POLICIES AND PROCEDURES MANUAL

of the

DENTAL CARE CENTER

School of Dental Medicine

State University of New York at Stony Brook

(Revised July 2013)
Foreword

"Within these stones and bricks, healing is to be administered, and no less important, human relationships developed between teachers and students and between students and patients. If ever patients are regarded as clinical material, this building will have been degraded and its use corrupted. We must never forget that the work patient comes from the Latin root which means to suffer. Clinical material does not suffer. Human beings do."

Dr. Louis Kaplan
Chairman, Board of Regents
University of Maryland

Mission Statement

Through our continuous pursuit of excellence in education, patient care, discovery and leadership, we advance oral and general health throughout the local and global community.

Vision Statement

The vision of Stony Brook School of Dental Medicine is to define and shape the future as an international leader and innovator in dental education, patient care, research and service

Core Values

Compassion Respect Excellence Engagement Diversity

This manual was developed to provide students and residents with information regarding the operation of the Dental Care Center’s clinical and laboratory facilities. As changes in policies and procedures occur, addendum pages will be distributed or sent via e-mail for insertion into this manual.
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DIRECTORY

School of Dental Medicine

Administration

Dean
Dr. Ray Williams 632-8950
Associate Dean for Education
Dr. David Paquette 632-3029
Associate Dean for Clinical Affairs
Dr. Georgios Romanos 632-8755
Associate Dean for Research &
Faculty Development
Dr. Stephanos Kyrkanides 632-3181
Associate Dean for Information Technologies
Dr. George Bruder 632-8942
Executive Assistant Dean for
Finance & Administration
Ms. Maureen Burns 632-3188
Assistant Dean for Allied Dental Education &
Director of Clinic Operations
Ms. Carol Sloane, RDH 632-8966
Director of Admissions & Student Affairs
Dr. Hugh Finch 632-5887
Director of Advancement & External Affairs
Ms. Rachel Schnabl 632-8807
Director of Graduate Studies
Dr. Marcia Simon 632-8922
Director of Postdoctoral Education
Dr. Vincent J. Iacono 632-8895

DEPARTMENTS

General Dentistry

Chair
Dr. Mary Truhlar 632-8930
Director, General Practice Residency
Dr. Debra Cinotti 632-8880
Clinical Director, General Practice Residency
Dr. Sylvia Rice 632-6904
Director, Year IV General Practice Program
Dr. Ann Nasti 632-8933
Director, Year III Clinic
Dr. Andrew Schwartz 632-9904
Director, Year II Clinic
Dr. Bonnie Lipow 632-8933

Hospital Dentistry

Acting Chair
Dr. Robert Reiner 632-2925
Director, Postdoctoral Dental Anesthesiology
Dr. Ralph Epstein 632-6364
Nurse
Jennifer Donato, RN 632-3026
Oral Biology & Pathology

Chair
Dr. Maria Ryan 632-9529
Distinguished Professor
Dr. Lorne Golub 632-8912
Associate Professor
Dr. Denise Trochesset 632-6983
Professor
Dr. Marcia Simon 632-8922
Professor
Dr. Steven London 632-3766
Distinguished Professor,
Division of Translational Oral Biology
Dr. Israel Kleinberg 632-8923

Oral & Maxillofacial Surgery

Acting Chair
Dr. Allan J. Kucine 632-8951
Clinical Associate Professor
Dr. Anthony Casino 632-8975

Orthodontics and Pediatric Dentistry

Chair
Dr. Stephanos Kyrkanides 632-3181
Director, Postdoctoral Orthodontics
Dr. Richard Faber 632-8899
Director, Predoctoral Programs in
Orthodontics
Dr. Hechang Huang 632-8984
Director, Predoctoral Programs in
Pediatrics
Dr. Maria Codero 632-9184
Director Postdoctoral Program in
Pediatric Dentistry
Dr. Fred Ferguson 632-8902

Periodontology and Endodontics

Chair
Dr. Vincent J. Iacono 632-8895
Director, Postdoctoral Periodontics
Dr. Vincent J. Iacono 632-8895
Director, Predoctoral Periodontics
Dr. Steven M. Zove 632-3101
Director, Postdoctoral Endodontics
Dr. George A. Bruder 632-8942
Director, Predoctoral Endodontics
Dr. Christopher Joubert 632-8942

Prosthodontics and Digital Technology

Chair
Dr. Marcus Abboud 632-9371
Director of Graduate Prosthodontics
Dr. Aaron Segal 632-3952
Director, Division of Diagnostic Imaging
Dr. Dan Colosi 632-8925
# Dental Care Center

## Administration

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Associate Dean for Clinical Affairs</td>
<td>Dr. Georgios Romanos</td>
<td>632-8755</td>
</tr>
<tr>
<td>Director of Clinic Operations</td>
<td>Ms. Carol Sloane, RDH</td>
<td>632-8966</td>
</tr>
<tr>
<td>Assistant to Director of Clinical Operations</td>
<td>Ms. Pat O’Reilly</td>
<td>632-8972</td>
</tr>
<tr>
<td>Director of Community Service</td>
<td>Ms. Margaret Bakos, MSW, MA</td>
<td>632-3164</td>
</tr>
<tr>
<td>Coordinator of Dental Auxiliary</td>
<td>Ms. Nancy Meisner, RDH</td>
<td>632-9734</td>
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## Business Office

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<thead>
<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Principal Account Clerk</td>
<td>Debbie Hroncich</td>
<td>632-8973</td>
</tr>
<tr>
<td>Calculations Clerk II</td>
<td>Cheryl DiMaggio</td>
<td>632-3086</td>
</tr>
<tr>
<td>Calculations Clerk II</td>
<td>Mary Pylyp</td>
<td>632-8772</td>
</tr>
<tr>
<td>Insurance Coordinator</td>
<td>Marilyn Elak</td>
<td>632-9303</td>
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## Clinic Postdoctoral Program Coordinators

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<tr>
<th>Program</th>
<th>Coordinator</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Postdoctoral Orthodontics</td>
<td>Janet Argentieri</td>
<td>632-8906</td>
</tr>
<tr>
<td>Assistant Coordinator</td>
<td>Judy Borowski</td>
<td>632-8908</td>
</tr>
<tr>
<td>Postdoctoral Periodontics</td>
<td>Shari Hymowitz</td>
<td>632-8963</td>
</tr>
<tr>
<td>Postdoctoral Endodontics</td>
<td>Deanne Reeves</td>
<td>632-8974</td>
</tr>
<tr>
<td>Postdoctoral Pediatrics</td>
<td>Barbara Desmond</td>
<td>632-8889</td>
</tr>
<tr>
<td>Postdoctoral Prosthodontics</td>
<td>Thea Konsetivch</td>
<td>632-7635</td>
</tr>
<tr>
<td>Postdoctoral Oral Maxillofacial Surgery</td>
<td>Marie Wernicki, RN</td>
<td>632-3026</td>
</tr>
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</table>

## Clinic Predoctoral Program Coordinators

<table>
<thead>
<tr>
<th>Program</th>
<th>Coordinator</th>
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</thead>
<tbody>
<tr>
<td>Coordinator of Pediatric Dentistry</td>
<td>Andrea Baker</td>
<td>632-3035</td>
</tr>
<tr>
<td>Coordinator General Practice Program</td>
<td>Patti Hayden</td>
<td>632-9711</td>
</tr>
<tr>
<td>Assistant General Practice Program</td>
<td>Roseann Merenda</td>
<td>632-7435</td>
</tr>
<tr>
<td>Assistant General Practice Program</td>
<td>Linda Calvagna</td>
<td>632-6925</td>
</tr>
<tr>
<td>Coordinator of OMFS</td>
<td>Marie Wernicki, RN</td>
<td>632-8975</td>
</tr>
<tr>
<td>Assistant OMFS</td>
<td>Tina Carlino</td>
<td>632-8975</td>
</tr>
<tr>
<td>Coordinator Year II &amp; III</td>
<td>Amy Torres</td>
<td>632-8976</td>
</tr>
<tr>
<td>Assistant Year II &amp; III</td>
<td>Arlene Hardwicke</td>
<td>632-3035</td>
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## Dental Assistant Program

<table>
<thead>
<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Program Director</td>
<td>Janet Tuthill</td>
<td>632-5886</td>
</tr>
<tr>
<td>Senior Dental Assistant</td>
<td>Lisa Borzumato</td>
<td>632-6296</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>Maria Nardiello</td>
<td>632-6296</td>
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<tr>
<td>Dental Hygienist</td>
<td>Wren Finch</td>
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**Dental Assistant Rotating**

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<th>Position</th>
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<tbody>
<tr>
<td>Dental Assistant</td>
<td>Deily Wells</td>
<td>632-0916</td>
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<tr>
<td>Dental Assistant</td>
<td>Alisha Sussman</td>
<td>632-0916</td>
</tr>
<tr>
<td>Dental Assistant</td>
<td>Kellie Herch-Orlikoff</td>
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**Dental Hygienists**

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<th>Position</th>
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<tbody>
<tr>
<td>Hygienist</td>
<td>Susan Chiofolo, RDH</td>
<td>632-3109</td>
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<tr>
<td>Hygienist</td>
<td>Carmen LaSora, RDH</td>
<td>632-3109</td>
</tr>
<tr>
<td>Hygienist</td>
<td>Stacey Romano, RDH</td>
<td>632-3109</td>
</tr>
<tr>
<td>Hygienist</td>
<td>Christine Marsh, RDH</td>
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<tr>
<td>Hygienist</td>
<td>Rachel Vinci, RDH</td>
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</tr>
<tr>
<td>Hygienist</td>
<td>Wren Finch, RDH</td>
<td>632-8971</td>
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**Dental Care Center Main Reception**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Main Reception</td>
<td>Roberta Happel</td>
<td>632-8989</td>
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<tr>
<td>Main Reception</td>
<td>Jerilyn Vincent</td>
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**Dental Care for the Developmentally Disabled**

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<th>Position</th>
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<tbody>
<tr>
<td>Coordinator</td>
<td>Claudia Dassler</td>
<td>632-9231</td>
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**Digital Technology/Radiology**

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Radiology Technician</td>
<td>Gayle Patchell</td>
<td>632-0924</td>
</tr>
<tr>
<td>Radiology</td>
<td>Cheryl Belcher</td>
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</tr>
<tr>
<td>Radiology</td>
<td>Kendra Harper</td>
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**Dispensary/Sterilization**

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<th>Position</th>
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<tr>
<td>Sterilization</td>
<td>Jonathan Bratchie</td>
<td>632-0916</td>
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<tr>
<td>Sterilization</td>
<td>Inga Moeller</td>
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</tr>
<tr>
<td>Dental Assistant</td>
<td>Linda Ilovic</td>
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<tr>
<td>Dental Assistant</td>
<td>Elizabeth Hall</td>
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**Endodontic Program**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Sr. Dental Assistant</td>
<td>Cynthia Milligan</td>
<td>632-8974</td>
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</tbody>
</table>

IV
General Practice Residency Program Clinic Administrative Staff

**Supervisor**
Terry Sandstrom 632-9245

**Hospital Clerk II**
Mary Jo Besemer 632-9245

**Dental Assistant**
Nilda Alicea 632-9245

**Dental Assistant**
Therese Lauth 632-9245

---

General Practice Residency Program Clinical Staff

**Dental Assistant**
Abby Lisberger 632-9245

**Dental Assistant**
Lisa White 632-9245

**Dental Assistant**
Pat DiPippa 632-9245

**Dental Assistant**
Georgina Varisco 632-9245

**Dental Assistant**
Donna D’Amico 632-9245

**Sr. Dental Assistant**
Mary O’Brien 632-0916

**Dental Assistant**
Patricia Jacobs 632-9231

---

Informatics

**Director of Informatics**
Susan Schlussler 632-9304

**Senior Programmer/Analyst**
Jay Jabour 632-9301

---

Oral & Maxillofacial Surgery

**Dental Assistant**
Danielle Quinci 632-8975

**Dental Assistant**
Rose Morrissey 632-8975

**Dental Assistant**
Megan McCarthy 632-8975

---

Orthodontic Program

**Sr. Dental Assistant**
Celeste DeGeorge 632-8974

**Dental Assistant**
Natalia McNamara 632-8974

**Dental Assistant**
Erica Sladky 632-8974

---

Pediatric Programs

**Dental Assistant**
Wendy Ciano 632-8889

**Dental Assistant**
Josephine DeFillippi 632-8889

**Dental Assistant**
Ileanna Waskovich 632-8889

---

Periodontic Program

**Sr. Dental Assistant**
Joanne Auciello 632-8974

**Dental Assistant**
Lisa Vasquez- Sanford 632-8974

**Dental Assistant**
Christine Hasbrouck 632-9231
### Purchasing/Dental Store

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Purchasing Agent</td>
<td>Jeff Nieri</td>
<td>632-8886</td>
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<tr>
<td>Purchasing Agent</td>
<td>Laura DelVecchio</td>
<td>632-8917</td>
</tr>
<tr>
<td>Technical Support Specialist</td>
<td>Daud Razawi</td>
<td>632-8893</td>
</tr>
<tr>
<td>Technical Support Specialist</td>
<td>John Kryak</td>
<td>632-8893</td>
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### Technicians Laboratory

<table>
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<th>Specialty</th>
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<tbody>
<tr>
<td>Removable Prosthetics</td>
<td>Vincent Verderosa, CDT</td>
<td>632-8977</td>
</tr>
<tr>
<td>Fixed Prosthetics</td>
<td>Bernadette Tomaine</td>
<td>632-8977</td>
</tr>
<tr>
<td>Keyboard Specialist</td>
<td>Terry Terracciano</td>
<td>632-8977</td>
</tr>
</tbody>
</table>
1.0 Dental Care Center General Information

1.1 General Clinic Policies:

1. It is the responsibility of all faculty, students/residents, and staff to comply with clinic policies, as published in the Policies and Procedures Manual of the Dental Care Center and other written and e-mail notices.

2. All students/residents, faculty, and support staff involved in the direct provision and/or supervision of patient care must:

   • be certified bi-annually in basic life support procedures at the health care provider level by an American Heart Association approved program;
   • complete annual Health Assessments;
   • complete annual review of Blood Borne Pathogens, Right to Know, Nitrous Oxide Usage, Infection Control Policies and Fire Safety;
   • complete annual review of HIPAA as mandated by Federal Regulations;
   • complete annual Stony Brook University Ethics and Corporate Compliance Policy;
   • comply annually with the School of Dental Medicine (SDM) Risk Management protocols and complete SDM Risk Management Training;
   • complete annual review and comply with the School of Dental Medicine (SDM) regarding Child Abuse and Domestic Violence;
   • complete annually a review of procedures for the management of common medical emergencies.

3. I.D. Badges: All SDM faculty, staff, and students/residents and volunteers are required to wear ID badges in a visible location, at all times in the Dental Care Center.

4. In the Dental Care Center, patient records are maintained in an electronic format. However, legacy records will be maintained in a secure off-site location. HIPAA regulations stipulate that all patient records must be secured at all times. It is mandatory that all records be returned promptly to the Central Records Office. **Removing records or copies of records from the building is prohibited. It is mandatory to close all electronic patient records and log off of axiUm and the network at the end of each patient care session.**

5. The patient parking lot is situated in the front of the Dental Care Center. There are a limited number of spaces available. Therefore, faculty, students/residents and staff must park only in designated areas. The parking policy for students/residents, staff members and faculty is as follows:

   a) Post-doctoral students may park in designated student parking area located at the entrance to Rockland Hall. Permits will be issued to students for an annual fee to be determined on a yearly basis.
b) Pre-doctoral students are to park in “P-lot”. Commuter shuttle buses will transport those students to the Dental Care Center.

c) Residents, faculty and staff are permitted to park in designated areas of the Dental Care Center lot or the faculty and staff designated lot at the entrance to Rockland Hall. Permits are required.

6. Communication Policies:

   a) **Paging System**: a paging system is available for use by staff in the Dental Care Center. Paging will be kept to a minimum. The system will be used to make appropriate announcements regarding professional issues and to page students/residents, faculty and staff as warranted.

   b) **Telephone Calls and Cell phone Use**: Telephones to contact patients are located in the GPP, Bay D, Bay G clinics and in the student laboratory. Personal calls are prohibited. In order to create and maintain the best possible professional atmosphere, it is necessary that faculty, students and staff adhere to standards of professionalism, courtesy and ethics. Common courtesy and mutual respect are essential to enhance the educational experience, and to decrease stress and misunderstanding. Each student should recognize his/her responsibility in professional growth, and maintain an attitude that strengthens that development. *Cell phones must be turned off/or on vibrate while treating patient in the clinical area.*

   c) **Telephone Messages for Students/Residents**: Appointment coordinators and receptionists will accept and record messages for students/residents.

   d) **Student Mail**: Clinic administrative or academic information may be distributed via e-mail or hard copy. Mailboxes for all students are located opposite the cashier’s window. It is important for students/residents to check their e-mail accounts and mailboxes daily.

7. A clean, safe, hazard-free, and orderly clinic environment is everyone’s responsibility.

   a) **Operatory Environment**: Posters, pictures, or other printed materials, plants, and decorative items should not be posted or kept in dental operatories.

   b) **Dental Operatory**: Should be used only for patient care. Laboratory procedures, not requiring the patient’s presence, must be performed in the student laboratory.

   c) **Assigned Equipment**: All equipment assigned to a specific treatment area must remain in that area. *Equipment and instruments may never be removed from the School of Dental Medicine.*

   d) **Malfunctioning Clinic Equipment**: Each dental operatory computer has an icon that looks like an orange lifesaver. Please click on the icon and give a detailed description about the malfunctioning equipment. The technical support individual will respond within 24 hours.
e) **Malfunctioning Clinic Computers:** Notify the HELP desk at 4-4357, with the location (Dental Care Center & specific computer) and the nature of the problem.

f) **Food/Beverage Regulations:** Infection Control regulations prohibit eating, drinking, and storage of food in any treatment area, instrument handling area (sterilization, clean instrument storage areas, dispensaries, and refrigerators containing dental materials) or student/resident laboratories. Personal Protective Equipment (clinic coats and other PPE are not permitted in the cafeteria).

g) **Special Housekeeping Requirements:** Notify the Director of Clinic Operations or the Assistant to the Director of Clinic Operations at 2-8974.

h) **Expiration/Deteriorated Medication:** (See Section 8, DCC Policies and Procedures for the Safe Use of Pharmaceuticals and Chemicals). All medications are checked monthly and disposed of according to the manufactures instructions/MSDS forms. A log sheet of the date the employee checked for medications expiration, and name of the employee who checked the expiration date is located through out the Dental Care Center. In particular, Oral Maxillofacial Surgery, Main and Satellite Dispensary, Orthodontic Dispensary and the Stock Room.

i) **Lost and Found:** Inquiries about lost items should be directed to the reception desk. Found items should be turned into the reception desk for safekeeping and return. Instruments or equipment should be directed to appropriate clinical staff personnel.

### 1.2 University Policies

The Physical Plant shall ensure that NO SMOKING signs are posted at all building entrances and at other strategic locations.

a. The University recognizes the serious and substantial public health risk and productivity problems by smoking. In an effort to create a healthful, comfortable and productive environment for all students/residents, faculty, staff and visitors, the University adopts this smoke-free policy. This policy applies to all students/residents, faculty, staff and visitors at Stony Brook and all University buildings and facilities.

   **Smoke-Free:** The establishment of an environment that is free of smoke through the prohibition of smoking.

   **Smoking:** The burning of a lighted, cigar, cigarette, pipe, or any other tobacco product.

b. Smoking is prohibited in **all** indoor locations including but not limited to:

   - Classrooms, lecture halls, auditoriums and libraries;
   - Laboratories, shops, computer rooms and studios;
   - Offices, meeting rooms and lunch rooms;
• Dining facilities, lounges and rest rooms;
• Lobbies, foyers and waiting rooms;
• Hallways, stairwells and elevators;
• Maintenance areas, mechanical and storage rooms
• Theaters and exhibit halls.

c. Smoking is prohibited in the following outdoor locations:
• Building entrances and covered walkways;
• Loading docks and parking garages;
• Courtyards and patios.

d. Smoking is prohibited in the following outdoor locations:
• At any outdoor event with seating;
• Within 50 feet of any building entrance or ventilation system

1. Building Managers shall report any problems or specific needs to the Physical Plant.
2. The physical plant shall provide receptacles for the extinguishing of tobacco products near building entrances.
3. Environmental Health and Safety, Student Health Services and Employee Assistance Program shall provide information on smoking and offer smoking cessation programs to the campus community.

Policy Enforcement:

1. It is the responsibility of all administrators, faculty, staff and students/residents to enforce this smoking policy.
2. Department Heads, Chairs and Directors shall ensure that all personnel within their areas comply with all of the requirements.
3. Employees or students, who repeatedly violate the requirements of this policy, may be disciplined through the Office of Human Resources or the Student Judiciary.
4. Any person who fails to comply with the requirements of this policy may be in violation of Article 13E of the New York State Public Health Law. Violations may be subject to the imposition of a civil fine in addition to University disciplinary action.
5. The Department of Environmental Health & Safety and the Department of Public Safety may be called upon to enforce the provision of this policy and related provision of New York State Law.

Inquires/Requests:
Environmental Health and Safety
State University of New York at Stony Brook
110 Suffolk Hall
Stony Brook, NY 11794-6200
Main Office: (631) 632-6410
Fax: (631) 632-9683
1.3 Dental Care Center Operating Hours

- The clinic facility is open 8:00 a.m. - 5:30 p.m. (Monday through Friday), for student/resident access. It is closed evenings, weekends, holidays and during periods of school recess.
- Residents may be scheduled for patient care during holidays or school recess, and should consult their program director for details.
- Special access to the clinic area after general operating hours must be arranged with the Associate Dean for Clinical Affairs or designee.

1.4 Patient Care Hours

A. General Hours

  Monday through Friday: 8:30 a.m. to 1:00 p.m.  
  2:00 p.m. to 5:00 p.m.

B. Summer Hours (the 1st of July to the week before the first day of the academic year)

  Monday through Friday: 8:30 a.m. to 12:00 p.m.  
  1:00 p.m. to 4:30 p.m.

The Dental Care Center (DCC) is closed evenings and weekends. Patients of record, who require emergency care in the evening or on weekends will be referred to Stony Brook University Hospital Center Emergency Room as explained below (section 1.4-C).

- Students and residents may not treat patients in the DCC before or after clinic hours, or on days and at times when the clinic is closed. Students and residents are not permitted to treat patients at any time without faculty supervision. Students treating patients without faculty supervision are practicing dentistry without a license. This violates state law and is a breach of professional conduct. If patient care must continue past the designated general hours due to extenuating circumstances, the student/resident must arrange for an instructor to provide supervision.

- All individuals, who receive treatment at the DCC must be registered as an SDM patient by the DCC. This includes all family members and friends.

- During treatment sessions, only patients should be allowed in the dental operatory. Patients must be discouraged from bringing children into the operatory area as they present a distraction and it is not possible to ensure their safety from splatter or injury from sharp instruments/equipment. Patients should be informed that childcare is unavailable at the DCC.

C. Emergency Care Hours

As a service to our patients and the local community, the Dental Care Center maintains an ongoing emergency dental care service. Also refer to Stony Brook University, School of Dental Medicine website for detailed information http://dentistry.stonybrookmedicine.edu/
The purpose of the service is two-fold:

- To provide 24 hour dental emergency coverage for patients of record of the Dental Care Center.
- To offer, on a limited basis, daytime dental emergency services to the University and neighboring communities.

The emergency care hours are:

**Pre-doctoral Program:**

Monday, Tuesday and Friday: 8:30 a.m. to 1:00 p.m.
2:00 p.m. to 5:00 p.m.

Wednesday: 10:00 a.m. to 1:00 p.m.
2:00 p.m. to 5:00 p.m.

Thursday: 2:00 p.m. to 5:00 p.m.

**General Practice Residency Program:**

General Practice Resident Cover Clinic: 8:30 a.m. to 1:00 p.m.
2:00 p.m. to 5:00 p.m.

University Hospital Emergency Room: 24/7

Evenings and weekends: Dial 632-8989; teleprompt directions are given to call Stony Brook University Hospital Emergency Room. Patients of record should inform the ER that they are active patients at the Dental Care Center so that the appropriate fee adjustments can be made.

### 1.5 Laboratory Hours

**A. Technician Laboratory**

The general hours of the technician’s laboratory are 8:30 a.m. to 5:00 p.m. (Monday through Friday). The hours for submitting and retrieving laboratory cases are:

8:15 a.m. – 9:15 a.m., 1:30 p.m. - 2:30 p.m. and 4:00 p.m.- 4:30 p.m.

**B. Student Clinical Laboratories**

The student laboratories are open during regular weekday operational hours.

- Students can access laboratories (Westchester Hall) after hours via key card access at three locations:

  1. Main Entrance to the Dental Care Center
  2. West Entrance of Westchester Hall (adjacent to student parking lot)
  3. Rockland Hall Entrance doors located opposite the Learning Center
• Safety Regulations prohibit patients from entering student laboratories.

C. Simulation Laboratory
   The simulation laboratory is currently opened Monday – Friday (8:30 a.m. to 5:30 p.m.)

   A technical support assistant will monitor and supervise activities in the simulation laboratory after hours. In the event that they cannot a teacher assistant will be assigned.

   Tuesdays 5-7 p.m.
   Thursdays 5-7 p.m.
   Sundays 2-6 p.m.

1.6 Dental Care Center Cancellation

A. Cancellation Due to Inclement Weather

During events of inclement weather (e.g. snow, blizzard, hurricanes, or emergencies) State offices and other state facilities may be closed only by the order of the Governor. Local government officials do not have the authority to close State facilities. The President of the University is authorized, however, to cancel classes and programs and recommend that all but essential employees not report to work.

Faculty and Students/Residents

The decision to cancel clinic activities will be made by the Dean and/or the Associate Dean for Education or designee. Advance notice will be given to all faculty, staff, and students/residents whenever possible.

Staff

When the announcement is made that only essential service employees are expected to report to work, those individuals should make an effort to get to the University. These would include health service employees. Those employees who work on these days would be marked present. All others must charge the time to personal leave, vacation, or compensatory time. See Section 21.7 of the Attendance Rules of the UUP and CSEA manual.

When the School of Dental Medicine cancels classes or patient care appointments due to inclement weather, employees who do not wish to charge appropriate leave credits for leave must follow the protocol stated below.

1. Employees whom choose to report to work must call University Police.
2. Employees should call 632-3333 or 333 from a campus phone.
3. Employees must give University Police a minimum of one half hour before arriving to work. This will give an officer ample time to be dispatched to open the main entrance of the Dental Care Center. If an employee does not give ample time for the officer to open the main entrance of the Dental Care Center, they may have to wait until an officer is available.
4. Once an officer arrives, staff must show proper identification before he/she will let them in the building. Once staff enters the building and the appropriate office, they must notify their supervisor. In addition, staff must call before leaving for the day.
5. Employees must have their card access or their key to get into this area to work.

B. Notification of Closure or Delayed Classes

When possible, the decision to cancel clinic will be made by 7:30 a.m., prior to the beginning of clinic operations.

1. Call the Dental Care Center at 632-8989, 444-SNOW or log on to the University main campus web site at www.sunysb.edu to access information about clinic cancellation.

2. Students/residents must notify their scheduled patients as soon as possible.

3. Any faculty, staff or students/residents, who cannot report for clinic responsibilities, must call 632-8989 by 7:30 a.m. If required, voice mail is available on this line. This information is necessary to determine if adequate clinic coverage and operation can be maintained to deliver care in a safe, effective manner.

C. Weather Emergency Plan:

In the event of a severe weather situation, which may cause the delay or cancellation of classes on the Stony Brook, SB Southampton, or SB Manhattan campuses, the following guidelines will be followed to ensure that timely decisions are made regarding the delay or cancellation of classes.

Evaluation of Conditions

1. The Assistant Chief of Police / Director of Emergency Management will monitor multiple weather forecasts for the region and consult with the following regarding emergency preparations:
   - University Police
   - Environmental, Health and Safety
   - Campus Operations and Maintenance
   - Provost
   - VP for Facilities and Services
   - VP for Student Affairs and Associate Provost for Enrollment and Retention Management

2. The Vice President for Facilities and Services will advise, provide a status of conditions and emergency preparations, and report to the President to facilitate the decision to cancel or delay classes.

D. Communications Plan for Cancellation or Delay of Classes

When cancellation or delay of classes occurs, the Assistant Chief of Police / Director of Emergency Management will broadcast the details about the event in the following manner:

University Snow Line
632-SNOW
444-SNOW
E-mail
E-mail notification to the campus community

Stony Brook University Website
SB Alerts with all relevant information

External Media (Radio and TV)
Notification to Director of Media Relations

Text and Voice Messages
Optional (depending on urgency)

Once this occurs the Director of Clinic Operations will contact the Associate Dean for Education to send the appropriate e-mail out to all students.

* In the event of an unforeseen weather event that suddenly develops, classes may immediately be cancelled.
2.0  Professional Conduct and Responsibilities

2.1 Code of Conduct

A. Student/Resident Responsibilities

- Students/residents are expected to follow the policies and procedures set forth in this manual, as well as the Academic Policies and Procedures of the School of Dental Medicine.
- Students/residents who fail to comply with clinical or administrative policies may have their clinical privileges suspended.
- Faculty, students/residents, and staff are obligated to report infractions which occur in the Dental Care Center to the Associate Dean for Clinical Affairs or designee.

B. Professional Responsibilities to Patients

Ethical Principles

As health care providers, the student/residents primary obligation is the treatment and well being of their patients. This includes: timely and supervised care that is within the scope of clinical circumstances presented by the patients and the dental school; treatment is always to be within accepted standard of care practices; conduct regarding scheduling, quality and sequence of treatment, faculty and patient signatures/swipes, finances, and control of infectious disease protocol will follow the policies and procedures of the School of Dental Medicine, and principles of Ethics and Honor Code of the School of Dental Medicine. We must recognize our own limitations and seek the advice of those whose knowledge exceeds our own. In doing so, we will improve the quality of care for our patients as well as expand our knowledge. We understand that our education extends beyond graduation, continuing throughout our professional lives. The quality of care for our patients is our primary mission.

Types of Unacceptable Behavior

- Misuse of any documents related to student academic progress or to patient care, such as failure to verify adequate supervision by obtaining proper signatures/swipes, failure to maintain confidentiality of patient records, removal or copying of dental records from the clinic facilities.
- Refusal to comply with clinical protocol regarding patient appointments or financial arrangements.
- Failure to comply with policies for controlling infectious diseases.
- Failure to obtain adequate faculty supervision for all phases of patient care.
- Refusal to treat any assigned patient because of race, color, creed, gender, national origin, sexual preference, economic status, or handicap.
• Failure to provide care of assigned patients and to act as the primary source of emergency care during clinic sessions, except when excused due to scheduled classes, School of Dental Medicine’s rotations or off campus clinical rotations.

• Failure to seek assistance when the welfare of the patient would be safeguarded or advanced by others with special skills, knowledge, or experience.

C. Professional Responsibilities to the University and Professional Community

**Ethical Principles**

As members of the educational community, we understand and support the goals of our peers, faculty and staff to participate fully in the learning experience. We listen to the opinions of others with respect. We strive to reach the highest levels of scholarly and technical excellence, and willingly assist others in similar efforts. We understand that our words and actions in daily life may be attributed to all members of the University and professional community. We therefore conduct ourselves in such a manner as to maintain the esteem of the University and the dental profession.

In summary, as students/residents, we must treat all members of the University community as we ourselves would like to be treated.

**Types of Unacceptable Behavior**

• Failure to recognize the authority of any member of the faculty or of University officials, such as campus security officers.
• Discrimination of others due to race, creed, color gender, national origin, sexual preference, or disability.
• Use of patient care areas and their fixtures without faculty supervision.
• Failure to turn in any found property to the appropriate personnel.
• Indiscriminate use of obscene language or gestures in University facilities.
• Keeping a University fee paid by a patient for any dental service or procedure.
• Requesting or encouraging (in any manner), gifts or favors from patients.
• Misuse of Stony Brook University affiliation.
• Misrepresenting professional status.
• Falsification of records.
• Unethical behavior during any credentialing examination.

2.2 Attendance Policy

A. General Policy

All students/residents, faculty and staff are expected to report on time for clinic sessions. It is considered to be unprofessional and discourteous to keep patients waiting. Any student/resident or faculty member who cannot report for his or her responsibilities is expected to notify the Course or Program Director and the appropriate clinical coordinator in order that the necessary changes or adjustments can be made involving patient care and student/resident education. If the Course or Program Director is unavailable, notify the Department Chair.
Predoctoral dental students must also submit an excused absence request electronically in CBase to the Office of Education. DCC staff members should notify their supervisor.

B. Student Absence Policy

Attendance is mandatory for all predoctoral, postdoctoral and residency classes and clinic sessions at the School of Dental Medicine. In general, excuse from class, clinic or rotation is at the discretion of the appropriate Course or Program Director. Procedure should be followed by students/residents who must be absent from a clinic session or clinical rotation. Please refer to documentation from the Office of Education (SDM predoctoral Academic Policies and Procedures) and/or course/program syllabi regarding current absence policies.

Procedures for brief illnesses, emergencies and other absences

1. Predoctoral dental students must call his or her scheduled patients to cancel and reschedule their appointments.

2. Postdoctoral students and residents must call the appropriate clinic coordinator, who will call the patient and reschedule the appointment.

3. Predoctoral dental students must call the Course Director and appropriate clinic coordinator to inform them of their absence and that they have canceled and rescheduled their patients (Year IV GPP students call: 632-9710; Year II and Year III students call: 632-8976)

4. The appointment coordinator will inform additional faculty or staff of their absence, if needed.

5. As indicated, students/residents should visit the Student Health Services or other health care provider for treatment of illnesses or health problems. Documentation from the student’s/resident’s health care provider is not required for brief illnesses (two days or less).

6. Predoctoral students must submit an excused absence request in CBase noting the date(s) of the absence, time (AM or PM) and the reason for the request. The Office of Education will review the electronic request and either approve or deny the leave request. The Office of Education will inform the clinic coordinators and clinic administration if the leave is approved or denied.

Longer-Term Absences

In general, absences longer than two days due to illness require documentation from the student’s/residents health care provider. Such documentation shall be filed with the Office of Education for predoctoral dental students or with the Program Director for postdoctoral students/residents. For long-term absences or requests for leave due to medical, educational or academic reasons, students/residents are advised to follow the particular protocols outlined in the predoctoral Academic Policies and Procedures document or in the advanced education program syllabi.
School of Dental Medicine Attendance Information and Policies:

Please consult the predoctoral Academic Policies and Procedures document or advanced education program syllabus regarding attendance information and policies.

2.3 Professional Appearance Guidelines

Integral to any health care facility’s standards of excellence are the professional appearance and demeanor of every person contributing directly or indirectly, to the care and management of patients. The image that is presented with patients, colleagues, and visitors has a major influence on how one is perceived as a professional. Changes from established standards in appearance and behavior are detrimental to maintaining the high standards that patients expect, and may cause them to question the standard of care at the School of Dental Medicine. A professional appearance inspires confidence in one’s patients and associates. The following guidelines are in effect for all clinical programs at the Dental Care Center.

A. General Clinic Attire

1. Predoctoral students are expected to wear clean scrub attire. Each class will select a unique scrub color by majority vote. Colors must be approved by the Associate Dean for Clinical Affairs. All scrubs must be purchased through the specified vendor for the Dental Care Center in order to maintain color consistency and scrub quality. Students will be notified in advance so scrubs can be purchased in a timely manner.

2. Shirts may be worn under scrubs. The color should match the appropriate scrub color.

3. Postdoctoral students/residents may wear professional business attire as deemed appropriate by the Program Director. Skirts and dresses must be knee length or longer. Slacks must be ankle length. Hosiery must be worn with skirts and dresses. Socks or hosiery must be worn with slacks. Tight or “cling like” attire and low necklines are inappropriate and unacceptable. If attire is not deemed to be professional, students may be directed to change into appropriate attire or dismissed from the clinic session.

4. Footwear: Closed shoes or white sneakers may be worn with scrub attire. Closed shoes/dress boots may be worn with business attire. All footwear must be clean.

5. A clean white/blue clinic (PPE) coat or clinic gown must be worn over any attire at all times while providing patient care. A laboratory coat or gown must be worn when handling contaminated instruments and equipment during clean-up. Only gowns provided by the Dental Care Center may be used.

6. Clinic coats or gowns must be changed daily or more often if visibly soiled with blood.

7. All attire is expected to be clean and pressed.

8. The following items of clothing are not permitted:
   • Mini skirts, jeans, shorts, tights alone, sweat pants
   • Polo shirts
   • Hats or caps, except for religious purposes.
• Open-toe shoes or sandals

B. Personal Hygiene

• Personal Cleanliness

  • Body and oral hygiene are required so that offensive body or mouth odor is avoided.
  • Strong perfumes, colognes, or after-shave lotions should be avoided.

• Hair

  • Hair should be clean and well groomed.
  • Beards and mustaches must be clean, neatly trimmed, and well groomed.
  • When working with patients, hair must be kept out of the field of operation so that it does not come in contact with the patient or instrument field and equipment. Hair must not be handled during any treatment procedure.
  • Long hair must be tied behind the head, or a head cover must be worn.

3. Fingernails

  • Hands and fingernails must be kept immaculately clean.
  • Fingernails must be trimmed and well manicured.
  • Nail polish colors should be limited to clear or pastel light shades. Bright, neon, or dark colors are not permitted

4. Jewelry

  • All jewelry should be kept out of the field of operation. (e.g. dangling earrings, necklaces, bracelets).
  • Watches, bracelets, rings, etc. must not be worn in clinic.
  • Only earrings are permitted. Other exposed body piercing jewelry (including tongue-piercing jewelry) is not permitted, except for religious purposes.
3.0 Patient Care

The School of Dental Medicine is committed to providing comprehensive patient-centered care, while educating oral health care providers who are sensitive to the cultural diversity of our patients.

3.1 General Information

- **Patient Registration and Evaluation for Comprehensive Dental Care** takes place at the initial screening appointment. Patients may make appointments for screening by calling 631-632-8989 between the hours of 8:30 am and 5:00 pm Monday through Friday, or by visiting the Dental Care Center between 8:30 am and 5:00 pm Monday through Friday. In addition, the patients can access the School of Dental Medicine’s web-site for further information.

- **Screening Appointments** are offered on Wednesday and Friday mornings 9am-1pm and other times as necessary.

- **Treatment of Minors** Patients under the age of 18 must be accompanied by a parent and/or legal guardian for the screening appointment and other visits where on-going treatment must be authorized. For on-going treatment, when consent has already been obtained, a responsible adult may accompany the patient. The accompanying adult must be in the building during the entire appointment in case of an emergency. Exceptions are granted by law to emancipated minors. An “emancipated minor” is one who is not dependent upon the parent(s) for support, or is a parent, or is or has been married.

- **Treatment of adults unable to give informed consent.** Some patients may be unable to give informed consent (e.g. neurologically impaired individuals). Informed consent to authorize treatment must be obtained from the patient’s legal guardian before treatment can be rendered. If a patient does not have a legal guardian, legal court consent must be obtained.

3.2 New Patient Registration: Becoming a Patient

A. Screening Protocol

- On the day of screening, patients are given a Guide to Patient Services brochure (refer to Section 12.0) of DCC Policies and Procedure Manual. This packet includes material that briefly explains patient care services which is provided, the initial process of becoming a patient, the payment policy, patient’s responsibilities, contact information for patient concerns, emergency services and the Patient’s Bill of Rights.

- Patients will complete patient demographic forms (Appendix 1), a screening medical history questionnaire (Appendix 2a-c), general consent to treatment with receipts of HIPAA information (Appendix 3) and Guide to Patient Care Services. The legal
 guardian must complete these forms for minors (under 18 years of age) or for patients unable to give their own consent. The legal guardian must accompany these patients for the screening appointment. A receptionist will enter all patient health information (PHI) into the patient record. This is conducted in a private interview room to protect patient privacy.

- Upon completion of the data entry process, patients report to the cashier for payment of the screening visit fee.

- The appropriate radiographs are taken and entered into the electronic patient record.

- A faculty member completes the screening evaluation. The Dental Care Center will accept patients whose treatment needs are compatible with the teaching program. The patient is assigned to a specific student or resident clinical program based on the complexity of care required. A patient screening needs form is completed by a faculty member on axiUm, indicating to which program the patient has been assigned. If a patient’s treatment needs are too complex the patient is referred to the postdoctoral programs or the Stony Brook Dental Associates (faculty practice) or to the Suffolk County Dental Society as a referral.

- Students may treat only those individuals who are properly registered at the Dental Care Center. All patients (including student/resident friends and relatives) must receive a screening evaluation. When appropriate, this patient will be assigned to that student/resident.

3.3 Patient Assignment

A. Predoctoral Program

- Patients are assigned to a specific program at the screening appointment by the screening faculty.

- A patient assignment to a specific student is based on the level of experience of the student and the needs of the patient. Students can request additional assigned patients through their coordinator to assure an adequate clinical experience in all disciplines. Students are obligated to perform comprehensive care, within their abilities, for all patients assigned to them. To accomplish this, the student enters the request through the axiUm Personnel Planner; “Patient Needs” tab (Appendix 4). The appointment coordinator reviews the “Patient Needs” screen weekly and assigns patients accordingly. This assignment is completed electronically utilizing the Patient Assignment Manager Module (Appendix 5) and the student is notified of new patient assignments through the axiUm message system. The patient card is now available to the student. To protect patients’ health information, students have access only to patients assigned to their roster. The appointment coordinator will assign patients to students in such a way as to ensure that all students will have adequate patient rosters to meet their minimal clinical accomplishments. The Course Director in conjunction with the appointment coordinator and student will assess each student’s clinical needs. All patients, however, are entitled to comprehensive care. Students’ needs are not permitted to interfere with the delivery of comprehensive care. Patient care must
be managed in an appropriate sequence and timely manner. The coordinator will complete the assignment using the computer to assign a patient to the student.

- The monthly Patient Roster Flag Report should also be reviewed carefully for new patient assignments. An axiUm e-mail message is automatically sent at the time of the patient’s assignment.

- Students are responsible for the care of all patients assigned to them. As the primary care provider, the student is responsible for planning the care of that patient, in conjunction with faculty members. Patients may not be removed from a student’s roster without their faculty mentor’s or Course Director’s approval.

B. Postdoctoral Programs

- Patients are assigned based on educational goals and student/patient availability.

3.4 Appointment Scheduling

Predoctoral

Students must only appoint patients during designated clinic hours and be directly supervised by a faculty member for all clinical procedures. Students may not treat a patient before or after clinic hours unless a supervising faculty member remains physically present. The faculty member supervising the student must review/sign/swipe all entries for all patient records.

An important aspect of student education is learning to manage scheduling efficiently. Management of patient appointments is the student’s responsibility. Students are expected to plan their appointments taking into consideration patient availability, ability of patients to meet financial requirements, faculty schedules, rotation assignments, and time required to perform laboratory procedures. Students are encouraged to seek faculty advice concerning these issues when necessary. The ability to manage a patient roster and maintain a full schedule is considered essential in preparing students to practice dentistry.

All pre-doctoral students are required to enter patient appointments in the calendar on the electronic patient record no later than 8:00 a.m. of the business day before the appointment. Whenever possible, a patient should leave each visit with a date for the next appointment.

Failure of students to comply with this protocol places a heavy burden on the clinic and office staff. Prior to each patient visit, office staff must review the patient’s financial status. Students who fail to enter appointment data may find that patient care is delayed.

While it is recognized that last minute appointments are an occasional occurrence, repeated failure to follow this protocol will be considered evidence of poor patient management and the student will be referred to the Course Director or Associate Dean for Clinical Affairs for remediation.
If no patient appointment has been entered on the system it will be assumed that the student has an open session. A patient appointment may be booked for the student during that period. Otherwise, an absence may be recorded for the student. Please see the HDG 821/822 and HDC 821 course outline for specific policies and procedures for scheduling patients in GPP, and the HDC 621 and HDC721 course outlines for scheduling patients in Pediatric Dentistry Clinic.

**Postdoctoral/Resident**

All patient appointments for post-doctoral students/residents are scheduled in conjunction with the program coordinator. A patient pool is established and patients are given appointments in the order of their acceptance into the Dental Care Center, unless emergency services are required.

### 3.5 Baseline Evaluation and Treatment Planning

- After the baseline evaluation is completed and reviewed by faculty, the student/resident then discusses with the patient the proposed treatment, alternatives, benefits, risks, fees, student/resident schedule, finances, and the participation of other students/residents who may provide co-treatment (e.g. post-doctoral periodontal treatment). After an agreement is reached, a phased and sequenced treatment plan, approved by faculty, is prepared (Appendix 6).

- The phased and sequenced treatment plan lists the services to be provided according to priority. *A faculty approved phased and sequenced treatment plan must be completed before the treatment plan services can be initiated.* To confirm that the sequenced treatment plan has been completed and approved, the faculty swipes with his/her axiUm card. Any modifications to the initial plan should be added to the “treatment plan modifications” section. When a patient returns for a recall exam a new phased and sequenced treatment plan must be developed. The Associate Dean for Clinical Affairs or designee must approve any changes or waivers from scheduled fees.

- All patients must sign and receive a “Consent to Treatment” form (Appendix 7). This should include written documentation of the expected fees.

- For more specific details, refer to specific clinic course outlines and the GPP manual provided by the Department of General Dentistry.

### 3.6 Co-Assignment of Patients

On occasion patients are co-assigned to more than one student and/or resident. In certain instances a patient may be co-assigned to students/residents with approval by the Course Director, as long as the continuity of care for the patient is not compromised. Co-assignments may occur when the treatment needs of the patient requires specialty care. (Appendix 8)

To refer for specialty care, (e.g. periodontics, endodontics, orthodontics, or oral and maxillofacial surgery) complete a Consultation Request obtaining the appropriate faculty swipe(s) for approval.
3.7 Transfer of Patients

Under limited circumstances a patient may be transferred to another student. The Course Director must approve each transfer. When it becomes necessary to transfer a patient, it is important to avoid confusion or inaccuracies in the patient’s clinical record. Following the protocol outlined below will facilitate the transfer:

- Complete a transfer note in the daily treatment record indicating the date of transfer.
- Faculty must swipe the completed note.
- The new student provider will be expected to schedule the patient in a timely manner so as not to interrupt continuity of care.
- With a few exceptions, it is not permissible to transfer a patient during treatment with fixed-prosthodontics, removable prosthodontics, endodontics, or post-surgical follow-ups (e.g. oral and maxillofacial surgery, or periodontal surgery). Students who begin these procedures must anticipate completing them. This includes the time necessary for post delivery adjustments and post-operative care. Students will not be permitted to transfer patients until this care is completed. With regard to prosthodontics, students are expected to stabilize the patient before the academic year’s end (this includes all post-delivery adjustments or placement of permanent restorations). Credit for prosthodontic treatment will not be awarded until all required post delivery adjustments are completed. With few exceptions, Year II and Year III students will maintain their patient roster through Year IV, remaining responsible for the patient’s comprehensive care.

Note: Upon graduation, patients assigned to Year IV students will be transferred to current Year II and Year III students with approval from the Course Director.

3.8 Completion of Patient Treatment Plan

It is the responsibility of the student to complete the treatment needs of the patient in a timely and appropriate manner. When a treatment cycle is completed, an Outcomes of Care Assessment must be performed. This assessment is performed, whenever possible, on the day that the last procedure of the current treatment cycle is completed.

The purpose of the Outcomes of Care Assessment is to evaluate the quality of the care that has been completed, confirm that no other treatment is required, and to assess the patient’s overall oral health status. To encourage an objective evaluation, the assessment is to be performed by a clinical faculty member who has had minimal to no involvement with the treatment of this patient. Details of this assessment are located in (Appendix 9). If the faculty member concludes that no other treatment is required at this time, the patient should be placed on an appropriate recall status (Appendix 10). At this time, the student should write an appropriate note and inform the coordinator. The patient coordinator will then review the Patient Roster Audit Report to ensure that all chart entries are completed. Repeated deficiencies may require remedial instruction on record keeping. When an acceptable audit has been completed, the coordinator enters the appropriate audit code.

If the faculty examiner concludes that additional treatment is necessary, the required treatment needs are to be entered by the student in a treatment plan fashion on the sequential treatment plan form, and noted in the Outcomes of Care Assessment. *The faculty examiner must swipe the sequenced plan.* A second exit examination will be required at the conclusion of this treatment.
When the patient is approved for “recall status” the coordinator must enter the recall procedure code.

### 3.9 Recall Maintenance System

- Students are expected to initiate a periodontal and restorative maintenance program for their patients and are responsible for its implementation and update.

- When restorative treatment extends over a long period of time, it is important that periodontal maintenance visits be provided. Maintenance appointments should be scheduled at regular intervals even while the patient is active in the current restorative treatment cycle.

- As part of the Recall Maintenance System, a patient should be scheduled for periodic oral examinations and periodontal maintenance visits at designated time intervals based upon the patient’s caries susceptibility and periodontal status. The maintenance schedule should be included as part of a sequenced treatment plan.

- The timelines of a patient care recall is monitored by the “Patient Roster Flag Report” (Appendix 11), which is printed on a monthly basis (refer to Section 9.0, Continuous Quality Improvement Policy of the School of Dental Medicine).

- The following must be completed prior to placing a patient on recall:
  1. The patient record must be audited for completeness
  2. Outcomes of Care Assessment
  3. Patients Satisfaction Survey offered to patient
  4. Establishment of recall interval
  5. Transfer of patient if appropriate

- A recall report will be generated monthly for any patient requiring a recall for the following month. This will enable a student/resident coordinator to schedule an appointment. The recall appointment should include the following:
  - Updating of the patient health record.
  - Oral/dental examinations.
  - Radiographs if indicated, periodontal maintenance and oral hygiene instructions (OHI)
  - Scheduling additional appointments, as findings require.

