL STUDENTS

The units which are not reserved by the scheduled students 3 days prior to the appointment with a patient will become available to other students who are not scheduled for that specific session. These open units will appear on the scheduler as “OPER” but without a student name.

Open Booking does not apply to Pedo or Ortho clinic sessions.

Units not reserved with a patient appointment by the scheduled student will be open for any student who is not scheduled for that specific discipline to take the unit (within the 3 days prior to booking date). These open units will appear on the scheduler with a fixed discipline name but without a student name. For example, prior to 12:30 p.m. on Monday, you may book a patient into Endo if there is an ENDO unit without a student name on Tuesday or Wednesday. After 12:30 p.m. on Monday, unreserved Endo units on Thursday will also be available for open booking. Open booking will not apply to Pedo/Ortho clinic sessions on Fridays.

Please note that the deadline for booking patients DIRECTLY in the Axium Scheduler for any clinic sessions is 3:00 p.m. the day before the required session. ALL PINK CARDS must be completed for any late bookings. For example, if you want to book a unit after 3:00 p.m. on Monday for a Tuesday a.m or p.m. clinic session you must see Clinic Administration Staff with a completed Pink Card.

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<tr>
<th>BOOKING DAY</th>
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<td>Thursday at 12:30</td>
<td>Friday at 12:30</td>
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FRIDAY PEDO/ORTHO CLINICS

- Units will be assigned to you for both PEDO and ORTHO clinics. For Ortho bookings make your reservation and patient appointment booking in the Axium Scheduler prior to the 3:00 p.m. cut-off.
- When scheduled for Pedo your patient(s) will be booked by the Pedo Office.
- Any rotation switches are managed by the Pedo/Ortho department.

DENTAL HYGIENE STUDENTS

- For all clinic sessions, units are assigned in the Axium Scheduler according to rotations. If you will be using your assigned unit YOU MUST RESERVE IT and complete the patient information in the Axium Scheduler before 3:00 p.m. the working day prior to the appointment. Your chart will be in your assigned unit and you will be able to set-up unit as required.
ROTATION SWITCHES

3rd year student dental students must use the 'Open Booking System' to make any switches to their rotation schedules in C&B, PERIO, OPER, ENDO and PROS. Pink cards will not be accepted for these changes.

3rd and 4th year student rotation switches
Oral Surgery/Oral Diagnosis requires the switch to be in the same term. 4 pink cards are required for this switch, 2 for the booking out date and 2 for the booking in date (no signature required)
CCOH requires a pink card with Dr. D. Brothwell’s stamp for all changes
C3 requires a pink card with Dr. C. Cottick’s stamp for all changes
PEDO/ORTHO- managed by the PEDO/ORTHO department

Over booking in GP Clinic OR Dent 3 clinics must be approved (signature stamp) by the Course Director. Clinic Administration will stamp the pink card ‘overbooking’, check for availability in clinic and indicate the number of students already scheduled in Clinic for the discipline on that day. The student will then take the pink card to get the required authorization stamp from the Course Director.

A ROTATION SWITCH CANNOT BE DONE WHEN YOU ALREADY HAVE A UNIT RESERVED, THEREFORE, MAKE SURE THAT YOU HAVE NOT RESERVED A UNIT FOR THE CLINIC SESSIONS BEING SWITCHED.

ALL STUDENTS

LATE CHART REQUESTS or PATIENT CHANGES

If you reserved your unit prior to the 3:00 p.m. cut-off but the patient information was missing or needs to be changed, and your chart is not at your clinic unit, you should see Clinic Administration staff to ensure that the updated information is on the posted map.

If you are not on the posted Clinic Map you must have a chair assigned to you by Clinic Administration, complete a late booking PINK CARD (signature not required), advise your instructor in the Clinic that you are late booking, and proceed with Scheduler booking in Axium to the unit as assigned. You may then go to chartroom for patient chart.

46. USE OF LOG NUMBERS AND LOG SHEETS

• Students should use their log sheets (Appendix L) to keep track of procedures performed in Operative.
• The sequence of log numbers for operations should be kept separate.
• The first treatment done is assigned Log #1.
• Subsequent treatments would be assigned Log #’s 2, 3, 4, etc.

DISCIPLINE CARDS

ONLY USE GRADE CARDS WHEN GRADES CANNOT BE ENTERED DIRECTLY ON AXIUM, COMPLETE AN APPROPRIATE DISCIPLINE CARD AND GIVE TO CLINIC ADMINISTRATION STAFF FOR APPROPRIATE ENTRY INTO AXIUM.
47. DIAGNOSIS & TREATMENT PLANNING FORM (UNDER REVIEW)

The Diagnosis and Treatment Planning Form consists of 4 pages and should be used in the following manner:

DIAGNOSTIC INFORMATION (page 1)

1) Records preliminary periodontal information; since it is not meant to replace the more detailed Periodontal History and Examination/Axium Periodontal Module entry, only significant information such as pocket depths > 4mm., areas of plaque and bleeding etc. will be recorded.