The following chart outlines the flow of patients at the Dental Care Center:
Requires Care Beyond Scope of Dental Student Referred to Post-doctoral Program

Patient Screening

Emergent Needs

Dental Emergency Clinic

Non-Emergent Needs

Referred to Post-doctoral Program

Dental Student Patient Pool

Year II Student Patient Pool

Year III Student Patient Pool

Year IV Student Patient Pool

Recall

Recall

Recall
3.10 Discontinuance of Patients

Students/residents may request to discontinue treatment of patients under the following circumstances:

- The patient chooses to discontinue treatment (voluntary drop) for personal reasons (financial limitations, family illness, etc.). (Appendix 12)

- The patient chooses to seek care elsewhere.

- A change in the patient’s medical or dental condition may place further treatment beyond the scope of the student/resident’s capabilities or require the patient to seek care in a hospital setting.

- The patient presents with behavioral issues that are not manageable or appropriate in the Dental Care Center.

- There is difficulty in contacting the patient. Patient contact must include the mailing of a “Contact Letter” (Appendix 13-a) prior to discontinuance. “Contact Letters” can be obtained on axiU姆.Patient has an unacceptable financial status: “payment in arrears”.

- Repeated broken appointments, cancelled appointments, or latenesses.

  Cancellation - patient notification is given to the Dental Care Center 24 hours, prior to the scheduled visit.

  Broken Appointment/Disappointment/No Show - Patient was not present for a scheduled appointment and/or notification was not given 24 hours in advance, or not given at all.

Each instance of patient cancellation or disappointment must be documented by an entry in the patient’s record, and swiped by a faculty member. All cancellations and disappointments are reported to the Course Director or designated faculty. If a patient cancels or disappoints two times, the patient should be counseled. If the trend continues, the patient should be dropped from the DCC active patient roster.

The following protocol will be followed: If a patient cancels or disappoints three times, the patient will be sent a Drop Notice with approval of the Course Director or appropriate faculty and the Associate Dean for Clinical Affairs (refer to “Patient Notice Letters” below). The notice letter explains the reasons for dropping the patient. A detailed note explaining the reasons for discontinuance must be documented in the patient record. This note must be swiped by the appropriate faculty member and submitted to the appropriate appointment coordinator. The patient is given the opportunity to respond if he/she has any questions or believes this decision was made in error. Reinstatement must be approved by the Associate Dean for Clinical Affairs or designee.

Patient Notice Letters

Patient Administrative Notice letters (Appendix 14), are sent to patients for various reasons including difficulty in scheduling appointment, cancellations and broken appointments, absence of requested documents required to proceed with treatment (Appendix 15), e.g. medical consult (Appendix 16), financial issues, abusive behavior and not following the
Dental Care Center policies. Other documents included are absent from work or school (Appendix 17) and due for recall notice (Appendix 18). The Associate Dean for Clinical Affairs or designee must approve all letters. Documentation must be entered in the patient record when a letter is sent.

3.11 Dental Emergency Services

As a service to its patients and the local community, the Dental Care Center offers emergency dental services. Patients can access the emergency service on the School of Dental Medicine’s web site under patient care services.

A. Patients of Record

- Dental emergency service is available 24 hours per day.
- During normal clinic hours, patients should call 631-632-8989 and request an emergency visit. Whenever possible, a patient will be seen by his/her assigned provider for treatment of the dental problem.
- If the assigned student/resident provider is unable to provide care, treatment will be rendered by the emergency service. Reasons the assigned provider may be unable to provide care may include, but are not limited to:
  1. the provider is unavailable (scheduled with another patient; scheduled out of clinic; absent)
  2. the scope of emergency care required is beyond the expertise of the assigned provider.
- Emergency Service is available at the Dental Care Center Monday through Friday from 8:30 am to 5:00 pm
- After normal clinic hours (evenings, weekends) emergency care is provided by General Practice Residents, Oral and Maxillofacial Surgery Residents, Pediatric Dentistry Residents at Stony Brook University Hospital Emergency Room. If a patient requires emergency care after hours, they should call 631-632-8989. An interactive voice recording will instruct the patient how to seek care at University Hospital. If the emergency problem is related to comprehensive dental treatment in progress at the Dental Care Center, the patient will not be billed for the service. If it is not, the patient is responsible for payment.

B. Individuals Who Are Not Patients of Record of the Dental Care Center

The Dental Care Center offers daytime emergency services on a limited basis for individuals, who are not active patients of record.

- The emergency care required must be within the scope of the pre or postdoctoral teaching clinical programs.
- Emergency Care is rendered by the emergency service during the hours noted above. Patients must call 631-632-8989 for an appointment. The patient is responsible to pay the emergency dental fee at the time of the appointment. Films and procedures will be charged as per the posted fee schedule. The patient must register at the time of the
emergency visit. Patients, who want future dental care, must make an appointment for a screening exam.

- If an individual, who is not a patient of the Dental Care Center seeks care at University Hospital, the Dental Care Center is not responsible for this care. The patient will be responsible for any fees incurred. Currently, an emergency room fee is charged. Additional expenses may be incurred for services rendered.

C. Emergency Care Providers at the Dental Care Center

- Year IV predoctoral students will be assigned to emergency service on a rotational basis.
- Clinical faculty of the Department of General Dentistry and Oral & Maxillofacial Surgery will supervise the emergency care.

D. Student/Resident Obligations

- Unless obligated to attend classes or assigned rotations, students/residents are responsible for meeting the emergency needs of their patients. If a patient must be treated by the emergency service the student/resident should review the emergency visit daily treatment note and schedule any follow-up appointments as necessary.

3.12 Dispensary and Sterilization

A. Dispensary/Sterilization Hours of Operation

Main Dispensary: Monday through Friday, 8:30am to 5:00pm
Central Sterilization: Monday through Friday, 8:30am to 5:30pm

B. Requesting Materials, Instruments and Equipment

The dispensary stocks materials, instruments, and equipment that have been approved for patient care and is in accordance with the Material Methods and Evaluation Committee (MMEC). Any materials, instruments, or equipment that has not been approved is not available at dispensary and should not be used. Requests for changes of materials or instruments should be directed to the department chairs and submitted in writing to the Material Methods and Evaluation Committee for approval. Once the MMEC approves the material it is forwarded to the Associate Dean for Clinical Affairs or Director of Clinic Operations for implementation.

Supplies should not be “stockpiled” in student carts. Conservation of materials and supplies is encouraged. All students are given an aXium instrument access card. All students’ preorder necessary instruments, materials and equipment prior to patient visit. Students are requested to submit their requests by 3:00 p.m. the day before for the morning session and 11:00 a.m. for the afternoon session. Axium templates were created to assist the students in ordering the appropriate procedural instrument cassettes, materials and equipment through the dispensary module. The dispensary staff receives the requests from the students and prepares the instrument set-ups. If the student does not submit the request in a timely fashion, the student is asked to wait until all the requested orders for students have been dispensed. All requested cassettes come with a bar coded dispensary slip that corresponds to their
requested order. This dispensary slip must be returned with the contaminated cassettes to sterilization.

Dispensary requests within axiUm is either through attaching the planned procedure to an appointment or through a manual request.

1. Attaching Treatment Plans to an Appointment

Treatment plans can be attached to an appointment by using the **Tx Plan** button on the appointment card. Click the **Tx Plan** button and select the planned appointment procedures by highlighting the procedure and clicking on the arrow. Ctrl-Shift functionality will allow you select multiple codes.

2. Manual Dispensary Request

The manual request can be done through right-clicking the patient name in the **Rolodex** and selecting **Dispensary Request** or by clicking the **Create New Record** button on the **Dispensary** tab in the **Personal Planner**. This type of request should be used mainly for items that are not typically part of your procedure or for emergency patients.
To create a request select the **Item Type** (either kit request or a sundry request) and then enter the **Code** by clicking 📚 to find the code. Click the **Add New Record** button 📚 to add the request. Multiple requests can be entered. To see what Dispensary items you have requested either through the appointment attachment or through the manual method, click on the **Search for Data** button 🔍 in the **Personal Planner Dispensary** tab.

**It is very important that you have your Dispensary Request in place in a timely manner so that the Dispensary will be able to have your kits, instruments, sundries, etc. ready when you present at the window.**

C. Returning Materials, Instruments and Equipment

The student will return all instruments, materials, and equipment to central sterilization before closing time. The cassette tray must have a dispensary slip attached to the tray to ensure all requested instruments, materials, and equipment are returned to sterilization. The sterilization staff will scan all returned items. If a cassette, instrument, material or equipment are not returned, the student is responsible for any fees.

The procedure for returning instruments, materials, and equipment is as follows:

1. Re-assemble all instruments, equipment and materials at chair side (follow the infection control Protocol, as outlined in the Infection Control Policy (refer to section 8.0)).
2. The dispensary slip needs to be visible on the returned items to sterilizing staff.
Note: Instruments or equipment owned by student/resident are sterilized and returned to the student/resident for use during patient treatment.

All students/residents will be required to pay for any instruments or equipment not returned. Students/residents will be informed in writing of the item(s) missing and the fees charged. Payment is made to Stony Brook University School of Dental Medicine. **A student will not be certified for graduation until all outstanding charges are paid.**

**D. Nitrous Oxide Equipment:**

- A nitrous oxide request form (Appendix 19) must be completed and signed by a faculty member and submitted to the dispensary one day prior to the patient appointment date. This gives the dispensary sufficient time to prepare the nitrous oxide unit.

- The nitrous oxide equipment will be dispensed on the day of the patient’s appointment. At this time, on a randomly assigned basis, the student/resident must complete a “nitrous oxide sampling” form (Appendix 19a) and obtain a nitrous oxide monitoring badge. This badge must be worn by the student/resident and dental assistant during the treatment session. The badge should be placed on the collar of the clinic coat.

- Nitrous oxide consent form (Appendix 20) must be signed by the patient (or legal guardian) before treatment.

- Students/residents must follow the Policies and Procedures for the Safe use of Nitrous Oxide outlined in Section 8.0.

**3.13 Issued Clinical Items**

Certain clinical items will be issued for use off-site. All requests for instruments, which will be used off-site must be approved by the Associate Dean for Clinical Affairs and/or Director of Clinic Operations. Students/residents must sign for these items at the time they are dispensed. Upon completion of clinical responsibilities, these items must be returned in satisfactory condition. Students/residents will be charged for the cost of any lost or damaged items. Please note that in the event that the student/resident shares items with colleagues, the original student/resident remains responsible for their return. If these shared items are lost or damaged, the original student/resident remains responsible for any associated fees. Please consider that any unpaid fees will delay the release of graduation diplomas or certificates.

**3.14 Clinic Instruments, Handpieces and Laboratory Instruments and Equipment**

All students will purchase instruments and equipment for laboratory use which will be distributed from the Henry Schein Store. The School will dispense laboratory supplies to resident programs. The student/resident must sign for these items at the time they are dispensed. Upon completion of laboratory responsibilities, these items must be returned in satisfactory condition. Students/residents will be charged for the cost of any lost or damaged items. Please note that in the event that these items are shared with colleagues, the original student/resident remains responsible for their return. If these shared items are lost or damaged, the original student/resident remains responsible for any associated fees. Please consider that any unpaid fees will delay the release of graduation diplomas or certificates.
4.0 The Patient Record

The School of Dental Medicine at Stony Brook maintains an electronic patient record. Legacy data and some radiographic data are collected in a physical chart. The vast majority of the patient data is maintained in the electronic record. The patient dental record is a legal document which reflects the patient history and serves as a chronologic record of patient care; as such, all patient records are to be maintained in an accurate and timely fashion. All information contained in the patient record is the property of the School of Dental Medicine and is governed by the regulations regulating patient confidentiality including, but not exclusively, the regulations created by the Health Insurance Patient Portability Act of 1997. Access to the electronic record is governed by security protocols designed to limit access to information to only those who have a need for that information. Access to the record, written or electronic, is only granted for the purpose of treating the involved patient. If a physical patient record exists that record must be returned to the reception area at the end of each appointment. All patient data associated with the visit must be entered in the electronic record and the necessary faculty approvals obtained. The electronic data should be protected as in the paper version from unintentional view. Electronic patient record should be closed when not directly observed by the student or resident.

4.1 Confidentiality

The patient record is an important legal and professional document. Rules governing their ownership, maintenance, content, access and confidentiality are subject to strict legal review and control by several governmental agencies. All patient records are the property of the Stony Brook University Dental Care Center and subject to additional regulations. Neither the student nor the patient owns the record, but the information contained within the record is the property of the patient. This information may not be released to anyone under any circumstances, except by court order or waiver signed by the patient (or parent or legal guardian as appropriate.) Under no circumstance should the student release the record or disclose the contents to anyone who is not directly involved in patient care without first consulting the Associate Dean for Clinical Affairs or designee. This rule includes requests made by patients, attorneys, insurance companies and other medical personnel. Records should never be duplicated, abstracted or removed from the School of Dental Medicine without the written permission of the Associate Dean for Clinical Affairs. Failure to comply with these regulations may result in unnecessary legal liability for the individual(s) involved.

Patients have the right to access the information contained within their records. Patient requests for copies of records or radiographs should be directed to the Director or Assistant Director of Clinic Operations or designee. A written request is required since penalties for breach of information contained in the record may be severe. Special attention must be given to the law which prohibits a health professional from giving parents or the legal guardian(s) information relative to a minor’s health history related to sexually transmitted diseases, abortion, or sexual activity, without consent of the minor. Never give the patient any portion of the dental record.
4.2 Patient Record Content

Dental records should contain, as a minimum, the following information:

- The full name, current address, telephone number of the patient.
- The referring practitioner, if any.
- Pertinent medical and dental history.
- Complete dental/periodontal charting, pre-operative radiographic and any post-operative radiographs taken with corresponding diagnostic entries.
- An appropriate phased and sequenced treatment plan.
- Treatment records, including the results of all diagnostic tests and the progress notes.
- All medications prescribed and/or dispensed.
- The precise dosage and regimen for each medication prescribed and/or dispensed.
- Any referral to other practitioners and the reason for the referral.
- Written communications about the patient.
- Date of next appointment and of follow-up communication.

A. The Stony Brook University School of Dental Medicine Electronic Dental Record

The Dental Care Center patient record contains the information stated above. The dental record of the School of Dental Medicine is a computerized electronic patient record that contains the patient name, record number, assigned provider number and when applicable, medical and administrative alerts. The record contains many electronic pages designed to capture all aspects of patient care.

Contents of the record include the following:

- Patient Demographics (Appendix 1)
- General Consent to Treatment Form (Appendix 3)
- Screening Medical History Form (Appendix 2)
- Patient Screening Needs (Appendix 4)
- Medical Consultation Form (Appendix 16)
- Medical History Form (Appendix 2a)
- Head and Neck Examination (Appendix 2b)
- Dental History (Appendix 2c)
- Restorative Dental Clinical Evaluation (Appendix 22)
- Periodontal Clinical Evaluation (Appendix 23)
- Treatment Plan (Appendix 6)
- Comprehensive Phased and Sequenced Treatment Plan (Appendix 7)
- Patient History (Appendix 24)
- Patient Recalls (Appendix 10)
- Consultation/Referral Log (Appendix 25)
- Implant Treatment Plan (Appendix 26)
- Implant & Regenerative Placement Log (Appendix 27)
- Implant Restorative Log (Appendix 28)
- Periodontal Surgery Log (Appendix 29)
- Patient Care Module (Appendix 30)
Some patients may require specific procedures that require the following forms to be completed prior to beginning treatment:

- Consent for Implant, Bone and Sinus Graft Surgery (Appendix 31)
- Consent for Implant Restoration (Appendix 32)
- Consent for Surgical and Invasive Procedures (Appendix 33)
- Consent for Endodontic Therapy (Appendix 34)
- Consent for Nitrous Oxide (Appendix 19)
- Consent for Conscious Sedation with Anesthesia (Appendix 35)
- Implant Patient Surgery Information (Appendix 36)
- Implant Surgery Post-Op Information (Appendix 37)
- Pediatric/DCDD Patient Management Policy Acknowledgement (Appendix 50)

All clinical record forms can be viewed from the electronic record with appropriate access.

4.3 Documenting in the Patient Record

- Students/Residents may only receive access to a patient’s record if they are assigned for treatment. Module directors/program coordinators can assign the student/resident to the patient’s record (even if just for a single patient visit). Entry to the electronic patient record is by swiping with assigned identification card. Use of any other user’s identification card to gain access to a patient’s record is strictly against School of Dental Medicine privacy regulations.
- All entries in the patient record must use universally accepted abbreviations. Obscure or unclear terminology must be avoided. All entries must be authorized/counter signed by the swipe of a faculty member’s identification card. The faculty involved must review the record and then approve it.
- When the patient has a significant medical history, a “medical alert” is entered in the electronic record and appears as a red alert on the bottom bar of the patient record. Only persons with adequate security clearance may view the alerts. Faculty, assigned students/residents and direct clinical care staff has access to the list of alerts by simply clicking on the red alert.

The contents of the electronic record have been completely reviewed by the Records Committee on an ongoing basis. This electronic patient record is to be used exclusively by all faculty, staff, students and residents.

The patient record must be maintained for legal purposes, as well as for continuity of patient care.

4.4 Electronic Patient Record (EPR)

Screening Appointments

Initial patient contact is made, generally by telephone, and the patient is scheduled for a screening appointment. The patient’s name, phone number, and date of birth are taken. They are then assigned a patient number in the EPR and scheduled for a screening appointment.
4.5 Screening, Registration and Evaluation

When patients present for screening, they are asked to complete several short forms to allow a more accurate data entry. Patients complete a demographic form and a screening medical history form. They receive copies of a *School of Dental Medicine’s Dental Care Center Guide to Patient Services* which include, Patient Bill of Rights, Patient Responsibilities, Patient Concerns, Appointment Policy, Explanation of Patient Assignment System and General Consent. Upon completion of the these forms and review of the information sheets, patients are brought into the registration area. Patient demographic data is then entered into the information system and the screening medical history is completed. The screening medical history is entered in the *Screening History* tab in the *AMEDHX (Medical History)* form. The patient is required to sign the patient screening record. Upon completion of data entry, patients are asked to sign an electronic version of the *General Consent for Treatment* which includes the HIPAA and the Appointment Policy Consent. Any patient forms from this session may be placed in confidential waste or in the patient folder.
4.6 Red Flag Protocol

After all the patient information is entered into the axiUm system the receptionist takes a patient photograph utilizing the axiUm electronic record. If the patient is a minor then a picture of the parent or legal guardian is taken. All patients have to show appropriate photo identification to be entered into the system.

Patients are then escorted to the radiology suite where they receive a digital panoramic image and a screening evaluation. The screening evaluation is not designed to be a comprehensive evaluation. The evaluation is intended to permit correct assignment of the patient into the dental care center. It is not intended to be diagnostic in nature. After a digital panoramic image and a simple intra-oral examination, patients are classified according to patient needs (i.e. Complete Denture Year IV). The patient classifications are entered in the needs screen located in the patient demographic code section. Students request patients using the same needs codes allowing a more timely assignment of patients. A complete list of screening classifications can be seen in. Several patient needs can be entered in this area.
4.7 Medical History

The patient history is taken by students upon initial exam. Program Coordinators of the Post-doctoral programs may enter the medical history which is then reviewed by the resident and signed by the patient upon initial exam. In either case the medical history is completed in the Medical History tab in the AMEDHX (Medical History) form, the students/residents are required to review the data and check for completeness. All supervising faculty are required to countersign this form via swipe after the patient signs the record. All questions must be answered. Notes and comments may be written at the bottom of the medical history tab.

Blood pressure and pulse rate should be recorded in the Blood Pressure tab in the AMEDHX form. Updated blood pressure and pulse rate will also be recorded in the Blood Pressure tab.
4.8 Medical History Update

The medical history is reviewed in the Medical History tab in the AMEDHX (Medical History) form. The same form as the original medical history is used. The date of the review is entered and the questions on the medical history are reviewed. Any new treating physician and/or medications should be listed on medical history tab. The patient will be required to sign the update history and the faculty must review and approve the form via the swipe card.

4.9 Head and Neck Examination

A comprehensive head and neck examination is to be completed at the initial examination and at all periodic re-examinations. Any time a positive finding is noted, students/residents are required to enter working diagnosis with differential. It is the students/residents responsibility to confirm that a final diagnosis is made and entered on the patient’s history. The final diagnosis field must be entered for all cases with working diagnoses. This form must be reviewed and approved by a faculty member.
4.10 Dental History

This form *Dental History* tab in the *Dental* forms area is written to determine the patient’s global dental need and understanding. It has been written in a simplified manner, from the viewpoint of the patient, and is to be utilized in assessing the patient’s dental concerns and considerations. Patients will answer the interviewed questions and be asked to sign the final entries. The form will be used to help assess the patient’s degree of dental knowledge, and help in understanding the patient’s dental needs and concerns. This form is countersigned faculty.


4.11 Medical Consultation

Medical consultation will be requested of physician or specialist when deemed necessary by a resident/student or faculty. A request will be generated in the letters section of the patient record. The record of the request is kept in the record. The request for consultation is returned to the Associate Dean for Clinical Affairs. The consultation is scanned into the patient record for maintenance in the permanent record.

The requesting faculty and student/resident name and number will be written on the form. The physician or health care provider will be asked to examine the patient and/or the patient’s record regarding a specific condition (i.e. Hypertension) with instructions to respond specifically. (i.e.: Mrs. Smith presents to SUSB School of Dental medicine with an elevated blood pressure of 180/100. She claims she is under your care. Please evaluate her at this time. Provide us with information that she is under your supervision, and let us know when she can proceed with routine dental care.)

The physician will respond in the Examination/Consultation section of the form, and the report will be used to help determine the patient’s course of care within the School of Dental Medicine’s Dental Care Center.
4.12 Medical Consultation Consent

This form will be signed by the patient directly into the electronic patient record. When consent forms are required for specific procedures or programs (i.e. Implant consent or Surgery consent) the forms to be utilized are located in the attachment section of the paper record. The form is selected, necessary risks/benefits entered and the patient is asked to sign the form in the computer system. A printed copy can be supplied to the patient upon request.

Patient Name: Brett Test

Chart #: 7

1. I authorize the performance of a dental examination and evaluation, possibly including radiographs as approved by the faculty member(s) of the Dental Care Center.

2. I understand that the services will be provided by the students of the School of Dental Medicine at Stony Brook (SDM) as a part of their educational program.

3. I understand that video and photographs may be taken for educational purposes, and that I will not be identified in any manner.

4. I understand that because the treatment is being carried out as a part of the educational program at the SDM, information about the care will be shared by faculty, students/residents and clinical staff.

5. I further understand that students, residents, faculty and other employees may also provide services consistent with the treatment plan. When, in the opinion of the faculty, a change of provider is deemed appropriate, the change is made at the SDM's discretion.

6. I have received a copy of the fee policies for the SDM. I understand and agree to comply with those policies.

7. I have received a copy of the Stony Brook Organized Health Care Arrangement Joint Notice of Privacy Practices. I authorize the use and disclosure of my health information to treat me and arrange for my care, to seek and receive payment for services given to me, to send appointment reminders via mail or phone, and for the business operations of the Dental School and its staff.

8. I have received a copy of the Patient Bill of Rights.

9. Any questions I have had to the above have been fully answered.

10. I fully understand the conditions of this consent and have no additional questions.

11. I received the School of Dental Medicine Dental Care Center Guide to Patient Service.

Authorized Signature:

Relationship to Patient: Mother

Date: June 1, 2011

GENERAL CONSENT FOR TREATMENT
4.13 Obtaining Individual Authorization for Use and Disclosure of PHI

Health and medical information is considered sensitive and private, and is protected under the law (HIPAA). Protected Health Information (PHI) cannot be released without a completed PHI release form. A valid written authorization is required for use or disclosure of PHI except where the use or disclosure is otherwise required or permitted. All uses and disclosures made pursuant to an authorization must be consistent with the authorization. The authorization must be completed and must be signed by the person with authority to authorize use or disclosure, i.e. the individual or personal representative. The health care component must verify that the person who signs the authorization has this authority. The individual may revoke authorization at any time in writing.

This form authorizes the School of Dental Medicine at Stony Brook to use or disclose your protected health information (PHI). This authorization is voluntary. You may refuse to sign this authorization. If you refuse to sign this authorization, the School of Dental Medicine will not be able to release your information. You may revoke the authorization at any time by writing to The School of Dental Medicine, Sullivan Hall, Stony Brook, NY 11794-9601. A copy of this signed authorization will be available to you, but you should retain a copy for your records.

SECTION 1: TELL US WHO YOU ARE

Name: ____________________________ Date of Birth: __________
Address: ____________________________ Phone: __________

SECTION 2: WHAT IS THE PURPOSE OF THIS AUTHORIZATION?
- To authorize the identified persons and/or organizations to inspect and/or obtain copies of the PHI as permitted by the HIPAA Privacy Rule.
- To authorize the identified persons and/or organizations to use or disclose the PHI as permitted by the HIPAA Privacy Rule.

SECTION 3: WHO IS AUTHORIZED TO RECEIVE YOUR PROTECTED HEALTH INFORMATION (PHI) FROM THE SCHOOL OF DENTAL MEDICINE?

SECTION 4: WHEN DO YOU WANT THE AUTHORIZATION TO EXPIRE?
Two years from the date I signed this authorization.

SECTION 5: SIGNATURE

I understand that if the entity authorized to receive my PHI is a health plan, health care provider or other covered entity as described by the HIPAA Privacy Rule, the released information may no longer be protected by federal privacy laws, rules and regulations. I understand that the information disclosed may include mental health information and/or alcohol and substance abuse information. I understand that I am not required to sign this form, but if I do not sign this form, it will not be considered valid and will be returned. I understand that I may revoke this authorization at any time by notifying The School of Dental Medicine in writing. I agree that this information is true and correct. I sign this authorization under the penalties of perjury and attest that The School of Dental Medicine.

Patient Signature: ____________________________ Date: __________
The next section contains information derived from the patient’s comprehensive examination.

4.14 Restorative Clinical Evaluation

- All clinical findings should be charted.
- Charting of existing and new findings is completed on the Electronic Health Record (EHR). Initially all missing and present (deciduous or permanent) should be charted. All dentition spacing, rotations and mal positioning should be charted. All existing restorations should be charted describing both the restoration and the material utilized. All clinical findings should be charted accurately and illustrated using View if required. Careful classification of existing conditions and restorations are important. For example, virgin occlusal caries is charted with different caries code than recurrent caries. All of the above codes are found in the Conditions/Dental Conditions section of the chart.
- When charting, existing conditions are automatically drawn in color on the teeth in the odontogram. If interpretation of the odontogram visual indicators (colors and symbols) are difficult, the written condition/restoration data can be found listed on the lower right side of the odontogram. This data can be set for review at any date interval.

The form reflects the names of the examining student/resident and the reviewing attending faculty, along with the current date of the examination and approval.
4.15 Periodontal Charting

This section of the record will be utilized by the student when charting findings during a comprehensive periodontal evaluation. This includes charting of all pocket depths, bleeding/purulence on probing, furcation involvements, recession/hyperplasia and mobility. A Periodontal form of the electronic patient record must be completed in the electronic paper record which includes patient’s homecare status, generalized and localized periodontal health as well a generalized treatment plan. The protocols for examination are defined by the Department of Periodontics will be followed. Upon completion of the periodontal charting, a faculty must confirm the findings and approve them. Students must complete the entire clinical examination and periodontal findings form.
4.16 How to use the Clinical Findings on the Odontogram

All conditions/existing restorations are listed – the order they are listed is not important since this sheet does not contain a treatment plan. The findings should include all data related to the teeth from the radiographs. Other radiographic findings should be listed in the head and neck examination area and followed to resolution. In addition, positive radiographic findings must be listed in the *Patient History* section.

The student will list findings and review them with an instructor during a treatment planning session. When the instructor is in agreement with the findings, the instructor will approve the findings by swiping the record with his/her id card. Both the student and the approving faculty are registered with these findings.

New clinical findings, at subsequent comprehensive examinations, will be directly on the odontogram so that it represents the most up to date picture of the patient’s mouth. If only the findings of the current examination are wanted in the view, changing the date in the *settings* window will restrict the findings to the most recent date.

4.17 Phasing and Sequencing of the Treatment Plan for Patient Care

All patients require a phased and sequenced treatment plan that is comprehensive and patient-centered. There are two treatment plans in the axiUUm record at the School of Dental Medicine. The periodontal treatment plan must be completed as per the Department of Periodontics protocol. In addition, there is the treatment planning module which must be utilized in order to develop a phased and sequenced treatment plan that includes ADA codes and fees. This must incorporate the periodontal treatment plan and be presented to, and accepted by the patient, prior to initiating all but emergency care.

The following phases must be utilized, and all treatment in a phase must be appropriately sequenced:

**Phase 1: Emergency and Preventive Care**
This phase incorporates history taking, patient assessment (including records, radiographs, laboratory tests, etc.), obtaining necessary consultations (medical and dental), establishment of diagnoses, treatment planning, oral hygiene instruction, initiation of smoking cessation therapy, scaling & root planning, and prophylaxis.

It also allows for the treatment and/or management of acute pain and conditions that require immediate attention.

This phase corresponds to Phase I of the periodontal treatment plan.

**Phase 2: Treatment Phase**
This phase incorporates the re-evaluation of all Phase 1 treatment, as well as the implementation of the treatment plan established in Phase 1. It includes periodontal surgery, oral & maxillofacial surgery, endodontic therapy, operative dentistry, and prosthodontics. All treatment must be logically and appropriately sequenced within this phase.

This phase corresponds to Phases II-VI of the periodontal treatment plan.
Phase 3: Assessment of the Outcome of Care
This phase incorporates the Outcomes of Care Assessment, and the establishment of a recall and maintenance plan that is based on the appropriate risk assessment.

This phase corresponds to Phase VII of the periodontal treatment plan.

Changing Phases/Sequences for Planned Treatment
The following describes how to change the phase or sequence of any treatment that is already in the treatment plan. Please note that multiple procedures that will performed on the same visit (e.g. Class I amalgams on teeth #20 & #21) may be assigned the same sequence number in a phase.

1. Go into the Tx History tab in the Electronic Health Record (EHR)
2. Select the treatment to be re-phased or re-sequenced by double-clicking the treatment.
3. Change the Phase or Sequence field.
4. Press the OK button.
4.18 How to Enter a Treatment Plan for Patient Care

Treatment Plans are entered through the Tx Plan tab of *Electronic Health Record (EHR)*.

Once the description, patient concerns, problems and diagnosis are entered then they may then complete the Detailed Plan tab, a sequenced treatment plan. Students should create multiple treatment plans to reflect patient desires, finances and ideal care. Students may create these plans by copying from the previous plan and modifying it. Each plan must have the treatment properly placed in phase (as listed below). Care that requires immediate attention within a phase may be sequenced in addition. Students/residents will not be able to treat patients with care out of phase. The treatment will have to be re-phased to allow early treatment. Students/residents may present these plans to the patient and faculty as indicated.

Faculty and or students can modify the plans at this point. Once a plan is properly selected and phased, the faculty approves the plan.
The patient is given the opportunity to view the plan and then is asked to sign approval of the plan. The patient may delay this decision, but the faculty approval remains and the patient may sign for the plan later. Patients may not sign for plans that have not been approved by the faculty. The faculty/patient approved plan is automatically transferred to the patient odontogram. Student/residents should make note as to why the patient selected/did not select a particular treatment plan.

## Treatment Plan

*DRAFT ONLY*

<table>
<thead>
<tr>
<th>Phase</th>
<th>Seq.</th>
<th>Code</th>
<th>Description</th>
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<td>D1110</td>
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<td>3</td>
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<td></td>
</tr>
</tbody>
</table>

I authorize the performance of the above detailed treatment plan as approved by the faculty member(s) of the Dental Care Center.

1. Alternative treatment plans have been presented, including their benefits and risks.
2. The risks and benefits of the accepted treatment plan have been explained, and I fully understand them.
3. I understand that changes in the accepted treatment plan may be necessary during the course of treatment and that I will be informed of such changes.
4. I acknowledge that I have received no guarantee of assurance about the outcome of the treatment or any of its component(s), benefits or results.
5. I understand that if treatment modifications are required as treatment progresses, the fee(s) I am assessed may need to be modified to reflect those changes. I further understand that, whenever possible, I will be informed of those changes as the need for them becomes apparent.

Student: Susan Schlussler
Instructor: Susan Schlussler
Consultant

April 23, 2008
4.19 Removable Prosthodontic Evaluation Design and Treatment Plan

This form is found in the DENTAL section in the Forms tab in the EHR and the removable prosthetics design questionnaire must be completed. The RPD design and annotations are placed on this form, in accordance with protocols established by the Department of General Dentistry and the Director of Removable Prosthetics.
4.20 Periodontal Treatment Plan

Treatment plans for periodontal treatment (by the students and residents) must be completed in two locations. One is in the PERIO section in the Forms tab of the EHR. The other is in the treatment planning module. **STUDENTS and RESIDENTS MUST COMPLETE BOTH FORMS.**

The treatment planning module will include the fees for all procedures and a general consent to treatment. A surgical/implant/invasive treatment form must be collected in the electronic record prior to each surgery. This consent must be obtained electronically. After completion of any surgical/implant therapy, the implant/surgery log in the Periodontal tab must be completed by the student/resident. The surgical plan listed in the Periodontal tab his form will be used to list findings from the periodontal charting and examination, and will be utilized to list and sequence periodontal care according to protocols designed by the Department of Periodontics.
4.21 Patient Treatment History– Daily Treatment Progress Notes

This area of the record is utilized to document care. The page is accessed through the Tx History tab in the EHR.

The daily treatment notes contain a narrative history of all of a patient's activities in the Dental Care Center. Each patient visit requires an entry each visit. All entries must be concise, but thorough. A single entry should be typed into the record. Do not skip lines between entries. Notes written describing treatment should be written in a descriptive format that enables the reader to “see” the patient. Each note should include the following:

- Date and time of the visit.
- The reason for the visit (i.e. "Patient presents for caries removal tooth # 18.")
- Review for changes in medical history since last visit.
- Accurate description of the procedures performed (procedures; tooth number; surface; anesthetic; including type and amount administered; if no anesthetic used, so state; prescriptions; etc.). If radiographs are taken, record the type and number of films completed; document Findings.
- End each note with the next visit date and planned procedure to be completed.
- Obtain supervising faculty approval.
TEMPLATES FOR NOTES ON MOST PROCEDURES ARE AVAILABLE IN THE CODES SECTION. USE THESE TEMPLATES

Other pertinent information that must be documented in the daily treatment record is:

- Results of all diagnostic tests (including biopsy or pathology reports).
- Referrals to other health professionals (include reason for referral, name and phone number).
- Medications prescribed and/or dispensed.
- Telephone contacts (or attempted contacts).
- Cancellations/broken appointments/discountenances.
4.22 Correcting Entries

If an error is made on a patient record, corrections should be made in the following manner:
- Prior to approval by a faculty, the note can be edited by a student/resident.
- After the note has been approved in the record, have a faculty member log onto the system and delete the entry. Entries are never lost from the system. They will become grey on color with a single line deleting the entry. The faculty editing the record is logged on the system for that editing. If an explanation for the deletion is needed (e.g. entry in wrong patient record) should be entered as a new note and counter approved by a faculty. Write the corrected new entry; date and get faculty approval for the new entry.
4.23 Consultation Log

This form is found in the *Clinic (Administrative)* section in the Forms tab in the EHR and is to be utilized to document consultations with specialists and requests for medical consultation. The consultation requesting department is entered, as well as department to complete the referral. The reason for the consultation request is written. The form is to be approved by the requesting faculty. The faculty who performs the consult, must approve the log and enter the referral information in the patient history. (e.g. – in order to formulate the treatment plan, the student needs to know whether the Department of Periodontics recommends that a crown lengthening procedure can be performed on a particular tooth). This form is used to document the request. **The response to a consultation request should be entered in the Patient History.**
4.24 Completing Treatment

All treatment when completed must be marked as in progress or completed as the students/residents complete the work. The status of the procedure is changed from treatment planned to complete by checking the appropriate box. A clinical progress note is completed and the faculty approves the completed treatment and the note.
4.25 Formative Daily Assessment

After every procedure completed by a student, a formative assessment must be completed. Upon checkout, the faculty must select the appropriate assessment form and complete the form. Text comments must be entered for all unacceptable work and can be added for any work completed by the student.
4.26 Outcomes of Care

Upon treatment completion the student will enter as self-evaluation of the outcome of care provided. The student enters the data on the Evaluation – Student tab of the OUTCOM form. The faculty will then enter an evaluation on the Evaluation – Faculty tab. The faculty evaluation must be approved by the faculty via a card swipe.
4.27 Radiology Information

A registration of every radiograph taken (whether or not diagnostic) must be made in the record. This data is recorded along with the completed procedure in the Dental History screen. The approval to take a radiograph is accomplished via the radiology procedure being treatment planned and approved by the faculty. Once the radiograph is completed the radiograph technique and the numbers of exposures is entered. The completed radiograph procedure is approved by faculty via a swipe. Information on the radiograph exposure is available via the Patient Care module.

![Radiographs/Diagnostic Imaging Table]

<table>
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<tr>
<th></th>
<th>Exposures YTD</th>
<th>Retakes YTD</th>
<th>Total YTD</th>
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</tr>
</tbody>
</table>

* Since August 2003
4.28 Cone-Beam CT scans for SDM patients

CBCT scans for patients of the School of Dental Medicine are scheduled electronically through the axiUm system:

1. The referring dentist (faculty or resident) is required to fill out an electronic CBCT request form in the patient’s axiUm Electronic Health Record. To locate the form, go to Forms > Create a new Record > Radiology > Cone-Beam CT Request. The information provided by the referring dentist is used to select the optimal scanning parameters for the patient, as well as the format of the data output CD.

2. The patient -or the referring dentist- can schedule an appointment for the scan with Ms. Cheryl Belcher in Radiology. Please note that CBCT scans can be scheduled only if a completed request for the procedure exists in the axiUm chart.

After the scanning procedure:

- The scan will be read by a board-certified oral and maxillofacial radiologist, who will prepare a complete radiologic report on the imaged volume. The report will focus on pathology and pertinent information for the treatment planning step for which the scan was requested (as stated in the imaging request form). The report will be located in the patient’s Electronic Health Record under Attachments > Imaging reports within 24 hours after the scan.

- If indicated on the request form, a CD containing the patient’s scan data will be available in Radiology for pickup by the referring dentist (faculty or resident) within 24 hours. The CD will contain DICOM 3 compatible files, unless requested otherwise. DICOM 3 files are compatible with third party software, including SimPlant Pro, Anatomage, Dolphin 3D.

- For questions about the scanning procedure or the radiologic report, please contact Dr. Colosi at 2-8925, or dcolosi@notes.cc.sunysb.edu.

4.29 Cone-Beam CT scans for Faculty Practice patients

CBCT scans for Faculty Practice patients are scheduled through the axiUm system of the School of Dental Medicine.

1. The referring faculty will fill out a paper request for CBCT imaging. The appropriate form is available at the Faculty Practice front desk (Laura). The information provided by the referring dentist is used to select the optimal scanning parameters for the patient, as well as the format of the data output CD.

2. With the CBCT request signed by the referring faculty, the patient can schedule an appointment for the scan with Ms. Cheryl Belcher in Radiology. Please note that CBCT scans can be scheduled only if the patient brings a completed request for the procedure.

After the scanning procedure:

- The scan will be read by a board-certified oral and maxillofacial radiologist, who will prepare a complete radiologic report on the imaged volume. The report will focus on pathology and pertinent information for the treatment planning step for which the scan was requested (as stated in the imaging request form). The report will be located in the patient’s Electronic Health Record - Faculty Practice axiUm database, Attachments > Imaging reports - within 24 hours after the scan.
• If indicated on the request form, a CD containing the patient’s scan data will be available in Radiology for pickup by the referring dentist (faculty or resident) within 24 hours. The CD will contain DICOM 3 compatible files, unless requested otherwise. DICOM 3 files are compatible with third party software, including SimPlant Pro, Anatomage, Dolphin 3D.

• For questions about the scanning procedure or the radiologic report, please contact Dr. Colosi at 2-8925, or dcolosi@notes.cc.sunysb.edu.
Cone-Beam CT Imaging Request

Patient name: ___________________________ ID: ____________

Referring dentist: ___________________________ Date: ____________

Faculty Practice patient ☐ Outside referral ☐

- The cone-beam CT examination is requested for:
  - ☐ Implant TP (indicate site(s)) _________________________________
  - ☐ Orthodontic TP
  - ☐ *Evaluation of pathology (indicate region) ________________________________
  - ☐ *Surgical TP (indicate site) ________________________________
  - ☐ *Trauma evaluation (indicate region) ________________________________
  - ☐ Endodontic evaluation (indicate teeth) ________________________________
  - ☐ Third molar evaluation (indicate quadrant) ________________________________
  - ☐ TMJ evaluation (indicate left / right / bilateral) ________________________________
  - ☐ Other (specify) ______________________________________________________

- * Provisional diagnosis and relevant aspects of patient’s history:
  __________________________________________________________
  __________________________________________________________

- Region of interest:
  - ☐ Mandibular arch
  - ☐ Maxillary arch
  - ☐ Maxilla with maxillary sinuses
  - ☐ Whole height (17 cm) scan
  - ☐ Other (specify) ______________________________________________________

- Stent? Y ☐ N ☐

- Is patient pregnant at this time? Y ☐ N ☐

- Request examination on CD? Y ☐ N ☐

- Comments: ______________________________________________________
  __________________________________________________________
4.30 Patient Care Module

The Patient Care Module is a centralized area to access and view patient information.

The tabs within the **Patient Care module** give access to the following patient reports:

1. Overview
2. Flags
3. Treatment
4. Clinical
5. Transactions
6. Appointments
4.31 Patient Prescriptions

The Prescription Entry screen allows providers to write and print prescriptions. The prescription form will not have electronic signatures, as the faculty will sign the paper after it is printed. The prescription record is displayed in read-only format within the patient’s chart. Prescriptions require DEA #, but this must be hand-written for confidentiality reasons. The patient prescriptions list allows the user to view the details of an existing patient prescription, enter a new patient prescription, or void an existing prescription record. Printing a new prescription, re-printing an existing prescription and voiding a prescription all require faculty approval via a card swipe.

![Patient Prescription Entry Screen](image)
4.32 Laboratory Prescriptions

1. To create a lab order you must first enter a procedure that has a lab and it approved by your instructor.

2. Click on the button to open the “Add Lab Order” window. Click on the ellipsis to select the Planned/In Process treatment to associate with the lab order.

3. Select the Procedure of the lab order. If the lab order is attached to multiple procedures, then chose the first in the list.
4. Select the **Lab Proc** (Procedure) being ordered. Highlight the lab and click the **Add** button.

5. Click on the “Add new record” icon to create the order.
6. To add a new item to the lab order, first left click on the icon to clear the data. Fill in the fields as needed and left click on the icon to save the item and add it to the lower list.

7. The Order information section will be filled in from the “Lab Order” window and will be disabled. The Provider field will be defaulted to your name.

8. Enter the Internal Note that contains any notes for the person processing the lab order.

9. Enter the Details field that contains the lab prescription information and will be completed by the resident/student.

10. Expected defaults to the date this lab is expected to be completed based on system set-up.

11. Supplement will contain data entered by the cashier indication that the lab is “Ok To Lab” and “Ok To Insert” based on payment of the procedure.

12. Once an instructor approves the lab, you will need to see the cashier who will verify the appropriate funds have been paid on the procedure and mark it “Ok To Lab”.
13. A lab illustration can be created for the lab order. Click the EPR Forms button in the Lab details screen.

14. Double-click the Illustration question to bring up the Image Editor Screen. Edit the illustration as required and click the OK button. The EPR screen will show “On File” when there is a completed illustration.
15. The cashier will print out the lab order that you will then bring to the lab.

16. The patient Dental Chart History will show a note that the lab is In-Progress.

17. The status of a lab can be viewed through the **Lab Order** button in the Dental Chart or through the Personal Planner.

18. When the lab order is ready, you will receive an email.
19. You will then see the cashier who will check that the balance of procedure has been paid and then mark the order “Ok To Insert”.

![Image of Lab Order Details]

20. The cashier will print out the lab order that you will bring to the lab to pick up your order.

![Image of Lab Order]

21. The patient Dental Chart History will show a note that the lab is completed.

![Image of Dental Chart History]
If you are trying to submit a lab for a procedure that has already been to lab from you or another resident/student please follow these steps:

1. Open the **Labs** tab in the EHR
2. Highlight the line with the previous lab step
3. Click the R button

4. Click OK in the **Remake Lab Order** screen

5. You will now be the provider on the lab if you were not before.
6. You can chose a different **Lab Proc** to represent what part of the lab you are submitting (i.e. Pour Impression or Apply Porcelain)

7. Enter the lab order **Details** and click the **Add New Record** button
8. Obtain faculty approval, visit the cashier for a print-out of the lab skip and head to the lab

*Doing it this way enables the system to tie all of the previous steps together on the lab slip and gives the lab an easy way to see the history of the procedure's lab.*
4.33 Pathology

If a patient requires an oral pathology then the resident/student will enter the appropriate treatment and form in axiUm.

A D0499 (Oral Pathology Sample) will be entered and the resident/student will complete the first step when the sample is taken and sent: Oral Pathology Sample Sent (D0499.1). When the sample is received back and reviewed by the resident/student/faculty then the next step will be completed: Oral Pathology Diagnosis Complete (D0499.2). The final step is completed when the results are reviewed with the patient: Patient Informed of Oral Pathology Results (D0499.3). There is a report that keeps track of outstanding pathology results. When all steps of the D0499 are complete then that pathology sample is considered complete. All In-Progress D0499s will be tracked.

The Pathology form will be partially completed by the resident/student and approved by faculty. The first question, Location, will be entered prior to sending out the pathology sample. The OS department will log the date that the sample is sent out and received back in the 2nd tab, Pathology Report. Once the report is received and logged back in, the OS department ensures that the appropriate resident receives the pathology report. The resident/student that initiated the pathology report will return the Pathology tab and complete the remaining questions regarding Diagnosis.

All pathology reports should be scanned into the record and added to the Pathology Reports section of the Patient Attachments in axiUm.
4.34 Patient Audit Chart Locks

A nightly system process searches for missing required information within the patient record and marks the chart as having an **AUDIT** status. The audit status causes the resident/student to be locked from the chart. The Coordinator is able to give the resident/student access to this patient once the reason for the audit lock is reviewed with the resident/student. At this time the proper chart entry should be made with faculty approval via a swipe card to correct the issue. If for some reason all of the audit issues are not resolved, then the chart will be re-locked.

The reasons behind the lock are available for viewing on the Overview tab within the **Patient Care Module**.
4.35 The Record Room

Record room hours are from: 8:30am- 5:00pm

Student/residents are able to enter the record room. Dental records can be accessed for scheduled appointments and other data with the aid of an administrator and/or clerk.

A. Requesting a In-Active Patient Record

The patient record must be maintained for legal purposes, as well as for continuity of patient care. The record is signed out of the record room as required for reference only. No entries should be made into the forms in the pre-existing record.

All charts must be returned at the end of the day to the appropriate appointment coordinator or medical records clerk. No other records can be dispensed until the outstanding record is returned. Under no circumstances should a dental record be kept overnight. NO EXCEPTIONS WILL BE MADE. It is imperative that you return patient charts on a daily basis to guarantee their availability to all clinic constituents. Repeated offenses may result in suspension of clinic privileges.

The electronic dental record for Medicaid eligible patients and any patient who has an outstanding financial obligation will be electronically locked. The cashier can unlock these records upon the resolution of the issue, unless emergent care is necessary. Eligibility for Medicaid patients will be confirmed at the time of the appointment. If a patient cannot satisfy their financial obligation, or the patient's Medicaid status is "ineligible", the record will not be unlocked for patient care unless emergent care is necessary. The patient can be rescheduled when these deficiencies are corrected unless emergent care is necessary.

- The electronic patient record tracks who accessed the patient record and when. Access to the record is restricted to students assigned for care. Faculty and staff should only view records on a needs basis. At all times, patient confidentiality must be maintained.

- Paper charts are released only to individuals who are involved in the patient's care. The record room staff will verify that the student is listed in the computer as a provider. If a student needs to check out a chart and they are not the provider, the request must be completed by the appropriate clinical coordinator.

- Authorized users in addition to students and faculty are:
  - Clinic Assistants.
  - Financial Administrators.
  - Receptionists.
  - Appointment Coordinators.
  - Office of the Associate Dean for Clinical Affairs.
B. Patient Access to Dental Records

The following policy is in effect to make records available for review and duplication. For the purpose of this policy the following definitions apply:

1. **Records:** All forms, documents and correspondence contained within the chart. This includes medical history, charting, progress notes, referrals, consultations, treatment plans, informed consent, etc.

2. **Other Diagnostic Materials:** Radiographs, diagnostic models, photographs.

   - All records and diagnostic materials generated during the course of examination and treatment at the Stony Brook University School of Dental Medicine’s is the property of the Dental Care Center.

   - All patients have the right to request copies of their dental records and/or other diagnostic materials.

   - A written request for copies should be directed to the Associate Dean for Clinical Affairs or designee. The law prohibits a health professional from giving parents or legal guardian(s) information relative to a minor’s health history related to sexually transmitted diseases, abortion or sexual activity without the consent of the minor. All requests for duplications are kept in a log book according to HIPAA guidelines.

   - Patient may request that copies of their dental records and/or other diagnostic materials be sent to their residence or other health care providers.

   - Requests for duplication of records must be accompanied by a processing fee to help offset costs for duplication and administrative costs.

   - Patients cannot be denied access to duplication because they have a treatment account balance.

   - The accepted methods of payment are cash, money orders, checks, and credit cards (Visa, MasterCard, American Express and Discover card).