2) Chart existing restorations, caries, periapical pathology, tipped, extruded and rotated teeth etc.

3) SECTIONS I-V, VII & VIII (Chief Complaint, Soft Tissue, Peridontium, TMJ, Occlusion, Esthetics/Phonetics, and Denture Potential) will be completed for all patients.

4) SECTION VI (Endodontics) will be completed as required for questionable teeth.

CHARTING

All charting of restorative procedures must use actual surfaces (i.e. MODV) rather than Black’s classification (i.e. Class I or II etc.) or the use of simple, compound and complex cavities. This is to be used in all areas of the chart.

PLANNED TREATMENT/MATRIX FORM (page 2)

All consultations required for the formulation of a Comprehensive Treatment Plan are noted here; results of these consultations are to be recorded on page 3.

1. The Matrix is completed once decisions have been made regarding the overall treatment plan. It lists the type of treatment the type of treatment required for each tooth and is recorded using standardized symbols and abbreviations. (See Appendix B).

2. If an RPD is required, the design will be noted on this page as well as any notes that might be considered significant; the RPD worksheet is used for developing a diagnostic data bank and treatment plan; the information concerning treatment is then summarized on the bottom of page 2. It is important to also chart existing prostheses in the chart.

TREATMENT PRIORITIES/BLOCK SEQUENCE (page 3)

1) Once all consultations have been completed, the Comprehensive Treatment Plan must list the required treatment in order of priority; the number of BLOCKS that are necessary will vary from patient to patient;

- treatment is placed in BLOCK 1 if it has been determined that it MUST be done before any other treatment (e.g. I&D of a perio abscess, caries control, initial perio therapy etc.)
- treatment placed in BLOCK 2 cannot be done until BLOCK 1 has been completed (e.g. routine restorative of a non-urgent nature)  
- if it has been determined that treatment can proceed in any order then all treatment will be in BLOCK 1  
- within a block, treatment may proceed in any order BUT all treatment must be done before proceeding to the next block  

The block system should be considered to be a temporal control device in the sequencing of treatment.

2) When proposed treatment has been arranged in a BLOCK sequence and approved by an instructor, the student must:  
- present the Treatment Plan to the patient  
- explain the proposed treatment  
- provide a written fee estimate  
- have the instructor, student and patient sign the Treatment Plan after the presentation.  
The patient's signature indicates that the proposed treatment, fees, method of payment and time have been explained and accepted. This constitutes informed consent.

3) The staff member supervising the determination of the Treatment Plan then signs the form as "RESPONSIBLE STAFF".

TREATMENT PLAN UPDATE (page 4)

1) Notes changes and updates in the Treatment Plan; requires a fee presentation with appropriate signatures.

2) It is to be used anytime there is a significant change to the original treatment plan (ex. Cl I amalgam changed to endo, p/c and FVC).

BEFORE ANY ELECTIVE TREATMENT (treatment other than emergency treatment) IS BEGUN, THE FOLLOWING MUST BE COMPLETED:

1) necessary diagnostic records assembled  
2) all necessary consultations  
3) treatment listed in a BLOCK SEQUENCE  
4) fee presentation to the patient (signed by student, and patient)  
5) Comprehensive Treatment Plan signed by RESPONSIBLE STAFF

48. PROTOCOL FOR USE OF NITROUS OXIDE IN THE FACULTY

- Nitrous Oxide use for a patient in the Faculty must first be authorized by the supervising dentist, usually Dr. Cottick coordinates with him for nitrous usage. The equipment is stored in Oral Surgery clinic for nitrous usage.

- The equipment may be signed out between 9:00 a.m. and 5:00 p.m. Monday to Friday.

- The forms that are to be completed for patients treated with nitrous oxide are stocked in the Main Clinic (see below). The first two forms are single forms to be filled in the appropriate place in the chart. The YELLOW COPY of the RECORD OF TREATMENT
WITH N₂O/O₂ SEDATION is the chart copy. The WHITE COPY of this form is to be given to the DDSS department secretary in order to receive credit for the procedure.

1) INFORMED CONSENT TO TREATMENT WITH NITROUS OXIDE AND OXYGEN SEDATION
2) MEDICAL QUESTIONNAIRE AND AUTHORIZATION FOR N₂O/O₂ SEDATION
3) RECORD OF TREATMENT WITH N₂O/O₂ SEDATION

• The student’s responsibilities include:
   checking the N₂O unit prior to use
   replacing used empty tanks at the end of the procedure

• Guidelines for tank replacement are as follows:
   N₂O tanks must have a minimum of 640 lbs/sq in
   O₂ tanks (full = 2,000 lbs) must have a minimum of 1,000 lbs/sq in for each hour of anticipated use

• Tanks which don’t meet the above minimum requirements must be removed from the unit and placed in the used tank section in O.S.
   completing the N₂O log book
   clean, package and sterilize the nosepiece/liner

• The responsibility of the Dental Assistant providing access to the equipment include:
   assuring that the student checks/changes the tanks as appropriate.
   completes the log book.
   assuring that the equipment is returned complete and in working order.