   - Duplication requests can be made in-person or by mail. Duplication requests will be processed within two weeks of the date the request was received. Requests should be directed to:

     SUNY Stony Brook School of Dental Medicine
     Sullivan Hall
     Stony Brook, NY 11794
4.36 Protocol for Fabrication of Bruxism Appliance

Clinical Evaluation: Appropriate diagnosis for a bruxism appliance must be made. This includes significant wear seen on existing dentition and/or need to protect newly fabricated porcelain restorations. Your evaluation should include any symptoms of muscle soreness and/or discomfort related to a verified parafunctional habit. It is important to note that this appliance is appropriate for the treatment of bruxism only. If your patient exhibits any significant TMJ dysfunction, appropriate evaluation and referral should be made. This appliance should not be fabricated to treat a TMJ disorder.

axiUm Step 1:

Student must enter appropriate treatment plan in Axium for Bruxism Splint (D4360). This is a multi-step axium code: Impression/Insertion. Patient must make full payment in order for lab send case to Glidewell Lab.
Clinical Procedure:

1- Accurate maxillary and mandibular impressions. Alginate or PVS impressions can be utilized.

2- An “open centric” bite registration is obtained. The “cotton roll” technique is recommended. Alternative materials (wax, acrylic, composite) for the open bite can be utilized by preference.

3- Bite registration material is injected in the anterior and posterior position.

4- Upper and Lower models are ready for the lab.
axiUm Step 2:

1- axiUm lab order is completed. Your prescription will request a “Comfort Bite Splint – Hard” for the maxillary arch.
2- Case is prepared for shipment to Glidewell Lab. Make sure you enclose the upper and lower models along with the bite registration.
3- Follow normal protocol for submission to lab.
4- The case should return for insertion in approximately 1 week.

Insertion of Bruxism Appliance:

1- Seat splint and evaluate fit and retention.
2- Evaluate bite, and make appropriate adjustments
3- Appropriate usage and homecare instructions should be given.
4.37 Protocol for Tobacco Cessation Intervention

ASK all patients
Do you use tobacco in any form?
Are you interested in quitting?
Add “Smoking Cessation” tab under “Forms” in axiUm

Yes

NO

ASK
Select “Smoking Cessation Program Offered – Accepted” D9985
Complete forms in axiUm:
- Tobacco Use History
- Cessation Medication History
- Cessation History
- Fagerström Test for Nicotine Dependence (Cigarettes/Smokeless Tobacco)
- Medical History

ADVICE
Effects of tobacco on general health
Effects of tobacco on oral health
Benefits of tobacco-free lifestyle

SELECT “Smoking Cessation Program Offered – Declined” D9984
Repeat question at every treatment or recall visit:
Are you interested in quitting?

Appointment w/ Certified Tobacco Treatment Specialist (CTTS)
- E-mail Dr. Odingo for 1-hour appointment with pt
  nora.odingo@stonybrook.edu x3720
- Monday PM, Tuesday AM, Wednesday PM, or at mutually agreeable time.
- Medical clearance letter may be required
NOTE: Consultation with CTTS may be requested as soon as pt accepts to participate in Program

ASSESS
Willingness to quit
- Precontemplation: not willing to quit**
- Contemplation: willing to quit, but no quit date set
- Preparation for action: ready to quit in the next 30 days

In Consultation with CTTS
- Fax-to-quit program
  Complete fax-to-quit form
  Have pt coordinator fax form and scan it into chart
  Progress report will be sent to you by NY State Smokers’ Quitline
  Have pt coordinator scan progress report into chart

ASSIST
Review axiUm forms
Give pt “Clearing the Air” booklet
Ask pt if interested in Fax-to-quit program (>18 years old, ≥10 cigarettes/day, no contraindications to meds)
ASSIST
Print from axiUm “Smoking Cessation Resources for Patients,” give to pt with specific recommendations
Set Quit Date
Develop Tx Plan and prescribe medication
Complete Smoking Cessation Medication Treatment Plan in axiUm and give to pt
Complete Session Notes in axiUm. Include:
• ADA code D1320
• “Tobacco counseling for the control & prevention of oral disease”
• Carbon monoxide measurement

ARRANGE for follow-up
• Obtain consent for F/U phone call in 1-2 weeks (obtain valid telephone number)
• Schedule appointments for 1-, 3-, 6-, 12-month recall visits

FOLLOW-UP VISIT
Select appropriate F/U tab in axiUm
Review pt progress
• Carbon monoxide measurement
• Tobacco Cessation Vital Signs
• Side effects of cessation medications
• Withdrawal symptoms
• Relapse
Progress report from telephone F/U must be recorded in axiUm (w/out carbon monoxide measurement)
Adjust treatment plan as appropriate
If patient relapses and does not attend F/U visits, he/she has to restart program and incur the appropriate fee

CONGRATULATIONS!
Your patient has completed the Smoking Cessation Program successfully.
5.0 Patient’s Bill of Rights

The Patient’s Bill of Rights printed below applies to every patient of the Dental Care Center. The Dental Care Center of the Stony Brook University School of Dental Medicine (SDM) does not discriminate on the basis of race, color, national origin, gender, disability, or sexual orientation. We encourage patients to be informed about all aspects of their care.

The Patient’s Bill of Rights Document is given to each patient at his or her initial screening visit. In addition, a copy is posted in the reception area and website of the SDM, Dental Care Center. The information provided within this document is intended to inform patients’ of their rights, while receiving treatment at the Center. The School of Dental Medicine requests that each student, staff and faculty member read this document carefully so that treatment is provided in a professional manner consistent with these rights.

The faculty, residents, students, and staff of the Dental Care Center recognize that while you are a patient here you have a right, consistent with the law to:

1. Understand and use these rights. If for any reason you do not understand, or need help, the Dental Care Center will provide assistance, including an interpreter.

2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.

3. Receive considerate, respectful, and confidential care in a clean and safe environment free of unnecessary restraints.

4. Privacy in keeping with the Center’s clinical facility while receiving treatment at the Center and confidentiality of all information and records regarding your care.

5. Know the names, positions, and functions of any member of the faculty, student body, and staff of the Dental Care Center, involved in your care and refuse their treatment, examination or observation.

6. Have access to complete and current information about your diagnosis, treatment and prognosis.

7. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This will include an explanation of recommended treatment, treatment alternatives, expected outcomes of various treatments, and the possible risks, benefits, and alternatives of the procedures or treatments.

8. Refuse treatment and be told what effect this may have on your health.


11. Treatment that meets the standard of care in the profession.

12. Receive advanced knowledge of the cost of treatment and an itemized bill with explanation of all charges.

13. Review your dental record without charge, and obtain a copy of your x-rays for which the Dental Care Center can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

14. Receive emergency care if you need it, provided that the care which is required can be delivered consistent with the educational program of the school and the personnel and facilities of the clinic.

15. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

16. Complain without fear of reprisals about the care and services you are receiving, and to have the Dental Care Center respond to you, and if you request it, a written response. If you are not satisfied with the response, you may complain to the New York State Department of Health. The Dental Care Center must provide you with its telephone number.
6.0 Patient Concerns and Grievances

6.1 Purpose of Policies and Procedures

- The purpose of these policies and procedures is to ensure that patient concerns and grievances are resolved and responded to in an appropriate and timely manner, and that all appropriate steps are taken to prevent recurrence of any identified problem.

- Patients have the right to express reasonable concerns or complaints without fear of reprisal and with the assurance that the presentation of a complaint will not compromise the quality of their care or future access to care.

6.2 Policy for the Management of Patient Concerns and Grievances

Patients shall receive written information on their patient rights prior to receiving care at the Dental Care Center.

Patient concerns and grievances shall be resolved expeditiously and, whenever possible, at the operational level, where the patient received care.

The Office of the Associate Dean for Clinical Affairs in conjunction with the Continuous Quality Improvement Committee (CQIC) is responsible for the investigation and resolution of patient complaints that have not been satisfactorily resolved at the operational level.

The Risk Manager will catalogue patient complaints and their resolution, identify common sources of complaints and recommend remedial measures to the Continuous Quality Improvement Committee.

An annual report about trends identified and recommendations to rectify these trends will be given by the Risk Manager to the CQICC. Department chairs will disseminate this information to their department members and students to raise awareness of and participation in preventing or reducing future patient complaints or risk management of occurrences.

6.3 Procedures for the Management of Patient Concerns and Grievances

The following procedures are in place to help expedite satisfactory resolutions to patient grievances and concerns. In all cases, the Office for Clinical Affairs acts as a facilitator to ensure consistency in the application of policies regarding patient complaints and also serves as a liaison to the Risk Manager and Quality Assurance Committee.

I. Classification of Patient Complaints

Patient complaints can be classified into the following categories:
1. Attitude/Professionalism of Student;
2. Attitude/Professionalism of Postdoctoral Student/Resident;
3. Condition of Reception Area;
4. Condition of Treatment Area;
5. Dental Care Provided by Student;
6. Dental Care Provided by Postdoctoral Student/Resident;
7. Duration of Treatment;
8. Fees;
9. Interaction with Faculty;
10. Interaction with Clinic Staff;
11. Parking;
12. Restoration Comfort;
13. Restoration Esthetics;
14. Other

II. Procedure for reporting patient complaints

Patients wishing to lodge a complaint about any aspect of their dental care or treatment they received at the Dental Care Center may register their complaint either in person with the Associate Dean for Clinical Affairs or designee, by letter, or by telephone. Information regarding patient concerns is provided to the patient at screening. Regardless of the manner in which the complaint is reported by the patient, all pertinent information is to be recorded on a Patient Concerns Tracking Log by the Office of Clinical Affairs.

III. Resolving complaints

If upon review of the complaint, the Associate Dean for Clinical Affairs or designee can resolve the problem directly with the patient, the nature of the resolution is to be entered in the appropriate section of the Patient Concerns Tracking Log. If the complaint cannot be readily resolved to the satisfaction of the patient, the Associate Dean for Clinical Affairs will refer the complaint to the Continuous Quality Improvement Committee for review, and based on this review, select the appropriate course of action(s).

NOTE: All threats of legal action against the University, the School of Dental Medicine, its faculty, employees, or students, or claims of abandonment, should be reported at the earliest possible time to the Associate Dean for Clinical Affairs and the Risk Management Officer.
7.0 Management of Adverse Events and Outcomes

7.1 Introduction

All incident reports are forwarded to, and catalogued by the Office of Clinical Affairs, and reviewed by the Risk Manager in the Incident Report Tracking Log. Results are tabulated with regard to the type and frequency of incidents that occur. A annual summary report is given to the Continuous Quality Improvement Committee for review. Report summaries are forwarded to the Outcomes Assessment Committee. This information is also reported to students during clinic orientation session. Incidents are classified as:

- Medical Emergency: Acute emergency requiring activation of the MERT.
- Patient Behavior: Disruptive/violent patient actions.
- Facility Related: Injury in facility, such as “slip and fall.”
- Patient Injury During Treatment: Injury such as “lip lacerated by bur.”
- Exposure: Exposure to blood borne pathogens through puncture, laceration, or mucous membrane contact.

Definitions:

**Unusual Event:** A physical accident not directly induced, caused by, or the result of treatment rendered to a patient. An example is a patient who trips while being seated in the dental chair. The event may or may not cause an injury.

**Unusual Outcome:** The result of treatment rendered to a patient that is not consistent with expected results. An example would be vertigo following the administration of local anesthetic. The outcome may or may not result in an injury.

7.2 Reporting Unusual Events and Outcomes

All unusual events and outcomes that occur in the Dental Care Center must be reported as described below. Doubtful situations should be discussed with faculty or the Associate Dean for Clinical Affairs or designee.
7.3 Protocol for Managing Unusual Events and Outcomes

A. Non-Emergency Events and Outcomes:

1. Report the event immediately to a supervising faculty member.
2. If the incident is an unusual outcome (related to treatment), advise the patient of the incident as directed by the supervising faculty member, in the presence of that faculty member.
3. If treatment for the patient is required, follow any directions requested by the faculty member.
4. After the patient is dismissed, obtain and complete an Incident Report Form (Appendix 38) and submit the completed form to the Associate Dean for Clinical Affairs or designee.
5. The student/resident must make an accurate and complete entry in the patient’s dental record. This entry must be signed by the supervising faculty member(s).

*Note:* Any faculty, resident or staff member who suffers an unusual event or outcome must complete an “Employee Accident and Investigation Report” form (Appendix 39) in addition to the Incident Report Form. The Oral Maxillofacial Surgery-, General Practice-, and Pediatric Dentistry-residents and staff must fill out in addition to the previous form, the Stony Brook University Hospital “Employee Accident and Investigation Report” form (Appendix 40).

B. Emergency Events and Outcomes:

**General Information**

1. All faculty, students/residents, and support staff involved in the direct provision of patient care are continuously recognized in Healthcare Provider Basic Life Support, including cardiopulmonary resuscitation, and are able to manage common medical emergencies. The Healthcare Provider Basic Life Support course is offered regularly at the School of Dental Medicine to faculty, students, and staff. The appropriate administrative personnel offices are responsible to maintain current records of certification:

- Student/Resident compliance is monitored by the Office of Clinic Affairs.
- Faculty compliance is monitored by the Office of Clinical Affairs.
- Clinical staff compliance is monitored by the Office of Clinical Affairs.

Non-compliant individuals will be notified and reported to the Associate Dean for Clinical Affairs for appropriate action. Individuals who are medically or physically unable to perform basic life support must report this to the Associate Dean for Clinical Affairs. Those individuals are exempt from the above policy. A log of such individuals is maintained within the Office of Clinical Affairs. At no time are these individuals placed in a situation requiring their ability to perform basic life support.

2. All faculty, students/residents, and support staff involved in direct patient care are required to annually review procedures for the management of common medical emergencies. In-service training in the management of medical emergencies is presented on an annual basis to clinical faculty and appropriate staff of the Dental Care Center.
3. Emergency “crash carts” are available in six designated locations convenient to all clinical areas. These carts contain appropriate and current resuscitation equipment, including emergency oxygen with a bag-valve-mask system, appropriate medications and first aid supplies. In addition, automatic external defibrillators and manual defibrillators, as well as additional medications necessary to perform Advanced Cardiac Life Support are in crash carts located in the Oral and Maxillofacial Surgery Suite and any area in which intravenous sedation or general anesthesia is administered.

4. A Medical Emergency Response Team is on call at the School of Dental Medicine during general clinic hours to manage medical emergencies. For potentially life threatening medical emergencies that occur after normal clinic operating hours, the Stony Brook University Emergency Service is to be notified by dialing 333.

C. Medical Emergency Response Team Protocol:

1. The student/resident must notify the nearest faculty member of the emergent situation, relating the events that precipitated the emergency and the current status of the patient’s medical condition, and assist the faculty member in any manner that (s)he directs.

2. The faculty will make the decision to call a TEAM Alert.

3. The TEAM is notified by dialing the reception desk at 5-1500 (this number is only to be used for medical emergencies), and advising of the location and nature of the emergency. Phones are located in each clinical bay area. The receptionist will:
   a. Call the “Team Alert” via the public address system, announcing the location of the “Team Alert” two times.
   b. Page all “Team Alert” members via a dedicated group of pagers assigned to the team.
   c. The Medical Emergency Response Team Schedule is posted at the Reception Desk. The schedule lists the names, pager numbers, and call schedule of the “TEAM” members.
   d. If the Medical Emergency Response Team does not respond within three minutes of a code signal, notify University Police by dialing “333.”
   e. If an ambulance is required, the University Police are called by reception at “333,” and given the exact location of the emergency. A reception staff member should be positioned at the Clinic Entrance to direct the EMT personnel to the emergency site.

4. Students/residents must not leave the individual unattended, unless absolutely unavoidable. If the person is found on the floor, and there were no witnesses to the fall, the patient is not to be moved.

5. The supervising faculty will be primarily responsible for management of the patient, until the Medical Emergency Response Team arrives.

6. The student should be prepared to tell the TEAM the events leading to the emergency and the current status of the patient. The student/resident should provide the patient’s medical history and known allergies and medications if this is a patient of the School.
7. The student/resident will assist in providing appropriate emergency care within the limits of his/her training and experience.
8. If the patient requires hospital care, the student/resident provider must accompany the patient to the hospital until the final disposition is learned.
9. After the emergency is resolved, an incident form is filled out. The Associate Dean for Clinical Affairs or designee will enter the information into the Incident Tracking Log by the Associate Dean for Clinical Affairs or designee.
10. The student/resident must write an accurate and complete entry in the patient’s dental record. This entry must be swiped by the supervising faculty member(s) immediately after the event.

D. Emergency Crash Cart Locations

Emergency crash carts are available in 6 locations convenient to all clinical areas of patient care:

- GPP clinic
- Bay E
- Oral and Maxillofacial Surgery Suite
- Hall area behind Bay G
- GPR Clinic
- Faculty Practice Area

Automated External Defibrillators (AED) are located

- GPR clinic
- Oral and Maxillofacial Surgery Suite
- Main Reception Area
- Dispensary
- Cafeteria

All faculty, students and staff must familiarize themselves with these carts and their locations.

F. Crash Cart Contents:

All carts contain appropriate and current resuscitation equipment, including emergency oxygen with a bag-value-mask system, appropriate medications and first aid supplies. The contents of each cart are monitored on a monthly basis to identify shortages or outdated items. The specific items of each crash-cart are as follows:

Medications:
Ammonia Inhalant ampules
Aspirin 325mg (non-coated)
Bacitracin ointment
Bacteriostatic Water
Benadryl – 25mg tablets
Benadryl – 10mg/cc oral liquid and 50mg/cc for injection
Betadine Solution
Decadron 4 mg/cc
D5W IV bags 500cc
Dextrose – 50%/50ml vial for IV use
Epinephrine 1:1,000 for injection
Glutose 15
Hydrogen Peroxide Solution
Hydrocortisone Cream/ointment
Narcan (nalaxone) 0.4mg/ml
Normal Saline IV bag 500cc’s
Nitroglycerin 1/150gr tabs
Solumedrol 40 mg.
Tang
Sterile Water bottle for mixing Tang
Albuterol Sulfate (inhaler) 90 mcg/actuation (remove Ventolin)
Oxygen Tank

**Equipment:**
Ambu-bag/Mask device (adult & pediatric size masks)
Oxygen delivery system
Arm-Board (remove)
Bite Blocks
Blanket/Pillow (disposable pillow case)
Blood Pressure Cuff (adult, pediatric, obese)
Flashlight
Hemostat
Pen
Scalpel Handle/Blades
Bandage Scissors
Oral Airways
Stethoscope
Tourniquet
Towel
Yankuer Suction Tip

**Disposable Supplies:**
Alcohol Preps
Band-aids
Bite Stick
Cotton Tip Applicators
Incident Forms
Gauze Sponges (sterile/non-sterile)
Gloves
IV catheters
IV Infusion sets
Kidney Basin
Nasal Cannula
Oral Airways
Syringes/Needles
Paper Bag
Paper cups
Rebreather mask
Tape/Tegaderm
Disposable Tongue Blades
F. Evacuation Procedures

The purpose of the evacuation procedures is to minimize hazards to personnel and patients. In the event you hear the fire alarm signal follow the procedure outlined below:

1. Evacuate the building immediately. Students, faculty and staff will be expected to assist patients in locating a safe exit from the building.

2. Fire Wardens are assigned to each School Building. Obey their instructions. Police and Security Guards may also assist in evacuation.

3. Close the door to the room as you leave.

4. Leave quickly, but calmly, by the nearest safe exit.

5. Unless directed otherwise, move at least 25 feet from the building.

6. Remain outside until notified by fire wardens, security or police officials that it is safe to re-enter the building.

G. Management of Specific Medical Emergency Events

Management of Vasodepressor Syncope
1. Supine or Trendelenburg position
2. Assess level of consciousness
3. ABC’s
4. Calm the patient
5. Loosen uncomfortable clothing
6. Remove drape
7. Cool compress
8. Administer oxygen
9. Aromatic ammonia
10. Monitor vital signs
11. If unconsciousness persists, call EMS

Management of Orthostatic Hypotension (Postural Hypotension)
1. Supine position
2. Assess level of consciousness
3. ABC’s
4. Administer oxygen
5. After recovery, raise patient in stages
6. If unconsciousness persists, call EMS

Management of Seizure Disorders
1. Supine position
2. Protect the patient
3. Possibly place soft object in mouth
4. Basic life support, as needed
5. Call EMS
6. Administer oxygen
7. Monitor vital signs
8. Establish IV
   a. Administer 10mg Diazepam (Valium)  [0.3 mg/kg for kids]

**Management of CVA/Stroke**
1. Comfortable position  (seated or semi-fowler’s)
2. Supine if unconscious
   a. Head and chest up if BP is very high
3. BLS, as needed
4. Call EMS, if CVA or first TIA
5. Monitor vital signs
6. Administer Oxygen (?), definitely if unconscious
7. Transport to hospital

**Management of Hyperglycemia and Hypoglycemia**

**Management of Hyperglycemia in Conscious Patient**
1. Refer to MD
2. If unsure, treat as Hypoglycemia

**Management of Hyperglycemia in Unconscious Patient**
1. Supine position
2. BLS, as needed
3. Call EMS
4. Administer oxygen
5. IV fluids
6. If unsure, treat as Hypoglycemia
7. Transport to hospital
   a. Hydration
   b. Treat electrolyte imbalances
   c. Insulin therapy

**Management of Hypoglycemia in the Conscious Patient**
1. Comfortable position
2. BLS, as needed
3. Administer Oral Carbohydrate
4. Monitor vital signs

**Management of Hypoglycemia in the Unconscious Patient**
1. Supine position
2. BLS, as needed
3. Call EMS
4. Administer Intravenous Carbohydrate
   a. 50 ml of 50% Dextrose IV
5. Glucagon 1 mg IM or IV
6. Monitor vital signs
7. Transport to hospital

Management of Acute Adrenal Insufficiency
1. Supine position
   a. Comfortable position, if stable
2. ABC’s
3. BLS, as needed
4. Administer oxygen
5. Monitor vital signs
6. Establish IV
7. Administer Glucocorticoid
   a. 100 mg Solu-Cortef (Hydrocortisone Sodium Succinate) IM, IV [or equivalent]
8. Call EMS
9. Transport to hospital

Management of Asthmatic Attack

Management of a Mild Asthmatic Attack
1. Place patient in a comfortable position (usually sitting)
2. Calm the patient
3. Administer bronchodilator via inhaler
4. Basic Life Support, as needed

Management of a Severe Asthmatic Attack
1. Comfortable position
2. Calm the patient
3. Bronchodilator via inhaler
4. Basic Life Support
5. Administer Oxygen
6. Call EMS
7. Monitor vital signs
8. Administer Bronchodilator IM, SC
   a. Epinephrine 0.3 - 0.5 mg (0.3 - 0.5 ml of 1:1000 solution)
9. Administer medications IV
   a. Isoproterenol
   b. Aminophylline
   c. Corticosteroids

Management of Airway

Treatment of Swallowed Object
1. Radiologic examination
2. Medical consultation
3. Await evidence of passage of object

Treatment of Aspirated Object
1. Place patient on left side with head down
2. Encourage coughing
3. Radiologic examination
4. Retrieval of object
   a. Bronchoscopy
   b. Thoracotomy

**Treatment if Object is Visible in Oropharynx**
1. Trendelenburg position
2. Use Magill Forceps or suction
   -or-
   1. Have patient put head down
   2. Encourage coughing

**Treatment of Partial Airway Obstruction with Good Air Exchange**
1. Encourage coughing if due to foreign body

**Treatment of Partial Airway Obstruction with Poor Air Exchange**
1. Treat as if acute complete airway obstruction

**Treatment of Complete Airway Obstruction in Conscious Patient**
1. Use Heimlich Maneuver if due to foreign body
2. Call EMS
3. Use additional medical or surgical management as needed

**Treatment of Complete Airway Obstruction in Unconscious Patient**
1. Supine position, with feet elevated
2. Try to establish an airway
3. ABC’s
4. Call EMS
5. Use additional medical or surgical management as needed, including cricothyrotomy

**Management of Hyperventilation Syndrome**
1. Comfortable position (usually sitting)
2. Make the patient comfortable
3. Calm the patient
4. Have the patient breath carbon dioxide enriched air
   a. Paper bag
   b. Cupped hands
   c. Full face mask
5. Pharmacologic management
   a. Rarely needed
   b. Valium
6. BLS, as needed
7. Use stress reduction to prevent in future

**Management of Local Anesthetic Overdose**
1. Comfortable position
   a. Supine, if unconscious
2. Calm patient
3. BLS, as needed
4. Administer Oxygen - Hyperventilate
5. Monitor vital signs
6. Administer Anticonvulsive, if needed
7. Call EMS, if needed
   a. Early, if severe reaction
8. Possible MD evaluation

**Management of Epinephrine Overdose**
1. Comfortable position
   a. Not Supine
2. Calm patient
3. BLS, as needed
4. Monitor vital signs
5. Administer Oxygen, if needed
6. Call EMS, if needed

**Management of Sedative-Hypnotic Overdose**
1. Supine position
2. BLS, as needed
3. Administer Oxygen
4. Monitor vital signs
5. Call EMS, if needed
6. Establish IV
7. Administer reversal agents, if available
   a. Flumazenil (Romazicon) for Benzodiazepines
8. Supportive therapy

**Management of Narcotic Overdose**
1. Supine position
2. BLS, as needed
3. Administer Oxygen
4. Monitor vital signs
5. Call EMS, if needed
6. Establish IV
7. Naloxone (Narcan) 0.4 mg IM or IV
8. Supportive therapy

**Allergic Reactions**

**Management of Mild Allergic Reactions**
1. Comfortable position
2. BLS, as needed
3. Monitor vital signs
4. Administer Diphenhydramine (Benadryl) 50 mg PO
   a. 25 - 50 mg PO tid or qid for 2-3 days
5. Possible MD consultation
**Management of Moderate Allergic Reactions**

1. Comfortable position
2. BLS, as needed
3. Monitor vital signs
4. Administer Diphenhydramine (Benadryl) 50 mg IM or IV  
   a. 25 - 50 mg PO tid or qid for 2-3 days
5. Administer Corticosteroid, possibly  
   a. Hydrocortisone Sodium Succinate (Solu-Cortef) 100 mg IM/IV  
   b. Dexamethasone (Decadron) 7.5 mg IM or IV  
   c. PO follow-up doses
6. MD Consultation

**Management of Severe Allergic Reactions**

1. Supine Position
2. BLS, as needed
3. Call EMS
4. Administer Epinephrine (Adrenaline)  
   a. 0.3-0.5 mg (0.3-0.5 ml of 1:1,000) IM or SC  
   b. 0.25 mg for child  
   c. 0.125 mg for infant
5. Administer Oxygen
6. Monitor vital signs
7. Administer Diphenhydramine IM or IV
8. Administer Corticosteroid IM or IV
9. Transport to hospital

**Management of Bronchospasm**

1. Comfortable position
2. Calm the patient
3. BLS, as needed
4. Call EMS
5. Administer Oxygen
6. Administer Bronchodilator via Aerosol Inhaler  
   a. Albuterol  
   b. Isoproterenol  
   c. Other  
7. Administer Bronchodilator via Parenteral Route  
   a. Epinephrine 0.3 - 0.5 mg (1:1,000) SC or IM  
8. Administer Diphenhydramine IM or IV
9. Administer Corticosteroid IM or IV
10. Transport to hospital

**Management of Laryngeal Edema**

1. Comfortable position  
   a. Supine if unconscious
2. BLS, as needed
3. Call EMS
4. Administer Epinephrine SC or IM
5. Administer Oxygen
6. Airway Adjuncts, as needed
7. Administer Diphenhydramine IM or IV
8. Administer Corticosteroid IM or IV
9. Possible Cricothyrotomy
10. Transport to hospital

Management of Acute Pulmonary Edema
1. Comfortable Position (usually upright)
2. Calm the patient
3. Call EMS
4. Administer oxygen
5. BLS, as needed
6. Monitor vital signs
7. Transport to hospital

Management of Acute Angina Pectoris Episode
1. Comfortable position
2. BLS, as needed
3. Administer Nitroglycerin
   a. 1 tab (1/150 grain) SL every 5 minutes, up to 3 tabs
   b. Patient’s own first, then office supply
4. Administer Oxygen
5. Monitor vital signs
6. Call EMS, if needed
   a. Call early if new onset, or changes in character of angina
7. IF NO RELIEF FROM 3 DOSES OF NITRO, ASSUME PATIENT IS HAVING AN MYOCARDIAL INFARCTION (MI)!

Management of Acute Myocardial Infarction (MI)
1. Comfortable position
   a. Supine, if unconscious
2. BLS, as needed
3. Call EMS
4. Administer Oxygen
5. Administer Nitroglycerin 0.4mg (1/150 grain) SL, up to 3 doses
6. 325 mg aspirin tablet PO (Chew)
6. Monitor vital signs
7. Morphine Sulfate 2-5 mg IV, or 5-10 mg IM

Management of Cardiac Arrest
1. Supine position
2. Call EMS
3. ABC’s
4. CPR
5. Early defibrillation, if indicated
8.0 Health and Safety Policies of the School of Dental Medicine

Section 8.0 contains the following Health and Safety Policies in effect at the Dental Care Center of the School of Dental Medicine:

- Bloodborne Pathogens Exposure Control Plan
- Post Exposure Incident Plan
- Tuberculosis Management Protocol
- Infection Control Plan
- Policies and Procedures for the Safe Use of Ionizing Radiation
- Policies and Procedures for the Safe Use of Lasers
- Policies and Procedures for the Safe Use of Nitrous Oxide
- Policies and Procedures for the Safe Use of Pharmaceuticals and Chemicals

These policies are in effect to provide a safe environment for patients, students and employees. It is imperative that you understand these policies and follow the protocols set forth in order to minimize, as much as possible, any adverse events to yourself and others.
State University of New York
Stony Brook School of Dental Medicine

Health & Safety Policy

BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN
8.1 BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

I. Introduction

Facility Name: School of Dental Medicine
State University of New York at Stony Brook

Revised: January 2013

A. Purpose

The School of Dental Medicine’s Dental Care Center’s has adopted the Stony Brook University’s Medical Center’s Blood Borne Pathogen / Medical Surveillance Program for all clinical faculty, staff, pre-doctoral and graduate students. This surveillance program should be provided by Stony Brook Preventive Medicine, PC or Employee Health Services. The medical evaluation procedures that will be performed will be under the direct supervision of a licensed physician and all laboratory tests will be ordered by those individuals. All elements of this surveillance program (clinical evaluation, prophylaxis and vaccination(s) are based on the current treatment guidelines from the Center for Disease Control (CDC) and follow the OSHA Blood Borne Pathogen Standard (29 CFR1910.1030), PESH and New York State Department of Health (NYSDOH) guidelines for Article 28 Diagnostic and Treatment Centers. It is the responsibility of the Stony Brook University Student Health Services to collect all medical information for the pre-doctoral and graduate students prior to admission into the School of Dental Medicine. Once this is completed the medical histories are shared with Stony Brook Preventive Medicine to insure compliance with the schools medical surveillance program. Stony Brook Preventive Medicine will only be responsible for treatment of the pre-doctoral and graduate students if the students are potentially exposed to a Blood Borne Pathogen.

The School of Dental Medicine (SDM) is committed to protecting the health and safety of patients, faculty, students, and staff. In addition, to adherence to the laws and regulations set forth by supervising agencies, the SDM follows the regulations enforced by the University’s Department of Environmental Health and Safety.

This Bloodborne Pathogen Exposure Control Plan has therefore been developed to:

1. Provide a safe and healthful workplace.
2. Maintain, inspect and operate our facility in such a way as to prevent injury or illness related to our activities.
3. Train all faculty, students and staff in safe work practices relating to bloodborne pathogens and hazardous waste materials.
4. Hold all faculty, students, and staff accountable for complying with infection control regulations.
5. Maintain record keeping and audit our procedure to insure continued compliance with current laws and regulations.

B. Selected Definitions:

Alcohol Based Disinfectant Hand Rub: An alcohol-containing preparation designed to reduce the number of viable microorganisms on the hands.

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can
cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

**Colony-forming unit:** The minimum number (i.e. tens of millions) of separable cells on the surface of, or in, semi-solid agar medium that gives rise to a visible colony. Often expressed as colony-forming units per milliliter (CFUs/mL).

**Decontamination:** Use of physical or chemical means to remove, inactivate, or destroy pathogens on a surface so that they are no longer capable of transmitting infectious particles and the surface is rendered safe for handling, use, or disposal.

**Disinfectant:** A chemical agent used on inanimate objects to destroy virtually all microbial forms. The U. S. Environmental Protection Agency groups disinfectants on the basis of whether the product label claims limited, general, or hospital disinfectant capabilities.

**Disinfection:** Destruction of pathogenic and other kinds of microorganisms by physical or chemical means. Disinfection is less lethal than sterilization and does not ensure the degree of safety associated with sterilization.

**DHCP:** Dental health care provider

**Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

**Other Potentially Infectious Materials (OPMI):** The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; Any unfixed tissue or organ (other than intact skin) from a human (living or dead), and; HIV-containing cell or tissue cultures, organ cultures, and HIV (or HBV or HCV) containing culture media or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Sterilization:** Use of a physical or chemical procedure to destroy all microorganisms including substantial numbers of resistant bacterial spores.

### C. Exposure Control Plan

The Exposure Control contains the following:

1. Exposure Determination
2. Methods of Compliance
3. Communication of Hazards to Employees
4. Housekeeping Procedures for Dental Care Center
5. Regulated Medical Waste
VI. Laundry Procedures
VII. Medical Surveillance Plan

This plan is accessible to all faculty, students/residents and staff. It will be reviewed periodically and, as necessary updated. The Plan is kept in the Office of the Associate Dean for Clinical Affairs and on the desktop of each clinic computer.

The Associate Dean for Clinical Affairs, in conjunction with the Infection Control Committee, is responsible for the plan’s implementation.

I. Exposure Determination

The US Occupational Safety and Health Administration (OSHA) requires employers to perform an exposure determination for those employees who may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. Employees are considered to be exposed even if they wear personal protective equipment. Exposure determination requires the listing of all job classifications in which all employees may be expected to incur occupational exposure, regardless of frequency. All clinic personnel must be classified into OSHA and PESH categories I, II, or III as follows dependent upon the tasks they are required to perform:

- Category I: Tasks that routinely result in potential contact with blood and other potentially infectious body fluids (including saliva)
- Category II: Tasks that do not routinely result in potential contact with blood and other potentially infectious body fluids (including saliva), but may unexpectedly do so
- Category III: Tasks that do not routinely result in potential contact with blood and other potentially infectious body fluids (including saliva) and have no likelihood of doing so under foreseeable circumstances

The classifications of all clinic personnel are on file in the Office of the Associate Dean for Clinical Affairs.

Category classification for personnel of the DCC is as follows:

**Category I Job Classifications**

<table>
<thead>
<tr>
<th>Category I Job Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
</tr>
<tr>
<td>Scientists</td>
</tr>
<tr>
<td>Resident/Fellows</td>
</tr>
<tr>
<td>Dental Assistants</td>
</tr>
<tr>
<td>Dispensary/Central Sterilization Personnel</td>
</tr>
<tr>
<td>Research Laboratory Personnel</td>
</tr>
<tr>
<td>Physicians</td>
</tr>
<tr>
<td>Students</td>
</tr>
<tr>
<td>Dental Hygienists</td>
</tr>
<tr>
<td>Radiology Technicians</td>
</tr>
<tr>
<td>Laboratory Technicians</td>
</tr>
</tbody>
</table>
Category II Job Classifications

Mechanics
Janitorial staff
Instructional Support Specialist
Clerical staff

II. Methods of Compliance

A. Standard Precautions

Standard precautions will be used to prevent contact with blood, saliva, other human body fluids, and other potentially infectious materials. Therefore, all human blood and other body fluids are treated as if known to be infectious (e.g., HIV+, HBV+, and HCV+).

B. Engineering Controls

The following engineering controls will be used to eliminate or minimize DHCP exposure to bloodborne pathogens at the Stony Brook School of Dental Medicine.

- **Autoclaves** will be used to decontaminate waste in research laboratory settings and reusable instruments in clinical settings.

- **Dental dams** will be used in patient procedures when necessary to reduce aerosol and droplet projectiles to dental operators.

- **Hand washing** facilities will be available to all DHCP who incur exposure to blood or other potentially infectious materials. Hand washing facilities are available in each laboratory, dispensary, and clinic, usually at each operatory. The alternative of an alcohol hand disinfectant is available in the clinic; this disinfectant can be found mounted on the walls in various spots throughout the bays. Alcohol hand disinfectant is to be used only if hands are not visibly soiled.

- **High-volume evacuation, dental dam utilization, and proper patient positioning** will be used to reduce exposure to droplets and blood. Dental equipment (high-volume evacuators) and dental chairs are inspected every two months, and repaired as needed by school mechanics. In addition, any broken or non-functioning equipment is reported by faculty, students or staff to the mechanic and repairs are made as soon as possible. The unit will not be used until repairs are made.

- **Sharps containers**, used for disposal of sharp instruments and syringe needles, are mounted in each operatory. Clinic supervisors or the directors of clinic operations are responsible for seeing that sharps containers are disposed of properly when full. Clinic supervisors or the directors of clinic operations are responsible for obtaining additional sharps containers when needed.

- **Red Biohazard bags** will be used for disposal of material, such as cotton rolls or gauze, which has become soaked with blood or saliva. Biohazard bags are not to be used for disposal of uncontaminated waste such as gloves or paper products.
• **Ultrasonic cleaners** will be used to eliminate or reduce DHCP handling of contaminated sharp instruments. Sterilization personnel are responsible for regular disinfection and for monitoring effectiveness of ultrasonic cleaners. Ultrasonic cleaners will be repaired on an as-needed basis.

• **Nitrous oxide scavenger systems** will be connected to all portable nitrous systems and must be utilized with closed system masks to reduce exposure to anesthetic gases.

• **Water line filtration system** is implemented to reduce the accumulation of bio-film in the tubing supplying water to the high-speed hand piece and air/water syringe. This system is designed to treat water for the filling of independent bottle reservoirs for dental chair side designs. The students/residents will utilize water from the water dispenser that is 50 times lower than the EPA and CDC guidelines of 500 CFU/ML. The student/residents are instructed to empty the water bottle the first Friday afternoon of every month and refill on Monday a.m. The DCC staff will check to ensure that the water bottles are empty. The system cartridges are changed on an annual basis and logged on a tracking sheet. The waterline dispensers are located in the following areas:
  - GPP Bay A
  - Bay F
  - Oral Maxillofacial Surgery
  - Bay E
  - Bay G and H Back Hall
  - GPR/Periodontic /Prosthodontic Resident Area
  - Faculty Practice

Status of water lines are monitored, logged, and submitted to the Infection Control Committee for review and then to Outcomes of Care Committee.

• **Amalgam Separator** has been installed on our main vacuum system for the Dental Care Center to eliminate contamination of the municipal sewage treatment plant. The cylinders are removed and tested when they have reached capacity. The company submits a report to the school when this is completed.

• **Excess Amalgam** student/residents, faculty and support staff are instructed to leave excess amalgam scrap on the instrument tray and return to sterilization. The support staff in sterilization removes the excess amalgam and places it in an appropriate container. Once the container is full the support staff will notify procurement so that the vendor will come and remove the amalgam scrap from the facility.

• **Storage of Excess Amalgam in Simulation and Pre-clinical laboratories** students, faculty and support staff is instructed to place excess amalgam in the container provided by the vendor. Once the amalgam container is full the support staff will notify the procurement office for the vendor to remove the amalgam scrap form the facility.

C. **Work Practice Controls**
In addition to the above engineering controls, the following work practice controls will also be used:

- **Barriers**: Plastic barriers (bags, sleeves or adhesive sheets) are placed on frequently used surfaces which are difficult or impossible to disinfect with a spray (including, but not limited to, computer keyboard, mouse, light handles, saliva ejectors, high volume evacuators, air/water syringes and chair control handles). Plastic barriers are also placed over chair head rests and x-ray tube in radiology cubicles. PPE should be worn when disposing of contaminated barriers.

- **Clinical Lab Safety**: Proper PPE should be worn when performing laboratory procedures. Exert caution when using lathes while wearing gloves. Secure hair and loose clothing to minimize the potential for cross-contamination and injury. Fresh pumice, a clean disposable tray, and disposable wheel should be used when polishing appliances or temporary crowns on the lathe.

- **Storage of Needles, Anesthetics and Biohazard**: all needle and anesthetic containers, or any loose needles/anesthetics, are to be stored in a locked drawer or cabinet. When an employee/student leaves the area the cabinet/drawer must be locked.

- **Contaminated Needles and Sharps shall not be sheared or purposely broken.** Removal of used needle should be done in the operatory utilizing the proper opening in the sharps container. (The capped needle is placed in the opening of the sharps container, to the level of the hub, and then bent to remove the needle from the syringe hub. The capped needle falls into the sharps container.)

- **Recap Needles**: Recapping of needles is allowed for procedures requiring more than one administration of anesthesia. In such cases, a recapping device, or one-handed “scoop” recapping method, is required. *Never use a two handed technique to recap needles.*

- **Disinfect Impressions and Appliances**: Always disinfect impressions and appliances with a hospital grade disinfectant before transporting and working with them in the clinic laboratory. After rinsing impression or appliance to clear debris, shake off excess water, spray all surfaces with disinfectant and allow solution to sit on surfaces undisturbed for the time recommended by the manufacturer (usually ten minutes). Rinse with clean water and shake off excess. Wrap impression or appliance in damp paper towel and place in a plastic bag. The impression or appliance may now be transported to the lab. Always disinfect appliances fabricated, repaired or polished in laboratory prior to bringing them to the operatory (including complete and partial dentures).

- **Disinfection**: Spray or wipe with a hospital grade disinfectant on chair, dental unit, chair control handles, operator and assistant chairs, hand piece handles, etc. Wipe down high-speed tubing with gauze saturated with disinfectant. Allow solution to sit on surfaces for full amount of time recommended by manufacturer (usually two minutes). Non-sterilizable equipment used in procedures (e.g. curing lights, amalgamators, torches) must also be disinfected between patients.

- **Extracted Teeth**: Return of extracted teeth to the patient is allowed, if the patient requests. If not returned to the patient, extracted teeth without amalgam restorations may be disposed
of in any red biohazard container. Extracted teeth with amalgam restorations must be disposed of separately in an appropriate container in sterilization, which will not be subsequently incinerated.

- **Hair Safety:** Hair should be secured in such a way that it does not interfere with or become contaminated during procedures.

- **Head scarves:** Any head scarf should be secured in a way that does not interfere with or become contaminated during procedures. If visibly soiled, the scarf should be removed and replaced with a clean scarf as soon as possible.

- **Hand Injury Prevention.** Precautions should be taken to avoid hand injuries during all procedures. Burs on hand pieces should be facing inward toward the unit when not in use to decrease the chance of injury.

- **Hand washing must occur before putting on gloves.** Hands and any other potentially contaminated skin must be washed with soap and water immediately after removing gloves or as soon as possible. Follow below instructions:
  - Begin each day by washing hands for 15 seconds.
  - During the day
    - Between patients
    - Before and after you go to lunch, break or going to rest room.
    - Before and after gloving.
    - Any other time they become contaminated.
  Alcohol hand disinfectant is available in the clinics and can be used in lieu of soap and water if hands are not visibly soiled.
  Clinic supervisors/faculty shall ensure that, after the removal of personal protective gloves, hands and any other potentially contaminated skin area are washed with soap and water immediately or as soon as feasible.

- **Pre-procedural Mouth rinse** is recommended prior to patient treatment to decrease the numbers of organisms in the patient’s oral cavity.

- **Processing Reusable Sharp instruments.** Immediately, or as soon as possible after use, contaminated reusable instruments must be placed on trays or cassettes. Instruments should be grasped carefully to avoid sharp surfaces.

- **Processing Contaminated Equipment.** Equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Department or division heads are to notify the Department of Environmental Health and Safety in the event that any equipment cannot be feasibly decontaminated prior to servicing or shipping.

- **Specimens of Blood Soaked or Other Potentially Infectious Materials (OPIM)** will be placed in a container that prevents leakage during the collection, handling, processing, storage, transport, and shipping of the specimens. The container used for this purpose will be properly labeled or color-coded and closed prior to storage, transport, and shipping. If
outside contamination of the primary container occurs, the primary container shall be placed within a secondary container.

- **Splash/Spray Prevention.** All procedures will be conducted in a manner that minimizes splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

- **Sterilization.** All instruments must be sterilized between patients, including hand pieces. Autoclaves and other sterilizers must be monitored with a biological-monitoring device at least weekly. Cold-solution sterilization methods are discouraged. If cold-solution method is used, the clinic must develop a system for monitoring how often the solution is changed and how long instruments are submerged in the solution. Manufacturer recommendations must be precisely followed.

### D. Personal Protective Equipment (PPE) General Requirements

- **PPE Provision.** All personal protective equipment used at this facility will be provided without cost to employees. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees’ clothing, skin, mouth, or other mucous membranes under the normal conditions of use and for the duration of time that the protective equipment will be used.

  All personal protective equipment will be the correct size, be clean and in good repair, and fit properly. Latex free gloves will be provided for routine clinic procedures. In special circumstances, vinyl gloves (ex. mixing impression material) and sized latex gloves (ex. surgical procedures) will be available.

- **PPE Cleaning, Laundering and Disposal.** All personal protective equipment will be cleaned, laundered, and/or disposed of at no cost. All necessary repairs and replacements will also be made at no cost. All garments penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

### E. Personal Protective Equipment - Specific Policies

- **Eye and Face Protection.** Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin length face shields, are required to be worn whenever splashes, spray splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Eyewear or other means of eye protection shall be used by patients during all procedures, whenever splashes spray splatter, or droplets of blood or OPIM may be generated and eye contamination can be reasonably anticipated.

- **Gloves** shall be worn whenever it is reasonably anticipated that there will be hand contact with blood, non-intact skin, mucous membranes, or OPIM during a dental procedure and when handling or touching specimens, contaminated items, or surfaces.
Single-use disposable gloves used at this facility are to be disposed of after one use (i.e. are not to be washed or decontaminated for re-use), or if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Surgical gloves are provided for procedures that generate a significant amount of blood (e.g. oral surgery and periodontal/implant surgery).

- **Clinic Laboratory Coats or Gowns** must be worn in patient treatment areas during all dental procedures, including set-up, and clean up and must be changed at least weekly or when visibly soiled or soaked through with blood or OPIM. Gowns must be disposed of in the proper location and they must not be worn outside of the clinic areas.

- **Food, Drink and Cosmetics** In work areas where there is reasonable likelihood of exposure to blood or other potentially infectious materials, it is prohibited to eat, drink, apply cosmetics or lip balm, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops, where blood or OPIM are stored.

- **Lotions** can be utilized by the dental provider as long as it does not contain petroleum or other oil emollients which will weaken latex gloves and increase permeability. All lotions must have a dental provider name on the container.

### III. Communication of Hazards

#### A. Labels and Signs and Expired Medication

1. Warning labels should be affixed to containers of regulated medical waste (RMW), refrigerators and freezers used to store, transport, or ship blood or other potentially infectious materials.

2. The required label is the Biohazard symbol and the legend “Biohazard”. The label must be fluorescent orange or orange red with lettering or symbols in a contrasting color. Red bags or red containers may be substituted for labels.

3. The label must be an integral part of the container or be affixed as closely as possible to the container by string, wire, adhesive, or a method that prevents their loss or unintentional removal.

4. New York State requires that all treated RMW must continue to be labeled until destroyed.

5. The written Bloodborne Pathogens Exposure Control Plan, and the Infection Control Plan is located in the DCC Policy and Procedure Manual, on each operatory desk top throughout the DCC. The Material Safety Data Sheets (MSDS) sheets are available in the Dispensary, Office of the Director for Clinic Operations, and the Office of the Associate Dean for Clinical Affairs in addition to the University web site http://www.stonybrook.edu/ehs/lab/

6. A Pharmacy Consultant inspects the Dental Care Center quarterly to ensure that all label, signs and expired medication follow the appropriate guidelines. (See Section 8-A in DCC Policy and Procedure Manual for Pharmacy Policy and Procedures).
7. All expired medications will be checked monthly and disposed of according to the New York State guidelines. The employee will enter the day and sign the log in which they did the inspection.

B. Information and Training

1. All dental care providers routinely subjected to a potential occupational exposure must participate in a training program. The School of Dental Medicine provides such a program coordinated by the University Department of Environmental Health and Safety at no cost. The program is conducted during regular working hours or may be accessed online.

2. Training is provided as follows:

   a. at the time of the initial assignment to tasks where occupational exposure may take place.
   b. at least annually or as soon as possible, when there are changes in procedure or job assignments.
   c. in a manner and language easily understood and in an interactive style which encourages discussion.
   d. with a training curriculum that includes specific topics.
   e. with a trainer knowledgeable in the subject matter at hand and employed by the University Department of Environmental Health and Safety, which is located at 110 Suffolk Hall (Phone #632-6410).
   f. on-line course http://www.stonybrook.edu/ehs/training/ with same power point presentation with a test at the end. You must pass 18 out of the 20 questions or take the test over until you pass. The test is never the same for anyone. The computer randomly selects the 20 questions for each time the test is taken. This course is given in two parts on line so there are two separate tests.

1. Training records shall include the following:

   a. dates of training sessions.
   b. contents of the training session.
   c. names and qualifications of person(s) conducting the training.
   d. attendance log.

2. Training records must be maintained for three years from the date on which the training occurred.

3. Maintained records shall be available upon request as required or permitted by law. Examination and/or copies of records require a written request.

4. Records will be transferred as required by federal law 29 CFR 1910.20. Any other state or federal laws governing transfer of these records will be followed in accordance with those directives.

5. The following methods are available, as necessary, to ensure that health and safety communications are readily understandable by all affected employees:
a. Multilingual translators/trainers
b. Sign language

C. Medical Record Keeping

1. Dental Health Care Provider (DHCP) Medical Record:

   a. required by PESH for each DHCP with occupational exposure.
   b. must be confidential, separate from other personnel records, and may be maintained on site or by health care professionals, who provide services to the Dental Care Center employees (located at Occupational Medicine, 2500 Nesconset Highway, Suite 9D, Stony Brook, NY 11790).
   c. must be retained for the duration of an employee’s employment plus 30 years.
   d. must include the name and social security number of the DHCP.
   e. must include the DHCP’s Hepatitis B vaccination status, including received and any medical records relative to the DHCP’s ability to receive the vaccination.
   f. must include copies of all results of examinations, medical testing, follow-up procedures, and written opinion of the health care provider for all occupational exposure incidents that have occurred during the time of employment or education.

2. Hepatitis-B Vaccine Declination Statement:

   The OSHA standard requires that any employee (this includes faculty and staff, but the same standard applies to students), who declines to accept the Hepatitis-B vaccination offered by the employer, must sign the Hepatitis-B Vaccine Declination Form (Appendix 41). This form must be retained for the duration of employment plus thirty years.

3. Informed Refusal:

   Any faculty, staff or student, who suffers an occupational exposure, but refuses medical evaluation and appropriate follow-up, must be informed as to the possible consequences. In addition, the faculty, staff or student must sign a Post-Exposure Incident Report form (Appendix 42) that must be maintained for the duration of employment plus thirty years.

4. Log of Occupational Incidents:

   The Risk Management Officer maintains all incident reports in a log. The Risk Management Officer shall periodically submit a summary report to the Quality Assurance Committee for review of trends and recommend corrective measures.

IV. Housekeeping Procedures for Dental Care Center

The University Housekeeping Department is responsible for maintaining the work site in a clean and sanitary condition. The schedules and cleaning methods of decontamination are based on the location within the School of Dental Medicine, the type of surface to be cleaned, the type of soil present and the tasks or procedures being performed in the area.
Housekeeping personnel are responsible for cleaning floors, and other surfaces that are not associated with transmission of infections to patients or other health care workers. Therefore, extraordinary attempts to disinfect and sterilize these environmental surfaces are not done routinely. Nevertheless, cleaning and removal of soil will be performed once daily.

**Unit Cleanup and Disinfection**

The School of Dental Medicine mandates that:

A. **Patient Care Work Surfaces** and fixed equipment must be decontaminated with an appropriate EPA registered hospital grade disinfectant. Dental operatory work surfaces and fixed equipment must be cleaned with a disinfectant before and between each patient procedure that produces contamination. The surfaces to be disinfected would include, but are not limited to, counters, chairs, bracket tables, carts, light handles and switches, connectors and evacuation tubing. Removal of gross debris is done prior to spraying or wiping with the disinfectant.

B. **The Disinfectants** used must be bactericidal, virucidal, fungicidal, and tuberculocidal (EPA hospital grade disinfectant with tuberculocidal claim is equivalent to CDC intermediate-level disinfectant).

C. **Protective Barriers** Whenever possible, disposable protective barriers will be used on surfaces that is likely to become contaminated during a procedure (e.g. coverings over light handles, computer keyboard, mouse, chair switches, air/water syringe, saliva ejector, etc.). Such protective coverings must be replaced between patients or if they have become overtly contaminated during a procedure.

D. **Reusable Bins, Pails, or Other Receptacles:** Reusable containers must be inspected daily and decontaminated with an appropriate disinfectant if the are visibly contaminated with blood or other potentially infectious materials.

E. **Broken Glassware:** Contaminated broken glassware should not be picked up by hand, but rather picked up with tongs, forceps, or a brush and dustpan and placed in a sharps container.

F. **Handling Spills of Blood or Other Potentially Infectious Material:** Major spills of blood or other potentially infectious material should first be decontaminated with an EPA-approved hospital grade disinfectant. The spill should then be wiped up and disposed of as red bag waste. Proper PPE (gloves, mask, and gown) must be worn while cleaning spills.

G. **Amalgam Separator** has been installed on our main vacuum system for the Dental Care Center to eliminate contamination of the municipal sewage treatment plant. The cylinders are removed and tested when they have reached capacity. The company submits a report to the school when this is completed.

H. **Excess Amalgam** student/residents, faculty and support staff is instructed to leave excess amalgam scarp on the instrument tray and return to sterilization. The support staff in sterilization removes the excess amalgam and places it an appropriate container. Once the container is full the support staff will notify procurement so that the vendor will come and remove the amalgam scrap from the facility.
I. **Storage of Excess Amalgam in Simulation and Pre-clinical** laboratories students, faculty and support staff is instructed to place excess amalgam in the container provided by the vendor. Once the amalgam container is full the support staff will notify the procurement office for the vendor to remove the amalgam scrap from the facility.

V. **Regulated Medical Waste (RMW)**

   A. **Regulated Medical Waste is defined by OSHA as:**

      1. Liquid or semi-liquid blood or other potentially infectious materials.
      2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.
      3. Items that are caked with dry blood or other potentially infectious materials and are capable of releasing these materials during handling.
      4. Contaminated sharps, “any contaminated object that can penetrate skin is including but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.”
      5. Pathological and microbiological waste containing blood or other potentially infectious materials (Extracted teeth containing amalgam restorations must not be disposed of in RMW, which is destined to be incinerated. A separate container is provided for disposal of these teeth).

   B. **Containment of RMW and Sharps should be placed in containers that are:**

      1. Closable.
      2. Constructed to contain all contents and prevent leakage of fluids on handling, storage, transport or shipping.
      3. Labeled or color coded in accordance with the OSHA standard.
      4. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste will be in accordance with regulations of the United States, the State of New York, and any other regulatory agencies that have jurisdiction in Suffolk County of the State of New York.

VI. **Laundry Procedures**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in the Student Laundry bin (pre-doctoral students) or Faculty/Staff laundry bin (includes post-doctoral students/residents). These bins are located opposite sterilization. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. Laundry at this facility will be cleaned at a registered laundry service, which treats these materials as contaminated and which uses standard precautions.
VII. Medical Surveillance Plan

It is the School of Dental Medicine’s responsibility to provide on a regular basis an updated list of clinical faculty, staff, graduate and pre-doctoral students that are presently participating in clinical activity at the SDM Dental Care Center. The Stony Brook Preventive Medicine Services medical staff will review all medical histories and maintain them as a permanent record at the office located in Stony Brook Medical Park, 2500 Nesconset Highway, Bldg, 16, Stony Brook. Stony Brook Preventive Medicine medical staff will notify the School of Dental Medicine if an individual is not in compliance with the medical surveillance program.

- Eliminate or minimize DHCP (dental health care provider) exposure to blood or certain other body fluids.

A. Purpose

The School of Dental Medicine’s Dental Care Center’s has adopted the Stony Brook University’s Medical Center’s Blood Borne Pathogen / Medical Surveillance Program for all clinical faculty, staff, pre-doctoral and graduate students. This surveillance program should be provided by Stony Brook Preventive Medicine, PC since the School of Dental Medicine (SDM) is not administered by University Medical Center’s therefore is not under Employee Health Services. The medical evaluation procedures that will be performed will be under the direct supervision of a licensed physician and all laboratory tests will be ordered by those individuals. All elements of this surveillance program (clinical evaluation, prophylaxis and vaccination(s) are based on the current treatment guidelines from the Center for Disease Control (CDC) and follow the OSHA Blood Borne Pathogen Standard (29 CFR1910.10030), PESH and New York State Department of Health (NYSDOH) guidelines for Article 28 Diagnostic and Treatment Centers. It is the responsibility of the Stony Brook University Student Health Services to collect all medical information for the pre-doctoral and graduate students prior to admission into the School of Dental Medicine. Once this is completed the medical histories are shared with Stony Brook Preventive Medicine to insure compliance with the schools medical surveillance program. Stony Brook Preventive Medicine will only be responsible for treatment of the pre-doctoral and graduate students if the students are potentially exposed to a Blood Borne Pathogen.

It is the School of Dental Medicine’s responsibility to provide on a regular basis an updated list of faculty, staff, graduate and pre-doctoral students that are presently participating in clinical activity at the SDM Dental Care Center.

The Stony Brook Preventive Medicine Services medical staff will review all medical histories and maintain them as a permanent record at the office located in Stony Brook Medical Park, 2500 Nesconset Highway, Bldg, 16, Stony Brook. Stony Brook Preventive Medicine medical staff will notify the School of Dental Medicine if an individual is not in compliance with the medical surveillance program.

B. Procedures

1. Pre-employment Physical Examination and Hepatitis B Vaccination for Clinical Staff and Residents
The SDM clinical staff employee will be required to complete a pre-placement occupational/medical history, including any medical problems, which could interfere with an employee’s ability to use protective clothing and equipment or receive the Hepatitis B vaccination(s). The physical examination will be performed by Stony Brook Preventive Medicine prior to employment. Within 10 working days of initial assessment, the Hepatitis B vaccination series (3 shots over a 6 month period) shall be initiated in all employees occupationally exposed to blood or other materials potentially infectious for Hepatitis B surface antibody levels, or the vaccine is contraindicated for medical reasons. If the employee declines Hepatitis B vaccination during the pre-placement examination, but at a late date decides to accept the Hepatitis B vaccine, it shall be provided at that time without cost to the employee. If an employee declines to accept Hepatitis B vaccination when it’s offered, he/she will need to sign the hepatitis B declination statement. NYSDOH and University policy for clinical personnel, which includes clinical staff require health evaluations every year in order to maintain appropriate medical clearance to treat patients.

The examination will assess prior medical as well as occupational histories. The cost of the pre-employment physical will be incurred by the School of Dental Medicine. The examination shall consist of at minimum:

(a) Review of medical, occupational, family, and social history surveys.
(b) Appropriate physical examination done by their own medical practitioner or Stony Brook Preventive Medicine at their own expense.
(c) Occupational counseling and infection control education as required by OSHA, PESH, Blood Borne Pathogen Exposure Plan:
   a. blood and body fluid exposures
   b. personal protective equipment
   c. Hepatitis B

(d) Tuberculosis screen*:
   a. TB symptom review
   b. PPD (Mantoux) for those with no exposure history
   c. Chest x-ray for individuals with a positive PPD (mandatory)

Vaccinations

- Immunity assessments of either serologic titer or a review of vaccination records will be performed on clinical staff for the following: Mumps*, Measles**, Rubella**, Hepatitis B***, Tetanus, and Varicella (* = Required by SBUH, ** = Required by DOH, *** = Recommended by OSHA).

- If clinically indicated the following vaccinations will be offered to the clinical staff: Measles- Mumps- Rubella (MMR), 3-Shot Hepatitis B series, Tetanus every 10 years (standard Td or Adacel-Tdap), and Varicella.

2. Pre-employment Physical Examination and Hepatitis B vaccination for Clinical Faculty

The SDM clinical faculty or volunteer will be required to have a physical examination prior to employment by their own physician at their own cost. The Stony Brook Preventive Medicine will supply the necessary questionnaires to be completed before the start of employment and annually thereafter. The clinical faculty member may choose to have the examination
completed by Stony Brook Preventive Medicine at their own cost. The examination will assess prior medical as well as occupational histories. The clinical faculty member’s private practitioner’s medical examination shall consist of at minimum:

(a) Review of medical, occupational, family, and social history surveys.
(b) Appropriate physical examination done by their own medical practitioner or Stony Brook Preventive Medicine at their own expense.
(c) Occupational counseling and infection control education as required by OSHA, PESH, Blood Borne Pathogen Exposure Plan:
   a. blood and body fluid exposures
   b. personal protective equipment
   c. Hepatitis B vaccination (at own expense)
(d) Tuberculosis screen*:
   a. TB symptom review
   b. PPD (Mantoux) for those with no exposure history (at own expense)
   c. Chest x-ray for individuals with a positive PPD (mandatory at own expense)

3. **Pre-admission Physical Examination and Hepatitis B vaccination for Pre-Doctoral and Advanced Education Students**

Prior to entering the School of Dental Medicine, all pre-doctoral and advanced education students are required to have a physical examination by their own physician, at their own cost. The School of Dental Medicine, Office of Education will provide the necessary questionnaires to be completed and returned before the start of the academic year for pre-doctoral student for Year I. The updated medical history questionnaire for the returning pre-doctoral students will issue and returned to the Dental Care Center’s Administrative Office.

For the advanced education students each department will provide the necessary health questionnaire and return health questionnaires to the Dental Care Center’s Administrative Office annually.

Each academic year the current health questionnaire for each pre-doctoral student and advanced education student will be submitted to Stony Brook Preventive Medicine for their records. The medical examination will assess prior medical as well as occupational histories. The pre-doctoral and advanced education student’s private practitioner’s medical examination shall consist of at minimum:

(a) Review of medical, occupational, family, and social history surveys.
(b) Appropriate physical examination done by their own medical practitioner or Stony Brook Preventive Medicine at their own expense.
(c) Occupational counseling and infection control education as required by OSHA, PESH, Blood Borne Pathogen Exposure Plan:
   a. blood and body fluid exposures
   b. personal protective equipment
   c. Hepatitis B vaccination (at own expense)
(d) Tuberculosis screen*:
   a. TB symptom review
   b. PPD (Mantoux) for those with no exposure history (at own expense)
   c. Chest x-ray for individuals with a positive PPD (mandatory) (at own expense)
4. **Educational Programs**

A total of four one-hour educational lectures will be provided by Stony Brook Preventive Medicine per year. All lectures will be given at the School of Dental Medicine on topics that will be submitted and approved by the School of Dental Medicine Associate Dean for Clinical Affairs.

State University of New York
School of Dental Medicine

Health & Safety
Policy

POST EXPOSURE INCIDENT PLAN
8.2 POST EXPOSURE INCIDENT PLAN

BLOOD-BORNE PATHOGEN POST-EXPOSURE PROGRAM

The Stony Brook Preventive Medicine’s medical surveillance program will document all circumstances of each clinical faculty, staff, pre-doctoral and graduate students that are exposed to a Blood-Borne Pathogen. Relevant information includes route(s) of exposure, the activity in which the worker was engaged at the time of exposure, Hepatitis B vaccine status, the extent to which the appropriate work practices and protective equipment were used and a description of the source exposure shall be recorded. All reporting responsibilities under federal and state laws will be performed. Once an exposure has occurred, if the source is identified, the supervising clinical faculty will be notified and required to order a hepatitis panel and must request HIV testing from the source individual. The SDM Dental Care Center supervising clinical faculty will be responsible for ordering HIV testing, providing HIV counseling, and will obtain written consent for an HIV test and written consent to release HIV test results to Stony Brook Preventive Medicine. If consent is not obtained, the supervising clinical faculty must establish and provide a statement that legally required consent cannot be obtained. This statement will be placed in the individual’s medical record, which is housed at Stony Brook Preventive Medicine. The identification of the source patient will be referred to by the dental record number only, and the source patient will not be referred to by name in the exposed individual’s medical record. Pre-test counseling, post-test counseling, and referral for evaluation and treatment will be provided to the source by Stony Brook Preventive Medicine by the attending physician or designee. Results of the source individual’s testing shall be made available to the exposed individual, and the individual shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. The clinical faculty, staff, pre-doctoral and graduate students blood shall be collected and tested as soon as possible after consent is obtained. If baseline blood is drawn, but the clinical faculty, staff, pre-doctoral and graduate students does not consent for HIV testing, the sample shall be preserved for at least 90 days. Since Stony Brook Preventive Medicine follows the CDC guidelines, only the following blood-borne pathogens will be tested on exposed individuals; HIV, Hepatitis B, and Hepatitis C.

Hepatitis B:

If an exposed individual is unvaccinated for Hepatitis B and is exposed to a source individual that is known or suspected to be positive for Hepatitis B surface antigen, then this individual should receive Hepatitis B Immune Globulin (HBIG) within 7 days of exposure (preferably within the first 24 hours) and initiate the Hepatitis B vaccination series. If the exposed individual is known non-responder to the Hepatitis B vaccine (i.e., inadequate antibody response to the first vaccination series) and is exposed to a source individual that is known or suspected to be positive for Hepatitis B surface antigen, then the clinical faculty, staff, pre-doctoral and graduate student should receive either one or two doses of HBIG (to doses of HIBIG should be considered if the individual has not responded to two Hepatitis B vaccination series) and initiate the Hepatitis B vaccination series. When the source individual’s Hepatitis B
surface antigen status is unknown and the clinical faculty, staff, pre-doctoral and graduate student does not need HBIG but should consider initiating the Hepatitis B vaccination series.

**Hepatitis C:**
If a clinical faculty, staff, pre-doctoral and graduate student’s are exposed to a source individual that is known or suspected to be positive for Hepatitis C, then the individual should be counseled as soon as possible by the Stony Brook Preventive Medicine. Due to the present lack of an adequate vaccine or appropriate post-exposure prophylaxis for Hepatitis C, the exposed individuals will be advised to enter a Hepatitis C serial screening program as outlined by the CDC. Serial testing for Hepatitis C antibody is started upon the initial visit and then repeated at 6 weeks, 12 weeks, 6 months and 1 year. Also, testing for Hepatitis C RNA-PCR at 2 and 6 weeks post-exposure with periodic liver function studies may be performed in addition to the hepatitis C antibody screening per the physicians discretion.

**HIV:**
If an individual is exposed to a source individual that is known or suspected to be positive for HIV infection, then the clinical faculty, staff, pre-doctoral and graduate student’s should be counseled by Stony Brook Preventive Medicine regarding the risk of transmission and clinically evaluated as soon as possible. Each individual should receive a baseline HIV antibody test, and providing sero-negativity, will then be advised to enter a HIV antibody serial screening program with repeat testing at 6 weeks, 12 weeks 6 months, and at least 1 year if deemed necessary (e.g., if source is co-infected with Hepatitis C). Follow up HIV antibody testing will be strongly recommended in order to ascertain or confirm any post exposure seroconversion associated with the occupational exposure. All individuals will be counseled about the role of post-exposure prophylaxis medication, and if clinically indicated, individuals will be prescribed these medications.

Stony Brook Preventive Medicine will follow the Stony Brook University Medical Center’s Blood Borne Pathogen /Medical Surveillance Plan. Injuries sustained by clinical faculty, staff, pre-doctoral and graduate students will be referred to Stony Brook Preventive Medicine Monday through Friday 8:30am to 5:00 pm. If Stony Brook Preventive Medicine is closed than testing will be done the next business day. Evaluation or treatment for occupational injuries, i.e. slips, falls, back strains, etc. will be triaged and referred to an appropriate specialist. All SDM clinical faculty, staff, and graduate student’s that are employees of the University and have a work related injury, particularly of a blood-borne pathogen nature, will be submitted to his/her workers’ compensation carrier with the written consent of dental clinical faculty and staff member. All pre-doctoral students of the University and have an exposure will go to Stony Brook Preventive Medicine and the School of Dental Medicine through this contract will perform the above services.

The source individuals will be referred to Stony Brook Preventive Medicine. The clinical supervising faculty or administration will be required to discuss with the source in private the ordering of a hepatitis panel and must request HIV testing from the source. The SDM supervising clinical faculty or administration will refer these source individuals to Stony Brook Preventive Medicine upon consent for HIV testing, providing HIV counseling, and will obtain written consent for an HIV test and written consent to release HIV test results to Stony Brook Preventive Medicine. Pre-test counseling, post-test counseling, and referral for evaluation and treatment will be provided to the source by Stony Brook Preventive Medicine through this contract the SDM will be responsible for the above costs only.
The SDM clinical member protocol for managing such exposures will be followed. Evaluation or treatment for occupational injuries, i.e. slips, falls, back strains, etc. will be triaged and referred to an appropriate specialist. All SDM clinical faculty and staff claims for all work related injuries, particularly of a blood-borne pathogen nature will be submitted to his/her workers’ compensation carrier with the written consent of dental clinical faculty and staff member.

**Program Parameters**

Listed below are guidelines that will apply to the implementation of the program:

1. The number of Dental School clinical faculty/staff, post-doctoral and pre-doctoral students covered by the program:
   Total clinical faculty is approximately -122, which includes full- part-time and volunteer; approximately 50 clinical staff. The total post-doctoral students is approximately 20 and pre-doctoral students; approximately 120.

2. The Stony Brook Preventive Medicine does not perform primary care treatment for any illnesses or otherwise. The Stony Brook Preventive Medicine will continue to act as a consultant to both the primary care provider and the SDM during the course of the SDM’s clinical member treatment for any work related health issues.

3. The Stony Brook Preventive Medicine’s hours are Monday through Friday, 9am to 5pm. Incidents occurring outside of these hours should be directed to University Hospital Emergency Room or private practitioner selected by injured individual. The Stony Brook Preventive Medicine’s medical staff will administer any follow-up care that may be required in these instances.

4. Examination will include:
   a. Baseline examinations on all new clinical staff; with follow-up testing and inoculations as required.
   b. On-site annual re-assessment for all faculty and clinical staff.
   c. Review and storage of medical records for faculty, clinical staff and students
   d. Four educational programs; topics to be provided.

**Procedure for Reporting Exposure Incidents**

**Exposure:** Defined as any incident in which an individual has been exposed to possible infectious material, such as blood or saliva, through mucosal contact (mouth, eyes or nose), or that may have entered through the individuals skin as the result of a puncture by a sharp or pointed instrument or scrape, that results in bleeding, from the instrument or device used in the patients mouth.

NOTE: All that takes place related to an exposure incident and any follow up is to remain confidential.

**Procedure after exposure occurs:**

1. Any injured student is to report the event as soon as possible to the supervising faculty. The student should also report the event to the Associate Dean for Clinical Affairs or designee.
2. Any injured faculty or staff member is to report the event as soon as possible to the Associate Dean for Clinical Affairs or designee.
3. Any injuries suffered by patients should be reported to the supervising faculty member by the student and to the Associate Dean for Clinical Affairs or designee.

4. In private, the Associate Dean for Clinical Affairs or designee is to speak with the injured individual (subject) for the purpose of completing a “Post Exposure Incident Report” appendix form that shall include the route of exposure, its cause, and the name of the source of the exposure. If the subject or source is a minor (below the age of 18) all communication shall be with the parent or legal guardian. If a minor is emancipated, (s) he may be treated as an adult.

5. The Associate Dean for Clinical Affairs or his/her designee shall inform the injured individual of the need to be examined, tested and counseled by a physician. Counseling can be performed by Occupational Medicine located at 2500 Nesconset Highway, Suite 9D, Stony Brook, NY 11790, Telephone 444-6250. If Occupational Medicine is not available for counseling, the injured individual should go to the University Hospital Emergency Room. Any follow-up visits should occur at Occupational Medicine. If the injured individual prefers to seek care and counseling by a private physician, the Dental Care Center will incur any fees associated with the injury.

6. If the injured individual refuses to comply with the referral, a “Post Refusal to be Tested” form is to be completed by the injured individual and witnessed by the Associate Dean for Clinical Affairs or designee.

7. The Associate Dean for Clinical Affairs or designee is to speak with the “Source” in private and request that (s) he submits to an examination to determine his or her health status. Should the “Source” agree referral shall be made to Occupational Medicine or a Physician or Facility of the “Source’s” choice. A request shall be made that the physician or facility submits the results of the findings in a confidential report to the Associate Dean for Clinical Affairs or designee.

8. If the “Source” refuses, the “Medical Evaluation Refusal” form is to be completed by the “Source” and witnessed by the Associate Dean for Clinical Affairs or designee.

9. Neither the School of Dental Medicine (SDM) nor its employees are to have any additional communication related to the exposure incident with the source or subject to comply with confidentiality.

10. All events related to the exposure incident, including all completed forms, are to be submitted to the Risk Management Officer by the Associate Dean for Clinical Affairs or designee in a confidential manner.

11. The Risk Management Office shall maintain all records associated with the incident for a period of 30 years. If the subject is a student, the records are maintained for 30 years following the termination of the training period. If the subject is an employee, the records will be maintained for 30 years following the last date of employment.

12. The Risk Management Officer shall report the incident to the Quality Assurance Committee on a quarterly basis.
State University of New York
Stony Brook School of Dental Medicine

Health and Safety
Policy

TUBERCULOSIS MANAGEMENT PROTOCOL
8.3 TUBERCULOSIS MANAGEMENT PROTOCOL

CDC Definition of Tuberculosis

INFECTION: The condition in which organisms capable of causing disease enter the body and elicit a response from the host’s immune defenses. TB infection may or may not lead to clinical disease.

INFECTIOUS: Clinical disease capable of transmitting infection. When persons who have clinically active pulmonary or laryngeal TB disease cough or sneeze, they can expel droplets containing M. tuberculosis into the air. Persons whose sputum smears are positive for AFB is probably infectious.

Screening and Prevention Control

In compliance with the regulations governing procedures designed to prevent the transmission of tuberculosis, the following protocol has been established:

1. An “Awareness Program” will be provided to faculty, students and staff on an annual basis through the HSC according to hospital procedure. The course will be presented as a period of instruction designed to alert individuals to the nature of the infection and the means of transmission of the causative organism and what steps may be taken to prevent transmission.
2. Provide faculty, students and staff with an annual assessment of tuberculosis status.
3. Screen all incoming patients to obtain an adequate medical history to determine status (current and past) as related to infectious and communicable diseases.
4. Any patients with active tuberculosis or those suspected of having TB will be referred to the University Hospital or referred to the medical facility of their choice for evaluation.
5. Elective dental care will be deferred until the patient is rendered non-infectious.
6. Any dental health care provider who has a persistent cough and other symptoms consistent with active TB will be evaluated promptly for TB. The worker will not be allowed to return to the work place until the diagnosis of TB has been excluded or the worker is rendered non-infectious.

Work Restrictions for DHCP with Suspected or Proven Active TB

All DHCP with suspected pulmonary or laryngeal TB must be appropriately evaluated prior to their return to patient care. A diagnosis of active pulmonary TB should be considered for all DHCP with any of the following:
1. Productive or persistent cough, night sweats, anorexia, unexplained weight loss or hemoptysis.
2. Chest x-ray exam with pulmonary cavitation or hilar/mediastinal adenopathy.
3. Known HIV-infection with cough or fever.
4. Cough or fever, if the DHCP also has a history of significant reaction to tuberculin skin test (PPD).
5. Pulmonary or systemic signs or symptoms that are ascribed to other etiologies but do not respond to appropriate therapy for the presumed etiology.

All DHCP with active pulmonary or laryngeal TB must be excluded from patient care until adequate treatment is instituted, cough is resolved, and sputum specimens are negative on three consecutive AFB smears.

Documentation of these conditions must be provided to Stony Brook Occupational Medicine before the DHCP can return to the clinic.
State University of New York
School of Dental Medicine

Health & Safety
Policy

INFECTION CONTROL PLAN
8.4 INFECTION CONTROL PLAN

Facility: School of Dental Medicine  
State University of New York at Stony Brook  
Stony Brook, New York 11794

Revised: January 2013

In accordance with PESH and Stony Brook Environmental Health and Safety regulations the Infection Control Committee of the School of Dental Medicine has developed the following infection control plan.

Introduction

“You must see with your mind’s eye the living germs which attempt to infect the wound from the air; see them as clearly as you perceive flies with your body’s eye”  
Lord Joseph Lister

To achieve a high standard of infection control, it is essential to develop an awareness of the current level of cleanliness or contamination of your gloved hands and of any object you may touch, and to carry that awareness with you at all times. It is in the interest of both patient and health care team to minimize the possibility of the spread of infections.

It is essential to remember that there are several directions in which infectious diseases may be spread: from the doctor, hygienist, or assistant to the patient; from the patient to the team; or from patient to patient through instruments or surfaces.

All infection control policies stem from these potential vectors and take into consideration the infectious potential of pathogens encountered in the practice of dentistry. In particular, any object may be classified as contaminated (for example, with blood or saliva), sterile, or simply “clean” (neither contaminated nor sterile). A “clean” object may carry the types and low amounts of microorganisms normally present in a non-clinical environment.

In an effort to ensure the protection of all parties, a number of regulatory agencies have promulgated rules, regulations, and recommendations. The infection control guidelines are intended to foster an awareness of these concepts and methods when performing required patient care procedures. For your safety and the safety of others, the general principles of cleanliness in the workplace, the use of protective attire, the separation of uncontaminated and contaminated items and work areas, and a constant consideration of the potential for cross-contamination should be observed.
It is the obligation of each health care professional to understand the process of infection control, the rationale for specific procedures, and changes, which occur in policy.

A. Personal Protection

1. **Physical Examination**

   New York State Health Law requires that all health care personnel, including students, receive an annual examination and demonstrate evidence of rubella antibody titer and annual tuberculosis screening. Staff and faculty may have this performed by the Department of Occupational and Environmental Medicine, University Hospital, or by a personal physician. The Associate Dean for Academic Affairs will inform students of the correct procedure. **It is the responsibility of each individual to maintain their status correctly.** Dental health care providers (DHCP) will not be permitted to attend clinic sessions if proof of compliance is not registered with the office of the Associate Dean for Academic Affairs.

   Individuals with active communicable infections (e.g., colds, flu, etc.) must make every effort to minimize the possibility of transmission to patients and colleagues. Proper infection control practices should suffice, but in some instances it may be appropriate for the individual to take an excused absence from clinical sessions.

2. **Vaccination**

   The decision whether or not to be vaccinated for protection from Hepatitis B resides with the individual. All employees at risk to occupational exposure to Hepatitis B will be offered immunization at no expense. All clinical personnel and students are required, however, to attend an educational session describing the risks and benefits of this process. It is recommended that individuals at risk to exposure of hepatitis B be vaccinated; however **the decision by a student to decline vaccination must be made in writing, by signing a statement of refusal, and must be submitted to the office of the Associate Dean for Academic Affairs.** Employees of the University may decline vaccination, but it must be done in writing, by signing a statement of refusal, submitted to the Associate Dean for Clinical Affairs. Faculty wishing to avail themselves of free vaccinations may make arrangements with the Department of Occupational and Environmental Medicine, University Hospital. Students, (including fellows, residents, and other graduate students) may make arrangements through the Associate Dean for Clinical Affairs. Alternate arrangements may be made through a personal physician, the Suffolk County Dental Society, or the Suffolk County Department of health at your own expense. Should an employee change his/her mind at some later date, the vaccination will be offered again at no charge.

3. **Barrier Technique**
Clothing: Individuals directly involved in patient care and management should assume the responsibility for preserving cleanliness and professionalism, which has always been associated with health care delivery. A professional appearance inspires confidence in one’s patients and associates. Clinic coats are required under most circumstances when treating patients in the clinic. Students must rent several clinic coats that will be laundered by the school’s service. Students, faculty and staff must deposit soiled gowns in appropriate laundry bins. Soiled gowns must not be placed in lockers. Clinic coats, which have been worn during treatment of patients in the Dental Clinic, must not be worn outside the immediate vicinity of the School of Dental Medicine. Wearing gowns outside the immediate treatment environment should be avoided. Clinic coats may not be worn while eating meals or in the cafeteria or in technician’s laboratory.

To don a disposable gown:
Place on over clothes and fasten at the neck and waist

To remove disposable gown:
With clean hands, unfasten gown at the neck and waist. Pull gown forward and remove by bringing the clean side outwards over the hands.

Dental health care providers (all clinical faculty, staff, and students) must wear closed shoes and socks/stockings when treating patients in the clinic. Shoes or sneakers without socks/stockings and open toed shoes are not acceptable.

• **Eyewear:**
  DHCP: It is mandatory that DHCP wear protective eyewear when treating patients, to protect their eyes from foreign bodies and contaminants. Since many dental procedures produce projectiles from material such as amalgam restorations or crowns, shatter resistant protective eyewear should be considered. Students should obtain shatterproof eyewear with protective side shields and have them available at all laboratory sessions, as well as during patient treatment in the clinic. Plastic face shields, approved by the Infection Control Committee, must be worn over eyeglasses and loops to protect from splatter. A mask must still be worn with the face shield.

• **Patients:** Protective glasses are required for patients during all procedures that generate airborne particles, splatter or spray. Plastic safety glasses are available for patient use at the Dispensary.

• **Hand washing:** At the beginning of each patient treatment session, it is preferable that all watches, rings, and other jewelry should be removed from the hands and forearms. Any jewelry not removed must be kept from the field of operation and worn under gloves, and cuffs of gowns or clinic coats. Fingernails should be short, clean, and smooth. Fingernails and hands must be washed at the beginning of each treatment session. Hands must always be washed between patient treatment contacts, and before entering and leaving the operatory area, even though gloves have been worn. Special care should be taken to avoid cross-contamination associated with materials not involved in the field of operation, such as the patient care record, pencils, radiographs, amalgamators, etc. These items must not be on treatment counters. *Disposable gloves are mandatory when treating patients.*
Washing hands is the single most important means of preventing the spread of infection. The correct procedure is as follows:
1. Turn the water on
2. Wet hands with running water
3. Dispense antimicrobial soap into hands
4. Wash all surfaces (palms, dorsum, between fingers, thumbs and nail beds) of both hands vigorously under a stream of water for at least 15 seconds.
   a. Position hands so that water drains from the fingertips
   b. Avoid splashing water onto clothing and around the edge of the sink
5. Rinse all surfaces of hands thoroughly
6. Dry hands with paper towel
7. Turn off water (with paper towel if using faucet with hand controls)

Special scrub procedures required by the Department of Oral and Maxillofacial Surgery will be distributed separately.

When available, an alcohol-based disinfectant hand rub may be used in lieu of hand washing, if hands are not visibly soiled. Dispensers are located in each bay. Dispense the hand rub into palm and spread over all surfaces of the hands. Continue rubbing until all of the lotion is worked in.

- **Gloves:** The use of protective gloves during patient contact is mandatory in the Dental Care Center. Hands must be washed as directed (see above) and new gloves must be donned prior to commencement of any clinical procedures. Gloves may not be washed and reused. Vinyl gloves must be worn when mixing certain fixed and removable impression materials.

Contaminated gloves must not come in contact with telephones, charts, clean supplies not intended for use on that patient, or any other surface or item not in use for patient treatment or that may be dirty and contaminate the patient field. Contaminated gloves should be removed prior to contacting any clean surface.

Gloves must be replaced if they become obviously punctured, tacky, torn or contaminated. When gloves are torn, cut or punctured, they must be removed immediately (or as soon as feasible), and hands washed thoroughly and re-gloved, prior to completion of the dental procedure. To properly remove gloves, grasp the edge of the glove cuff and pull the glove inside out over hand. Dispose of used gloves in the garbage, do not place gloves on any work surface (including instrument tray or bracket tray table).

DHCP Exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling dental patient care equipment.

- **Masks:** Face masks and/ or face shields must be worn during all patient contact by any person with symptoms of an upper respiratory infection. When wearing a face shield, a mask is still required.

Many dental procedures generate substantial volumes of microbial contaminated sprays.
It is required that facemasks be worn during all procedures involving the use of hand pieces, air-water sprays, ultrasonic tips, and any other procedure which may generate splatter or aerosol and during surgical procedures. Facemasks must be changed after every patient and whenever they become noticeably wet or soiled.

To don a mask:
Prior to washing your hands, place mask so it covers the nose and mouth (top tie over the ear) with the water repellent side out. Pinch in area around the bridge of the nose to conform to the contours of the nose.

To remove a mask:
Remove with clean hands and discard.

Do not continue to wear mask around the neck after other PPE has been removed.

Students working in areas where dust is generated (e.g. from acrylic or stone casts) should wear protective masks. These are available in the dispensaries and in student laboratories

- **Hair**: All personnel involved in the clinic and laboratory should take steps to assure that no possibility exists of hair coming into contact with equipment or supplies used in patient care or intruding into the field of operation. Beards may be worn, but must be closely trimmed and neat in appearance, and must be fully covered by the protective mask or by a “beard bag” (Students, who choose to maintain beards should recognize their potential for contamination during procedures that generate spray or splatter. If, in the opinion of the faculty, a student’s beard requires protection or interferes with the operating field, the student must wear a surgical beard bag).

Long hair must be secured behind the shoulders. Surgical caps are available to control hair. They must be employed when, in the opinion of the faculty, a student’s hair requires protection or interferes with the operating field.

**B. The Operating Field**

1. **Standard Precautions**

To fully protect the patient and the health care team, it is essential to observe universal infection control procedures. It is not possible to rely on the health history or personal impressions to determine which patients are at risk during dental treatment or who may present risk to the dentist and staff. The only completely safe policy is to treat all patients in the same manner.

State and federal laws and regulations may prohibit the segregation or isolation of certain classes of patients during treatment. It is the responsibility of every student to be aware of these requirements as they apply to dental practice.

2. **Pretreatment Set-Up**
♦ **The Dental Chair:** Prior to the seating of a patient, the dental chair shall be inspected. Dirt or debris shall be removed and the surface disinfected. Buttons on the side of the chair shall be covered with a clear plastic barrier. A clean headrest cover shall be placed on the chair.

♦ **The Computer Monitor, Keyboard, and Mouse:** Place appropriate plastic barriers over the computer keyboard and mouse prior to logging onto the computer. The sterile plastic stylus provided is the only object that should be used on the monitor screens.

*AT NO TIME SHOULD A DHCP TOUCH AN UNCOVERED KEYBOARD OR MOUSE WITH YOUR GLOVED HANDS*

*AT NO TIME SHOULD A DHCP SPRAY THE KEYBOARD OR MOUSE WITH DISINFECTANT*

♦ **High Speed Evacuators, Saliva Ejectors and Air/Water Syringe:** Disposable air/water syringe tips should be placed for each patient. The high-speed evacuator, saliva ejector, and air/water syringe controls should all be covered with the appropriate plastic barrier sleeves.

♦ **The Dental Light:** The light shall be inspected. Dirt or debris shall be removed using a paper towel saturated with disinfectant solution or a disinfectant wipe. The handle of the light on the side of the dentist (and assistant, if present) shall be covered with a clear plastic barrier.

♦ **The Dental Unit:** The unit should be inspected. Dirt or debris shall be removed and the surface wiped with a paper towel saturated with disinfectant solution. Bracket tray shall be covered with one tray cover. The hand piece hanger bar on the side of the unit nearest the student shall be covered with a clear plastic barrier. Knobs shall not be adjusted with contaminated gloves.

♦ **The Mobile Cart:** The mobile cart shall serve primarily as a mobile work surface during the treatment period. The surface shall be cleaned with a paper towel saturated with disinfectant solution or a disinfectant wipe. It shall be completely covered with paper. Cart doors and drawers shall not opened or reached into during clinical procedure or with contaminated gloves. If something from the cart is needed, gloves should be removed, hands washed and then the cart may be opened. Contaminated items (e.g., instruments, working models) must not be placed into the cart. The surfaces of the cart should be free of attachments (no pictures or appliqués are to be place on the student cart).

♦ **Work Surfaces:** Within an operatory, DHCP must select one counter to contain all clean supplies. This clean side will usually be the side of the operatory without the computer monitor and keyboard or the side farthest from the DHCP. No contaminated instruments, gloves or debris may be placed on the clean side of the operatory. Countertops, which are to be used as work surfaces during a treatment session, must be wiped with a paper towel saturated with a disinfectant solution and covered with paper. Contaminated instruments shall not be placed on unprotected countertops. The bracket table tray shall be covered with a single piece of paper and a flat plastic tray cover issued at the dispensary or supply cart.
Authorization to Treat Patient: Prior to receiving a “permission to start” authorization on the clinic computer, students must present a totally cleaned operatory with all hand pieces and instruments sealed in sterilization bags. Faculty must confirm that sterilized hand pieces and instruments are being used.

Water Filtration System: is implemented to reduce the accumulation of bio-film in the tubing supplying water to the high-speed hand piece and air/water syringe. This system is designed to treat water for the filling of independent bottle reservoirs for dental chair side designs. The students/residents will utilize water from the water dispenser that is 50 times lower that the EPA and CDC guidelines of 500 CFU/ML. Water lines are flushed for 2 minutes at the start of each clinic session and for 30 seconds between each patient. The waterline dispensers are located in the following areas:

- GPP Bay A
- Bay F
- Oral Maxillofacial Surgery
- Bay E
- Bay G and H Back Hall
- GPR/Periodontic /Prosthodontic Resident Area
- Faculty Practice

3. Pre-procedural Mouth Rinse

Antimicrobial mouth rinses used by patients prior to dental procedures are intended to reduce the number of microorganisms the patient might release in the form of aerosol or spatter that can subsequently contaminate the DHCP.

4. Operative Technique

Every effort must be made to reduce the possibility of unintended contamination of surfaces and equipment. Isolation of the patient’s saliva and blood are essential. Efforts must be made to reduce the extent of aerosol production by the use of high-speed suction. Debris from removal of dental decay (i.e., infected tooth tissue) shall be removed from the operative field by high-speed suction and slight air pressure, not “blown away” from the field, with air pressure from the air/water syringe. The rubber dam should be used whenever possible. Patients should be discouraged from spitting into sinks or cuspidors – autoclavable funnels are available from the Dispensary if needed. Common sense and good training will provide many other techniques (e.g. cotton roll and saliva ejector), which will reduce the possibility of the spread of infection during dental treatment.

5. Supplies

Contaminated gloves must be removed prior to approaching the Dispensary or a supply cart. Supplies (e.g., temporary crowns and acrylic) in containers should be stored on the counter opposite contaminated instruments (clean side). Any tubes, bottles, etc. placed on a working surface must be disinfected after the procedure. Only one piece of mixing paper should be used at a time, (not a whole pad). When mixing impression materials, the DHCP should not wear contaminated gloves.
6. Records and Radiographs

Paper based patient records and film radiographs must not be touched with contaminated gloves. All necessary radiographs should be placed on the viewer prior to the commencement of treatment and any paper material such as patient charts should be on the uncontaminated counter (clean side). Should it be necessary to reopen the chart or to adjust or retrieve additional radiographs, all contaminated gloves must be removed and hands washed prior to retrieving the chart. If a pencil or pen must be used to record the results of an examination and touching the writing instrument is unavoidable, it is essential to cover the pen or pencil with a plastic barrier prior to contamination. All data should be entered on a disposable worksheet and discarded in a confidential bin later after the information is transferred to the permanent record.

C. Post-treatment Disinfection

♦ The Dental Chair: After dismissing the patient, the plastic barriers must be removed from over the controls and the chair should be wiped with a paper towel saturated with disinfectant solution or hospital grade disinfectant wipe. After the last patient appointment of the day, the chair must be raised to its highest point (this will facilitate cleaning of the floor by the custodial staff).

♦ The Dental Light: After dismissing the patient, the plastic barrier from the light handle should be removed and the handles disinfected. If the lens cover of the light is covered with debris, it should be wiped with a soft tissue saturated with disinfectant solution.

♦ The Computer Monitor, Keyboard, and Mouse: After dismissing the patient, remove plastic barriers and wipe down surfaces with a disinfectant wipe or a paper towel dampened with disinfectant spray.

AT NO TIME SHOULD A DHCP TOUCH AN UNCOVERED KEYBOARD OR MOUSE WITH YOUR GLOVED HAND
AT NO TIME SHOULD A DHCP SPRAY THE KEYBOARD OR MOUSE WITH DISINFECTANT

♦ High Speed Evacuator, Saliva Ejector and Air/Water Syringe: After dismissing the patient, the plastic barriers should be removed, any splatter or debris must be removed and the surfaces sprayed with disinfectant and left wet for ten minutes.

♦ The Dental Unit: After dismissing the patient, the plastic barriers from the side of the dental unit should be removed. Any splatter or debris must be removed and the surface must be wiped with a paper towel saturated with disinfectant solution. Water lines should be run for thirty seconds after removing hand pieces or air/water syringes. The unit should then be shut off.

♦ The Mobile Cart: The surface of the cart must be cleared of debris and wiped with a paper towel saturated with disinfectant solution. When appropriate, the mobile cart must be removed from the clinic and placed in the designated location.
♦ **Work Surfaces:** Any surfaces contaminated during a treatment session must be cleared of debris and wiped with a paper towel saturated with disinfectant solution. The view box lights must be turned off.

♦ **Dental Hand pieces:** Any dental hand piece, which has been or will be used for patient care must be sterilized. Hand pieces used for routine operative procedures on teeth shall be sterilized as follows:

- Flush the water line by running continuously over a sink or paper cup for thirty seconds.
- Scrub the surface of the hand piece vigorously with detergent to remove adherent material.
- Hand pieces shall be lubricated and turned in to sterilizing to be autoclaved.

♦ **Ultrasonic Tips:** Ultrasonic tips must be returned for sterilization. The water line must be flushed by running continuously over a sink or paper cup for thirty seconds. Disposable plastic covers must be used on the ultrasonic handles and disinfected.

♦ **Instrument Tray:** Before returning dirty instrument tray to sterilizing, dispose of all sharps in the appropriate container. All disposable items should be discarded in the trash bin in the cubicle (ex. cotton rolls, gauze, saliva ejectors, tray covers, plastic barriers, etc). Only disposables saturated with bodily fluids go into biohazard waste bins. Segregate all of the instruments before returning them to sterilizing (ex. exam pack instruments together, amalgam pack instruments together, etc.). Instruments, which have not been separated will not be accepted at the sterilizing window. If the sterilizing window is closed, DO NOT leave instruments on the counter. Place all instruments in a clean plastic bag (e.g. tray cover) and store in a secure spot overnight until the sterilization window is open the next day.

♦ **Water Filtration System:** The student/residents are instructed to empty the water bottle the first Friday afternoon at two week intervals. The DCC staff will check to ensure that the water bottles are empty.

D. Spills and Broken Glassware

♦ Contaminated broken glassware should not be picked up by hand, but rather picked up with tongs, forceps, or a brush and dustpan and placed into a sharps container.

♦ Major spills of blood, or other potentially infectious materials, should first be decontaminated with an EPA-approved disinfectant. The spill should then be wiped up and disposed of as bio-hazardous waste. Proper personal protective equipment (gloves, mask, and gown) must be worn while cleaning spills.

E. Garbage

Garbage, debris, paper coverings, and other disposable items must be placed in the correct containers at the completion of each patient visit. In order to comply with all regulations governing the disposal of medical waste within this facility, the following separations must be observed.
♦ **Bio-hazardous Waste (red bin/bag):** Items to be disposed of in red bags include blood or saliva soaked gauze and cotton products, etc. Gloves, masks, disposable gowns, paper products, etc. are NOT to be disposed of in the red biohazard bags.

♦ **Regular Waste:** All non-blood and/or non-saliva soaked items may be disposed of as regular waste. This includes mixing pads, masks, cart coverings, headrest covers and plastic barriers, paper towels from hand washing, tray wrappers and instrument bags, cups and all other waste which is not saturated with blood or saliva. Regular waste bins are located in each cubicle.

♦ **Sharps:** After injection, needles must be recapped with a safe technique. **It is not permissible to recap the needle by holding the cap in the free hand.** This method is associated with a high frequency of needle stick injuries. Needles should be recapped with a hands free technique using the supplied needle-capping device or using a one handed scooping technique. Faculty is available to demonstrate the safe techniques. **In consideration of the significant health hazard associated with needle stick injuries, it is imperative that each DHCP observes safe practices at all times.** At no time are uncapped needles to be left on the instrument tray or in any other location in the treatment area. It is not permitted to clip, bend or break needles. Students, faculty and staff are to remove all needles at chair side holding the capped needle in the recapping device provided and then disposing of them in the chair side sharps container utilizing the appropriate opening in the lid. Reusable recapping devices should be saved and returned with the syringe to sterilization.

Scalpels and knife blades must be handled with care. Blades of scalpels must be held in an instrument during placement or removal on the handles. **Discarded blades must be deposited directly into a sharps container.** At no time may a blade be left loose in the treatment area or on a tray returned for sterilization.

Suture needles must be handled with care. **Discarded needles must be deposited directly into a sharps container.**

Orthodontic wire is to be considered a “sharp”. Discarded wire must be deposited in a sharps container at chair-side.

Used or broken Endodontic files are considered “sharp” and should be disposed of in the sharps container at chairside.

F. **Human Tissue**

Extracted teeth: When disposed, extracted teeth and excised tissue must be blotted with gauze to contain blood. They may be discarded with other biohazard waste in the Clinic. Extracted teeth containing amalgam restorations may not be disposed of in the bio-hazardous waste destined for incineration. Teeth containing amalgam should be placed in the separate container provided in sterilization areas and GPR areas. These teeth will be disinfected and disposed of separately. Soft tissue: Requires disposal in red bags (biohazard container).

G. **Excess Amalgam**

Student/residents, faculty and support staff is instructed to leave excess amalgam scarp on the instrument tray and return to sterilization. The support staff in sterilization removes the
excess amalgam and places it in an appropriate container. Once the container is full the support staff will notify procurement so that the vendor will come and remove the amalgam scrap from the facility.

H. Excess Amalgam in Simulation and Pre-clinical laboratories students, faculty and support staff is instructed to place excess amalgam in the container provided by the vendor. Once the amalgam container is full the support staff will notify the procurement office for the vendor to remove the amalgam scrap from the facility.

G. Infection Control Protocols for Laboratory Procedures

1. Clinical Laboratory Safety Protocols

These protocols are to be used for all patients.

♦ All laboratory procedures involving appliances taken from or tried in a patient’s mouth should be done in the clinic using portable lathes.
♦ Masks and protective eyewear must be worn when performing laboratory procedures that produce aerosols, dust or sprays such as grinding or polishing.
♦ Gloves should be worn when possible when performing laboratory procedures. Students should exert caution when using lathes while wearing gloves. Hand washing is essential before and after using gloves.
♦ Secure long hair and loose fitting clothing when performing laboratory procedures to minimize the potential for cross-contamination and injury.
♦ A clean plastic headrest cover should be used to cover lathe tray each time a laboratory procedure is performed.
♦ All spills should be cleaned up immediately.
♦ All equipment not in use should be properly stored.
♦ When using the portable lathe, it is essential that the following items be obtained from the dispensary:
   * New pumice for each patient.
   * A kit containing a clean tray, polishing mandrel, and rag wheel
   * When finished with procedure, remove contaminated pumice and wheel from lathe
   * Do not use pumice from a pumice pan or disposable wheel already attached to the lathe

2. Disinfection Procedures for Impressions, Casts and Prostheses

Impressions

It is very difficult, if not impossible, to effectively disinfect gypsum casts. Therefore, every impression must be disinfected prior to pouring the gypsum product.