• The responsibility of the O.S. Dental Assistant include:
   contacting Medigas to pick up the used/empty tanks when two (2) of either N₂O or O₂ tanks are empty.
   order replacement tanks of N₂O and O₂.
   ordering replacement nosepieces, liners tubing as required.

ALL PATIENTS RECEIVING NITROUS OXIDE WILL BE ASSESSED FEES ACCORDING TO THE FACULTY FEE SCHEDULE. THIS APPLIES TO STUDENTS AS WELL.

• Dr. C. Cottick is responsible for periodic maintenance of the equipment.
• If there are any problems with the equipment or it appears that some parts need to be repaired or replaced, please advise Dr. Cottick or Linda Rabkin (Oral Surgery Assistant)
GREEN RADIOLOGY REQUESTS
INCIDENT REPORT
HYGIENE AIDS REQUESTS FORM
OVERNIGHT CHART REQUEST
ORAL DIAGNOSIS CONSULTATION REQUEST
TIPS FOR HEALTHY TEETH & FOR DENTURE CARE
B - GLOSSARY OF STANDARD DENTAL TERMINOLOGY
### GLOSSARY OF STANDARD DENTAL TERMINOLOGY

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<td>PR2 or PRR</td>
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<tr>
<td>PROPHYLAXIS</td>
<td>Prophy</td>
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<td>PROTRUSION</td>
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<td>PULPOTOMY</td>
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<td>PULPECTOMY</td>
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<td>RECORDS</td>
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<td>REMOUNT</td>
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<td>REMOVABLE</td>
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<td>REMOVABLE PARTIAL DENTURE</td>
<td>RPD</td>
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<td>RESIN RETAINED CROWN</td>
<td>RRC</td>
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<td>RESIN CROWN</td>
<td>Res.Cr.</td>
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<td>REST VERTICAL DIMENSION</td>
<td>R.V.D.</td>
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<td>RETRUSION</td>
<td>Ret.</td>
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<td>RIGHT LATERAL EXCURSION</td>
<td>R.Lat.</td>
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<td>STABILIZED BASE &amp; OCCLUSING RIM</td>
<td>S.B. &amp; O.R</td>
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<tr>
<td>STAINLESS STEEL CROWN</td>
<td>SSC</td>
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<tr>
<td>SURGERY</td>
<td>Sx</td>
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<td>SURGICAL ROOT CANCAL TREATMENT</td>
<td>SRCT</td>
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<td>TELL-SHOW-DO</td>
<td>TSD</td>
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<td>Top.Fl.</td>
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<td>VESTIBULAR</td>
<td>V</td>
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<td>VERTICAL DIMENSION</td>
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<td>WEIGHT</td>
<td>Wt.</td>
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<td>WITHIN NORMAL LIMITS</td>
<td>WNL</td>
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<td>ZINC PHOSPHATE</td>
<td>ZnP</td>
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<tr>
<td>ZINC OXIDE EUGENOL</td>
<td>ZOE</td>
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**DIAGNOSTIC CHARTING**

Existing Restoration: BLUE OR BLACK (filled in)

Caries:
- around existing restorations: RED OUTLINE
- on unrestored part of tooth: RED (filled in)

**TREATMENT PLAN CHARTING**

TREATMENT TO BE DONE: RED (outlined)

COMPLETED RESTORATION: BLUE OR BLACK (filled in)

PCR: BLUE or BLACK

PBI: RED
C - PERSONAL HEALTH INFORMATION ACT AND THE UOFM
D - DENTISTRY/DENTAL HYGIENE TEAMS
( Dentistry Teams )
( App E – Patient Assignment Sheet )
F - SCREENING/MEDICAL HISTORY UPDATE SHEET
G - UPDATE IN HISTORY/PHYSICAL SHEET
H - CURRENT AHA GUIDELINES FOR THE PREVENTION OF BACTERIAL ENDOCARDITIS
I - S.A.H.S. & NIHB GUIDELINES
J - Log Sheets
L - COMPONENTS OF A REFERRAL LETTER
N - INSTRUMENT TRAYS
N - Instrument Trays
N - Instrument Trays
O - INTERIM RESPONSIBILITY FOR FOURTH YEAR PATIENTS
( App P – Informed Refusal)
Q - SAMPLE INSURANCE LETTER
(App Q – Sample Insurance Letter)
(App R – Titan Operating instructions)
S - SAMPLE STATEMENT
(Sample Statement)
T - TOBACCO USE CESSATION PROGRAM AND PROTOCOL
V - BANNATYNE CAMPUS MAP
(Bannatyne Map)
W – OUTLINE OF RADIOLOGICAL REPORT
(Out Line of Radiological Report)