♦ Elastomers: Immediately after removal from the mouth, the impression shall be rinsed under running water to remove blood and saliva, drain of excess water. The impression shall be sprayed (both sides) as soon as possible with a hospital grade disinfectant solution, which shall remain in contact with the impression for 10 minutes. After this period, the impression must be rinsed under running water, excess water drained, wrap in a damp paper towel and placed in a bag (such as a headrest cover) for transportation to laboratory to be poured.
Hydrocolloid (alginate): Immediately after removing from the mouth, the impression shall be rinsed under running water to remove blood and saliva, drain excess water. The impression shall be sprayed (both sides) as soon as possible with a hospital grade disinfectant, which shall remain in contact with the impression for 10 minutes. After this period, the impression should be rinsed under running water, drained of excess water.

All impressions should be placed in a bag (such as a headrest cover) for transportation to the laboratory, where the impression may be poured. Neither the disinfectant solution nor water should be allowed to pool in the impression at any time.

Casts
Since contact with water degrades the surface of gypsum products, these steps should be minimized and every effort should be made to avoid contaminating casts. Should it be necessary to place a contaminated prosthesis on a cast, it will be necessary to disinfect the cast before taking it from the clinical environment. The cast shall be rinsed under running water and sprayed with a hospital grade disinfectant solution, which shall remain in contact with the cast for 10 minutes.

Prostheses
After contamination in the patient’s mouth, the prosthesis must be disinfected. It shall be placed under running water to remove saliva and blood and then sprayed with an EPA registered hospital grade disinfectant solution and allowed to sit for 10 minutes. The appliance or prosthesis is then rinsed with running water and placed in a bag (such as a headrest cover) for transport to the laboratory. These steps shall be taken for all appliances and prostheses as they leave the clinic to go to the dental laboratory.

Prior to polishing prosthesis on the portable lathe in the clinic bays, it shall be disinfected by the method described above. A disposable wheel and fresh abrasive shall be used for each patient’s prosthesis in the clinical setting.

After polishing, the appliance shall be cleaned and disinfected to prevent cross-contamination of the appliance. All prostheses and appliances must be disinfected prior to delivering to the patient.

3. Protocol for Submitting To and Releasing Cases From the Technician’s Laboratory
   a. DHCP are not permitted to enter any laboratory wearing PPE (this includes clinic coats and/or gloves). Only after removing PPE may the DHCP enter the laboratory.

   b. When glazing requires that the DHCP must access the laboratory directly, cases should be transported to the lab on a ceramic peg, placed on one of the provided trays at the laboratory window, and passed through the window. Clinic coats should be removed and hung on coat hook provided in the hallway. After removing clinic coat the DHCP may enter the laboratory, retrieve the case tray from the window and proceed to the glazing oven.
c. When residents or faculty need to have an alginate impression poured, the impression will be disinfected as per protocol and transported in a plastic bag, such as a headrest cover, to the laboratory. The case will be passed through the laboratory window for processing.

d. All cases entering the laboratory, through the laboratory window will be in a plastic bag; this includes disinfected models, impressions, and articulators. They will be passed through the laboratory window only during the designated times the laboratory has established. Twice a day, once in AM and PM, all entering cases will be disinfected by laboratory personnel a second time.

Laboratory Window Hours:
9:45 am - 10:30 am
1:45 pm - 2:30 pm

e. Lab technician, wearing gloves, will remove all contents of the bag. They will spray all models, impressions and articulators, with a hospital grade disinfectant and allow it to then sit for 10 minutes. This will be followed by the case being rinsed under running water and drained. The case will then be put in a laboratory work pan that has been covered with a fresh plastic bag, logged in, and placed into production within the laboratory.

f. All cases in progress, which are released from the laboratory to a student, should be disinfected by the student, prior to delivering it to a patient. The student should spray the prosthesis with disinfectant, let it stand for ten minutes, and then rinse thoroughly with water.

g. All removable prosthesis that are finished and polished in the laboratory will be placed in a sealed plastic bag with disinfectant. The appliance should be rinsed by the student under running water prior to delivery to the patient. After all adjustments have been completed, the student will polish the removable prosthesis as per the portable lathe protocol.

Laboratory receiving area:
The receiving area is a window located in the technicians laboratory. The counter tops and work surfaces should be cleaned and disinfected with a hospital grade disinfectant at least twice a day, once in the AM and once in the PM.

Laboratory production area:
Persons working in the production area must wear a clean uniform or laboratory coat, a facemask, protective eyewear, and disposable gloves. Work surfaces and equipment should be free of debris and disinfected with a hospital grade disinfectant daily. Any instruments, attachments, and materials to be used with new prostheses/appliances should be maintained separately from those to be used with prostheses/appliances that have already been inserted in the mouth. Sterile rag wheels, pumice and trays used on cases, which have been inserted in the mouth (ex. Relines and repairs of dentures) should be changed after each case. A small amount of pumice should be dispensed in a small disposable container for use on each case. The excess should be discarded. A disinfectant solution (ex. 1:20 sodium hypochlorite) can serve as a mixing
medium for the pumice.

Sterile rag wheels, pumice and trays used on newly processed appliances, which have never been placed in the mouth, can be used until all such cases are polished. Brushes and other equipment should be disinfected at least daily.

Lab cases to be sent to outside laboratories will be accompanied by a written note describing the procedure used to disinfect the impression, any stone casts, and any appliances.

4. Radiology (includes any satellite rooms)

Although there is no problem with air borne spray and debris in Radiology, the possibility of transmission of infectious material from saliva and blood still exists. Accordingly, preventive infection control procedures must be adhered to in order to protect the machine operators when taking radiographs and to prevent contamination of the x-ray machines, film processing area and equipment. These measures include:

a) DHCP taking radiographs must wear gloves.

b) To prevent contamination of the x-ray machines and chairs:

   − a clean headrest/chair back cover is to be placed on the chair before each patient is seated
   − clear plastic coverings are to be placed on the KVP and timer controls
   − a plastic barrier is to be placed over the exposure switch
   − a clean plastic bag is to be placed over the tube head and arm
   − a plastic barrier places over sensors

  
c) Instrumentation (film positioning devices, shields, instrument trays, etc.):

   − All film positioning device components (arms, bite-blocks and rings) are autoclaved following use. Upon return from sterilizing, these are placed in containers on the upper shelf of the “clean instrument cart”. Small instrument trays are also kept on this shelf. A pair of tongs is kept on this shelf for picking up the required sterilized components for placement on the instrument tray. Components from the “clean” instrument containers are NOT to be picked up by hand.

   − Following use, the rings of the film positioning devices are to be removed from the arm. The arms (with bite block attached) and the rings are to be placed in the appropriate containers on the “dirty instrument cart” for sterilization; the instrument trays are to be sprayed and wiped down with the hospital grade disinfectant, allowed to stand for 10 minutes and then replaced on the top shelf of the “clean instrument cart”.

   − Sensors should be wiped with a hospital grade disinfectant.

   − Any lead shield used should be wiped down with disinfectant wipe

   − Wipe down chin and headrest positioners for instruments (e.g. panoramic or CBCT).
d) To prevent any contamination of the darkroom and processing equipment:

All intraoral films currently used in the Dental Care Center for patient care are packaged in plastic barrier packets. Following exposure, these film packets are to be placed in a “dirty cup.” Upon completion of taking the radiographs and still wearing gloves, the operator will open the plastic barrier on each film packet and allow the film to drop into the “clean cup.” Following the transfer of all films from the “dirty cup” into the “clean cup”, the operator is to discard the dirty cup, remove the contaminated gloves, and take the “clean cup” with the non-contaminated film into the darkroom for processing. This procedure should prevent any films or other articles contaminated by patient saliva or blood from being introduced into the darkrooms, and thus prevent any contamination of the film processing equipment. Under these conditions, it will not be necessary for people to wear any protective gloves when processing films (Please note that lead from the film packets must be disposed of in the designated container. Do not throw the lead in the garbage).

All used fixer solution should be exposed of according to Environmental Health & Safety and Environmental Protection Agency policy and procedures.

5. Sterilization Room/Clean Room Protocol

Sterilization Procedure:

- Receive all instruments and equipment from students.
- Check that the items returned match the request slip. All personnel must wear utility gloves and appropriate PPE, and eye goggle or face shield when removing any debris (i.e. excess amalgam) and carefully check to make sure sharps are removed at chairsid by student/resident. Sharps (i.e. burs, etc.) are to be disposed of in designated sharps containers. Other items may be disposed of in routine trash.
- Sort all instruments and equipment.
- Place all instruments into an ultrasonic cleaner, then into the rinse/dryer (except high and low speed hand pieces). Sort instruments according to specific sterilization procedures.
- Surgical instruments are wrapped on a surgical tray. Place appropriate instruments into bags for autoclave sterilization (refer to Table I.).
- Add a bio-spore strip into sterilization bag.
- Cold and dry heat sterilized instruments are bagged after sterilization.
- Orthodontic pliers are lubricated and placed in the appropriate sterilizer. Instruments are bagged after sterilization.

- Place in appropriate autoclave (e.g. steam vs. dry heat):
  Sterilization protocol:
  - StatIM® autoclave: 10 minutes at 135°C;
  - Steam autoclave: 30 minutes at 135°C;
  - Cox Dry Heat® autoclave: 6 minutes at 375°C
  - Dentronix® autoclave: 6 minutes at 379°F
Clean Room Procedure:

1. Clean instruments are to be retrieved from the autoclave in the “Clean Room” and distributed accordingly.
2. Instruments and devices that cannot be sterilized in heat (ex. patient safety glasses, instrument trays, gutta percha vials) are to be scrubbed and surface disinfected for 10 minutes with a CDC intermediate-level disinfectant (such as ProPhene®). Items that may be submerged are placed in a CDC high-level disinfectant (such as 2.4% glutaraldehyde) solution for no less than 45 minutes then rinsed and dried. Testing of disinfectant potency is required according to manufacturer’s guidelines and results recorded in a log-book.

Maintaining Autoclave, Ultrasonic Cleaner and Refrigerators

Autoclaves must be tested to ensure that sterilization of instruments has been achieved. The tests are as follows:

1. Computerized Tape: The autoclave is computerized to analyze each cycle. This ensures that proper sterilization cycle has occurred. At the end of each cycle a tape displays if sterility standards were met. These tapes are reviewed and initialed by staff unloading the autoclave and are saved in a log book.
2. Castle Steam Sterilization Integrators®: These strips measure if the proper temperature was maintained in all areas of the chamber throughout a given sterilization cycle. These strips are placed in various areas of the autoclave during each cycle.
3. Attest® spore Test: This test measures if the sterilization process is destroying all spores. The spores are placed in the sterilizer, run through a sterilization cycle, culture activated and then incubated. Spores are checked for growth at twenty-four and forty-eight hours. This test is performed weekly. Results are logged by month and year.
4. Smart Pack® Test: This test assures that the vacuum in the autoclave is properly achieved. This check is performed weekly and results taped into logbook.
5. Cold disinfectant solutions are mixed fresh, dated, and replaced weekly, never exceeding manufacturer’s guidelines. Ultrasonic cleaners contain detergent solutions that must be changed on a daily basis.
6. Refrigerators all refrigerators must have a thermometer to regulate temperature. The temperature should be as follows medication 36°F- 46°F or 2°C-8°C, patient diet 34°F – 40°F or 1.1°C to 4°C, and specimens 36°F – 46°F or 2°C-8°C. If the temperature drops below these levels raise the temperature control. If you have any problems please call 444-2400. The thermometer reading must be taken monthly and noted in the log in front of the refrigerator.

Maintaining Waterlines

The system cartridges are changed on an annual basis and logged on a tracking sheet. The waterline dispensers are located in the following areas:

- GPP Bay A
- Bay F
- Oral Maxillofacial Surgery
Bio-film testing occurs by assessing the water from at least one unit in each bay on a monthly basis. The unit chosen will be on a rotating schedule from unit to unit until all have been tested, at which time the rotation will begin again. The results of the waterline culture will be recorded in a logbook. CFU higher than recommended levels will constitute a failure (> 200 CFU/ml). Failure requires further testing of all units in the bay in question. If additional units show CFU at higher than the recommended level, chemical flushing of the units, with subsequent replacement of waterline tubing and filter, will be completed according to manufacturer’s specifications.

**Disinfectant Solutions**

Disinfectant solutions are prepared and changed according to the manufacturer’s guidelines. The disinfectants utilized must be:

- Surface Spray Disinfectant – EPA registered hospital disinfectant with tuberculocidal claim (CDC intermediate-level disinfectant)
- Immersion Sterilization – FDA registered sterilant/high-level disinfectant (CDC sterilant/high-level disinfectant).

**PPE for Sterilization**

All staff involved with sterilization and disinfection of equipment and instruments must wear appropriate protective wear, including eyewear with solid side shields (and or face shields), gloves, gowns and masks.

**Traffic Patterns**

- At all times the “Central Sterilization Room” (where dirty instruments and equipment are received for sterilization) must be isolated from the “Clean Room”. Staff working in the Central Sterilization Room must not enter the Clean Room without removing all PPE. Personnel must remove all PPE whenever leaving the sterilization area.

- Only authorized personnel are permitted access to the Central Sterilization Room and the Clean Room.
Table I: Sterilization and Disinfection of Dental Instruments, Materials, Common Used Items

<table>
<thead>
<tr>
<th>Instrument, Material, Item</th>
<th>Steam Autoclave</th>
<th>Dry Heat Oven</th>
<th>Hospital Grade Disinfectant</th>
<th>Other methods</th>
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</thead>
<tbody>
<tr>
<td>Burs</td>
<td>XXX</td>
<td>XXX</td>
<td></td>
<td></td>
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<tr>
<td>Dappen dishes</td>
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<td>XXX</td>
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<td>Endodontic Files</td>
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<td>Fluoride trays</td>
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<td>Discard</td>
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<td>Glass Slabs</td>
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<td>Hand Instruments</td>
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<td></td>
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<td>High Speed Hand piece, including attachments</td>
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<td>Prophy Angle</td>
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<td>Impression Trays Metal</td>
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<td></td>
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<tr>
<td>Plastic Impression Trays</td>
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<td></td>
<td>(If not used) Discard</td>
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<td>Plastic Instrument Trays</td>
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<thead>
<tr>
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<th>Hospital Grade Disinfectant</th>
<th>Other methods</th>
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<tr>
<td>Nitrous Oxide Nose Piece and Hoses</td>
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<tr>
<td>Orthodontic Pliers</td>
<td>XXX</td>
<td>XXX</td>
<td></td>
<td>Discard</td>
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<td>Oral Evacuation Tube</td>
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<td>Spatulas (alginate)</td>
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<td>Ultrasonic Scaling tips</td>
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<tr>
<td>Water/ Air Syringe Tips</td>
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<td>X-ray Film Holders (Snap-arrays and Rinn System)</td>
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<td>X-ray Film Holders (Bite-tabs)</td>
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</tbody>
</table>

**Other Equipment**

Composite lights, ultrasonic, electro surgery units, and procedure kits must be wiped clean of all debris, sprayed with disinfectant, and left wet for 10 minutes and place in clean bag.

**Special Environments – Oral Surgery**

The Oral and Maxillofacial Surgery suite contains multiple operatories specifically designed for surgical procedures. Due to the nature of the surgical procedures performed in the OMFS suite, sterility must be maintained. The suite has a full time coordinator, whose responsibilities include assuring infection control. Below are the specific infection control requirements in the OMFS suite:

**Sterile Instruments and Uncontaminated Zones**

All instruments, including hand pieces, must be heat sterilized. Sterile items must be placed in a disinfected zone and opened with gloved hands, preferably in view of the patient.

**Pre-surgical set up**

The assistant is responsible for completely disinfecting the counters, chair, light, and portable table prior to the room’s set-up. Light handles, N₂O/O₂ controls, suction, operatory light switch, and headrest are covered with plastic barriers. New suction tubing is placed for each patient, and the suction bottle is replaced when either half full or at the end of each day. The surgical instrument tray is placed (closed) on the mayo stand. Needles, carpules, sutures, irrigating syringe, and mouth props are added to the set-up. After completing the patient medical history and record, as per OMFS protocol, the patient is seated, radiographs placed on the view box or brought up on the computer screen, and the chart, when present, is set away from surgical field. At this time, the assistant opens all packaged set-ups in a sterile fashion.
The student removes all jewelry and watches, puts on mask and goggles then scrub hands according to OMFS protocol. After rinsing hands, the student dries his/her hands with sterile towels (opened by the assistant), and dons a gown and gloves in a sterile fashion. The student then sets up the instruments. The surgical attending scrubs and dons P.P.E. as above. The surgical procedure is performed. The assistant “floats” between rooms as additional supplies are requested.

**Post-surgical procedure:**

Still gowned and gloved, with the patient in the chair for observation, the student places all sharps (needles, carpules, blades, etc.) in a cup. The contents of the cup are disposed of in the sharps container in the operatory. The entire tray is wrapped in the surgical wrap and brought into the lab. Instruments are placed in the ultrasonic for debridement. Hinged instruments are opened for access. Blood soaked material, such as gauze, is disposed of in the regulated medical waste (red bag garbage). All other waste should be placed in the regular garbage bin. The student removes and disposes of his/her contaminated gloves before leaving the lab. The student returns to the operatory washes his/her hands and takes post-op vitals. The student then re-gloves, examines the surgical site, and places new sterile gauze. The patient is released. The student then removes all plastic barriers and the suction hose. The suction hose will contain blood and should be disposed of in the regulated medical waste (red garbage). The student re-gloves and washes hands prior to leaving the operatory. The attending disposes of all PPE in the same room and washes. The assistant, wearing PPE, cleans and disinfects the room for the next patient.

In the lab, the assistant, wearing heavy rubber gloves, sprays the stainless steel tray, places it on the “reassembly” side of the sink, removes the basket of instruments from the ultrasonic, rinses under running water, empties basket onto a towel, inspects each instrument for cleanliness, sets up surgical trays and post-op packages and wraps trays in surgical wrap. Loose instruments are placed in nyclave bags and placed on cart for sterilization. All protective eyewear, bib chains etc. are soaked for 45 minutes in a hospital grade disinfectant, rinsed, bagged and returned for usage. The assistant disposes of PPE, washes hands, and delivers instrument trays to Central Sterilization to be sterilized.

**Post-op visits:**

In a previously cleaned and barrier-protected room, the assistant seats the patient, drapes the patient, and opens an instrument package. The student, wearing a clinic coat, dons a mask and glasses and then washes hands. The student puts gloves on, examines the patient, and performs any indicated care. The attending dons necessary PPE, washes hands, put gloves on, and examines the patient. The student and attending remove PPE and wash hands. The patient is dismissed. The assistant, wearing full PPE disinfects the room as previously described.

**Under no circumstances may drawers and cabinets be opened while wearing gloves!**

**6. Special Environments – Orthodontics**

♦ **Ortho Carts:** Instruments stored in the cart are sterilized and bagged for clinical use. Dirty pliers are placed in a tray on a dirty instrument cart and sterilized hourly. Instruments will be ultrasonic cleaned, rinsed/dried, lubricated and immediately placed in the sterilizer. Instruments are then bagged. Orthodontic bands are to be removed from the container box.
with sterilized cotton pliers. If they are not used they are sterilized and returned to band container. Opening carts with gloves is strictly forbidden.

♦ **Patient impressions:** Are to be rinsed in running water, sprayed (both sides of the impression!) as soon as possible with a hospital grade disinfectant solution, which shall remain in contact with the impression for 10 minutes. After this period, the impression must be rinsed under running water, drained of excess water, wrapped with a damp paper towel, placed in a bag (such as a headrest cover) for transportation to laboratory and poured.

♦ **Bite registrations:** Are rinsed, sprayed with disinfectant, allowed to sit wet for 10 minutes, and then rinsed again before articulating models and mounting models in the laboratory.

♦ **Contaminated bands:** requiring welding will be rinsed and disinfected before being brought into the lab for welding.

♦ **Food:** No food or beverage is permitted in the clinic or any laboratory.

♦ **Hand pieces:** **Must** be bagged and sterilized.

7. **Special Environments – Biopsy Specimens**

Each biopsy specimen must be put in a rigid, puncture-proof container with a secure lid to prevent leakage during transport. The specimen container should be labeled with the patient’s name (not the lid), doctor’s name, date of procedure and biopsy site. Care must be taken when collecting specimens to avoid contamination of the outside of the container. If the outside of the container is visibly contaminated, it should be disinfected. All biopsy containers should be placed in an impervious bag for transport to the pathology laboratory.

8. **Infection Control Training, Enforcement and Remediation**

1. **Training**

All DHCP will annually have a mandatory infection control training session. In addition to the University “Right to Know” occupational exposure training course, the Infection Control Committee has developed an infection control power point presentation (refer to Section 14.0) describing and demonstrating the ideal preparation and set-up for routine care in the dental clinic. Undergraduate student training will be followed by a quiz to assess the effectiveness of the training. A 90% final grade is required on this test. Failure to achieve this grade will mandate a repeat of the training session. The DHCP will be excluded from clinic activities until a passing grade of 90% is achieved.

In addition, all clinical course outlines contain a statement that students must comply with published infection control guidelines. This will enable course directors, as necessary, to adjust student grades based upon their inadequacies in this area.

2. **Monitoring and Enforcement**
All faculty and staff are responsible for enforcing the infection control policies of the DCC. In addition, the following monitoring activities will occur:

- A clinic staff member is assigned to perform random clinic “walk through” and document non-compliant events.
- A clinic staff member, with an accompanying student representative, performs random student mobile cart inspections once every 2 months.
- A daily formative assessment must be completed after every procedure by student and faculty on adherence to infection control protocol.
- The staff members are to report findings on non-compliance to the Associate Dean for Clinical Affairs and the Director of Clinic Operations.

3. Remediation

a) Students

The Course Director(s) should inform the Clinic Administration of these infractions.

- **First violation** – warning
- **Second violation**– review of infection control video with subsequent passing of quiz (for remediation purposes; a passing grade is 100%)
- **Third violation** – will result in removal from one clinic session, student will be required to assist in sterilization during this clinic session.

If further violations – student will be referred to the Office of Education and then to the Academic Standing Committee for discussion and appropriate action. Clinic privileges will be lost until such time as a decision has been reached by the Committee.

b) Faculty, Staff and Hospital Based Residency Programs

(Chairpersons, Supervisors and Program Directors, respectively, will receive notification of each violation)

- **First violation** – warning
- **Second violation** – remediation
- **Third violation** – the resident will receive a counseling memo/session according to Stony Brook University Human Resource and Labor Relation Protocol
- **Further violations** – Up to three counseling memos/sessions are allowed before the employee is considered for dismissal.

c) SDM Based Post Doctoral Programs

(Program directors will receive notification of each violation)

- **First violation** – warning
- **Second violation** – remediation
• **Third violation** – the resident will be required to develop an original power point presentation, on a topic assigned by the Infection Control Committee, and present this as part of the remediation for dental students, residents, staff and faculty who have had a second infection control violation

• **Further violations** – the resident, accompanied by their Program Director, will be referred to the Postdoctoral Studies Committee for discussion and action

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**PERIODIC INSPECTION/AUDIT SCHEDULE**

<table>
<thead>
<tr>
<th>TYPE OF INSPECTION</th>
<th>FREQUENCY OF INSPECTION</th>
<th>DEPARTMENT CONDUCTING INSPECTION – EH&amp;S</th>
<th>INSPECTION RECORD LOCATION</th>
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</thead>
<tbody>
<tr>
<td>Safety and Facilities Review For Patient Care Areas</td>
<td>Annually</td>
<td>Yes</td>
<td>EH&amp;S</td>
</tr>
<tr>
<td>Radiation Safety</td>
<td>Annually</td>
<td>Yes</td>
<td>EH&amp;S</td>
</tr>
<tr>
<td>Fire and Life Safety</td>
<td>Annually</td>
<td>Yes</td>
<td>EH&amp;S</td>
</tr>
<tr>
<td>Fire Extinguishers</td>
<td>Annually</td>
<td>Yes</td>
<td>EH&amp;S</td>
</tr>
<tr>
<td>Fire Drills</td>
<td>Bi-Annually</td>
<td>Yes</td>
<td>EH&amp;S</td>
</tr>
<tr>
<td>Deluge Shower, Eyewash Testing</td>
<td>Weekly</td>
<td>Yes</td>
<td>At Station</td>
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<tr>
<td>Industrial Hygiene Evaluations</td>
<td>Annually</td>
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<td>EH&amp;S</td>
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<tr>
<td>Accident/Injury/Illness Investigation</td>
<td>As Needed</td>
<td>Yes</td>
<td>Assoc. Dean Clinical Affairs</td>
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<tr>
<td>Waterline testing</td>
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<td>DCC staff</td>
<td>Assoc. Dean Clinical Affairs</td>
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<tr>
<td>Infection Control Program</td>
<td>Ongoing</td>
<td>Quality Assurance Committee</td>
<td>Meeting minutes</td>
</tr>
</tbody>
</table>
Dentistry Infection Control Checklist

Chairs
Cleaning of surfaces. With a hospital grade disinfectant wipe, thoroughly wipe all upholstered surfaces on the patient, operator and assistant chair.

Surfaces
Disinfect surfaces. Use disinfectant wipes and/or paper towel saturated with an appropriate hospital grade disinfectant (do not spray directly on unit surfaces) and wipe all non-upholstered surfaces on the unit controls, air/water syringes, hand piece tubing, cart and other surfaces.

Equipment
Disinfect non-sterilizable equipment. Wipe amalgamators, torches, etc. used for your procedure with a disinfectant wipe or a paper towel wetted with a hospital grade disinfectant.

Barrier Protection
Use appropriate barriers to cover light handles, headrests, saliva ejectors, high-speed evacuators, air/water syringes, computer keyboard and mouse, and other surfaces as appropriate.

Air/Water Line, Syringe & Tip
Flush water through air/water syringe and hand piece lines as described in the Waterline Protocol. This will help reduce the “bio-film” caused by standing water in the lines.

Protective Equipment and Eyewear
Wear personal protective equipment. All clinic staff involved in patient care must wear clinic gowns, masks and eyewear when treating patients or when using disinfectant solutions. Eyewear must include solid side shields on all glasses or a full-face shield. A new mask is used for each patient and placed on prior to hand washing. Gloves should be placed just before touching patient or sterile instruments. Masks and gowns are not to be worn outside the clinic or in the laboratory, cafeteria or restrooms. Disposable gloves are worn outside of cubicle only for transport of dirty instruments. Protective eyewear should be worn for any procedure, which requires reclining the patient in the chair, taking impressions in the seated upright position or possible generation of an aerosol.

Hands, Gloves, Overgloves and Masks
Wash hands prior to donning clean gloves. Gloves must be worn whenever patient is touched. Gloves must be changed whenever reasonable suspicion of cross-contamination exists. Masks must be changed between patients or when they become wet or visibly soiled. Wear over gloves whenever there is a chance of cross-examination of your already gloved and contaminated hands.
**Needles**
Recap needles using the supplied recapping devise or a one handed scoop technique. **DO NOT RECAP NEEDLES USING TWO HANDS.**
Remove needle from syringe utilizing the appropriate opening in the lid of the sharps container. Do not bend or break needles.

**Waste Disposal**
Use a sharps container for proper disposal of syringe needles, suturing needles, anesthetic carpules, scalp blades, orthodontic wires, endodontic files and any sharp items. Dispose of other waste and transport contaminated instruments properly.
Use a biohazard waste bins for disposal of blood or saliva soaked material only.
Use appropriate waste container for scrap amalgam.

**Impressions**
Always disinfect impressions at the operatory with a hospital grade disinfectant prior to bringing them to the student or tech lab.

**Pumice/Rag Wheels**
Disposable, polishing wheels and pumice are available at dispensary for use with portable lathes.

**Food and Drinks**
No food or beverages are allowed in patient care, dispensary, or laboratory areas. No food or drink will be stored in refrigerators, where dental materials are stored.
State University of New York
Stony Brook School of Dental Medicine

Health & Safety
Policy

POLICIES & PROCEDURES
FOR
THE SAFE USE OF IONIZING RADIATION
8.5 Policies and Procedures for the Safe Use of Ionizing Radiation

The primary goal of this policy statement is to establish a consistent standard concerning the diagnostic use of ionizing radiation within the School of Dental Medicine in order to minimize, as much as possible, any potential risks of adverse biological effects to patients, students/residents, faculty, and staff within the School of Dentistry.

I. General Policy Statement

1. The Division Director of Radiology, in the Department of Prosthodontics and Digital Technology, in conjunction with the Radiation Safety Officer, Department of Environmental Health and Safety, division of Radiation Protection Services, Stony Brook University, is responsible for monitoring the compliance and safety measures for the use of ionizing radiation in the Dental Care Center. The Division Director of Radiology is also a member of the University Radiation Protection Committee. The radiation protection program establishes uniform policies and procedures to ensure that all sources of ionizing radiation are stored, used and disposed of in accordance with Federal, State and University regulations. To accomplish this, the program provides:

- Monitoring of personnel and facilities;
- Services to assist users in ensuring that radiation exposure is maintained as low as reasonably achievable (ALARA) within established dose limits.

2. The Department of Oral Biology and Pathology conducts research that involves the use of ionization and radioactive materials. The safe use of ionizing radiation and radioactive materials utilized in a research environment is the responsibility of the principal investigator in conjunction with the Department of Environmental Health and Safety’s Radiation Protection Services Division. Before such activity can commence, the University Radiological Protection Committee must issue a license permit. This authority to grant or deny licensure has been granted via the Board of Trustees under the auspices of the Broad Radioactive Materials License issued by the New York State Bureau of Environmental Radiation Protection.

3. All sources of ionizing radiation within the School of Dental Medicine must be approved and registered with the Office of Environmental Health and Safety, Division of Radiation Protection Services.

II. Physical Plant

Licensure

1. The University Hospital and Health Sciences Center, which includes the School of Dental Medicine, is authorized to procure and use radioactive materials under licenses issued by the New York State Department of Health (NYS/DOH Board Academic and Board Medical
License #455). These licenses are contingent upon the existence of a Radiation Safety Committee and a Radiation Safety Organization. The University Hospital and Health Sciences Center, is subject to periodic inspection to insure that all requirements of the licenses are met. These inspections include monitoring checks of laboratory areas, inspection of procurement and disposition records, records of the qualifications of individual users, and records of administrations to patients. Violations of license requirements can result in a loss of the license.

Safety Features

1. All requests for equipment producing ionizing radiation must be approved by the Radiation Safety Officer. The University Hospital and Health Sciences Center plans and specifications of radiation facilities must be approved by the radiation safety Committees & the University Radiation Safety Officer in the Department of Environmental Health and Safety, Radiation Protection Services Division. The approval of such plans shall not preclude the requirement of additional modifications if subsequent analyses of operating conditions indicate the possibility of an individual receiving a dose in excess of the applicable standards.

2. All radiation facilities and equipment are designed and/or upgraded to minimize radiation exposure to individuals in adjacent rooms or in the vicinity. All rooms containing x-ray machines are provided with appropriate barriers to ensure radiation protection including lead lined walls or doors. The installation of all ionizing radiation equipment is monitored by the Department of Environmental Health and Safety to ensure compliance with New York State Sanitary Code, Chapter 1, Part 16 (Ionizing Radiation) as authorized by Public Health Law, Section 225.

3. To ensure the quality of x-radiation output of each x-ray machine, test exposures (using a Nuclear Associates Dental Quality Control Test Tool®, Model 07-411, or equivalent) are made on a scheduled basis for each intra-oral x-ray unit located in the Radiology Suite. Sticker logs located on the units contain the record of test exposures. Processing solutions are monitored with test films and a log is kept adjacent to the film processor. Processing solutions are changed when the density difference between a test film made with fresh solutions and a test film made after several days of use exceeds the manufacturer’s recommendations.

4. A Quality Assurance Program set forth by the Department of Environmental Health and Safety mandates that all radiographic facilities and equipment be inspected annually by the County Department of Health. The survey includes, but is not necessarily limited to:

- measurement of unit output/dosage parameters for types of images taken;
- collimation;
- determination of linearity;
- determination of actual versus selected kVp;
- safe light function;
- mA calibration;

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- determination of automatic processor operation, including chemical mix, temperature and diagnostic value using a Nuclear Associates Dental Quality Control Test Tool ®, Model 07-411, or equivalent.

III. SELECTION CRITERIA FOR RADIOGRAPHIC EXAMINATIONS

Exposure of patients to ionizing radiation shall be kept to a minimum necessary, consistent with the diagnostic needs of each individual patient.

A. Conventional radiography

Conventional radiographs are obtained through the direct projection of plain radiographic image on a receptor (digital radiographic sensor or radiographic film). Typical conventional radiographs taken at the Dental Care Center include intraoral dental, cephalometric and panoramic dental images.

The number and type of radiographs, as well as the imaged anatomic regions and teeth, shall be determined based on the patient’s clinical history, and extraoral and intraoral examinations of the head and neck, while taking into consideration social concerns and previous exposure to ionizing radiation (e.g., radiation therapy to the head and neck, professional exposure, etc.). The prescription of dental radiographs will not be based on the time elapsed since the last radiographs or on a strictly periodic basis. Dental radiographs will not be prescribed for administrative purposes only.

The current FDA/ADA guidelines (see Section 11 - SDM Standards of Care: Radiology) for prescribing dental radiographs shall guide the selection of the appropriate radiographic survey and frequency of exposure on an individual case basis. The prescription of appropriate radiographs for individual clinical situation shall be left to the professional judgment of faculty supervising individual patients’ treatment. Radiology faculty shall be available to consult in the selection of the most appropriate imaging modality for unusual clinical situations.

B. Advanced imaging modalities

Radiology faculty is available for consultation on the selection of optimal advanced imaging modalities for the clinical situation, including cone-beam CT (CBCT), multi-detector CT (MDCT), MRI, etc. Appropriate referrals shall be made in clinical situations in which an advanced imaging modality other than CBCT is indicated. The advanced radiographic imaging modality currently available at the Dental Care Center is cone-beam computed tomography (CBCT).

The necessity for cone-beam CT (CBCT) imaging and the scanned anatomic regions shall be determined based on the patient’s clinical data and planned treatment procedures. CBCT scans shall be requested in cases in which the sought diagnostic information can not be accurately obtained using lower radiation dose, conventional radiographic imaging modalities. The current recommendations issued by the American Academy of Oral and Maxillofacial Radiology (AAOMR) jointly with other dental specialty organizations (see the SDM Standards of Care: Radiology) shall guide the selection of clinical situations in which the use of CBCT is appropriate and the choice of optimal CBCT imaging parameters. Guidelines for CBCT use in clinical situations not covered by recommendations co-sponsored by the AAOMR are available
in the evidence-based guidelines of the International Association of Dentomaxillofacial Radiology (http://www.sedentext.eu)
Radiology faculty will be available to consult in the choice of optimal imaging parameters for CBCT imaging.

All requests for conventional radiographs and CBCT scans, including the number and type of images/films, or area scanned must be recorded in the electronic patient record and “swiped” by an authorized and licensed dentist. The electronic patient record contains a log of all radiographic images taken for the patient.

IV. CLINICAL PROCEDURES

A. Conventional radiography

General:

1. Planned radiographic examinations consistent with the patient’s individual needs are recorded in the treatment plan. The record must be swiped by the attending clinic floor faculty before radiographs can be taken.

2. The inclusion of radiographic examinations and their justification in the patient’s treatment plan shall be verified in the Radiology Clinic before an operatory is assigned to the student/resident.

3. Taking radiographic images of a patient or any person for training or demonstration purposes is not permitted, unless there is a documented diagnostic need for the exposure, which is authorized by a supervising clinical faculty member.

4. Exposure of a patient to ionizing radiation for taking radiographic images solely for administrative purposes for third parties such as insurance companies or in support of legal proceedings is not permitted. If existing radiographic images are available – these images/films should be duplicated for such purposes.

5. Radiology staff and faculty supervise the application of proper procedures for radiation minimization and infection control in the Radiology Clinic. Attending faculty supervise the application of these procedures for radiographs taken in other clinical areas with installed radiographic units. Departures from proper procedures outlined herein are documented in the student’s axiUm portfolio (form INF) and/or in the student’s daily assessments.

6. Radiology faculty and staff shall assist in taking radiographs through guidance or direct intervention in difficult or unusual clinical circumstances, as required to minimize patient radiation exposure from retaken radiographs. Students are permitted to obtain no more than one retake of any anatomic region for which the required diagnostic information is not demonstrated; the student must seek faculty or staff guidance if more than one retake is required for any anatomic region.

7. All radiographic images are stored in the axiUm/Emago patient record system, either by direct acquisition of the digital image or by scanning images taken on film into the axiUm/Emago system.
8. All radiographs are interpreted by the requesting dental provider in conjunction with clinic floor faculty; radiographic findings, their interpretation and any specialty consultations whose need is determined based on radiographic findings (e.g., Oral Radiology or Oral Pathology consults) are recorded in the patient’s axiUm treatment record. Clinic floor faculty review and “swipe” all radiographic interpretation notes. Students shall obtain all specialty consultations whose need has been determined based on radiographic findings.

9. The University Committee on Human Research must approve dental research projects requiring exposure of human subjects to ionizing radiation. Copies of the proposal and approval shall be available to the Radiation Safety Officer of the School of Dental Medicine and the Associate Dean for Clinical Affairs.

New Patients:

1. Newly accepted patients for the teaching programs shall have an adequate radiographic examination consistent with their clinical findings and dental and medical histories prior to the completion of the record of existing conditions and preparation of their dental treatment plan.

2. An acceptable complete intra-oral radiographic survey shall demonstrate each root apex and supporting periapical bone and each crown, with minimal overlap between proximal crown surfaces (see SDM Standards of Care: Radiology). While guidelines exist for “technically correct” radiographs, retakes should not be made if the required diagnostic information is demonstrated or can be visualized in images of adjacent regions.

3. If recent radiographs are available from a private dentist or other institution, efforts should be made to obtain these radiographs before exposing the patient to additional radiation. If obtained, these radiographs are to be reviewed by the supervising dental faculty member, and only those additional images needed to complete an adequate diagnostic survey shall be taken.

4. For edentulous patients, a panoramic radiograph together with selected periapical and/or occlusal images/films will generally suffice.

5. The radiographic examination for child patients shall be consistent with their developmental age and general clinical indications.

6. Exposure of patients undergoing endodontic treatment for pre-operative, working and post-operative radiographs shall be kept to a minimum consistent with clinical requirements. The limits of exposure in each case shall be determined by the clinical judgment of the supervising faculty member.

7. Patients presenting for emergency dental care will receive only those radiographs needed to provide information relevant to the diagnosis and treatment of the immediate emergency problem.

8. The frequency and extent of periodic radiographic examinations for patients of record in the Dental Care Center (i.e. full mouth surveys, bitewing and panoramic radiographs) shall
be based on the needs of the patient as determined by the supervising faculty member, and consistent with the Guidelines for Prescribing Dental Radiographs as prepared under the sponsorship of the Food and Drug Administration (FDA publication #88-8273), the American Dental Association, and the Academies representing the recognized dental specialties.

9. For Board Examination patients, the need for radiographs shall be established by clinical indications and professional judgment by a faculty member, and consistent with the diagnostic and treatment needs of the patient.

B. Cone-beam CT (CBCT)

B.1. CBCT scans for SDM patients

CBCT scans for patients of the School of Dental Medicine are requested electronically through the axiUm system by the referring dentist (faculty or resident). Predoctoral dental students can not request CBCT scans under their own name; instead, they will work with a faculty or resident assigned to the patient’s case to determine the need for CBCT scan. The scan will then be requested by the supervising faculty or resident.

1. The referring dentist fills out an electronic CBCT request in the patient’s axiUm Electronic Health Record. The form is located under Forms > Create a new Record > Radiology > Cone-Beam CT Request.

   The information provided by the referring dentist is necessary to select the optimal scanning parameters for the patient and the format of the data output CD.

2. A CBCT scans can be scheduled only once a completed request for the procedure exists in the axiUm chart.

   The patient -or referring dentist- may schedule a scanning appointment in person in the Radiology Clinic (Ms. Cheryl Belcher) or by calling 631-632-8796.

After the scanning procedure:

- The scan will be read by a board-certified oral and maxillofacial radiologist (Dr. Dan Colosi), who will prepare a complete radiologic report on the imaged volume. The report will focus on pathology and pertinent information for the treatment planning step for which the scan was requested (as stated in the imaging request form).

- The radiologic report will be uploaded to the patient’s Electronic Health Record under Attachments > Imaging reports.

- A CD with the patient’s scan data will be available in Radiology for pickup by the referring dentist (faculty or resident) within 24 hours. The CD will contain the CBCT data in DICOM or SimPlant format, as indicated on the request form.

- The referring practitioner is responsible for reviewing the radiologic report for the referred patient and to document this fact in the patient’s progress notes using the axiUm code D0360.1 or D0361.1.

B.2. CBCT scans for Faculty Practice patients
CBCT scans for Faculty Practice patients are scheduled through the axiUm system of the School of Dental Medicine.

1. The referring faculty will fill out a paper request for CBCT imaging. The appropriate form is available at the Faculty Practice front desk (Ms. Laura Santos). The information provided by the referring dentist is necessary to select the optimal scanning parameters for the patient, as well as the format of the data output CD.

2. With the CBCT request, the patient can make a scanning appointment by calling 631-632-8796 or in person in the Radiology Clinic (Ms. Cheryl Belcher).

The CBCT scans can be performed only once the Radiology Clinic receives an appropriate request for the procedure signed by the patient’s faculty practitioner.

After the scanning procedure:

- The scan will be read by a board-certified oral and maxillofacial radiologist (Dr. Dan Colosi), who will prepare a complete radiologic report on the imaged volume. The report will focus on pathology and pertinent information for the treatment planning step for which the scan was requested (as stated in the imaging request form). The report will be located in a dedicated secure folder located at S:\Faculty Practice Reports, usually within 48 hours after the scan. Faculty Practice staff will upload the CBCT report to the Faculty Practice axiUm patient database.

- A CD containing the patient’s scan data will be forwarded to Faculty Practice usually within 24 hours of the scan.

- The CD will contain CBCT data in DICOM or SimPlant format, as specified on the request form. DICOM files are compatible with third party software, including Anatomage in vivo, Dolphin 3D, etc.
B.3. CBCT scans for patients referred by outside practitioners

CBCT scans for patients referred by outside practitioners are scheduled through the axiUm system of the School of Dental Medicine. Patients referred from outside practitioners will be registered as School of Dental Medicine patients prior to performing the CBCT scan.

1. The referring practitioner will fill out and sign a paper request for CBCT imaging. The appropriate form can be faxed or mailed to the referring dental office or it can be downloaded from the School of Dental Medicine’s website (internet address TBD). The information provided by the referring dentist is used to select the optimal scanning parameters for the patient, as well as the format of the data output CD.

2. With the CBCT request, the patient can make a scanning appointment by calling 631-632-8796 or in person in the Radiology Clinic.

3. At the time of the appointment, the patient will bring the CBCT request or ensure that it is faxed in advance to the attention of Ms. Cheryl Belcher at 631-632-9302. The CBCT scans can be performed only once the Radiology receives an appropriate request for the procedure signed by the patient’s practitioner.

After the scanning procedure:

- The scan will be read by a board-certified oral and maxillofacial radiologist, who will prepare a complete radiologic report on the imaged volume. The report will focus on pathology and pertinent information for the treatment planning step for which the scan was requested (as stated in the imaging request form). The report will be located in the patient’s Electronic Health Record under Attachments > Imaging reports usually within 24-48 hours after the scan.

- A copy of the CBCT report will be faxed and mailed to the referring practitioner’s office together with the CD containing the CBCT study formatted according to the CBCT request.

- The scan CD will be created in DICOM or SimPlant format, as indicated on the request form. DICOM files are compatible with specialized third party software, including InVivo, Dolphin 3D, etc.

V. EXPOSURE PROCEDURES

During exposure of patients to x-radiation for diagnostic dental radiographs, all operators must follow the Dental Care Center Infection Control Procedures, as applicable to Radiology, prescribed exposure techniques, and appropriate radiation safety procedures.

Patients:
During exposure to ionizing radiation, patients must wear a "protective device" in compliance with Title VIII of the New York State Education Law, Article 133, Section 6611, Subdivision 7, as amended in January, 1979, as follows:

Any dentist or dental hygienist, who in the performance of dental services, x-rays the mouth or teeth of a patient shall during the performance of such x-rays shield the torso area of such patient including but not limited to the gonads and other reproductive organs with a lead apron or other similar protective garment or device.

In addition, a thyroid collar shall be used if it does not interfere with the imaging procedure.

The patient record and past radiographs, if legacy records exist, should accompany each patient so that requested radiographs can be placed in context and the finished radiographs can be recorded and interpreted.

X-ray unit operators:

All persons operating x-ray equipment shall stand behind the lead lined door, or partition, provided for each x-ray machine, during the exposure cycle.

No operator is permitted to hold the patient’s imaging device during exposure. When assistance is required for children or patients with disabilities, physical supports should be used when possible to assist in immobilizing patients. When auxiliary support is necessary:

- No person shall be used routinely to hold the imaging device for patients.
- No person known to be pregnant or who may be pregnant is permitted to assist in exposure.
- The individual ("human holder") should be positioned such that the useful beam will strike no part of the body not protected by a lead apron (or equivalent); the “human holder” should wear a protective lead apron and gloves.
- A record shall be made of the examination in the electronic patient record to include the name of the “human holder,” date of examination, number of exposures and technique utilized for the exposure(s).
- Such holding shall be permitted only in very unusual and rare situations. The specific reason a “human holder” was necessary should be documented in the electronic patient record.
- The CBCT unit is operated by a licensed radiologic technologist trained in the optimal operation of the equipment, or, in her (his) absence, only by Radiology faculty who are trained in its operation.

X-ray emitting units:

A. Wall-mounted radiography units

All conventional radiography units are equipped with lead-lined, open-ended lead cylinders that limit the beam size at the patient’s face to an area not more than 2.75 inches in diameter, and with the required 2.5 mm of (equivalent) aluminum filtration. In addition to the on/off
switch installed on each machine by the manufacturer, a secondary key-operated switch has been installed on some machines to prevent unauthorized use of ionizing radiation when faculty and/or staff are not present. The exposure control switch shall require continuous pressure by the operator to complete the circuit.

A short cone (8 inches) is to be used for routine radiographs in conjunction with positioning devices and the paralleling technique.

A short cone is to be utilized with the bisecting angle technique. When using this technique, digital retention of the imaging sensor by patients or operators is to be avoided. Bite-block sensor/film holders are to be used for this technique where possible.

All digital panoramic and cephalometric units are to be operated only in accordance with their manufacturers’ recommendations.

**B. Handheld radiographic unit:**

1. Handheld dental radiographic units (Nomad™) shall not be used for routine dental imaging. Use of the handheld unit is restricted to exceptional circumstances, to obtain radiographs that can not be otherwise obtained using wall-mounted units, if such radiographs are required for patient care (e.g., bedridden patients).
2. Any user of a handheld radiographic unit must be trained by Radiology faculty before first use.
3. Imaging with the handheld unit shall be performed under direct faculty supervision.
4. The handheld unit is securely stored in the Radiology Clinic and can be signed out by trained faculty, or trained residents under faculty supervision.
5. Personnel using the handheld unit must wear a radiation-monitoring badge at all times during use.
6. The Nomad unit will always be used with the scatter shield in place. This is mandatory.
7. Both operator and patient must wear leaded aprons during use of the handheld unit.
8. After use, the handheld unit will be returned as soon as possible to the Radiology Clinic and it will be checked in with the Radiology attendant.

**C. Cone-beam CT**

1. A cone-beam CT (CBCT) unit with flat panel x-ray receptor, adjustable collimation and adjustable number of primary images is available for three-dimensional diagnosis and treatment planning.
2. The CBCT scanner is located in the Radiology Suite in an enclosed room, shielded according to the regulations of the State of New York.
3. The CBCT scanner is certified periodically by the Suffolk County Department of Health.
4. The CBCT unit is operated by a licensed radiologic technologist trained in the optimal operation of the equipment, or, in her (his) absence, only by Radiology faculty who are trained in its operation.

**Imaging Media:**
The primary methods for capturing images in the Radiology Clinic’s electronic environment are digital intraoral sensors, phosphor plates, digital panoramic and cephalometric machines, and cone-beam computed tomography (CBCT) scanner.

A. Intra-oral radiographs

♦ Digital Imaging

1. Intraoral digital sensors are available in size 0, 1, and 2.
2. Phosphor plates are available in size 0 and 2.
3. Both sensors and phosphor plates interface with the axiUm/Emago systems.

♦ In the event a digital image cannot be obtained (e.g. in the rare event of a computer network malfunction), radiographic dental film may be used.

1. For general use, ANSI Speed Group F film (Kodak Insight Dental Film) is used for reduced exposure; film sizes available are 0, 1, 2, and occlusal.
2. ANSI Speed Group D film is available for special conditions requiring a high contrast or fine detail. Use of D-speed dental x-ray film must be noted in the patient record.

NOTE: For infection control purposes, sensors and phosphor plates are placed in barrier packets prior to patient use. Intra-oral films sizes 0, 1 and 2 are in barrier packets (Kodak ClinAsept Barrier) and occlusal films are placed in plastic envelopes.

B. Extraoral radiographs

♦ Digital Radiography is used for Panoramic and Cephalometric imaging and acquired images are stored in the axiUm/Emago system.

♦ Green-sensitive films, designed for use with rare earth screens (Kodak LANEX screens) for reduced patient exposure are available for use on all cephalometric (Kodak T-MAT L film) radiographs in the rare event of a computer network malfunction when the acquisition of such images cannot be temporized.

VI. AUTHORIZATION PROTOCOL

All requests for radiographic examinations (which must specify both the number and type of images) and cone-beam CT studies must be indicated in the electronic patient record, and “swiped” by the requestor, who must be authorized to prescribe radiographs or cone-beam CT studies. Chapter I of the New York State Sanitary Code, Section 16.19, states (in part):

“…No person other than a professional practitioner shall direct or order the application of radiation to a human being; nor shall any person other than a professional practitioner, or a person working under the direction or order of a practitioner apply radiation to a human being.”

Title VIII, Article 130 Subarticle 1 (Introductory Summary) of the New York State Education Law defines the criteria for a person to practice a profession in New York State:
“…Admission to practice of a profession in this state is accomplished by a license being issued to a qualified applicant by the education department.”

Title VIII, Article 133 (Dentistry and Dental Hygiene) of this law defines the qualifications for licensure as a dentist (Sections 6601-6604), a dental hygienist (Sections 6607-6609) and certified dental assistant (Sections 6608, 6608a and 6608b). This article also defines the criteria for a limited permit for persons who meet the educational qualifications for admission to the licensing examination in dentistry for employment in a hospital or dental facility (Section 6605). Accordingly, authorized “swipes” for requests for radiographs for patients being treated by persons in the various programs in the School of Dental Medicine are as follows:

♦ Requests for radiographs for persons being treated by students/residents must be “swiped” by a faculty member supervising the student in the delivery of dental care for the patient at the time of making the request.

♦ Residents enrolled in the Advanced Education Programs in Endodontics, Orthodontics, or Periodontics are classified as “students” on the roles of the University, and do not function as a “professional practitioner” (even though they have a DDS/DMD degree, and may, or may not have a New York State license or limited permit) while participating in these programs. Accordingly, all requests for radiographs made by residents enrolled in these programs must be authorized by a supervising faculty member (See Section 16.19 of the New York Sanitary Code above).

♦ Residents and Fellows in the GPR, DCDD, and OMFS programs, respectively, are trainees and do not function as independent professional practitioners when providing dental care to patients in these programs, but are receiving advanced training in these clinical disciplines under the supervision of program faculty. Therefore, they do not qualify under Section 16.19 of the New York Sanitary Code to “… order the application of radiation to a human being.”

Persons authorized to expose human beings to ionizing radiation include:

♦ SDM Faculty: Faculty members holding a DDS/DMD degree, and who are licensed (regular or limited permit) to practice in New York State can take any intra-oral or extra oral radiograph in the the course of their teaching duties;

♦ Dental assistants: Dental Care Center staff personnel whose official title is dental assistant can take the following radiographs under supervision of a dentist who holds a New York State license to practice dentistry, or a limited permit for instructing in dentistry:
  1. all intra-oral images (peri-apical, bitewing, and occlusal films);
  2. extra-oral images limited to panoramic films only.

♦ Dental hygienists: Dental Care Center staff personnel whose official title is dental hygienist may place and expose sensors/films, if under the general supervision of a licensed dentist. Note that there is no restriction on the type of radiographs a dental hygienist is permitted to take (Part 61, Section 61.9, Regulations of the Commissioner of Education).
Students: Section 6610 of Article 133 of Title VIII of the Education Law, entitled “Exempt Persons” states:

“Nothing in this article shall be construed to affect or prevent: … A student from engaging in clinical practice as part of a registered program operated by a school of dentistry under supervision of a dentist holding a license, or limited permit for instructing in dentistry in a school of dentistry.”

This exempt status applies to persons enrolled in the dental education programs in the School of Dental Medicine.

VII. QUALITY CONTROL

I. Conventional Radiography
A. Density and Contrast of Images

The density and contrast of the images or exposed and processed films are dependent on:

- the amount of radiation used to expose the sensor/film
- the density and size of the imaged tissues
- the film processing procedures (i.e. time and temperature) for emulsion films
- the quality of the film processing solutions, for emulsion films

Exposure factors guidelines for digital radiography of the average patient are posted (in number of impulses) above the control panel of each intraoral x-ray unit. The posted values shall be adjusted as dictated by clinical situations that vary from the average (e.g., children or large adult patients).

If a density difference exists between images made with appropriate exposure factors on different machines, or between the last two test images made using the same x-ray machine, the output of these machines will be calibrated and posted exposure factors are revised accordingly, to ensure consistency of radiation output for all x-ray units.

In rare situations in which intraoral radiographic film must be used (e.g. temporary computer failure), the exposure factors will be adjusted accordingly and standard procedures for the processing of exposed films will be implemented under the guidance of Radiology faculty and clinic attendants.

B. Technical and Diagnostic Quality of Radiographic Images

All dental students/residents and other participants in the various educational programs in the School of Dental Medicine shall apply the criteria for technically optimal radiographs, as outlined in the SDM Standards of Care: Radiology. A summary of these criteria, including desired anatomic coverage and expected image quality, is accessible from all clinic computers for reference. Radiology faculty or dental assistants shall review all images taken by dental students/residents for adequate anatomic coverage and image content, before the patient is released from Radiology.

If the images meet the technical quality criteria or reliably demonstrate the sought diagnostic information, the images are considered to be of diagnostic value, and no retake is necessary.

When retakes are found necessary, the student/resident is permitted a maximum of one retake per imaged area before direct intervention by a faculty member or qualified dental assistant is required.
C. Processing, Mounting, Storage, and Viewing

- All images taken with digital and radiographic film technology will be digitally mounted in the Emago system.
- The Emago system allows the retrieval and viewing of stored images on computers located in the clinical areas.
- Radiographs should be taken using optimal exposure factors, so that no or only minimal digital adjustment of the image quality will be necessary for diagnostic evaluation.
- The dimly lit radiographic viewing area located in the Radiology Clinic may be used for the diagnostic evaluation of radiographs.

II. Cone-beam CT

- The radiologic technologist performs weekly, monthly and annual quality assurance procedures of the CBCT unit, as specified in the manufacturer’s user manual. The results of each QA procedure are recorded using the scanner’s software (i-CAT VisionQ).
- Maintenance inspections of the CBCT equipment by the manufacturing company shall be performed and recorded according to the manufacturer’s recommendations.
- All CBCT studies are recorded using the i-CAT VisionQ software and backed up daily on a secure, HIPAA-compliant network server.

VIII. RADIATION MONITORING

1. All persons who routinely use x-ray equipment or work with ionizing radiation regularly wear radiation-monitoring badges. If an apron is worn, the badge should be worn at the collar, outside the apron. If a badge is lost or damaged, the Radiology Clinic Coordinator must be notified so that it can be replaced as soon as possible.

2. The radiation-monitoring badge shall not be stored in an ionizing radiation area, to prevent non-meaningful exposure.

3. The Radiology Clinic Coordinator submits all monitoring badges to the Department of Environmental Health and Safety, Division of Radiation Protection Services every other month for evaluation of radiation exposure. The Division Radiation Safety Officer will examine all exposures exceeding 10% of the maximum permissible doses. The maximum permissible exposure limits are as follows:

<table>
<thead>
<tr>
<th>Radiation Type</th>
<th>Maximum Permissible Exposure Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Effective Dose Equivalent (TEDE)</td>
<td>5 rem/yr</td>
</tr>
<tr>
<td>Total Organ Dose Equivalent</td>
<td>50 rem/yr</td>
</tr>
<tr>
<td>Dose Equivalent for Lens of the eye</td>
<td>15 rem/yr</td>
</tr>
<tr>
<td>Extremities Dose Equivalent</td>
<td>50 rem/yr</td>
</tr>
<tr>
<td>Shallow Dose Equivalent to skin</td>
<td>50 rem/yr</td>
</tr>
</tbody>
</table>
4. Annual reports for individual occupational exposure records are furnished under the provisions of the New York State Sanitary Code Chapter 1, part 16. These reports are prepared through the Department of Environmental Health and Safety by Landauer®.

5. The Department of Environmental Health and Safety, Division of Radiation Protection Services reviews all exposure records. All records are kept on file by the Radiation Protection Services Division. As stated previously, the University Radiation Safety Office will investigate all exposures exceeding 10% of the maximum permissible exposure limit.

**Record of patient exposure to ionizing radiation**

In order to ensure the correct recording of the request for radiographs in the electronic patient record, and the quality control checks, the patient record must first be presented to the faculty or staff member assigned to Radiology before any student/resident may expose any patient to ionizing radiation.

If radiographs are taken in the general clinic area, it is the responsibility of the supervising faculty member to check for compliance with this policy.

The axiUm electronic patient record contains all of the information relating to a patient’s exposure to ionizing radiation in the form of codes for all completed radiographic imaging procedures, including conventional intraoral and extraoral radiographs and CBCT scans. All conventional radiographic exposures and CBCT studies are recorded in the Emago and i-CAT VisionQ softwares, respectively.

**Note:** A record is also maintained in the Radiology Suite (Radiology Daily Activity Report) which contains the following information relative to daily activity in this area:

- person taking the radiographs
- type and number of images/films taken
- patient name and chart number

This record provides a crosscheck with patient charts to document patient exposure to ionizing radiation.

**IX. METHOD OF MAINTAINING RADIOGRAPHIC IMAGES**

Records of digital radiographs shall be maintained electronically in the axiUm/Emago system. The electronic patient record reflects the date the image was taken, name of authorized person requesting the radiograph, total number of images/films taken and confirmation of interpretation for clinical findings.

The following applies, should radiographic film be used: Full mouth radiographic film series are mounted in a 20 film, opaque pocket film mount for optimal viewing conditions. Periapical or bitewing films that are not part of a full mouth survey are to be mounted in a four pocket serial mount and each film dated; films taken on more than one date may be mounted sequentially in these serial mounts. These film mounts are kept in a pocket of the patient chart folder. No loose films are ever to be placed in the patient’s charts. All films taken for diagnostic purposes are to be completely fixed, whether they were processed in an automatic
film processor, or by the time/temperature method in the dip tank. This will ensure no or minimal tarnishing, discoloration or darkening of these films over time. CBCT volumes are stored on the acquisition computer directly connected to the scanner and are backed up nightly to a secure HIPAA-compliant Stony Brook University network server. CBCT studies are made available to referring practitioners on CDs.

X. RADIOLOGY INFECTION CONTROL

All infection control procedures as outlined in the Policies and Procedures Manual of the Dental Care Center shall be used during the imaging with sensors/films, during cone-beam CT scanning and during the processing of radiographic films.

These measures include:

1. Personnel taking radiographs must wear gloves.

2. To prevent contamination of the x-ray machines and chairs:
   - a clean headrest/chair back cover is to be placed on the chair before each patient is seated;
   - clear plastic coverings are to be placed on the kVp and timer controls;
   - a plastic cover is to be placed over the exposure switch;
   - a clean plastic bag is to be placed over the tube head and arm

3. Instrumentation (sensors, film positioning devices, and instrument trays)
   - All sensors and phosphor plates are placed in barrier packets prior to patient use.
   - Intra-oral films sizes 0, 1 and 2 are in barrier packets (Kodak ClinAsept Barrier) and occlusal films are placed in plastic envelopes.
   - These coverings are removed and discarded on completion of the imaging procedure.
   - All film positioning device components (arms, bite-blocks and rings) are autoclaved following use, except for disposable bite blocks, which are discarded.
   - Shielding devices and any patient positioning devices on radiographic equipment (if used) are disinfected after use.

4. To prevent any contamination of the darkroom and processing equipment:
   All intra-oral films currently used in the Dental Care Center are packaged in plastic barrier packets. Following exposure, these film packets are to be placed in a “dirty” cup. Upon completion of taking the radiographs and still wearing gloves, the operator will open the plastic barrier on each film packet and allow the film to drop into the “clean” cup. Following the transfer of all films from the “dirty” cup into the “clean” cup, the operator is to discard the “dirty” cup, remove the contaminated gloves, and take the “clean” cup with the non-contaminated film into the darkroom for processing. This procedure should prevent any films or other articles contaminated by patient saliva or blood from being introduced into the darkrooms, and thus prevent any contamination of the film processing equipment. Under these conditions, it will not be necessary to wear protective gloves when processing films. (Please note that lead sheet from the film packets must be disposed of in the designated container for recycling. Do not throw the lead foil in the garbage.)
5. Departures from prescribed infection and radiation control procedures shall be noted individually in the AxiUm® system (form INF) or in the daily evaluation sheet of pre-doctoral students. Students or residents who repeatedly or gravely depart from these policies shall meet with the Director of Radiology, who may refer the student to the Associate Dean for Clinical Affairs for counseling.

Stony Brook University policies and procedures for the safe use of ionizing radiation may be found on the Stony Brook University Environmental Health and Safety website:

www.stonybrook.edu/facilities/ehs/policy/index.shtml
State University of New York
Stony Brook School of Dental Medicine

Health & Safety
Policy

POLICIES & PROCEDURES
FOR
THE SAFE USE OF LASERS
8.6 POLICIES AND PROCEDURES FOR THE SAFE USE OF LASERS

This document intended to act as a policy for the safe use of Laser equipment at the University of Stony Brook, School of Dental Medicine (SDM).

I. Policy

A. This policy has been established for the safe and effective use of dental lasers and to protect faculty/student/resident/staff in areas, where lasers are used within the rooms of the SDM. The lasers covered in this section shall include those lasers and laser systems, commonly referred to as a Health Care Laser System, used in health care or treatment applications. In general, these lasers are surgical lasers and laser systems that are considered Class 4 lasers, with a few exceptions at the higher output Class 3b level. Lower powered alignment lasers (Class 2 and 3a) are also included in this policy because, during normal use, pose an eye or skin hazard to patients or staff members.

B. All healthcare providers using lasers at the Stony Brook University School of Dental Medicine must successfully complete the privileging process.

C. Personnel/resident/students must be aware of policies and recommendations for the safe use of dental lasers. This policy cites several other related policies that must also be followed. Healthcare providers must use lasers for their intended purpose. A copy of the manufacturer’s manual for the proper operation of a particular laser is available in the location, where the laser is used as well as with the, Department of Environmental Health and Safety (EH&S) and the Office of Clinical Administration.

Note: All providers using dental lasers on patients must obtain consent for any protocol, as listed in the policy of the School of Dental Medicine at the Stony Brook University.

Note: Additional information on the safe use of lasers is available on the Stony Brook University, Department of Environmental Health & Safety.

II. Credentialing

All faculty, staff and student/residents using dental lasers must be credentialed by the Laser Safety Officer reviewed by the Office of Clinical Affairs.

III. Laser Safety Officer (LSO)

A. Purpose of the officer:
   1. The purpose of the LSO is to maintain a high level of safety for the medical use of dental lasers. The scope of authority includes performing safety surveys, providing staff training, verifying the proper use of personal protective equipment (PPE) during laser procedures, ensuring compliance with standards and regulations, and investigation of incidents involving lasers.
   2. The LSO will provide assistance to the departmental representative for the review of information gathered for the privileging of new faculty and those applying for re-credentialing, if necessary, and report to the department chair and the Office of Clinical Affairs.
3. Laser Safety Officers:
   a. The LSO shall review annually the safety policies and procedures established for the use of lasers in their area. This review will be reported at the CQIC meetings.
   b. The LSO has the authority to suspend, restrict, or terminate the operation of a laser system if the laser hazard controls are found to be inadequate, there is an immediate hazard to the patient or staff, or the LSO determines that the faculty is not credentialed for the use of a laser.
   c. The LSO or EH&S shall conduct safety surveys annually for each laser system where they are used to document compliance with standards and good workplace practices. The LSO shall report to the Clinic Administration the results of the safety surveys. In addition, a listing of the personnel who are responsible for the control of a laser equipment.
   d. All laser incidents involving patients must be reported immediately to the Associate Dean for Clinical Affairs and/or designee. The Office of Clinical Affairs will enter the incident in the CQIC data base for review by the CQIC Committee. The laser equipment and all ancillary laser supply is to be taken out of service and secured in a safe location by the involved staff for examination as specified by the Office of Clinical Affairs.
   e. Laser injuries to staff shall be reported to the immediate supervisor, an incident form filled out and appropriate University employee accident form filled out if required.
   f. All equipment is checked by the LSO in conjunction with the Dept. of Environmental Health and Safety.
   g. The Dept. of Environmental Health and Safety shall check all SDM lasers at a frequency determined by the Department. All lasers shall be inspected before use.

IV. Documentation of Laser Usage:
   a. The LSO must obtain and maintain records of laser use for the providers. The minimum documentation for laser use shall include:
      1. The patient’s medical record number
      2. The procedure and date
      3. The type of laser used
      4. The wavelength
      5. The power setting
      6. The approximate energy delivered. [This information is to include whether the laser was operated as continuous, pulsed, or Q-Switched and, based on the laser used, the repetition rate or number of hits.]
      7. Any other pertinent information
      8. The provider’s status in the procedure (supervising, assisting, etc.).
   b. The documentation will be retained in the Office of Clinical Affairs. All documents shall include (i.e., training, use of the laser) supporting a provider’s experience and providers credentials for the use of laser equipment.
   c. The LSO in conjunction with the Associate Dean of Clinical Affairs shall review laser-credentialing for all providers to determine the suitability for obtaining laser privileges.
V. Responsibilities of Laser Operator and Providers
A. The use of lasers in some applications (e.g. Periodontology) may permit a single person to be the laser operator and the provider.

B. The credentialed laser operator (attending, dental hygienist, surgical technologist, laser technician) must maintain the safe use of a laser throughout a procedure. The laser operator must suspend, restrict, or terminate the operation of a laser system when laser hazard controls are inadequate.

C. The credentialed laser operator shall:
1. Confirm the attending holds laser privileges.
2. Confirm consent for the procedure is present in the record and complete.
3. Attach a sign on the door to the treatment room stating the personal protective equipment required.
4. Check the laser operation prior to surgery to ensure that the laser is operating properly.
5. Confirm that everyone in the room has the required personal protective equipment and that all safety precautions have been taken.
6. Turn the laser on, calibrate/focus the laser, set power levels and change modes, as the provider requires.
7. When needed, confirm that the suction is operational and used to minimize potential airborne exposures of particulates to personnel.
8. Maintain the laser in the pause or standby mode when not in use, if the door to the room is opened, or if a procedural problem is encountered.
9. Maintain the laser log and the laser procedure record. A copy of the laser procedure record is to be placed with the patient chart.
10. Return the laser key to safekeeping.
11. Report injuries to patients and staff as listed in Section III-d.

VI. Safety Policies
A. Laser Operation:
1. A key is required for the operation of a medical/dental laser. The key must be removed from the laser and secured between patients. The key shall be secured by removing the key from the laser and placing it in a lock box or another location separated from the laser.
2. During laser start up and operations, the laser will be placed in stand-by except for calibration, adjustments, or for use by the attending.
3. If the laser is operated by a foot pedal, the attending shall have no other foot operated device being used simultaneously with the laser device when the laser is in use.

B. Laser Hazards
1. Medical care lasers are high power lasers that can present electrical shock hazard to personnel. Should one experience a shock or note that the unit has a frayed cord, the laser is to be taken out of service and is sent out for repair and the LSO is to be notified of the problem.
2. To protect personnel in other locations from stray laser radiation that may cause eye or skin exposures, all windows are to be covered with appropriate material (to avoid reflections) during use unless the LSO provides a special exemption based on the laser used. Contact the LSO for assistance in the selection of this material and any exemption determination.
3. Flammable agents may ignite during laser use. A laser shall not be used in the presence of an oxygen-enriched atmosphere or flammable or explosive agents (i.e., anesthetics, prep solutions, drying agents, blow-by-oxygen, etc.).
4. All patient drapes must be fire resistant.
5. A pan of sterile saline or water, or other suitable alternative, shall be maintained in close proximity in the event the laser ignites a combustible item. Other applicable fire safety precautions must be observed.
6. Particulate material is often released when lasers are used. A smoke evacuator or in-line filter must be used for procedures where particulate material may be released, to reduce or prevent inhalation of particulates that may contain viable organisms.

C. Signs
1. All doors entering rooms for laser surgery shall be posted with a sign conforming to the American National Standard Institute (ANSI) 136.3 guidelines. Contact the LSO for assistance.
2. All signs must be posted prior to the operation of the laser.
3. The signs shall also state the personal protective equipment that will be required for personnel entering the laser surgery rooms.

D. Personal Protective Equipment (PPE)
1. All personal protective equipment (PPE) must comply with the University’s Personal Protective Equipment Standard. Personnel must be trained in the proper use and limitations of the equipment. The Office of Clinical Affairs will assign the locations, where lasers can be used.
2. All personnel shall wear protective eyewear permanently labeled with specific laser wavelength and optical density for which protection is needed. The eyewear must have side shields. For those laser procedures where optical devices are used (microscopes, lenses, etc.), the provider must wear the necessary eye protection unless the device is equipped with an interlocking shutter that is activated when the laser is fired.
3. Respiratory protection may be needed for some laser procedures. Laser plumes have been found to contain viable organisms that could result in inhalation or eye exposures to personnel. Procedures generating laser plumes must use smoke evacuators or scavengers to minimize the release of particulates into the air. An appropriate respirator, such as a PAPR, is recommended for procedures where laser plumes may be generated.

E. Patient Tissue and Instrumentation Protection
1. For procedures when a patient is under local or regional anesthesia, the patient shall wear protective eyewear (see PPE above).
2. All contiguous tissue shall be covered with moist sponges or cotton.
3. Only non-reflective instruments shall be used. During oral, nasopharyngeal or laryngotraheal surgery (in oral and maxillofacial surgical procedures), the endotracheal tube must be wrapped with non-reflective tape or a special laser tube, specific for the laser surgery. The inflated cuff and length of wrapped tube must be padded with moist sponges. A polyvinyl chloride endotracheal tube must never be used.
4. All sterile instruments shall be covered or have non-reflective surfaces.

F. Laser incidents
1. Should a laser malfunction or be perceived to be malfunctioning prior to use, the laser is to be taken out of service. The Department of Environmental Health and Safety and
the clinic procurement office will be contacted to determine the technical problem and implement the appropriate corrective action.

2. Should a laser malfunction during use on a patient, the laser and any other equipment and disposables, including the packaging associated with the disposables, shall be retained for investigation purposes. The equipment and the packaging are to be placed in a secure location by staff members knowledgeable of the incident. All such equipment and disposables shall be inspected by a party or parties identified by the Office of Clinical Affairs.

3. A laser incident resulting in serious injury or death is to be reported to the Dean, Associate Dean for Clinical Affairs Office and University legal counsel for the university.

4. Incidents involving lasers will be reviewed by the CQIC of the SDM. Findings will be reported to the CQIC and Department of the Environmental Health and Safety.

G. Site Safety Survey Results: The LSO shall report to the CQIC, the results of the surveys performed, training provided, and the results of any laser incidents that have occurred.

VII. Credentialing

It is the policy of the SDM to provide for safe and responsible use of lasers at the SDM (including faculty practice) and to protect providers in areas, where lasers are used. Only credentialed providers may use a laser at the SDM locations. Dentists, fellows, residents, dental hygienists, nurse practitioners, and non-SDM members are not permitted to use lasers, unless they are supervised by laser-credentialed providers.

The providers must take steps to minimize potential exposures of laser radiation to the patient and to staff without compromising patient care. These steps include providers who are properly trained on the use of the laser, recognizing and using appropriate power settings on the laser, and maintaining written or electronic records of each laser use.

A. Training

1. The use of lasers can cause tissue damage from direct and, sometimes, indirect exposures. Faculty from the SDM must have received training to recognize the hazards and use lasers properly. All laser safety training is to include:
   a. The physics of lasers
   b. The components of the laser system, delivery system, and instrumentation
   c. The potential biological effects of laser exposure
   d. The administrative controls of laser use
   e. Fire safety

1. Regulations, standards, and recommended professional practices
2. Perioperative safety controls for the specific type of laser and procedures to be used
3. Certification criteria and skills validation, including hands-on experience
B. Training shall be through the successful completion of the following laser safety training programs. Specifically adequate training and certification of knowledge on laser safety as well as laser hands-on clinical applications have to be estimated by the LSO.

1. A laser manufacturer or representative: Often, these training programs are provided by the laser company representative at the time the laser is purchased. The department or location, where the training is provided is to maintain a record identifying the course content and those in attendance. The content shall reflect the laser safety topics listed in Section VII.A. An outline of the training is to be submitted to the Office of Clinical Affairs in conjunction with the LSO for verification of content. Such documentation is to be maintained in the provider’s department.

2. Graduate of an approved dental laser education program conducted by a scientific laser association: An outline of the lectures dealing with lasers, from such a program, is to be submitted to the Office of Clinical Affairs for verification of content. The office of Clinical Affairs must maintain the records identifying those individuals, who successfully complete such a program.

3. Through a recognized laser CDE course. The course is to include the laser safety topics listed in section VII above. An outline of the lectures dealing with lasers is to be submitted to the Office of Clinical Affairs CQIC for verification of content. A course outline of the CDE and a course completion is to be maintained in the provider’s department.

4. The satisfactory completion of the Laser Safety Course for the laser(s) to be used. This training course consists of 2 parts: Part 1 consists of general laser safety issues, as listed in Section VI. Part 2 consists of perioperative safety controls for the particular laser, as listed in Section VI. Part 1 shall be prepared by EH&S and must be taken. A “passed” test shall be submitted to the LSO of the SDM and the Office of the Associate Dean for Clinical Affairs. Because Part 1 is the same for all lasers, a separate Part 2 needs to be completed and submitted for each laser for which credentialing is requested. A passing score shall be set by the LSO.

C. Volume Requirements:

Laser expertise is accomplished by hands-on experience. The LSO must document a minimum of ten (10) procedures over a 2-year period for each laser used (soft and/or hard tissue applications). Procedures can be accumulated from the DCC or other academic locations.

B. Privileges and Credentialing

A. Initial credentialing for a faculty is accomplished by taking the following steps:

1. The faculty must have documentation of satisfactory completion of laser training, as listed Section VII.
2. The faculty must document a minimum of ten procedures over two (2) years for each laser or laser system for which credentialing is requested. Procedures can be accumulated from CDE or other academic locations.

3. The Associate Dean for Clinical Affairs with the LSO shall review the individual’s training and experience and review the recommendations of the individual’s supervisor. Should the faculty’s training be done at another institution, documentation as listed in Section VII is to be obtained from the other institution. This training content must include the topics listed in Section VII. Also, the volume requirements must be met as listed in Section VII. The departmental representative shall contact the LSO to review the gathered documentation and report to the Office of Clinical Affairs.

B. Renewing credentialing for an attending is accomplished by:

1. The attending can only be re-credentialed for the laser they have already provided evidence of training and competency. If the faculty wishes to expand the types of lasers used, they must fulfill the requirements outlined in Section VII for the new laser wavelength.

2. The LSO and Office of Clinical Affairs shall review the faculty’s experience. Provided the attending has completed the minimum number of procedures as listed in Section VII, the Office of Clinical Affairs will shall review and make a determination.

3. In the event an insufficient number of procedures were completed during the time period, the attending must retake and satisfactorily complete a laser safety training course, as listed in Section VII. Upon successful completion, the Office of Clinical Affairs with the LSO will make a determination.

C. Credentialing of a non-SDM dentist for temporary credentialing as an instructor:

Some laser procedures may involve new techniques for which a SDM attending may not have training or experience. A dentist that does NOT have SDM Privileges may be granted temporary privileges by following Section VII (Clinical Privileges). If an individual is credentialed at another institution for the procedure to be performed, a letter from the institution shall be presented to document such expertise and said individual must meet all other requirement stated in SDM policy Section 8.6 (Policies and Procedures for safe use of Lasers).

D. Fellows, Residents, Dental Hygienists, Dental Technicians, Nurse Practitioners

1. Fellows and residents must complete the required training, as listed in Section VII before they are permitted to assist in laser procedures. Such procedures are performed under supervision of a laser-certified attending. The Office of Clinical Affairs is to maintain records of course or training completion and documentation of the procedures the fellows or residents assisted or performed.
2. Dental hygienists (DH) and nurse practitioners (NP) must participate in and successfully complete a Laser Safety Course, as listed in Section VII. The DA, DH or NP must be directly supervised by a laser-certified attending. The DA, DH or NP shall be required to participate in and satisfactorily complete the annual SDM Laser Refresher Training for the laser used.

E. Nurses and Dental Technicians:

1. Many lasers require a laser operator, a specially trained individual, to be at the controls of a dental laser. These individuals may be nurses, surgical technologist, dental technicians, or a special technician supplied by an outside laser vendor for the use of a specialty laser.

2. For SDM personnel must meet the following:
   a. The laser operator must participate in training as listed in Section II. A & B
   b. The laser operator must have participated in a minimum of ten procedures over two (2) years for each laser wavelength or laser system.
   c. In the event the laser operator does not have the required number of procedures, retraining will be required. All such retraining shall conform to Section VII.

3. Specialty lasers brought by an outside vendor may require that the operation of the laser be done with their laser technician. These individuals must show evidence of training or competency as outlined in SDM policy Section 8.6 (Policies and Procedures for safe use of Lasers).
Health & Safety
Policy

POLICIES & PROCEDURES FOR THE
SAFE USE OF NITROUS OXIDE
8.7 Policies and Procedures for the Safe Use of Nitrous Oxide

Introduction

This guideline summarizes pertinent information about nitrous oxide for workers and employers as well as for physicians, industrial hygienists, and other occupational safety and health professionals who may need such information to conduct effective occupational safety and health programs. Recommendations may be superseded by new developments in these fields; readers are therefore advised to regard these recommendations as general guidelines and to determine whether new information is available.

Substance Identification

- **Formula**
  
  \[ \text{N}_2\text{O} \]

- **Synonyms**
  
  Di-nitrogen monoxide, factitious air, hypo nitrous acid anhydride, laughing gas, nitrogen oxide

- **Identifiers**

  1. CAS No.: 10024-97-2
  2. RTECS No.: QX1350000
  3. DOT UN: 1070 14 (compressed); 2201 23 (refrigerated liquid)
  4. DOT label: Nonflammable gas, oxidizer (nitrous oxide, compressed); nonflammable gas (nitrous oxide, refrigerated liquid)

- **Appearance and odor**

  Nitrous Oxide is a colorless gas at room temperature with a slightly sweet odor and taste.

Chemical and Physical Properties

- **Physical Data**

  1. Molecular weight: 44.02
  2. Boiling point (at 760 mm Hg): -88.5 degrees C (-127.3 degrees F)
  3. Specific gravity (air =1): 1.97 at 25 degrees C (77 degrees F)
  4. Vapor density: 1.53
  5. Melting point: -91 degrees C (-132 degrees F)
  6. Vapor pressure: 760 mm HG at 88.5 degrees C (191.3 degrees F)
  7. Solubility: Slightly soluble in water; soluble in alcohol, ether, oils, and sulfuric acid.
  8. Evaporation rate: Data not available.
• **Reactivity**

1. Conditions contributing to instability: Nitrous oxide can form an explosive mixture with air.
2. Incompatibilities: Contact of nitrous oxide with aluminum, boron, hydrazine, lithium hydride, phenyl lithium, phosphine, sodium, tungsten carbide, hydrogen, hydrogen sulfide, organic peroxides, ammonia, or carbon monoxide may cause violent reactions to occur.
3. Hazardous decomposition products: Toxic gases (such as carbon monoxide and oxides of nitrogen) may be released in a fire involving nitrous oxide.
4. Special precautions: None reported.

• **Flammability**

Nitrous oxide is a non-flammable gas at room temperature. The National Fire Protection Association has not assigned a flammability rating to nitrous oxide.

1. Flash point: Not applicable.
2. Auto ignition temperature: Not applicable.
3. Flammable limits in air: Not applicable.
4. Extinguishing: For small fires use dry chemical or carbon dioxide. Use water spray, fog, or standard foam to fight large fires involving nitrous oxide. Fires involving nitrous oxide should be fought upwind from the maximum distance possible. Keep unnecessary people away; isolate the hazard area and deny entry. Isolate the area for ½ mile in all directions if a tank, rail car, or tank truck is involved in the fire. For a massive fire in a cargo area, use unmanned hose holders or monitor nozzles; if this is impossible, withdraw from the area and let the fire burn. Emergency personnel should stay out of low areas and ventilate closed spaces before entering. Vapors are an explosion hazard indoors, outdoors, or in sewers. Containers of nitrous oxide may explode in the heat of the fire and should be moved from the fire area if it is possible to do so safely. If this is not possible, cool fire-exposed containers from the sides with water until well after the fire are out. Stay away from the ends of containers. Firefighters should wear a full set of protective clothing and self-contained breathing apparatus when fighting fires involving nitrous oxide.

**Exposure Limits**

• **OSHA PEL**

The Occupational Safety and Health Administration (OSHA) do not currently regulate nitrous oxide.

• **NIOSH REL**

The National Institute for Occupational Safety and Health (NIOSH) has established a recommended exposure limit (REL) for nitrous oxide of 25 parts per million (ppm) parts of air (45 milligrams per cubic meter (mg/m$^3$)) as a time-weighted average (TWA) for the duration of the exposure [NIOSH 1992].

• **ACGIH TLV**

The American Conference of Governmental Industrial Hygienists (ACGIH) has assigned nitrous oxide a threshold limit value (TLV) of 50 ppm (90 mg/m$^3$) as a TWA for a normal 8 hour work date and a 40 hour workweek [ACGIH 1994, p. 28].
• **Rationale for Limits**

The NIOSH limit is based on the risk of reproductive system effects and decreases in audiovisual performance [NIOSH 1992]. The ACGIH limit is based on the risk of reproductive, hematological, and nervous system effects [ACGIH 1991, p. 1137].

**Health Hazard Information**

• **Routes of Exposure**

Exposure to nitrous oxide occurs through inhalation.

• **Summary of toxicology**

1. **Effects on Animals:** Nitrous oxide has central nervous system, teratogenic, bone marrow, and liver effects in animals [ACGIH 1991]. Rats exposed to an 80 percent concentration for 2 or more days showed signs of bone marrow toxicity [ACGIH 1991]. However, rats exposed to a 1 percent concentration of nitrous oxide for periods ranging from 7 days to 6 months showed no bone marrow effects [ACGIH 1991]. Exposure to nitrous oxide also causes neurotoxin (spinal cord lesions, demyelination, and peripheral neuropathy) and hepatotoxic (focal inflammatory lesions) effects in experimental animals [ACGIH 1991]. In one study, pregnant rats were exposed to 50 percent nitrous oxide for 24 hours/day starting on day 8 of gestation and continuing for 1, 2, 4, or 6 days; dose-related embryo lethal and teratogenic effects occurred among the offspring. The most common effects were embryonic death, resorption, and abnormalities of the ribs and vertebrae [Rom 1992]. Nitrous oxide was negative in three carcinogenicity assays in mice and rats exposed to concentrations as high as 400,000 ppm for 4 hours/day, 5 days/week for 78 weeks [ACGIH 1991]. The results of mutagenicity assays involving nitrous oxide were negative [ACGIH 1991].

2. **Effects on Humans:** Nitrous oxide is an asphyxiant at high concentrations. At lower concentrations, exposure causes central nervous system, cardiovascular, hepatic, hematopoietic, and reproductive effects in humans (Hathaway et al. 1991). At a concentration of 50 to 67 percent (500,000 to 670,000 ppm) nitrous oxide is used to induce anesthesia in humans [Rom 1992]. Patients exposed to a 50:50 mixture of nitrous oxide: oxygen for prolonged periods to induce continuous sedation developed bone marrow depression and granulocytopenia [Hathaway et al. 1991; ACGIH 1991]. Although most patients recover, several deaths from aplastic anemia have been reported [Hathaway et al. 1991]. Neurotoxic effects occur after acute exposure to concentrations of 80,000 to 200,000 ppm and above; effects include slowed reaction times and performance decrements [Hathaway et al. 1991]. Long-term occupational exposure (dentists, dental assistants) has been associated with numbness, difficulty in concentration, paresthesias, and impairment of equilibrium [Hathaway et al. 1991; ACGIH 1991]. In one study, exposure to 50 ppm nitrous oxide was associated with a decrement in audiovisual performance, but this result has not been duplicated in other studies [ACGIH 1991]. Epidemiological studies, primarily of operating room personnel, have shown increased risks of spontaneous abortion, premature delivery, and involuntary infertility among these occupationally exposed populations [ACGIH 1991; Hathaway et al. 1991].
• **Signs and symptoms of exposure**

1. **Acute exposure**: The signs and symptoms of acute exposure to nitrous oxide include dizziness, difficult breathing, headache, nausea, fatigue, and irritability. Acute exposure to nitrous oxide concentrations of 400,000 to 800,000 ppm may cause loss of consciousness [Siftig 1991].
2. **Chronic exposure**: The signs or symptoms of chronic overexposure to nitrous oxide may include tingling, numbness, difficulty in concentrating, interference with gait, and reproductive effects.
3. **Rescue**: Remove an incapacitated worker from further exposure and implement appropriate emergency procedures (e.g., those listed on the Material Safety Data Sheet required by OSHA Hazard Communication Standard [29 CFR 1910.1200]). All workers should be familiar with emergency procedures, the location and proper use of emergency equipment, and methods of protecting themselves during rescue operations.

**Workplace Monitoring and Measurement**

Determination of a worker’s exposure to airborne nitrous oxide can be made using one of the following techniques:

1) A Passive Dosimeter badge, which can be used for a minimum sampling during of 1 hour (maximum duration 40 hours). Analysis is performed by the manufacturer of the badge, or
2) An ambient air or bag sample with a minimum collection volume of two spectrophotometer cell volumes. Analysis is conducted using a long-pathlength portable infrared spectrophotometer as described in NIOSH Method No. 6600 (NIOSH 1994b).

**Personal Hygiene Procedures**

If liquid nitrous oxide contacts the skin, workers should flush the affected areas immediately with tepid water to reduce the likelihood of frostbite.

**Work Practices**

- Select scavenging masks of proper sizes to fit patients.
- Prudent use of N₂O to appropriately sedate patients is encouraged.
- Monitor the air concentration of N₂O to insure controls are effective in achieving low levels during dental operations.

**Step-by-Step Approach for Controlling N₂O**

1. Visually inspect all N₂O equipment (reservoir bag, hoses, mask, and connectors) for worn parts, cracks, holes, or tears. Replace defective equipment and/or parts.
2. Turn on the N₂O tank and check all high to low-pressure connections for leaks. If tank valve leaks, replace tank. If O-rings, gaskets, valves, hoses or fittings leak, replace.
3. Select scavenging system. Scavenging systems should operate at air flow rates of 45 pm. To determine correct vacuum capacity, a flow meter should be inserted between the vacuum hose and nitrous system. The flow meter has a ball float, which should be centered at all times.
4. Select mask. Provide a range of mask sizes. Connect mask to hose and turn on vacuum pump before turning on N₂O. Check to see that noise levels at the mask are acceptable when the scavenging system is operating.
5. Place mask on patient and assure a good, comfortable fit. Secure mask with “slip” ring for “good activity” from patient breathing. Make sure reservoir bag is not over or under inflated while the patient is breathing.

6. Conduct personal sampling of dentist and dental assistant for N\textsubscript{2}O exposure. Use diffusive sampler or infrared gas analyzer. If personal exposures exceed 150 ppm during administration, improve mask fit and make sure it is secure over the patient’s nose. Minimize patient talking while N\textsubscript{2}O is administered.

7. The Department of Environmental Health and Safety process sampling badges. If personal exposures are less than 150 ppm but greater than 25 ppm, implement auxiliary exhaust ventilation near the patient’s mouth. Capture distance should be no greater than 1 and 0 inches from the patient’s nose and mouth area and exhaust no less than 250 cfm at the hood opening. Avoid getting between the auxiliary exhaust hood and patient’s mouth and nose area.

**Sampling Method for N\textsubscript{2}O**

NIOSH recommends air sampling for N\textsubscript{2}O be conducted periodically to:

1. measure worker exposures to N\textsubscript{2}O during anesthetic administration, and
2. control N\textsubscript{2}O leaks in the delivery, scavenging and ventilation systems.

Sampling can be used to measure personal breathing zone exposures of dental workers, and to detect leaks in the anesthetic delivery system, ineffective capture by the scavenging system, reentry in the room ventilation system, and circulation to other areas of the dental offices.

A Diffusive Sampler (sometimes called a Passive Dosimeter) for N\textsubscript{2}O can be collected and then sent to a commercial laboratory for analysis. These samplers are easy to use and inexpensive. Sampling time is controlled by removing the cap to start sampling and replacing it to stop sampling. An accurate accounting of this sampling time (cap off/cap on) is required for the laboratory analysis. The Diffusive Sampler can be used to measure a dental worker’s exposure by attaching it to the lapel (breathing zone) and uncapping/recapping during the actual administration of N\textsubscript{2}O.

Exposure measurements. Establish and maintain an accurate record of all measurements taken to monitor employee exposure to nitrous oxide. This record shall include:

1. The date of measurement.
2. The operation being monitored, including the specific equipment used;
3. The methods of sampling and analysis and evidence of their accuracy and precision. Include the monitor badge identification number;
4. The number, durations, time, and results of samples taken;
5. The types of protective devices worn; and
6. The names, job classifications, social security numbers, and exposure estimates of the employees whose exposures are represented by the actual monitoring results.

Everyone working with nitrous oxide should be sampled. During a specific procedure, the person with the highest expected nitrous oxide exposure should wear the badge if there are not enough badges for everyone. Selection of the maximum risk employee requires professional judgment. The best procedure for selecting the maximum risk employee is to observe employees and select the person closest to the source of nitrous oxide. Employee mobility may affect this selection; e.g., if the closest employee is mobile in his tasks, he may not be the maximum risk employee. Air movement patters and differences in work habits will also affect selection of the maximum risk employee.
The sampling results must be provided to the employees within 15 days that the analyses are received from the laboratory (OSHA Regulation, 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records”). The employee should sign the analysis form. The employee keeps a copy and a copy should be placed in a central “Nitrous Oxide Samples” file. Record the sampling results on the “Exposure Measurements Log”. This log and the laboratory analysis sheets must be kept for 30 years. See 1 for additional requirements of this OSHA regulation.

**Respiratory Protection**

- **Conditions for respirator use**

  Good industrial hygiene practice requires that engineering controls be used where feasible to reduce workplace concentrations of hazardous materials to the prescribed exposure limit. However, some situations may require the use of respirators to control exposure. Respirators must be worn if the ambient concentration of nitrous oxide exceeds prescribed exposure limits. Respirators may be used:

  1. before engineering controls have been installed,
  2. during work operations such as maintenance or repair activities that involve unknown exposures,
  3. during operations that require entry into tanks or closed vessels, and
  4. during emergencies workers should only use respirators that have been approved by NOISH.

- **Respiratory Protection Program**

  Employers should institute a complete respiratory protection program that, at a minimum, complies with the requirements of OSHA Respiratory Protection Standard (29 CFR 1910.134). Such a program must include respirator selection, an evaluation of the worker’s ability to perform the work while wearing respirator, the regular training of personnel, respirator fit testing, periodic workplace monitoring, and regular respirator maintenance, inspection, and cleaning. The implementation of an adequate respiratory protection program (including selection of the correct respirator) requires that a knowledgeable person be in charge of the program and that the program is evaluated regularly. For additional information on the selection and use of respirators and on the medical screening of respirator users, consult the latest edition of the NIOSH Respirator Decision Logic [NIOSH 1987b] and the NIOSH Guide to Industrial Respiratory Protection [NIOSH 1987a].

**Personal Protective Equipment**

Workers should use appropriate personal protective clothing and equipment that must be carefully selected, used, and maintained to be effective in preventing skin contact with liquid nitrous oxide. The selection of the appropriate personal protective equipment (PPE) (e.g. gloves, sleeves, encapsulating suits) should be based on the extent of the worker’s potential exposure to liquid nitrous oxide and the PPE materials ability to protect workers from frostbite. There are no published reports on the resistance of various materials to permeation by liquid nitrous oxide.

Safety showers and eye wash stations should be located close to operations that involve nitrous oxide.
Security

Recreational abuse of nitrous oxide as an inhalant is on the rise. The use of N\textsubscript{2}O and associated abuse has grown significantly at concert venues and on college campuses. Dealers will typically fill balloons with N\textsubscript{2}O and sell them for $3 to $5 each. While the use of N\textsubscript{2}O as a recreational drug has increased, dealers can earn between $10,000 and $30,000 per large cylinder of gas. While most of the publicity regarding N\textsubscript{2}O abuse focuses on concerts, N\textsubscript{2}O abuse for recreational purposes is equally prevalent among individuals and small groups in settings far removed from the concert hall.

Nitrous oxide readily displaces air, causing asphyxiation, in closed environments. As the concentration approaches 100%, the user achieves a brief sense of euphoria or “high”. Just one N\textsubscript{2}O balloon can generate this “high”. This feeling is associated with slurred speech, unbalanced walking, blunted thinking and response to stimulus, and ultimately, loss of consciousness. Within seconds, an individual can stop breathing because of the depression of the central nervous system caused by the N\textsubscript{2}O and by the lower oxygen content that occurs as pure N\textsubscript{2}O displaces oxygen in the user’s lungs. Long-term exposure (several minutes) is not necessary before death occurs. Sudden, prolonged exposure to high levels of N\textsubscript{2}O or a series of inhalations without breathing clean air between inhalations can result in death. The length of this action can be measured in seconds. There were 11 reported fatalities in 1993 and 15 in 1994 in the United States associated with N\textsubscript{2}O abuse.

The Compressed Gas Association, Inc. (CGA) and the National Welding Supply Association (NWSA) have identified initiatives to address the N\textsubscript{2}O abuse issue. The CGA is establishing a toll-free information resource with fax-on-demand capabilities to provide interested parties with information about N\textsubscript{2}O abuse, safe use, storage, and related data on a timely basis.

The CGA and MWSA have recommended the following guidelines for Nitrous Oxide Sales and Security for legitimate users of nitrous oxide:

1. Minimize theft and indiscriminate use of nitrous oxide by storing containers and utilization equipment in a secured area subject to removal by authorized personnel only.
2. Keep an inventory of bulk product and or containers (both full and empty) and investigate any discrepancies.
3. Report any thefts promptly to the policy and the shipper.
4. Alert employees to the dangers of nitrous oxide abuse and train them on the special security measures they should take to prevent its theft.
5. Provide employees with a current MSDS and any additional instructions for proper use and safe handling practices.

Porter Scavenging System Operation

Basic Operation

1. Assemble equipment according to Porter Assembly Instructions.
2. Adjust vacuum flow by using vacuum control knob and acrylic sight glass on side of block. Vacuum flow with ball float within the green bar area is effective; ball above green bar is for highest vacuum flows.
3. Monitor the vacuum conditions during the procedure by observing the sight glass; adjust vacuum flow at any time as necessary.
4. Follow good work practices as recommended by NIOSH.
5. Caution the patient not to talk unnecessarily or breathe through the mouth.
6. The mask must be fitted properly to avoid leaks (mask for children).
7. Administer only 100% oxygen while the mask is being placed. Flowing N\textsubscript{2}O while fitting the mask will significantly increase exposures.
8. All Porter masks are sealed (no hole in the front of the mask). An open-air valve or air dilution technique is not recommended.
9. Flow only the volume of gas required by the patient. An over full reservoir bag indicates excessive gas flow, which could increase N\textsubscript{2}O exposures.
10. Administer only 100% oxygen for several minutes at the end of the procedures. This will flush the nitrous oxide from the patient. Failure to follow this procedure will result in higher N\textsubscript{2}O exposures.

Field Performance Check of Adjustment of Vacuum Flow Using the AVS

1. Set a high flow: After assembly of AVS and Scavenging System to the Flow meter, set flow meter to flow 8 L/min of 100% oxygen to fully open AVS vacuum interlock.
2. Set vacuum level (green bar or higher): Turn vacuum control knob to set vacuum flow, as indicated by the vacuum indicator in the desired area. To meet the NIOSH recommendation of 45 L/min, adjust the ball above the green bar area.
3. Close the flow meter flow to zero. The ball float will drop to the bottom of the sight glass.
4. Check at low flow. Open the flow meter, again with 100% oxygen, slowly to 3.5 L/min. Observe that the AVS vacuum flow indicator reaches the same level as in the setting of Step 2.

System Maintenance, Ventilation and Work Practices

1. It is advisable, on a two (2) year cycle, to have the AVS and flow meter factory checked and serviced.
2. Inspect and maintain the analgesia deliver system to prevent N\textsubscript{2}O leaks in all hoses, connections, and fittings. Repair all leaks immediately.
3. Use scavenging. Exhaust ventilation of N\textsubscript{2}O from the patient’s mask should be maintained at an appropriate air flow rate as indicated by the calibrated flow meter sight glass, and vented outdoors – no into the room ventilation system.
4. Supply and exhaust vents should be well separated to allow good mixing and prevent “short-circuiting”.
5. Fit mask securely to patient.
6. Use minimum N\textsubscript{2}O levels to achieve desired analgesia effects.
7. Monitor work areas for N\textsubscript{2}O to ensure controls are effective in achieving low levels of exposure.
Occupational Safety and Health Administration Regulations Associated with Nitrous Oxide

Hazard Communication (Right to Know)

The OSHA Hazard Communication (Right to Know) regulations, 29 CFR 1910.1200 requires that employees are provided with the information concerning the chemical hazards in their workplace. This information is provided through labels, material safety data sheets (MSDS), and annual training. A copy of this regulation is attached.

Training is to include:

1. The requirements of the Hazard Communication Standard;
2. Any operations in there work area where hazardous chemicals are present;
3. The location and availability of the written hazard communication program, including the required lists of hazardous chemicals, and material safety data sheets required by this regulation;
4. Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);
5. The physical and health hazards of the chemicals in the work area;
6. The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used, and;
7. The details of the hazard communication program developed by the employer, including an explanation of the labeling system and the material safety data sheet, and how employees can obtain and use appropriate hazard information.

Access to Employee Exposure and Medical Records

This OSHA regulation, 29 CFR 1910.1020, provides employees and their designated representatives a right of access to relevant exposure and medical records. It requires employers to provide such records to employees within 15 days of receipt and upon request. It also requires the employer to maintain these records for at least 30 years. A copy of this regulation is attached.

When an employee first begins work, and at least annually thereafter, each employer shall inform employees about the existence, location and availability of any records covered by this regulation, the person responsible for maintaining and providing access to the records, and the employee’s rights of access to these records. This can be done in a variety of ways, including posting in a conspicuous place the notice on the following page:
**NOTICE**

To All Employees: This notice is to provide information for compliance with 29 CFR 1910.1020, Access to Employee Exposure and Medical Records.

1. The following types of exposure and medical records are available:

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

2. These records are kept in the following location:

   ______________________________________________________

   ______________________________________________________

3. The person responsible for maintaining and providing access to these records is:

   ______________________________________________________

   ______________________________________________________

4. Each affected employee has the right to access these records.

5. A copy of this standard and its appendices are available to all employees at:

   ______________________________________________________

   ______________________________________________________

For more information or questions, contact:

   Environmental Health and Safety
   632-6410
Purpose of Manual:

- Ensure that pharmaceuticals/chemicals are handled in the manner that protects the safety and welfare of the patient.
- Set forth the policy of this facility as related to all facets of drug/chemical handling.

The Facilities Administration hereby approve the attached policy and procedures as of September 2012. The policy and procedure shall be reviewed and updated at least annually or more often when revision is deemed appropriate. Current copies of the Policy and Procedure Manual shall be maintained in the Dental Care Center Policy and Procedure Manual.
# PHARMACY POLICY AND PROCEDURE MANUAL

<table>
<thead>
<tr>
<th>TITLE</th>
<th>POLICY #</th>
</tr>
</thead>
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<td>SYRINGE AND NEEDLE DISPOSAL</td>
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<td>SYRINGE AND NEEDLE</td>
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<td>VIALS AND AMPULES OF INJECTABLE MEDICATIONS/ CHEMICALS</td>
<td>19</td>
</tr>
<tr>
<td>Policy</td>
<td>In an effort to avoid possible confusion in interpretation of abbreviations, it is recommended to minimize the use of abbreviations.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Procedures</td>
<td>The Facility will discourage the use of the following abbreviations to avoid misinterpretation of orders:</td>
</tr>
<tr>
<td>U for units often mistaken for zero, four or cc</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>QOD Often for QD or QID</td>
<td></td>
</tr>
<tr>
<td>“every other day”</td>
<td>Write</td>
</tr>
<tr>
<td>Trailing zero Wrong dose may be interpreted</td>
<td>Never write</td>
</tr>
<tr>
<td>zero after a decimal</td>
<td></td>
</tr>
<tr>
<td>Lacking of leading zero Wrong dose may be interpreted</td>
<td>Always use</td>
</tr>
<tr>
<td>zero before decimal</td>
<td></td>
</tr>
<tr>
<td>Ug for microgram Often mistake for mg (milligram)</td>
<td>Write “mcg” or</td>
</tr>
<tr>
<td>microgram</td>
<td></td>
</tr>
<tr>
<td>TIW For three times a week, often mistaken for TID or twice a</td>
<td></td>
</tr>
<tr>
<td>week</td>
<td></td>
</tr>
</tbody>
</table>
**Policy**
Significant adverse drug reactions are assessed, documented and reported as appropriate to the Medical Director, Assistant Dean/Director of Clinical Operations and the Consultant Pharmacist.

**Definitions**
Adverse Drug Reaction: An undesirable or unintended harmful effect occurring as a result of a medication/chemical; an allergic reaction in a patient with no documented history of allergy to the medication/chemical.

Significant: Medication/chemical errors and adverse drug reactions that:
- require discontinuing a medication/chemical or modifying the dose
- require hospitalization
- result in disability
- require treatment with a prescription medication/chemical
- result in cognitive deterioration or impairment
- are life threatening
- result in death

**Procedures**
a. In the event of a significant adverse drug reaction, immediate action is taken, as necessary, to protect the patient’s safety and welfare.
b. The Medical Director, Attending and Assistant Dean/Director of Clinical Operations are notified promptly of any significant adverse medication/chemical reaction.
c. The following information is documented in the resident’s medical record:
- Factual information of the error or adverse reaction
- Name of the Attending and time notified
- Dentist’s subsequent orders
- Resident’s condition as directed

d. An adverse drug reaction report (Attachment I) is completed. If the adverse reaction resulted in the death or significant disability, the FDA MedWatch 3500A mandatory report (Attachment II) is completed and submitted within ten (10) days.
e. Adverse Drug Reaction Reports are reviewed on a quarterly basis by the Pharmacy Service Committee and acted upon as appropriate.

Adverse drug reaction statistics are studied by the consultant pharmacist as part of the Facility’s continuous quality improvement (CQI) program, working with the Facility and provider pharmacy to investigate medication/chemical incidents and determine mechanisms for process improvement.
# MedWatch

**The FDA Safety Information and Adverse Event Reporting Program**

For VOLUNTARY reporting of adverse events and product problems

<table>
<thead>
<tr>
<th>A. Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient Identifier</td>
</tr>
<tr>
<td>2. Age at time of event:</td>
</tr>
<tr>
<td>Date of birth:</td>
</tr>
<tr>
<td>In confidence</td>
</tr>
<tr>
<td>3. Sex</td>
</tr>
<tr>
<td>female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Adverse event or product problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>Product problem (e.g., defects/malfunctions)</td>
</tr>
<tr>
<td>2. Outcomes attributed to adverse event (check all that apply)</td>
</tr>
<tr>
<td>death</td>
</tr>
<tr>
<td>congenital anomaly</td>
</tr>
<tr>
<td>required intervention to prevent permanent impairment/damage</td>
</tr>
<tr>
<td>hospitalization - initial or prolonged</td>
</tr>
<tr>
<td>other:</td>
</tr>
<tr>
<td>3. Date of event (month)</td>
</tr>
<tr>
<td>4. Date of this report (month)</td>
</tr>
<tr>
<td>5. Describe event or problem</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Suspect medication(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name (give labeled strength &amp; manufacturer, if known)</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>2. Dose, frequency &amp; route used</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>3. Therapy dates (if unknown, give duration)</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>4. Diagnosis for use (indication)</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>5. Event started after use stopped or dose reduced</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>6. Lot # (if known)</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>7. Exp. date (if known)</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>8. Event reappeared after reintroduction</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>9. NDC # (for product problems only)</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>10. Concomitant medical products and therapy dates (exclude treatment of event)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Suspect medical device</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Brand name</td>
</tr>
<tr>
<td>2. Type of device</td>
</tr>
<tr>
<td>3. Manufacturer name &amp; address</td>
</tr>
<tr>
<td>4. Operator of device</td>
</tr>
<tr>
<td>health professional</td>
</tr>
<tr>
<td>lay user/patient</td>
</tr>
<tr>
<td>other:</td>
</tr>
<tr>
<td>5. Expiration date (month/year)</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>6. Model #</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>7. If implanted, give date (month/year)</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>8. If explanted, give date (month/year)</td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>9. Device available for evaluation? (Do not send to FDA)</td>
</tr>
<tr>
<td>yes</td>
</tr>
<tr>
<td>returned to manufacturer on (month)</td>
</tr>
<tr>
<td>10. Concomitant medical products and therapy dates (exclude treatment of event)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Reporter (see confidentiality section on back)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name &amp; address</td>
</tr>
<tr>
<td>phone #</td>
</tr>
</tbody>
</table>
| 2. Health professional?
| yes | no |
| 3. Occupation |
| 4. Also reported to |
| manufacturer |
| user facility |
| distributor |

**FDA Use Only**

See OMBattached at rear of form

**Program Instructions**

**Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the event.**

**Mail to:** MedWatch **or FAX to:**

5600 Fishers Lane
Rockville, MD 20852-3787

1-800-FDA-0178

FDA Form 2000
# Vaccine Adverse Event Reporting System

**VAERS**

**24 Hour Toll Free Information 1-800-822-7967**

**P.O. Box 1100, Rockville, MD 20849-1100**

**PATIENT IDENTITY KEPT CONFIDENTIAL**

<table>
<thead>
<tr>
<th><strong>Patient Name:</strong></th>
<th><strong>Vaccine administered by (Name):</strong></th>
<th><strong>Form completed by (Name):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>Responsible</td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>Physician</td>
<td></td>
</tr>
<tr>
<td>M.I.</td>
<td>Facility Name/Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td><strong>City:</strong></td>
<td><strong>Date received:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>State:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Zip:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Telephone no.:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>City:</strong></td>
<td><strong>Date of birth:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>State:</strong></td>
<td><strong>Patient age:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Zip:</strong></td>
<td><strong>mm</strong> <strong>dd</strong> <strong>yy</strong></td>
</tr>
<tr>
<td><strong>Telephone no.:</strong></td>
<td><strong>City:</strong></td>
<td><strong>Date of vaccination:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>State:</strong></td>
<td><strong>Adverse event onset:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Zip:</strong></td>
<td><strong>mm</strong> <strong>dd</strong> <strong>yy</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Time:</strong></td>
<td><strong>AM</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Date from completed:</strong></td>
<td><strong>AM</strong></td>
</tr>
<tr>
<td><strong>Sex:</strong></td>
<td><strong>M</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>F</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient recovered:</strong></td>
<td><strong>YES</strong></td>
<td><strong>NO</strong></td>
</tr>
<tr>
<td><strong>Patient died:</strong></td>
<td><strong>Life threatening illness:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency room/doctor visit:</strong></td>
<td><strong>Required hospitalization:</strong></td>
<td><strong>Days</strong></td>
</tr>
<tr>
<td><strong>Resulted in prolongation of hospitalization:</strong></td>
<td><strong>Resulted in permanent disability:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of vaccination:</strong></td>
<td><strong>mm</strong> <strong>dd</strong> <strong>yy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Time:</strong></td>
<td><strong>AM</strong></td>
<td><strong>PM</strong></td>
</tr>
<tr>
<td><strong>No. Previous Doses:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vaccine (type):</strong></td>
<td><strong>Manufacturer:</strong></td>
<td><strong>Lot number:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Route/Site:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Date given:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Vaccine purchased with:</strong></td>
<td><strong>Private funds:</strong></td>
<td><strong>Military funds:</strong></td>
</tr>
<tr>
<td><strong>Public health clinic/hospital:</strong></td>
<td><strong>Public funds:</strong></td>
<td><strong>Other/unknown:</strong></td>
</tr>
<tr>
<td><strong>Private doctor’s office/hospital:</strong></td>
<td><strong>Military clinic/hospital:</strong></td>
<td><strong>Unknown:</strong></td>
</tr>
<tr>
<td><strong>Public health clinic/hospital:</strong></td>
<td><strong>Other/unknown:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date at time of vaccination:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pre-existing physician-diagnosed allergies, birth defects, medical conditions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adverse event following prior vaccination:</strong></td>
<td><strong>Onset:</strong></td>
<td><strong>Type:</strong></td>
</tr>
<tr>
<td><strong>In patient:</strong></td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>In brother or sister:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health care providers and manufacturers are required by law (42 USC 300a-25) to report reactions to vaccines listed in the Table of Reportable Events. Following Immunization Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.

Form VAERS-1

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Policy
Quarterly consultant pharmacist services are provided to the School of Dental Medicine. A written agreement with a consultant pharmacist stipulates financial arrangements and the terms of the services provided. The consultants are NYS registered Pharmacists who provide consultation on all aspects of the provision of pharmacy services in the Facility. Additionally establishes a record system of receipt and disposition of all controlled drugs in accordance with Article 33 of the Public Health Law and Part 80 of Title 10.

Procedures
a. The Facility maintains a written agreement with the consultant pharmacist, signed by the administrator and the consultant pharmacist.
b. The consultant pharmacist maintains current licensure and adequate professional liability insurance and provides proof of same to the Facility at each renewal period. A copy of the consultant’s current registration will be on file in the Facility.
c. The consultant pharmacist agrees to render the required service in accordance with local, state and federal laws, regulations and guidelines; facility policies and procedures; community standards of practice and professional standards of practice.
d. The consultant pharmacist provides quarterly review and inspections (attachment), including but not limited to the following:
   ▪ Checking the emergency medication/chemical supply to ascertain that it is properly sealed and stored and that the contents are not outdated.
• Checking the medication/chemical storage facilities for proper storage of medications/chemicals, cleanliness and removal of expired medications/chemicals.
• Submitting a written report and recommendations for each review of medication/chemical storage areas.
• Communicating to the responsible individuals and the Facility (Assistant Dean for Auxiliary and Dental Care Center) any potential or actual problems detected and other findings relating to medications/chemicals.
• Submitting a written report of findings and recommendations resulting from the review of medication storage areas, controlled drugs and chemicals.
• Assisting the Assistant Dean/Director of Clinical Operations in setting standards and developing, implementing and monitoring policies and procedures for the safe and effective distribution, control and use of medications/chemicals and related equipment and services in the Facility.
• In conjunction with the Assistant Dean/Director of Clinical Operations, nurses and dental hygienists:
  ➢ Establishing quality assurance and continuous quality improvement (CQI) activities regarding the medication/chemical use process; prescribing; dispensing; storing; administering and monitoring of medications/chemicals in the Facility.
• Helping resolve medication/chemical related problems at the request of the administrator or director of nursing.
• Providing in-service education programs and other educational activities for the Facility on medication/chemical related topics as requested that may include:
  ➢ Provide current reviews and updates on federal, state and local laws pertaining to controlled drugs as part of in-service education.
  ➢ Maintain a record of each in-service training service provided, listing subject matter and attendees.
- Participating in other facility activities as requested by Assistant Dean/Director of Clinical Operations of Dental School.

- The consultant pharmacist maintains a record of time spent in the facility and documents activities performed and services provided.
Continuous Quality Improvement is the mechanism for assessing and improving the quality of outcomes that are dependent on processes or systems. The consultant pharmacist is responsible for monitoring the quality of the entire medication/chemical use process, including the outcomes of consultant pharmacist services.

Procedures

a. The consultant pharmacist is a member of the Pharmacy Committee which is responsible for oversight of medication/chemical use CQI activities.

b. The consultant pharmacist may initiate CQI studies to assess and improve quality relating to all aspects of the medication/chemical use system (prescribing, dispensing, administering, monitoring).

Examples of areas of study include:

- Medication administration error rate
- Adverse drug reactions
- Medication errors
- Inservice education programs and outcomes
- Medication storage
- Medications administration documentation
- Medication ordering and receipt
- Medication labeling
- Adherence to pharmacy policies and procedures
- Controlled drug use
- Emergency drug use
Policy

Controlled substances purchased, stored, dispensed and administered at the Stony Brook Dental Center will meet all controlled drug regulations of the New York State Department of Health’s Bureau of Narcotic Control (NYS BNC) and the Drug Enforcement Agency (DEA). The overall objectives will be to minimize the potential for diversion and to maintain a perpetual inventory for controlled substances.

Procedure

Responsibility:
The Assistant Dean/Director of Clinical Operations, anesthesiologists, nurses and consulting pharmacist will have responsibility for overseeing the proper ordering, storage, safeguarding and appropriate record keeping related to the receipt, dispensing, administration and destruction of controlled substances within State and Federal guidelines.

Purchasing:
- Only authorized personnel are to sign DEA order forms (Form 222) for the purchase of Schedule II drugs.
- Schedule III, IV and V drugs may be ordered through the usual purchasing process.

Receipt:
- Upon receipt of Schedule II drugs, the package is opened and the count, condition and identification of the drugs are verified.
- A registered nurse fills out the retained copy of the DEA form indicating the amount received, then dates and signs the form.
- The drugs received are entered on the Controlled Drug Disposition Record. The signature of the RN receiving the controlled drug is entered on the form.
Discrepancies in shipment are clearly identified on the packing slip. All discrepancies are reported to the Assistant Dean/Director of Clinical Operations, anesthesiologist, nurse and consulting pharmacist. The entire shipment, including exterior shipping container, is segregated in a secure area pending disposition.

Storage:
All Schedule II, III, IV and V are stored in a double locked controlled drug cabinet. Keys to the cabinet are kept only by the nurse. A second set of keys will be secured by the Assistant Dean/Director of Clinical Operations. A master list of professional staff with key access will be maintained. This will be limited to the two registered nurses and the Assistant Dean/Director of Clinical Operations and the Medical Director.

Dispensing:
- All controlled substances used for conscious sedation will be obtained by the RN. The anesthesiologist will sign that they received the controlled drug(s) on the controlled drug form.
- A preprinted form known as the "Controlled Drug Use Form (Active Stock)" (attachment) is used for anesthesiologists to record the drugs used and wasted. The date, patient’s name, physician’s name and dosage of drug used are documented by the anesthesiologist. The amount wasted is indicated by the signature of the anesthesiologist and RN or another anesthesiologist witnessing it.

Administration:
Controlled substances administered must be entered on the "Controlled Drug Use Form" legibly and completely. Documentation of controlled substances administration must also be made on the anesthesia record in the patient’s medical record.

Perpetual Inventory:
A perpetual inventory and end-of-day count is maintained for all schedule drugs, both active stock and surplus stock (attached).

Audits:
- At the beginning and end of each day, two (2) licensed practitioners will audit the controlled substances within the center. The total number of each controlled drug theoretically on hand for a given drug must match the number actually on hand. If the count for any item is not correct, the discrepancy must be found and corrected before the respective individuals leave the center. If the
discrepancy cannot be found, a written explanation must be completed on the “Facilities Incident Report Form” by each licensed practitioner that worked on that day.

- All discrepancies of any controlled substance must be reported to both the NYSDOH Bureau of Narcotic Control and the Drug Enforcement Agency. The consulting pharmacist will complete the necessary forms and submit them to their respective agencies.

**Controlled Drug Destruction and Records:**

- For destruction of controlled drugs expired and/or discontinued a reverse distributor is contracted to remove and dispose of these controlled substances.
- All controlled drug records (DEA order forms, disposition records and perpetual inventory/end-of-day counts) must be retained for 5 years.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Amount</th>
<th>Container</th>
<th>Activity</th>
<th>Location</th>
<th>Signature</th>
</tr>
</thead>
</table>

**Final Count**

**Added to Active Stock**

**Drug Distribute to or Received From**

**Starting Inventory**

---

**Surplus Stock**

Daily Controlled Drug Record

Oral Medications, Supply Department

School of Dental Medicine

Store Record

---

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Stony Brook Dental Center  
Policy & Procedure

<table>
<thead>
<tr>
<th>Department</th>
<th>Approving Authority</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Dental Emergency Carts - Adult &amp; Pediatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>PH. 6</td>
<td>Effective Date 9/10 Revised Date 7/12</td>
</tr>
</tbody>
</table>

**Policy**

Both an adult and pediatric crash cart shall be available in the Stony Brook Dental School in the event of cardiac arrest or other medical emergency requiring the medications and/or supplies and equipment stored in the cart.

**Procedures**

**A. Emergency Crash Cart Locations**

Emergency crash carts are available in six (6) locations convenient to all clinical areas of patient care:

- GPP Clinic – (Dental Emergency Carts)
- Bay E - (Dental Emergency Carts)
- The Oral and Maxillofacial Surgery Suite – (Adult)
- Hall area behind Bay G - (Dental Emergency Carts)
- GPR Clinic - (Dental Emergency Carts)
- Faculty Practice Area – (Pediatric & Adult)

All faculty, students and staff must familiarize themselves with these carts and their locations.

**B. Crash Cart Contents**

All carts contain appropriate and current resuscitation equipment, including emergency oxygen with a bag-value-mask system, appropriate medications/chemicals and first aid supplies. The contents of each cart are monitored on a monthly basis to identify shortages or outdated items. The specific items of each crash cart are as follows:
Medications:
Adult Crash Cart
- Adenosine Inj 6mg/2mL
- Amiodarone 150mg/3mL
- Alcohol Swabs
- Atropine Syringe 1mg/10mL
- Dextrose Syringe 50% 50 mL
- DOPAmine, Pre-mixed 800mg/500mL
- Epinephrine Syringe 1mg/10mL
- Furosemide (LASIX) Inj 100 mg/10mL
- Lidocaine Syringe 100mg/5mL
- Lidocaine, Pre-mixed 2gm/500mL
- Magnesium Sulfate Inj 1gm/2mL
- Naloxone Inj 0.4mg/ml
- Procainamide Inj 1gm/2mL
- Sodium Bicarbonate 8.4% Syringe 50mEq/50mL
- Sodium Chloride 0.9% 10mL
- Vasopressin Inj 20 units/mL

Pediatric Crash Cart
- Adenosine Syringe 6mg/mL
- Amiodarone 150mg/3mL
- Atropine 0.1 mg/mL – 1mg in 10mL Syringe
- Calcium Chloride 10% Syringe 10mL
- Dextrose 25% Syringe 10mL
- Dextrose 50 Vial 50 mL
- DOBUTAmine, Pre-mixed 500mg/250mL
- DOPAmine, Pre-mixed 800mg/500mL
- Epinephrine 1mg/mL 1:1,000
- Epinephrine Syringe 0.1mg/mL 1:10,000
- Flumazenil 5mL 0.1mg/mL
- Lidocaine 2% Syringe 5mL
- Lidocaine, Pre-mixed 2gm/500mL
- Naloxone Inj 0.4mg/mL
- NOR-epinephrine 4mg/4mL
- Phenylephrine Inj 1% 50/5mL
- Procainamide Inj 1gm/2mL
- Sodium Bicarbonate 4.2% Syringe 5mEq/10mL
- Sodium Bicarbonate 8.4% Syringe 50mEq/50mL
- Sodium Chloride 0.9% 10mL
- Sterile Water for Inj 10mL

**Equipment:**
- Ambu-bag/Mask device (adult & pediatric masks)
- Oxygen Delivery System
- Arm-board
- Bite Blocks
- Blanket/Pillow
- Blood Pressure Cuff (adult, pediatric, obese)
- Flashlights
- Hemostat
- Pen
- Scalpel Handle/Blades
- Scissors
- Stethoscope
- Thermometer
- Tourniquet
- Towel
- Yankauer Suction Tip

**Disposable Supplies:**
- Alcohol Preps
- Band-Aids
- Bite Stick
- Cotton Tip Applicators
- Data Recording Form
- Gauze Sponges (sterile/non-sterile)
- Gloves
- IV Catheters
- IV Infusion Sets
- Kidney Basin
- Nasal Cannula
- Oral Airways
- Syringes/Needles
- Paper Bag
- Paper Cups
- Rebreather Mask
- Tape
- Disposable Tongue Blades

C. Dental Emergency Cart Contents

Cart Contents:
All carts contain appropriate and current resuscitation equipment, including emergency oxygen with a bag-value-mask system, appropriate medications/chemicals and first aid supplies. The contents of each cart are monitored on a monthly basis to identify shortages or outdated items. The specific items of each crash cart are as follows:

Medications:
- Ammonia Inhalant Ampules
- Aspirin 325mg
- Bacitracin
- Bacteriostatic Water
- Benadryl – 25mg tablets
- Benadryl – 10mg/cc oral liquid and 50mg/cc for injection
- Betadine Solution
- Decadron 4mg/cc
- Dextrose – 50% for IV use
- Epinephrine 1:1,000 for injection
- Glutose 15
- Hydrogen Peroxide Solution
- Hydrocortisone Cream/Ointment
- Normal Saline IV bag 500cc’s
- Nitroglycerin 1/150gr tabs
- Solumedrol
- Tang
- Sterile Water Bottle for mixing Tang
- Ventoline Inhaler (Albuterol)
- Oxygen Tank

**Equipment:**
- Ambu-bag/Mask device (adult & pediatric size masks)
- Oxygen Delivery System
- Arm-board
- Bite Blocks
- Blanket/Pillow (disposable pillowcase)
- Blood Pressure Cuff (adult, pediatric, obese)
- Flashlights
- Hemostat
- Pen
- Scalpel Handle/Blades
- Scissors
- Stethoscope
- Tourniquet
- Towel
- Yankauer Suction Tip

**Disposable Supplies:**
- Alcohol Preps
- Band-Aids
- Bite Stick
- Cotton Tip Applicators
- Incident Forms
- Gauze Sponges (sterile/non-sterile)
- Gloves
- IV Catheters
- IV Infusion Sets
- Kidney Basin
- Nasal Cannula
- Oral Airways
- Syringes/Needles
- Paper Bag
- Paper Cups
- Rebreather Mask
- Tape/Tegaderm
- Disposable Tongue Blades

D. Replacement of Contents
Replacement of medications and/or supplies, equipment must be completed immediately after the contents of the cart have been accessed.

E. Crash Cart Check List
On a daily basis a crash card checklist (attachment) is monitored for assurance of completeness of contents and removal of expired medications.

A breakaway numbered disposable lock log (attachment) is maintained to assure that there has not been unauthorized access to the cart.
Policy

The consultant pharmacist works with the Facility providing the consultant pharmacist observations and recommendations (attachment) are communicated to those with authority and/or responsibility to implement the recommendations, and responded to in an appropriate and timely fashion.

Procedures

a. A record of the consultant pharmacist’s observations and recommendations is made available in an easily retrievable form to the respective individuals responsible for the areas and locations reviewed. This should include:
   - Documentation of the date the review is completed.

b. The consultant pharmacist and the facility follows up on the recommendations to verify that appropriate action has been taken.

c. Recommendations regarding implementation of facility policies, procedures and/or methods of medication administration/chemical use are made by the consultant pharmacist when appropriate.
Policy

Problems with medication/chemical product formulation, packaging and/or therapeutic effect are reported to the Food and Drug Administration (FDA).

Procedures

a. Medications/chemicals are inspected prior to administration to a patient.

b. If problems are detected with the medication/chemical (cloudy injectable, congealed liquid or other possible indicators of poor quality), the medication/chemical is not administered, and the supplierufacturer is contacted.

c. A determination is made of the likely source of the problem (such as a manufacturing problem versus incorrect handling of the medication/chemical during shipment, repackaging or storage at the Facility).

d. If a determination is made that a manufacturing defect is the most likely problem, an FDA MedWatch Voluntary Report Form (attached) is completed and sent to the FDA. A copy of the form is retained by the Facility so that the information is available in the event of a follow-up request by FDA.

e. FDA drug quality report forms file by the Facility are reviewed at the Pharmacy Committee and acted upon as appropriate.
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<tr>
<th>Stony Brook Dental Center Policy &amp; Procedure</th>
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<tr>
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<td>Floor Stock Medications/Chemicals</td>
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<td>Effective Date 9/10</td>
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<td>Revised Date 7/12</td>
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<td>Department</td>
<td>Approving Authority</td>
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**Policy**

The facility maintains a supply of commonly used medications/chemicals considered as floor stock.

**Procedure**

- The Dental School Clinic Staff and Pharmacy Consultants establishes a list of medications/chemicals to be utilized as floor stock.
- The floor stock medications/chemicals list is posted (attachment).
- A list of floor stock medications/chemicals should be maintained for each respective area of the Dental School, with corresponding expiration dates.
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<th>Title</th>
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<tr>
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<td>Medication/Chemical</td>
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Department Approving Authority

**Policy**

Medications/chemicals are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications/chemicals do so only after they have familiarized themselves with the medication/chemical.

**Procedures**

**General Preparation**

- Only licensed personnel are assigned the responsibility for preparing, administering and recording of medications/chemicals or permitted access to drug storage areas.
- An adequate supply of disposable containers (such as soufflé cups) is maintained for the administration of medications/chemicals. Disposable containers are never reused.

**Tablet Splitting**

- If breaking tablets is necessary to administer the proper dose, hands are washed with soap and water or alcohol gel prior to handling tablets and the following guidelines are followed:
  - A tablet-splitter is used to avoid contact with the tablet.
  - If the tablet is scored, every attempt is made to break along the score lines.
  - Unused tablet portions are disposed of per facility procedure.

**Crushing Medications/Chemicals**

- If it is safe to do so, medication/chemical tablets may be crushed or capsules emptied out when a patient has difficulty swallowing using the following guidelines:
Long-acting or enteric coated dosage forms should generally not be crushed; an alternative should be sought.

Each medication/chemical preparation area includes a device that is specifically used for crushing medications.

Medications/chemicals are crushed (in two soufflé cups) to prevent contact between the medication/chemical and the crushing device.

For patients able to swallow, tables which can be appropriately crushed may be ground coarsely and mixed with the appropriate vehicle (such as applesauce) so that the patients receive the entire dose ordered.

**Liquid Medications/Chemicals**
- Liquid dosage forms may be a practical alternative in place of solid tablets, especially if tablets have a coating and will not crush finely.

**Administration**
- Medications/chemicals are administered only by licensed nursing, dental or other personnel authorized by state laws and regulations to administer medications/chemicals.
- Medications/chemicals are administered in accordance with written orders of the attending resident/dentist. If a dose seems excessive considering the patients age and condition, or a medication/chemical order seems unrelated to the patients current diagnosis a clarification prior to the administration of medication/chemical is necessary.
- Hands are washed before and after administration of topical, parenteral and oral medications/chemicals.
Policy

Significant medication/chemical errors assessed, documented and reported as appropriate to the attending dentist, Medical Director, Assistant Dean/Director of Clinical Operations and the Consult Pharmacist. The reports are reviewed by the Pharmacy Committee and the Food and Drug Administration MedWatch Programs, as appropriate.

Definitions

Medication/Chemical Error/Discrepancy: An incorrect medication/chemical prescribed, dispensed or administered to a patient; an omission of a vital medication/chemical due to a prescribing, dispensing or administering error, medication/chemical administered to an individual with a documented allergy to that medication/chemical.

Significant: Medication/chemical errors that:
- require discontinuing a medication or modifying the dose
- require hospitalization
- result in disability
- require treatment with a prescription medication/chemical
- result in cognitive deterioration or impairment
- are life threatening
- result in death

Procedures

a. In the event of a significant medication/chemical error, immediate action is taken, as necessary, to protect the patient’s safety and welfare.

b. The attending dentist, Medical Director and Assistant Dean/Director of Clinical Operations are notified promptly of any significant medication/chemical error.

c. The following information is documented on the incident report:
- factual description of the error or adverse reaction
- name of dentist and time notified
- dentist’s subsequent orders
- If the discrepancy and/or error resulted in death or significant disability, the FDA MedWatch 3500A mandatory report (Attachment) is completed and submitted within ten (10) days. If the discrepancy did not result in death or significant disability, the Pharmacy Committee reviews the information and determines whether or not to submit a Medication/Chemical Error Report.
- Medication/Chemical Error Reports are reviewed on a quarterly basis by the Pharmacy Committee and acted upon as appropriate.
- Medication/Chemical errors identified by the Consultant Pharmacist during quarterly inspections are reported to the attending dentist, Medical Director and Assistant Dean/Director of Clinical Operations.
- Medication/Chemical error statistics are reviewed by the Consultant Pharmacist as part of the Facility’s continuous quality improvement (CQI) program, working with the Facility and provider pharmacy to investigate medication/chemical incidents and determine mechanisms for process improvement.
Policy

The costs of medications/chemicals are controlled, in part, by the use of multiple-source drug/chemical products, when appropriate. All provisions of state law, Food & Drug Administration (FDA bioequivalence guidelines and the facilities’ therapeutic objectives are followed in choosing multiple-source drug/chemical products.

Definitions

Pharmaceutically Equivalent Drug/Chemical Products: Drug/chemical products that contain the same active ingredient(s), in identical amounts, in identical dosage forms, administered by the same route of administration and that meet existing standards in the United States Pharmacopeia (USP). The products may differ in characteristics such as color, flavor, shape, packaging, inert ingredients and the method of manufacture.

Bioequivalent Drug/Chemical Products: Pharmaceutically equivalent drug/chemical products that when administered under similar conditions produce comparable bioavailability, a similar rate and extent of absorption of the active ingredients, or if the rate is different, it does not affect the drug/chemical concentration in a clinically significant manner.

Therapeutically Equivalent Drug/Chemical Products: Pharmaceutically equivalent drug products that when administered under similar conditions provide the same therapeutic effect as measured by control of a symptom or disease, or other outcome.

Multiple-Source Drug/Chemical Products: Pharmaceutically equivalent drug products that are marketed by different pharmaceutical companies.
**Innovator Brand Products:** A drug/chemical product manufactured and marketed by the pharmaceutical company that introduces it to the market. In most cases, this is the same company that conducted the research and obtained the patent for the drug/chemical. Often referred to as a “brand name” product.

**Non-Innovator Brand Multiple-Source (“Generic”) Drug/Chemical Product:** A multiple source drug/chemical product that is marketed by a company other than the one that introduced it to the market, generally after the patent for the product has expired. Often referred to as a “generic” product.

**Packaging Sizes:** Where commercially available single unit packages and single dose injectables should be purchased and stocked within the facility. The smallest packaging size should be available to prevent possible medication occurrences and potential contamination of the medication/chemical.
Medications/Chemicals are administered only upon the clear, complete and signed order of a person lawfully authorized to prescribe.

**Procedures**

A. Elements of the Medication/Chemical Order
   - Medication/chemical orders specify the following:
     - name of medication/chemical
     - strength of medication/chemical, where indicated
     - dosage
     - time or frequency of administration
     - route of administration, if other than oral
     - quantity or duration (length) of therapy. If not specified by prescriber on a new order, the duration is limited by automatic stop order policy
     - diagnosis or indication for use
     - date order written
   - Any dose or order that appears inappropriate considering the patients age, condition or diagnosis is verified with the attending medical director

   - p.r.n. (As needed) orders also specify the condition for which they are being administered, for example, “as needed for pain” or “as needed for sleep.”

B. Documentation of the Medical/Chemical Order
   - Each medication/chemical order is documented in the patients medical record with the
     - date, time and signature of the person receiving the order
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<tr>
<th>Policy &amp; Procedure</th>
<th>Title</th>
<th>Product Labeling</th>
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**Policy**

Medications/chemicals are labeled in accordance with facility requirements and state and federal laws. Only a dentist, pharmacist or authorized dental clinic personnel can modify or change labels.

**Procedures**

A. Each medication/chemical label includes:
   - Medication/chemical name. Generic multiple-source drug/chemical products dispensed in place of innovator brand products are labeled with generic name and the manufacturer’s name.
   - Strength of medication/chemical. Injectables: strength per ml (cc) and the amount to be given in mls equivalent on label.
   - Chemicals - % concentration, flammable designation
   - Date medication/chemical is dispersed/prepared
   - Quantity/amount
   - Expiration date
   - Name, address and telephone number of Stony Brook Dental School
   - Accessory labels indicating storage requirements and special procedures. Example: Flammable
   - Lot number of medication/chemical dispensed.

B. Improperly or inaccurately labeled medications/chemicals are not acceptable as they lead to medication/chemical errors.
C. Labels are permanently affixed to the outside of the container. Medication/Chemical labels are not inserted into vials.
D. When large original containers of chemicals or medications are reduced to smaller units, each unit must contain the appropriate information from the original (i.e. name, strength, quantity, lot number, expiration date, auxiliary labels such as flammable.)
E. Medication/chemical containers having soiled, damaged, incomplete, illegible or makeshift labels are returned or destroyed.
F. Chemicals and flammables must conform to the above labeling requirements. If an incorrectly labeled product results in harm to a patient a report must be filed.
G. Where applicable, floor stock medications/chemicals are kept in the original manufacturer’s container with the expiration date and lot number clearly evident.
Policy

In the event of a recall by the manufacturer or the Food and Drug Administration (FDA), the Facility is notified to return the affected product to the manufacturer/wholesaler for disposition.

Procedure

- Upon receipt of a recall notice from the manufacturer or FDA, the Facility is notified with instructions for the return of the affected drug/chemical product to the manufacturer/wholesaler.
- The Facility is responsible for locating and returning the affected product and for the disposition of the affected product as directed by the manufacturer or FDA.
- A file is maintained containing all drug/chemical recall notices and action taken (i.e. removed from stock; none in stock).
- The notice is to have the signature of the person who checked stock along with the date.
Policy

Medications, chemicals and biological are stored safely, securely and properly, following manufacturer’s recommendations or those of the supplier. The medication/chemical supply is accessible only to licensed nursing personnel and staff members lawfully authorized to administer medications/chemicals. An inspection of the medication/chemical storage areas will be performed by the Consultant Pharmacist on a quarterly basis.

Procedures

Proper Storage of Medications:

- Only licensed nurses, dental students and residents and those lawfully authorized to administer medications/chemicals are allowed access to medications/chemicals. Medication/chemical rooms, emergency carts and medication/chemical supplies are locked or attended by persons with authorized access.
- Orally administered medications/chemicals are kept separate from externally used medications/chemicals, such as suppositories, liquids and lotions.
- Injectable administered medications/chemicals are kept separate from orally administered medications/chemicals.
- Except for those requiring refrigeration, medications/chemicals intended for internal use are stored in a medication/chemical cart or other designated area.
- If applicable, medications labeled for individual patients are stored separately from floor stock medications/chemicals when not in the working cart.
- Potentially harmful substances (such as household poisons, cleaning supplies, disinfectants) are clearly identified as “POISON” and stored in a locked area separately from medications/chemicals.
- Schedule II-V controlled medications/chemicals are stored separately from other medications/chemicals in a double locked cabinet designated for that purpose.
- Flammables are stored in separate flammable safes.
- Medications/chemicals requiring storage at “room temperature” are kept at temperatures ranging from 15°C (59°F) to 30°C (86°F). Medication/chemicals requiring frozen storage are kept at 0°F to 5°F.
- Medication/chemicals requiring “refrigeration” or “temperatures between 2°C (36°F) and 8°C (46°F) are kept in a refrigerator with at thermometer to allow temperature monitoring. Medication/chemicals requiring storage “in a cool place” are refrigerated unless otherwise directed on the label.
- A daily log of temperature ranges are recorded and initialed (attached). If the temperature is outside the desired range notify the appropriate Supervisor. Contact the Consultant Pharmacist to obtain information regarding stability of medications/chemicals outside the recommended temperature range. Document who discovered the problem, what the issue was, action taken and resolution.
- Refrigerated medications are kept in closed and labeled containers, with internal and external medications/chemicals separated and separate from fruit juices, applesauce and other foods used in administering medications/chemicals. Other foods such as employee lunches are not stored in this refrigerator.
- Outdated, contaminated or deteriorated medications/chemicals and those in containers that are cracked, soiled or without secure closures are immediately removed from stock, disposed of according to procedures for medication/chemicals disposal.
- Medication/chemical storage areas are kept clean, well-lit and free of clutter and extreme temperatures.

**Inspection:**
- A self assessment of medication/chemical storage areas are monitored and documented on a monthly basis by designated staff and corrective action taken if problems are identified.
- The Consultant Pharmacist will perform a quarterly review.
- The School of Dental “Facility Inspection Form” will be used for all inspections.
Policy

Used syringes and needles are disposed of safely and in accordance with applicable laws and safely regulations.

Procedure

- To avoid risk of needle-sticks, needles are not recapped after use. Safety needles/syringes are used within the Facility.
- Immediately after use, syringes and needles are placed into puncture resistant, one way containers specifically designed for that purpose. Syringes and needles are never deliberately bent or broken.
- Whether kept in the medication/chemical room or affixed to the medication/chemical cart, the disposal containers are fitted with a lid that prohibits reaching into the container. While awaiting disposal, full containers of discarded needles are kept where residents and unauthorized staff do not have access (such as in a locked medication room).
- When containers are two-thirds full, they are sealed and disposed of in the same manner as other infectious waste.
Stony Brook Dental Center
Policy & Procedure

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Department | Approving Authority

**Policy**
The facility controls the use of all syringes and needles as required by applicable state law.

**Procedure**
- Syringes and needles are stored in a locked supply cabinet, with access limited to those with authorized keys (see form).
- Used syringes and needles are disposed by placing them in the Sharps Container. These contaminated syringes must be appropriately discarded according to the Department of Health regulations. The Facility will contract with a biomedical waste company for proper disposal of the Sharps Containers.
Policy
Vials and ampules of injectable medications/chemicals are used in accordance with the manufacturer’s recommendations for storage, use and disposal.

Procedure
- For multi-dose vials, the future expiration date on an auxiliary label. Vials must be discarded after 28 days.
- Ampules and single-use vials solutions (Naci& H2O for irrigation) (containing no preservative) are discarded immediately after use.
- The solution in multi-dose vials is inspected prior to each use for unusual cloudiness, precipitation or foreign bodies. The rubber stopper is inspected for deterioration.
Part I  Overview of Presentation

Part II  The Chain of Infection

Part III  Diseases of Importance for Dental Professionals

Part IV  Methods of Compliance
Part I
Overview of Presentation
The Goal of Infection Control Training

- Review Transmission of Diseases
- Current Infection Control Procedures
- Professional Responsibilities
Infection control training is mandated every four (4) years for dentists and dental hygienists licensed in New York State.
Failure to follow scientifically accepted infection control techniques is “unprofessional conduct” in New York State.
Unprofessional Conduct

“Rules of the Board of Regents” section 29.2(a)(13)

Licensed dentists and dental hygienists must comply with the above rules and may be subject to disciplinary action if found in non-compliance by the Office of the Professions.
Distinction Between State Law and OSHA Requirements

Part I Overview of Presentation

Protect Patients

Protect Employees
Part II
The Chain of Infection
The Chain of Infection

- Six links in the chain
  - Pathogen
  - Reservoir
  - Portal of exit
  - Mode of transmission
  - Portal of entry
  - Susceptible host
Pathogens are microorganisms that cause disease in humans.

Examples:
- Viruses
- Bacteria
- Fungi
The Chain Of Infection

• **Reservoir**: where a pathogen can survive or reproduce

Examples – water, humans, dental equipment
Part II The Chain of Infection

- **Portal of Exit** – How a pathogen leaves the reservoir
  - Coughing
  - Sneezing
  - Oral draining lesions

- **Mode of transmission**
  - Air
  - Bloodborne
  - Ingestion
  - Direct/indirect contact
Part II The Chain of Infection

• Portal of Entry
  – Broken skin
  – Mucous membrane
  – Respiratory
Part II The Chain of Infection

- **Susceptible Host**
  - High Risk Patients
  - Immunocompromised
    - Existing disease
    - Previous surgery
    - History of radiation/chemotherapy
    - Immune deficiency
Factors Affecting Outcome of Exposure

Host Factors
- Natural Barriers (skin or mucosa)
- Immune system
- Presence of Foreign Body (artificial joints/valves, shunts)
- Age (elderly/infants more susceptible)
- Occupation/lifestyle

Part II  The Chain of Infection
Factors Affecting Exposure

Pathogen Factors
- Infectivity of organism (Virulence)
- Size of inoculation
- Route of exposure
- Duration of exposure
Disease Transmission In Dentistry

- Cuts or sticks from contaminated sharps and needles
- Contacts between blood or OPIM (other potentially infectious material) and pre-existing skin lesions or mucosa
- Infectious body fluid (eyes, nose and mouth)
Carriers of Pathogens

- A healthy person who is resistant to pathogens
- The pathogen is not causing disease in that person – **no outward symptoms**
- Maybe unaware that they are carriers
- The carrier can transmit pathogens to others (**still infectious**)
Part II  The Chain of Infection

Asymptomatic Infection

- The presence of a pathogen in or on the body
- Without any symptoms of disease, the patient is unaware
Latent Infections

An infectious disease may go from being apparent (symptomatic) to unapparent (asymptomatic) and sometime later, back to being apparent (reactivated)
Latent Infection

- Herpes virus infections: cold sore, fever blisters
  - The patient continues to harbor the herpes virus between cold sore episodes
  - The virus remains dormant within cells of the nervous system
  - Stress acts as a trigger (fever, sunburn, stress)
- Shingles (Varicella zoster infection)
- Tuberculosis
Part III
Diseases of Importance for Dental Professionals
Part III Diseases of Importance for Dental Health Professionals

- Staphylococcus
- CMV
- German Measles
- Hepatitis A (HAV)
- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Tetanus
- Tuberculosis (TB)
- Herpes Simplex
- HIV
- CJD and vCJD

Bloodborne
Hepatitis B (HBV)

- Still remains the highest occupational risk for dental professionals!
- One of most underreported diseases
- 10,000 new cases annually reported to the CDC
- Can become chronic carrier
HBV Transmission

- At birth
- Sexually transmitted
- IV drug abuse
- Occupational exposure (sharps)
- Blood transfusion
- Can be transmitted by healthy carriers
HBV Infection Can Progress To

- Chronic hepatitis (approx. 10%)
- Cirrhosis (especially when coupled with chronic alcohol abuse)
- Liver cancer
- May be fatal
Hepatitis C (HCV)

- An emerging disease
- Also underreported and prevalent
- Now is included in the Bloodborne Pathogen Standard
- #1 reason for liver transplants in US
HCV Infection Can Progress To

- Cirrhosis
- Chronic hepatitis
- Need for liver transplant
- Eventual death
HCV Transmission

- Prior to 1993 from blood transfusions
- IV drug abuse
- Tattooing
- Manicures (cutting cuticles)
- In dental treatment, hollow-bore needles are the most common vehicle
Tuberculosis

- A communicable disease
- Bacterial infection
  - Mycobacterium tuberculosis
- The 2nd leading cause of death worldwide

Part III  Diseases of Importance for Dental Professionals
TB Infection

- Typically an asymptomatic or subclinical infection
- 10% of infected patients will actually develop T.B.
- Immunocompromised patients at higher risk
  - Diabetics, HIV, Chemotherapy

Part III  Diseases of Importance for Dental Professionals
Transmission
Who is likely to have TB?

- Residents and healthcare workers in institutional settings
- Close contact with known TB patients
- Healthcare workers who serve high-risk clients (HIV and IV drug abusers)
- Recent immigration from 3rd world countries

Part III Diseases of Importance for Dental Professionals
Factors Contributing to the Decrease in TB

- Prompt identification and diagnosis of infected persons
- Isolation
- Initiate appropriate treatment
- Ensure completion of therapy and follow-up testing
Type of Test

- Mantoux tuberculin skin test (PPD)
  - Annual testing (even in private practice)
- Chest Radiographs
- Sputum smears

Part III  Diseases of Importance for Dental Professionals
Dental healthcare provider (DHCP) with a positive TB Mantoux skin test require a chest x-ray

- If positive, MD consultation required for possible drug therapy
- If negative, repeated chest radiographs are not needed (ex. previously immunized)
For infected patients:

Dental treatment should be deferred until

- a physician confirms that a patient does not have infectious TB

- if the patient is diagnosed with active TB, it is confirmed no longer infectious
Urgent Dental Care

- Urgent dental treatment for a patient who has, or is suspected of having active TB disease should be provided in a facility that provides airborne infection isolation.
- DHCP should use respiratory protection (fit-tested, disposable N-95 respirators).

Part III Diseases of Importance for Dental Professionals
Human Immunodeficiency Virus (HIV)

- Time between exposure to virus and development of disease (AIDS) can be years

- Transmission
  - Direct contact with infected body fluids such as blood, semen and saliva or OPIM
  - Asymptomatic carriers have high risk of transmission
Symptoms of HIV Infection

- Flu-like symptoms
- Fever of unknown origin (FUO)
- Unexplained weight loss
- Chronic diarrhea
- Persistent lymphadenopathy
Part IV
Methods of Compliance
In 1996, CDC expanded the concept of Universal Precautions and changed the term to 

**Standard Precautions**
Standard Precautions

- Standard precautions apply to contact with:
  - Blood
  - All body fluids
  - Secretions and excretions (except sweat)
  - Non-intact skin and mucous membranes

Follow standard precautions for all patient treatment
Work Practice Controls

Controls that reduce the likelihood of exposure by altering the manner in which a procedure is performed

- Examples include
  - wearing PPE
  - not using a two-handed technique for needle recapping
  - use of preprocedural antimicrobial mouth rinses
  - use of rubber dam
Work Practice Controls

- Studies have demonstrated that a preprocedural antimicrobial rinse (chlorhexidine gluconate, essential oils, or povidone-iodine) can:
  - Reduce the level of oral microorganisms in aerosols and spatter generated during routine dental procedures
  - Decrease the number of microorganisms introduced in the patient’s bloodstream during invasive dental procedures

Part IV  Methods of Compliance
Laser Plumes or Surgical Smoke

- Surgical procedures using a laser or electrosurgical unit cause thermal destruction of tissue and create a smoke byproduct.
- Use of high-filtration surgical masks, full face shields, and suction units with in-line filters to collect particulate matter should be considered.

Part IV Methods of Compliance
Engineering Controls

- These are controls that isolate or remove the bloodborne pathogens hazard from the workplace.
- Examples: sharps containers, needle recapping devices, high volume suction, and eyewash stations.
Precautions For Latex Exposure

- To ensure safe treatment for patients who have possible or documented latex allergies
  - Schedule patients for the first appointment of the day to minimize exposure
  - Frequently clean all working areas contaminated with latex powder or dust
  - Have latex-free products in emergency kit at all times

Part IV  Methods of Compliance
Transmission of waterborne infections and disease can occur among susceptible patients through direct contact with water or after exposure to waterborne contamination.
The Dental Care Center has a water line filtration system to reduce the accumulation of bio-film in the tubing supplying water to the high-speed hand piece and air/water syringe.

Water should ONLY be obtained from these water dispensers for dental chair with external water bottles.

The waterline dispensers are located in the following areas:

- Bays A, E, F, G, and Postdoctoral Wing
- Oral Maxillofacial Surgery Suite
Dental Unit Waterlines and Water Quality

• The student/residents are instructed to empty the water bottle the first Friday, afternoon of every month.

• The DCC staff will check to ensure that the water bottles are empty.

• Daily:
  – Flush high speed line and air/water syringe line with water for 2 minutes
  – Flush waterlines for a minimum of 20-30 seconds after each patient
Engineering Controls

- Used to eliminate or minimize DHCP exposure to bloodborne pathogens
  - Dental dams
  - Hand washing
  - High-volume evacuation
  - Proper patient positioning
  - Sharps containers
  - Biohazard bags
  - Nitrous oxide scavenger systems
  - Water line filtration
Work Practice Controls

- Barriers
- Clinical Lab Safety
- Contaminated Needles and Sharps
- Disinfect Impressions and Appliances
- Extracted Teeth
- Recap Needles
The Operating Field
Pretreatment Set-up

- High Speed Evacuators, Saliva Ejectors, Air/Water Syringe, and Computer Keyboard and Mouse
  - Place appropriate plastic barriers

- The Dental Light
  - Place appropriate plastic barriers
Pretreatment Set-up

• **The Student Cart**
  - Shall serve primarily as a mobile work surface during the treatment period
  - Students shall not open drawers or reach into the cart with contaminated gloves, therefore no barriers needed on handles
  - Paper covers with 2 tapes and bag
Pretreatment Set-up

• The Operatory Shelves
  - All surfaces should be free of dirt or debris and have been sprayed with disinfectant and wiped with a paper towel.
  - The **clean side** is usually the side furthest from the student when they are seated.
  - The **dirty side** is close to the student so they can reach for the required material and continue to treat the patient.
  - Supplies such as impression material, polycarbonate crown boxes etc. are placed on the clean side. Gloves have to be removed to handle anything on the clean side.
Pretreatment Set-up

• The Dental Unit and Chair
  – Prior to the seating of a patient, the dental chair and unit shall be inspected
  – All surfaces should be free of dirt or debris and have been sprayed with disinfectant and wiped with a paper towel

• Authorization to Treat Patient
  – Prior to receiving a “permission to start” authorization on the clinic computer, students must present a totally clean operatory with all handpieces and instruments sealed in sterilization bags
  – Faculty must confirm that sterilized handpieces and instruments are being used
Post-treatment Disinfection

- On completion of patient care....

- The Dental Chair and Cart
  - the plastic barriers must be removed from over the buttons and the chair should be wiped with a paper towel saturated with disinfectant solution or hospital grade disinfectant wipe
  - chair must be raised to its highest point

- The Dental Light
  - remove the plastic barrier from the light handle
Post-treatment Disinfection

- The Computer Keyboard, and Mouse
  - remove the plastic barrier from the light handle
    - AT NO TIME SHOULD YOU TOUCH AN UNCOVERED KEYBOARD OR MOUSE WITH YOUR GLOVED HAND
    - AT NO TIME SHOULD YOU SPRAY THE KEYBOARD OR MOUSE WITH DISINFECTANT
- High Speed Evacuator, Saliva Ejector and Air/Water Syringe
  - remove the plastic barriers, any splatter or debris must be removed, and the surfaces disinfected
  - water lines should be run for thirty seconds after removing hand pieces or air/water syringes
Post-treatment Disinfection

- **Dental Handpieces and Ultrasonic Scalers**
  - Any dental hand piece which has been or will be used for patient care must be sterilized

- **Instrument Tray**
  - all disposable items should be discarded in the garbage bin in the cubicle
  - dispose of all sharps in the appropriate container
  - segregate all of the instruments before returning them to sterilizing
  - if the sterilizing window is closed, **DO NOT** leave instruments on the counter
Disinfection of

- Impressions
  - Rinsed under running water to remove surface blood and saliva, drain
  - Spray (both sides of the impression!) as soon as possible with a hospital grade disinfectant, which shall remain in contact with the impression for 10 minutes
  - After this, rinse under running water, drain, place in plastic bag for transportation to the laboratory
Impression Disinfection

Wait 10 minutes
Disinfection of

- Prostheses or casts
  - Rinsed under running water to remove surface blood and saliva, drain
  - Spray (both sides) as soon as possible with a hospital grade disinfectant, which shall remain in contact with the impression for 10 minutes
  - After this, rinse under running water, drain, place in plastic bag for transportation to the laboratory
Laboratory Protocol

- All cases entering the laboratory, through the laboratory window will be in a plastic bag (including models, impressions, and articulators).

- They will be placed in the designated disinfection area. Twice a day, once in AM and PM, all cases will be disinfected.

- All cases in progress, which are released from the laboratory to a student, should be disinfected by the student, prior to delivery to a patient.
Special Circumstances

Glazing

- DHCP are not permitted to enter the dental laboratory wearing PPE
- When glazing, place case on a ceramic peg for transportation to lab
- At lab window, place tray with crown and ceramic peg on shelf
- Remove clinic coat and place on hook outside of laboratory
- Enter the lab and retrieve the case from the window shelf
- Proceed to glazing oven
Special Circumstances
Glazing
Special Circumstances  Radiology

- Barriers should be placed on the appropriate areas of the x-ray machine, chairs, and sensors
Needlestick Safety and Prevention

- DHCP who administer local anesthesia should identify what technique will be used to recap needles.

- Never recap needles by using both hands.
  - Utilize one-handed scoop technique or mechanical recapping device.

- Never bend or break needles before disposal.

Part IV  Methods of Compliance
Post Exposure Plan

- If you are injured
  - Stay calm, clean the injured area(s) with soap and water
  - Report the event as soon as possible to the supervising faculty
  - Report incident to Associate Dean for Clinical Affairs or his/her designee

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Telephone # 444-6250
Work Practice Controls

- Disinfection
- Handwashing
- Preprocedural Mouthrinse
- Specimens of Blood Soaked or Other Potentially Infectious Materials (OPIM)
- Splash/Spray Prevention
- Sterilization
Work Practice Controls

- No food or beverages are allowed in the clinic bays

Yes, Coffee is considered a beverage!
Eating and Drinking

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in areas where there is a reasonable likelihood of occupational exposure.

**NO** Eating or Drinking is allowed in the clinic bays.
Personal Protective Equipment (PPE)

- Eye Protection (with side shields)
- Masks
- Gloves (latex free)

*The use of protective gloves during patient contact is mandatory in the Dental Care Center*

- White Clinic Laboratory Coats or Gowns
• Handwashing is considered the single most critical measure for reducing the risk of transmitting organisms

• Hand hygiene depends on the type of procedure
  • For routine dental examinations & nonsurgical procedures either a plain or antimicrobial soap and water should be used
  • Duration (minimum) 15 seconds

Part IV Methods of Compliance
Hand Hygiene

- For surgical procedures an antimicrobial soap or alcohol hand rub with persistent activity should be used.
- Duration (minimum) 2-6 minutes.
Hand Hygiene

- Alcohol-based hand agents should include such antiseptics as:
  - Chlorhexidine, Quaternary ammonium compounds, Octenidine or triclosan to achieve persistent activity
  - Duration (minimum) Rub hands until the agent is dry
- For use **Only** when hands are not visibly soiled

Part IV    Methods of Compliance
Hand Care

Other factors that can influence hand care:

- Petroleum based hand lotion can weaken latex gloves
- Fingernails should be short to allow thorough cleaning of hands
- Artificial fingernails or extenders can cause fungal and bacterial infections
- Chipped nail polish can harbor added bacteria on fingernails

Part IV  Methods of Compliance
Handwashing

- At the beginning of each patient treatment session, it is preferable that all watches, rings, and other jewelry should be removed from the hands.
- Fingernails should be short, clean, and smooth.
- Hands must always be washed (or alcohol based disinfectant hand rub used) between patient treatment contacts, and before entering and leaving the operatory area, even though gloves have been worn.
• **DHCP**
  - Since many dental procedures produce projectiles from material such as amalgam restorations or crowns, shatter resistant protective eyewear with side shields should be worn.

• **Patient**
  - Protective glasses are required for patients during all procedures that generate airborne particles, splatter or spray.
Masks

- Masks must be worn by DHCP during all dental procedures which produce aerosol or projectile material.
- Masks are removed when leaving cubicle.
- Masks are not allowed in the corridors of the Dental Care Center.
Gloves

- Hands must be washed and new gloves must be donned prior to commencement of any clinical procedures.
- When gloves are torn, cut or punctured, they must be removed immediately, and hands washed thoroughly and regloved, prior to completion of the dental procedure.
- Gloves may not be washed and reused.
Removing Gloves

- Gloves should be removed when leaving clinic bay (with the exception of returning contaminated instruments to Sterilizing).
- To properly remove gloves, grasp the edge of the glove cuff and pull the glove inside out over hand.
- Dispose of gloves in the garbage bin (not dropped on the instrument tray).
PPE Sequence

1. PPE coat over scrubs
2. Eye Protection on
3. Mask placed
4. Hands washed
5. Gloves on
6. Patient treatment
7. Gloves off
8. Hands washed
Regulated Medical Waste (RMW)

- Liquid or semi-liquid blood or other potentially infectious materials
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed (such as blood soaked gauze)
Regulated Medical Waste (RMW)

- Items that are caked with dry blood or other potentially infectious materials and are capable of releasing these materials during handling.
- Pathological and microbiological waste containing blood or other potentially infectious materials.
Regulated Waste (OSHA)

- Liquid or semi liquid blood or OPIM
- Contaminated items that would release blood or OPIM if compressed
- Items that are caked with dried blood or OPIM
- Contaminated sharps
- Waste containing blood
  - extracted teeth or tissue
Regulated Waste Management

- Blood Soaked Items – free-flowing blood
- Sharps – Items that can penetrate skin
Not for your
Gloves
Paper towels
Masks
Handling of Extracted Teeth

- Extracted teeth with no amalgam should be disposed in regulated waste containers (red bins)
- Extracted teeth containing dental amalgam should not be placed in regulated waste container (it is incinerated)
- When extracted teeth are given to patient on request, provisions of the standard no longer apply
Regulated Medical Waste (RMW)

- Extracted teeth containing amalgam restorations **must not** be disposed of in RMW which is destined to be incinerated. A separate container is provided for disposal of these teeth.
• For all sharp (potentially skin penetrating devices)...needles, endo files, burs.....
• Placed into a closable container
• Constructed to contain all contents and prevent leakage of fluids on handling, storage, transport or shipping
• Labeled or color coded in accordance with the OSHA standard
• Do not overfill
• Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping
Exposure

- Defined as any incident in which an individual has been exposed to possible infectious material, such as blood or saliva, through mucosal contact (mouth, eyes or nose), or that may have entered through the individuals skin as the result of a puncture by a sharp or pointed instrument or scrape, that results in bleeding, from an instrument or device used in the patients mouth.
Post Exposure Plan

- Any injured DHCP is to first clean the injured area(s) with soap and water, then report the event as soon as possible to the supervising faculty and the Associate Dean for Clinical Affairs or his/her designee.

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Remediation

- The first infection control infraction (violation) will result in a recorded warning.
- A second infraction will result in the DHCP being required to review the clinic protocol video and passage of an exam.
- A third infraction will result in removal from one clinic session, student will be required to assist in sterilization during this clinic session.
- If further violations, the student will be referred to the Academic Standing Committee for discussion and action.
9.0 Continuous Quality Improvement Policy of the Dental Care Center

9.1 Purpose

The School of Dental Medicine (SDM) is committed to providing patient care, which is appropriate and is in the best interest to our patients. To help us achieve this commitment, Standards of Care, which are patient-centered and focused on comprehensive care, have been developed. These Standards define the patient care guidelines, policies, and procedures that are designed to provide quality, comprehensive care to all patients. It is expected that the treatment provided by the Dental Care Center will satisfy these Standards. The goals of the quality assurance program are to:

- Assess the appropriateness and quality of care rendered to patient;
- Identify deficiencies that adversely affect the quality of care rendered;
- Implement corrective actions and recommendations which will improve the quality of care provided;
- Assess the impact of corrective actions or recommendations implemented for the delivery and quality of care provided.

The Standards of Care are detailed in Section 11.0 of this manual. All clinical providers are expected to comply with these Standards of Care.

9.2 Policy Implementation

It is not enough to say that we are committed to comprehensive care that is patient centered, appropriate, and necessary and delivered with the utmost quality. We need to monitor our progress and measure our success with regard to this commitment we have made to our patients.

The Continuous Quality Improvement Committee (CQIC) is responsible for maintaining the continuous quality improvement program, implementing standards of care, monitoring compliance, and recommending actions to meet the goals of the program. This committee is advisory to the Dean and reports to the Outcomes Assessment Committee. Its membership includes the Associate Dean for Clinical Affairs (Chair), the Risk Management Officer, the Director of Clinic Operations, and one representative from each department, providing an interdisciplinary task force. The committee meets monthly, to review and analyze data collected and recommend changes to correct deficiencies and attain improvement.

Charges to the CQIC include overseeing that the following measures are conducted:

1. Ongoing review and analysis of compliance with the Standards of Care;
2. Ongoing reviews of active patient records for accuracy and completeness;
3. Ongoing reviews of patient care to assess appropriateness, necessity, and quality of care provided;
4. Monitoring adverse outcomes and incident reports;
5. Monitoring infection control infractions;
6. Monitoring patient concerns;
7. Monitoring the re-treatment log;
8. Regulating the introduction of new products and technology into the DCC.

To assist in this process, the CQIC includes the following three subcommittees:

1. Electronic Patient Record Subcommittee
2. Infection Control Subcommittee

The SDM is committed to delivering patient-centered care, which is appropriate, necessary, and contributes to the quality of oral health. To fulfill this commitment, the Continuous Quality Improvement Program has mechanisms in place which assess quality indicators, determine causes of treatment deficiencies in patient care, and permit follow up assessments to measure the outcome(s) of any corrective actions taken to eliminate these deficiencies. These mechanisms include:

1. Analysis of compliance with Standards of Care
2. Patient Roster Flag Report
3. Patient Chart Completion Report
4. Outcomes of Care Assessment
5. Patient Satisfaction Survey
6. Incident Reports
7. Patient Complaint Monitoring
8. Re-treatment Log
9. Infection and Biohazard Control Reports
Stony Brook University School of Dental Medicine
Continuous Quality Improvement Program

**Instruments to Assess the Quality of Care**
- Analysis of compliance with Standards of Care
- Patient Roster Flag Report
- Patient Chart Completion Report
- Outcomes of Care Assessment
- Patient Satisfaction Survey
- Incident Reports
- Patient Concerns Monitoring
- Re-treatment Log
- Infection and Biohazard Control Reports

**Actions of CQIC**
- Discussion with appropriate administrators, chairpersons, directors, division coordinators, faculty, staff, and students/residents.
- Revision of clinic policies and Standards of Care.
- Revision of student evaluation procedures.
- Patient reassignment.
- Referral to other appropriate governing bodies.
I. Patient Roster Flag Report:

This report is a quality assurance assessment of student/resident/patient care activity. This report is generated monthly for each student/resident. It contains the following information:

- Name of each patient assigned to that student/resident
- Date of assignment
- Total number of encounters (visits)
- Date of last visit
- Date of next scheduled appointment

- Patients must be assigned to a student/resident and scheduled for an initial visit within 60 days of the screening examination, unless urgent needs exist. A separate report is generated for patients who have not yet been assigned to a student/resident. Please refer to Patient Flow Chart (Appendix 5-1.1)
- Patients undergoing active treatment who have not had a scheduled appointment for greater than 30 days
- Patients, who have not received radiographs within the time frame of the Standards of Care for Radiology
- Patients, who have not received recall care within the time frame specified when active treatment was completed. This period varies from three months to one year according to the individual patient’s needs. In addition, all patients undergoing active treatment must have an examination and any indicated periodontal therapy every six months.
- Date patient was contacted by letter, if patient did not respond to telephone calls
- Additional specific information regarding lapses in patient appointment activity by the assigned provider

Some patients may request a hiatus in their patient care due to personal reasons (family illness, snow bird, medical leave, etc.). These patients are not considered to be receiving care in an untimely manner. In addition, patients are given the option of requesting a "voluntary-drop" status. If the hiatus in treatment is less than one year, patients will be re-instated in the active category, and may return to their last clinical provider whenever possible. If the hiatus is equal to or greater than one year, the patient must be re-screened, as their dental needs and medical status may have changed. The screening process will re-assess their needs and determine if the necessary care falls within the scope of the teaching programs available at the Dental Care Center.

This information is always available for students/residents to review through the axiUm system. In addition, the coordinator reviews this report with the student/resident, monthly. When deficiencies are found, the student/resident is counseled by faculty/staff. Follow-up, to determine if the deficiency has been corrected, is achieved by analysis of the subsequent monthly report by the coordinator.

It is the responsibility of the faculty mentors to review this report monthly with Year II, II, and IV dental students. When patient care is interrupted secondary to student management, the student is counseled by the mentor on how to resolve the issue. Follow up, to determine if the deficiency has been corrected, is achieved by the analysis of the subsequent monthly report. If deficiencies persist, the student may require instruction on patient management by the course director or department chair. The Associate Dean for
Clinical Affairs and Director of Clinic Operations monitor summary reports on a monthly basis and present findings to the CQIC.

II. Patient Chart Completion Report:

The patient chart completion report is a comprehensive review of active patient records, distributed to coordinators and students/residents on a weekly basis to evaluate the completeness of patient records. In addition, students have access to this information at all times through the various functions of the axiUm system. The coordinator reviews this report with the student/resident, weekly. When deficiencies are found, the student/resident is counseled by faculty/staff. Follow-up, to determine if the deficiency has been corrected, is achieved by analysis of the subsequent weekly report by the coordinator.

The Associate Dean for Clinical Affairs and Director of Clinic Operations review a summary report on a weekly basis and present this information to the Continuous Quality Improvement Committee, for discussion and recommendations for improvements, as deemed necessary.

The patient chart completion report includes a review of the following items:

- Receipt of the “Guide to Patient Care Services;”
- General consent to treatment signed;
- Medical history completed, signed by patient, and approved;
- Medical history updated within a year;
- Head & neck examination completed and approved;
- Dental history completed and approved;
- Periodontal exam completed and approved (dentulous patients);
- Periodontal charting completed and approved (dentulous patients);
- Dental charting completed and approved;
- Caries risk assessment completed;
- Appointment notes entered for each treatment date;
- All electronic patient record notes approved;
- All treatment approved;
- All treatment coded.

III. Outcomes of Care Assessment:

It is the responsibility of the student to complete the treatment needs of the patient in a timely and appropriate manner. When a treatment cycle is completed, an outcome of care assessment must be performed. This assessment is performed, whenever possible, on the day that the last procedure (of the current treatment cycle) is completed.

The purpose of the outcomes of care assessment is to evaluate the quality of the care that has been completed, confirm that no other treatment is required, and to assess the patient’s overall oral health status. To encourage an objective evaluation, the assessment is to be performed by a clinical faculty member, who has had minimal to no involvement with the treatment of this patient.
The evaluating faculty member will examine the patient with the student and complete an Outcome of Care Assessment form (Appendix 9). If the faculty member concludes that no other treatment is required at this time, the patient should be placed on an appropriate recall status. At this time, the student must write an appropriate note and inform the coordinator. The patient coordinator will then review the patient chart to ensure that all chart entries are completed.

Treatment deficiencies are identified by criteria based on the Standards of Care. If the faculty examiner concludes that additional treatment is necessary, the required treatment needs are to be entered by the student in a treatment plan fashion on the sequential treatment plan form, and noted in the Outcomes of Care Assessment. The faculty examiner must swipe the sequenced plan. These corrections will be completed by the assigned student, whenever possible. A second examination will be required upon completion of all corrective actions to determine if “recall status” has been achieved. The data collected is tabulated by the Office of the Associate Dean for Clinical Affairs and the resulting trends and patterns are discussed with the Continuous Quality Improvement Committee. All results that don’t meet outcomes expectations are referred to the Outcomes Assessment Committee. Actions taken to correct deficiency trends and patterns may include:

- Discussion of findings with appropriate Department Chairs, Discipline Coordinators, faculty and students;
- Re-calibration of individual faculty;
- Remedial session(s) for individual students;
- Clinic policy assessment and changes as necessary;
- Referral to Curriculum Committee for evaluation of related areas.

IV. Patient Satisfaction Survey (Impressions of Us)

The patient satisfaction survey (Appendix 43) is a quality assurance measure that provides patient assessment of issues related to Dental Care Center policies, physical plant, and the teaching program. This survey must be delivered to all patients prior to placement on recall status. The completed anonymous survey must be placed by the patient, in the secure container located in the clinic reception area. The Office of the Associate Dean for Clinical Affairs tabulates the data collected. The Continuous Quality Improvement committee reviews the results, and reports its findings to the Outcomes Assessment Committee.

V. Incident Reports

The electronic Incident Report Tracking Log is an electronic database, which is web-based, and not part of the axiUm record. This report is a quality assurance measure that ensures detailed documentation of unusual or adverse events and outcomes that have occurred within the Dental Care Center. All incident reports are forwarded to, and catalogued by the Risk Management Officer. The electronic Incident Report Tracking Log was implemented towards the end of the 2005-2006 academic year. It is an electronic database that is web-based, and not part of the axiUm record. Prior to this year, the information was tracked in paper logs. Results are tabulated with regard to the type and frequency of incidents that occur. A quarterly summary report is given to the Continuous Quality Improvement Committee for review. Report summaries are
forwarded to the Outcomes Assessment Committee. This information is also reported to students during clinic orientation session. Incidents are classified as:

- Medical Emergency: Acute emergency requiring activation of the MERT.
- Patient Behavior: Disruptive/violent patient actions.
- Facility Related: Injury in facility, such as “slip and fall.”
- Patient Injury During Treatment: Injury such as “lip lacerated by bur.”
- Exposure: Exposure to bloodborne pathogens through puncture, laceration, or mucous membrane contact.

VI. Patient Complaint Reports

The Patient Concerns Tracking Log is an electronic database that is web-based, and not part of the axiUm record. This report is a quality assurance measure that ensures detailed documentation of a patient’s concern(s) about some aspect of their experience at the Dental Care Center. A patient complaint policy facilitates the referral of a patient’s concern(s) to the appropriate division of the Dental Care Center for review and resolution. Patients’ concerns about any aspect of their experience at the Dental Care Center can be registered in person with the Associate Dean for Clinical Affairs or his designee, by letter or by telephone. Regardless of the manner in which the complaint is reported, all pertinent information is to be recorded in Patient Concerns Tracking Log by the Associate Dean for Clinical Affairs or his designee. The following are the categories of patient complaint classification. These are problems/concerns related to:

- Attitude/Professionalism of Student
- Attitude/Professionalism of Resident
- Condition of Reception Area
- Condition of Treatment Area
- Dental Care Provided by Student
- Dental Care Provided by Resident
- Fees
- Interaction with Faculty
- Interaction with Clinic Staff
- Parking
- Restoration Comfort
- Restoration Esthetics
- Duration of Treatment
- Other

If upon review of the complaint, the Associate Dean for Clinical Affairs or his/her designee can resolve the problem directly with the patient, the nature of the resolution is to be entered in the appropriate section of the Patient Concerns Tracking Log, and implements the agreed upon resolution. If the complaint cannot be readily resolved to the satisfaction of the patient, the Associate Dean for Clinical Affairs will refer the complaint to the Continuous Quality Improvement Committee for review, and based on this review, select the appropriate course of action(s).
Reports generated from the Patient Concerns Tracking Log database are reviewed and analyzed for the type and frequency of the complaints registered. The Office of the Risk Manager conducts this analysis on a quarterly basis. The findings are reported to the Continuous Quality Improvement Committee for review. The Continuous Quality Improvement Committee notifies the Outcomes Assessment Committee when adverse trends are identified.

VII. Re-treatment Log

The electronic Re-Treatment Tracking Log is an electronic database that is web-based, and not part of the axiUm record. It is utilized to track any restorations or prostheses that required replacement or re-fabrication, within several years after completion or insertion.

VIII. Infection and Biohazard Control Reports

The SDM is committed to protecting the health and safety of patients, faculty, students/residents, and staff, through standard precautions, engineering controls, and work practice controls. To ensure compliance with infection control and biohazard control the DCC utilizing three measures. Continuous monitoring to ensure students are following the correct infection control protocol by utilizing daily formative assessments completed by faculty. Clinical inspections by clinic staff which is summarized in the Infection Control Violation Report. Sterilization Monitoring Reports are generated daily to ensure that equipment and instruments that are utilized for patient care are adequately sterilized. Dental unit biofilm tests are performed monthly on one randomly selected unit in each bay.
10.0 Dental Care Center Finance Procedures

Introduction

The primary function of the finance office is to collect and deposit payments for dental services rendered, verify patient’s insurance eligibility and payments, submit Medicaid threshold override requests, approve laboratory prescriptions, create payment plans if necessary, address patient concerns, and answer any financial questions.

It is the responsibility of the student/resident to make certain that the patient understands the Dental Care Center’s fees and financial policies. If student/residents require assistance, they should consult with the Director of Clinic Operations, the Assistant to the Director, Cashiers or Medicaid Coordinator.

The finance office is located in the Dental Care Center suite 184. The staffing consists of the Director of Clinic Operations, Assistant Director, Supervisor of Cashiers, Cashiers, Medicaid Coordinator and Data Entry Clerk.

Hours of operation are from 8:30am-5:15pm. The telephone number is (631) 632-8989.

Transactions, Code Sets and Identifiers

All billing transactions that are submitted electronically follow the HIPAA guidelines. All electronic billing:

- is standardized according to HIPAA guidelines
- has national codes for procedures
- is HIPAA compliant with data elements for electronic transactions
- has a national unique provider “Identification Number”
- has to ability to automatically exchange information between computer systems

10.1 Definition of Terms

Co-Payment: Portion of the fee the patient must make before the visit starts.

Electronic Medicaid System (EMS): System utilized to verify eligibility of Medicaid patients.

Fee-For-Service: Charge for a particular service that is rendered.

HMO: Managed care concept, which offers pre-determined, covered services and fees. The patient may have to pay out of pocket for services not covered.

Utilization Threshold Visit: Limited amount of dental visits per patient’s calendar year for which the patient is eligible.

Predetermination/Preauthorization: Form that is submitted to the patient’s insurance plan for pre-approval on specialty or extensive dental procedures.
Referral Form: Form that is utilized by patients covered under an HMO. The primary dentist will issue a referral form to the patient for services not rendered the primary dentist.

Insurance Statement: A statement of American Dental Association (ADA) by codes of actual services rendered and charges that the patient can submit to their insurance company.

axiUm: Dental management software used for patient care and billing.

10.2 **Patient Responsibilities**

All patients receive and sign a copy of the “School of Dental Medicine Fee Policy” (refer to Section 13.0). Patients are expected to pay for treatment rendered at the time of service. The student should ensure that the patient understands that payment of dental services is the patient’s responsibility. A “Financial Hold or Lock” can be placed on a patient’s record for financial reasons as determined by the Financial Office.

10.3 **Student/Resident Responsibilities**

It is expected that student’s will ensure patient compliance with established procedures for the collection of fees. Students are not to assume that they are not involved in the billing and collection of patient fees. *Unpaid balances of assigned patient accounts and/or delinquent patient accounts may prevent a student from receiving credit for completed procedures and/or from being certified for graduation.*

To maximize patient compliance the student should:

1. Determine if the patient is self-pay or Medicaid.
2. Review the Dental Care Center fee policy with the patient in an effort to prevent any misunderstanding.
3. Obtain the patient and faculty signatures on the treatment plan. After completion of an approved treatment plan, explain the estimated fees to the patient.
4. Determine the patient’s ability to pay for treatment proposed and initiate paperwork for extended payment plan if necessary (total estimated cost must be greater than $1,000). If there appears to be a financial problem, the student/resident may discuss the problem with the Assistant Director or the Director prior to the start of treatment.
5. Complete and submit all Medicaid-Threshold visits forms promptly.
6. Students will receive a monthly report indicating any outstanding balance for all assigned patients from their appointment coordinators. Students are expected (this is a student responsibility) to contact all patients and request payment prior to, but no later than, the next scheduled appointment date.
7. Pre-payment Services: All implant/ IV sedation/extractions/radiographs for screening services *must be paid in full before* treatment is rendered. Only if a patient is experiencing an acute surgical emergency select procedure may be without advance payment.
8. Precious Metal/Gold Lost Case: If a student/resident loses a case, the student/resident is responsible for the cost of the metal to replace it. Please notify the cashier in order to determine the cost of the metal.
9. Treatment Services Requiring Laboratory Fee/Precious Metals: For services which require metal and/or laboratory work (e.g. gold casings, fixed bridges etc.) payment must be made as follows:

- Two thirds (2/3) of the fee must be paid prior to submitting the case to the technicians laboratory.
- The final payment must be made before the case can be delivered to the patient.

NOTE: To avoid problems with payments and discontinuity of payments for treatment in the Dental Care Center the students/residents must provide the same day of treatment approval by the supervising faculty swiping the card in the axiUm. This is student/resident responsibility.

10.4 Payment Methods

Patients are expected to pay in full at the time of treatment. We do not participate in many insurance plans. However, upon request we will provide an “insurance statement” that can be submitted to the patient’s insurance company for reimbursement.

Patients with insurance that we do participate in are responsible for any deductibles and co-payments associated with their policy.

After completion of treatment the student should accompany the “self pay” patient to the cashier to render payment. Prior to accompanying the patient to the cashier window, all treatment for the visit must be in axiUm as either in progress or completed and approved by faculty. Under no circumstances should students or care providers offer to pay or loan money to patients for services rendered. No student or care provider will accept payments from patients.

All payments must be made to the cashier’s window. Payments methods accepted are cash, personal check (with proper identification), money order, and all major credit cards (Visa, MasterCard, American Express and Discover).

Medicaid reimbursement is accepted with a valid Medicaid card. The Dental Care Center will only provide services that are covered under the New York State Medicaid guidelines.

Medicaid and Managed care patients are responsible for all co-payments associated with their plan.

If a patient is having difficulty meeting their dental care expenses, the student/resident may tell them to apply for financial assistance from the New York State Department of Social Services (Medicaid), Child Health Plus, or Family Health Plus services. Note that this is a lengthy process that can take several months to acquire. The patient must be informed that they will be considered a self-pay patient until they are accepted into an insurance plan.

10.5 Fee Schedule

A specific fee schedule is used for all patients who receive treatment at the Dental Care Center. These fees are posted in a fee schedule manual and within axiUm. The post-doctoral programs
within the school have a different fee schedule then the pre-doctoral program. Be sure to refer to the correct fee schedule when relaying fees to patients. The fee for each procedure must be completely paid before the treatment is completed.

10.6 Fee Reduction

Any deviation from the posted fee schedule can only be authorized by the Associate Dean for Clinical Affairs, the Director of Clinic Operations, or the Assistant to the Director. Students or faculty will not suggest reduction of fees or discounts to patients. Discounts are offered to Stony Brook Dental students, their immediate family members and Stony Brook School of Dental Medicine employees. The posted fee schedule can be changed under the following conditions.

1. Medicaid/Managed Care Fees: The school will accept the Medicaid or Healthplex fees allowed for each procedure as long as the patient remains eligible for Medicaid or Healthplex coverage.

2. School of Dental Medicine Employees: The school will except insurance assignment for services rendered for employees and immediate family members. “Employee” is defined as any individual that is working at the School of Dental Medicine. “Immediate Family” is defined as the individual’s mother, father, spouse and children. Employee’s immediate family members who require advanced care in the specialty areas (i.e. General Practice Residency, Orthodontics, Periodontics, and Endodontics) must follow the posted fee schedule for care. Adjustments in the fee schedule must be approved by the Program Director, and approved by the Director of Clinic Operations or the Associate Dean for Clinical Affairs. Adjustments in the posted fee schedule will be done only with the Approval of the Associate Dean for Clinical Affairs.

3. School of Dental Medicine Pre-doctoral Students: Dental students are to receive services from pre-doctoral programs with charges limited to laboratory and precious metal costs (no adjustments in the posted fee schedule for restorative crowns, fixed units, implants or cosmetic dentistry). Fees charged to members of their immediate families will also be limited to laboratory and precious metal costs (no adjustments in the posted fee schedule for crowns and fixed units, implants, bleaching, cosmetic dentistry or Cerec restorations, laser therapy). “Immediate Family” is defined as the individual’s mother, father (no in-laws), spouse, and children. If the person or persons are covered by any dental insurance, we will submit a claim for services rendered. Dental students and their immediate family members who require advanced care in the specialty areas (i.e. General Practice Residency, Orthodontics, Periodontics, and Endodontics) must follow the posted fee schedule for care. Adjustments in the fee schedule must be approved by the Program Director and the Director of Clinic Operations or the Associate Dean for Clinical Affairs.

10.7 Account Refunds

Request for a cash refund is reviewed on an individual basis and must be referred to the Associate Dean for Clinical Affairs, Director of Clinic Operation or the Assistant to the Director. When appropriate, refunds are exclusive of expenses incurred directly by the Dental Care Center (i.e. laboratory fees, precious metal, etc.).

10.8 Delinquent Accounts
Those patients who have an outstanding balance or who are in arrears while on an Extended Payment Plan will receive monthly bills with a request for immediate payment. Students will not be permitted to start new procedures or schedule additional appointments until payment has been made. However, the patient’s dental health may not be compromised. After an account has been in arrears for four months, the patient is informed that they have been dropped from the clinic and that the account has been turned over for collection. Patients sent to collection will be dropped from the Dental Care Center roster until payment is received.

Patients whose account balance is over one year old and under $100 are considered uncollectible and are written off as a bad-debt. These patients are no longer to be seen at the Dental Care Center.

10.9 Extended Payment Plans

A payment plan can be devised for high cost procedures. The general policy dictates that payment must be made in full by the time treatment is completed. Under this arrangement, patients whose total estimated cost of treatment exceeds one thousand dollars may elect to make equal payments on a periodic basis. The amount of these payments will be determined by the total estimated fee for all services defined in the treatment plan, the expected length of time required to complete the specified treatment, and the desire and frequency of payment. It is therefore essential that students accurately estimate the amount of time required to complete treatment. A twenty-five percent (25%) down payment of the total estimated cost is required prior to beginning treatment.

Participation in the plan requires approval of the finance office. Arrangements for payment must be made with the Assistant to the Director after an approved treatment plan has been completed, but before dental care has started. Patients must abide by the approved payment plan schedule as a condition for continued treatment in the Dental Care Center. Future appointments will not be made for non-compliant patients until they bring their account up to date. When an extended payment plan is in arrears for more than one month, the plan will be considered to have been violated and further care will be on a “Pay as you go plan”.

10.10 Medicaid Patients

All patients with Medicaid insurance must present to the Cashier with their Medicaid card at each visit. The Cashier must confirm eligibility at each visit. In addition, the Medicaid card information must be recorded in a Medicaid Log book. Their continued eligibility is necessary for continued treatment under this payment mode.

Medicaid insurance has specific rules and regulations with respect to reimbursable procedures. Prior to confirming a treatment plan with the patient, be sure that the proposed treatment options are Medicaid eligible. If the procedures offered are not covered by Medicaid insurance, the treatment plan may be reviewed by the Dental Care Center Financial Officer for possible self-pay status for non-covered treatment.
Non-emergency initial visits should include a cleaning, radiographs (if required), and a dental examination with a definitive treatment plan. Generally, this should be accomplished in one visit. However, in rare instances, a second visit may be needed for completion of these services. A notation in the record to indicate the necessity for a second visit should be made.

10.11 Managed Care

The Dental Care Center participates in select Managed Care programs. These programs are generally affiliated with Medicaid and follow Medicaid guidelines. Participation within these Managed Programs is subject to change and verification of participation can be obtained through the finance office.

The purpose of this section is to provide information and guidance to those providers who participate in the New York State medical Assistance Program (Medicaid). It is designed to serve as a reference for information that may be required.
10.12 Utilization Threshold
Under the Utilization Threshold Program, it is necessary for providers to obtain an authorization from the Medicaid office to render services for dental clinic services. This authorization to render services will be given unless a recipient has reached their utilization threshold limits. At this point, it will be necessary for a provider to submit a special "Threshold Override Application" form in order to obtain additional services.

10.13 Override Threshold Applications
Medicaid recipients are given three dental visits per patient's calendar year (determined by anniversary month). Each recipient’s anniversary month is identified when the Medicaid card has been verified. The Provider must submit an application at the time of the exam. All graduate programs (DCDD, Endodontics, GPR, Oral Maxillofacial Surgery and Periodontics) are required to submit an override form. If the patient is being seen in another discipline it is the responsibility of the Provider to submit an override application to the Medicaid office.

It takes approximately 4 to 5 weeks to receive a utilization threshold (visits). If the patient presents to the Dental Care Center for treatment, and they are at service limits, the patient will not be seen.
Please follow the procedures below:

1. First appointment you will request 3 to 6 visits. First appointment is based on Diagnostic Treatment (comprehensive examinations, radiographs, study models). If possible you can submit override at the time of patient assignment.
2. Second appointment you will request 6 to 8 visits. Even if the treatment plan is incomplete you must still override.
3. All visits to follow will be based on treatment needs with a request of no more than 10 visits per submission.

The New York State Department of Health (DOH) may not always approve the requested visits. The resident/student will receive acknowledgement, via axiUmm message, that overrides were approved. The student/resident should check individual patients. (A.48) Appointments should not be scheduled for a patient unless the student/resident had received acknowledged approved visits.

If the patient's calendar year expires all visits previously approved are lost. The patient reverts back to 3 visits until a new override request is submitted and approved from DOH.

If patient loses Medicaid eligibility all visits are lost.

*The Medicaid office will assist with any concerns or problems.*

Orthodontic care for a Medicaid patient is very limited. Before beginning any Orthodontic treatment contact the Medicaid office. Please note coverage is limited to children only. Providers are responsible for familiarizing themselves with all Medicaid procedures and regulations currently in effect and as they are issued.
10.14 Medicaid General Information

1. Who is eligible?
The following groups are eligible for Medical Assistance in New York State:

- Persons who are in receipt of or eligible for cash assistance under:
  - The Aid to Dependent Children Program (ADC)
  - The Home Relief Program (HR)
  - The Supplemental Security Income Program (SSI)

- Those persons who do not qualify for cash assistance, but whose income and resources are insufficient to meet their medical needs, may be eligible for Medical Assistance if they meet certain income and resource criteria.

2. Identification of Recipient Eligibility

An eligible recipient must present an official permanent plastic Common Benefit Identification Card (CBIC) whenever the person requests dental services. However, the Common Benefit Identification Card issued to a recipient. It is not sufficient proof that the recipient is eligible for services. The permanent plastic Common Benefit Identification Card does not contain eligibility dates or other eligibility information. Therefore, eligibility information for the recipient must be determined via the Electronic Medicaid Eligibility Verification System (EMEVTS), which is located at the cashier or Medicaid office. In addition, EMEVS must be used to determine whether the recipient has reached the Utilization Threshold for certain provider service types.

If a recipient's permanent plastic ID card has been lost, stolen or damaged, the recipient will be issued a replacement paper Common Benefit Identification Card (DDS-3713) until a new plastic card can be re-issued. This temporary card carries an expiration date after which the card cannot be used. Verification of eligibility must be completed via cashier whenever a temporary replacement card is presented.
10.15 Description of Covered Medicaid Procedures and Codes

**CLINICAL ORAL EVALUATIONS**

*As an Academic Dental Center and an Article 28 clinic the following below guidelines must be adhered to for Medicaid recipients.

In the event that you cannot perform all of the below procedures in one visit you must give a detailed explanation of why this could not occur. (time constraints or faculty coverage is not an appropriate explanation). In addition, you cannot perform a panorex and a FMS on Medicaid patients. It has to be either panorex and select periapicals or bitewings or just FMS.

"Non-emergency initial visits should include a cleaning, X-ray (if required), and a dental examination with a definitive treatment plan. Generally, this should be accomplished in one visit. However, in rare instances, a second visit may be needed for completion of these services. A notation in the record to indicate the necessity for a second visit should be made."

**D0120: Periodic Oral Evaluation (Includes New Exams & Recall Exams)**
Includes charting, history, treatment plan, and completion of forms. The initial dental examination of a new patient shall consist of a comprehensive clinical examination of the oral cavity and teeth. It shall include charting, history recording, pulp testing when indicated, and may be supplemented by appropriate radiographic studies. Recall dental examinations shall be limited to one per six-month period and shall include charting and history necessary to update and supplement initial oral examination data.

**0140: Limited Oral Evaluation --Problem Focused (Emergency Oral Examination)**
Refers to exams to evaluate emergency conditions. Typically patients are seen for a specific problem and/or present with dental emergencies, trauma, acute infections, etc. not used in conjunction with a regular appointment. Cannot be billed with 130120; 130160; 139110; 139310; 139430. Not intended for follow-up care or therapeutic procedures.

**10: Intraoral; Complete Series (Including Bitewings)**
Minimum of 14 films.
A provider will be reimbursed only once in three years for each recipient.

**D0220 Periodical First Film**
To be billed only for the first periapical film when only periapical films are taken.

**D0230 Periapical Each Additional Film**

**D0240 Occlusal Film (Arch)**
Reimbursable only *once in three years*. Only two are allowed per patient (maxillary and mandibular), but they may be supplemented by necessary intraoral periapical or bitewing films.

**D0250 Extraoral; First Film**
NOT reimbursable for temporo-mandibular joint (TMJ) radiographs.

**D0260 Each Additional Film**
Maximum of two films, not reimbursable for TMJ radiographs.
10.16 Medicaid Policy and Procedures

I. DIAGNOSTIC

CLINICAL ORAL EVALUATIONS

The periodic oral evaluation includes charting, history, treatment plan, and completion of forms. The initial dental examination of a new patient shall consist of a comprehensive clinical examination of the oral cavity and teeth. It shall include charting, history recording, pulp testing when indicated, and may be supplemented by appropriate radiographic studies. Recall dental examinations shall be limited to one per six-month period and shall include charting and history necessary to update and supplement initial oral examination data.

D0140: Limited Oral Evaluation – Problem Focused (Emergency Oral Examination)
Refers to exams to evaluate emergency conditions. Typically patients are seen for a specific problem and/or present with dental emergencies, trauma, acute infections, etc. not used in conjunction with a regular appointment. Cannot be billed with D0120; D0160; D9110; D9310; D9430. Not intended for follow-up care or therapeutic procedures.

D0210: Intraoral;
Complete Series (Including bitewings) minimum of 14 films are covered by Medicaid only once in three years for each recipient.

D0220: Periapical First Film To be billed only for the first periapical film when only periapical films are taken.

D0230: Periapical Each Additional Film

D0240: Occlusal Film (Arch) are reimbursable only once in three years. Only two are allowed per patient (maxillary and mandibular), but they may be supplemented by necessary intraoral periapical- or bitewing films.

D0250: Extraoral; First Film not reimbursable for TMJ radiographs.

D0260: Each Additional Film maximum of two films, not reimbursable for TMJ radiographs

D0270: Bitewing: Single Film

D0272: Two Films

D0274: Four Films Bitewings are allowed no more than once in six months for each recipient.
D0290: Posterior-Anterior or Lateral Skull and Facial Bone Survey Film (3 Films Minimum)

D0310: Sialography

D0320: Temporomandibular Joint Arthrogram, including Injection

D0321: Other Temporomandibular Joint Films (Per Joint)

D0330: Panoramic Film Reimbursable every three years if clinically indicated. Postoperative panoramic radiographs are reimbursable for post-surgical evaluation of fractures, dislocations, orthognathic surgery, osteomyelitis, or removal of unusually large and/or complex cysts or neoplasms. Panoramic radiographs are not reimbursable when an intraoral complete series Or another panoramic radiograph has been taken within three years, except for diagnosis of a new condition (e.g. traumatic injury).

D0340: Cephalometric Film Reimbursement is limited to once per year and only to enrolled orthodontists or oral and maxillofacial surgeons for the purpose of treatment of a physically handicapping malocclusion.

D0350: Oral/Facial Images (includes Intra- and extraoral Images) This includes both traditional photographs and images obtained by intraoral cameras. These images should be a part of the patient’s clinical record. Excludes Conventional radiographs. Reimbursement is limited to enrolled orthodontists or Oral and Maxillofacial Surgeons.

D0470: Diagnostic casts (includes both arches when necessary) reimbursement is limited to enrolled orthodontists or Oral and Maxillofacial Surgeons.

II. **PREVENTIVE SERVICES**

**DENTAL PROPHYLAXIS**

Dental prophylaxis is reimbursable once per six-month period.

D1110: Adult (13 years of age and older).

D1120: Child (under 13 years of age).

**TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)**

A semi-annual topical fluoride treatment is reimbursable when professionally administered in accordance with appropriate standards. Fluoride treatments that are not reimbursable under the program include treatments that incorporate fluoride with Prophylaxis paste, topical application of fluoride to the prepared portion of a tooth prior to restoration, and applications of aqueous sodium fluoride.
D1203: Topical application of fluoride (prophylaxis not included); Child (under 21 years of age)

D1204: Adult (21 years of age and older)

**OTHER PREVENTIVE SERVICES**

D1351: SEALANT-per tooth: Application of Sealants shall be restricted to previously unrestored permanent first and second molars only that exhibit no clinical or radiographic signs of occlusal or proximal carries. Buccal and lingual grooves are included in the fee. Primary teeth are not covered.

Restricted Tooth Numbers: 2, 3, 14, 15, 18, 19, 30 & 31 are the only tooth numbers that can be sealed. **NO OTHERS AND THERE ARE NO EXCEPTIONS.**

Age Criteria: FOR PATIENTS BETWEEN THE AGES OF 5 AND 15 YEARS.

The use of opaque or tinted sealant is recommended for ease of checking bond efficacy. Reapplication if necessary is permitted ONCE EVERY THREE YEARS, only until the age of fifteen (15).

**SPACE MAINTENANCE (PASSIVE APPLIANCES)**

Only fixed appliances are Medicaid reimbursable. Documentation including pre-treatment radiographs to justify all space maintenance appliances must be available upon request. Space maintenance should not be provided as an isolated service. All carious teeth must be restored before placement of any space maintainer. The patient should be practicing a sufficient level of oral hygiene to assure that the space maintainer will not become a source of further carious breakdown of the dentition. All permanent teeth in the area of space maintenance should be present and developing normally. Space maintenance in the deciduous dentition (defined as prior to the interdigititation of the first permanent molars) will generally be reimbursable.

Space maintenance in the mixed dentition initiated within one month of the necessary Extraction will be reimbursable on an individual basis. Space maintenance in the mixed dentition initiated more than one month after the necessary extraction, with minimum space loss apparent, may be reimbursable.

D1510: Space Maintainer-Fixed; unilateral (quad)

D1515: Bilateral (Arch)

III. RESTORATIVE D2000-D2999
AMalgAM RESTORATIONS (INCLUDING POLISHING)

D2140: Amalgam; One Surface, Primary or Permanent (Surf/Tooth)

D2150: Two Surfaces, Primary or Permanent (Surf/Tooth)

D2160: Three Surfaces, Primary or Permanent (Surf/Tooth)

D2161: Four or More Surfaces, Primary or Permanent (Surf/Tooth)

RESIN-BASED COMPOSITE-RESTORATIONS DIRECT

D2330: Resin-based composite; one surface, anterior

D2331: Two Surfaces, Anterior (Surf/Tooth)

D2332: Three Surfaces, Anterior (Surf/Tooth)

D2335: Four or more surfaces or involving incisal angle (Anterior) (Surf/Tooth)

D2390: Resin-Based Composite Crown, Anterior (Tooth)

D2391: Resin-Based Composite; One Surface, Posterior ). Not a preventive procedure.

D2392: Two Surfaces, Posterior (Surf/Tooth)

D2393: Three or More surfaces, Posterior (Surf/Tooth)

D2394: Four or More surfaces, Posterior (Surf/Tooth)

CROWNS – SINGLE RESTORATIONS ONLY

Codes D2710, D2720, D2721, D2722, D2740, D2750, D2751,and D2752 will only be reimbursed for Anterior Teeth (and maxillary first bicusps with prior approval only). Crowns will not be routinely approved when functional replacement of tooth contour with other restorative materials is possible, or for a molar tooth in those patients age 21 and over which has been endodontically treated without prior approval. Also, crowns will not be routinely approved when there are eight natural, or prosthetic bicusps and/or molars (Four maxillary and four mandibular teeth) in functional contact with each other.

NOTE:

PFM (2750) Survey crowns are not covered by Medicaid. Patients they need to be treatment planned for either treatment code 2780 (3/4 cast noble metal) or 2790
(full cast high noble metal) crowns treatment code 2780 (3/4 cast noble metal) or 2790 (full cast high noble metal) crowns.

D2710: Crown—Resin; (indirect) (laboratory) (tooth) Acrylic (processed) jacket crowns may be approved as restorations for severely fractured anterior teeth.

D2720: High Noble Metal (Tooth)
D2721: Predominantly Base Metal (Tooth)
D2722: Noble Metal (Tooth)
D2740: Crown; Porcelain/ceramic substrate (tooth)
D2750: Porcelain Fused to High Noble Metal (Tooth)

D2751: Porcelain Fused To Predominately Base Metal
D2752: Porcelain Fused To Noble Metal
D2780: Three quarter Cast High Noble Metal
D2781: Three quarter Cast Predominantly Base Metal
D2782: Three quarter Cast Noble Metal
D2790: Full Cast High Noble Metal
D2791: Full Cast Predominately Base Metal
D2792: Full Cast Noble Metal

**OTHER RESTORATIVE SERVICES**

D2920: Recement crown

D2930: Prefabricated Stainless Steel Crown Primary Tooth Must have adequate radiographic evidence and documentation to justify the use of stainless steel crowns, or other documentation if radiographs do not demonstrate the need for stainless steel crown in a particular case.

D2931: Permanent tooth
D2932: Prefabricated Resin Crown

D2933: Prefabricated stainless steel crown with resin window (tooth) Restricted to anterior teeth, bicuspsids and maxillary first molars.
D2951: Pin Retention – Per Tooth, In addition to restoration. Reimbursement is allowed once per tooth regardless of the number of pins placed.

D2952: Cast post and core in addition to crown

D2954: Prefabricated Post and Core In Addition To Crown Core is built around a prefabricated post. The procedure includes core material.

D2955: Post Removal (Not in conjunction with endodontic therapy.) For removal of posts (e.g. fractured posts)

ENDODONTICS
All radiographs taken during the course of root canal therapy and all post-treatment radiographs are included in the fee for the root canal procedure. At least one pre-treatment radiograph demonstrating the need for the procedure, and one post-treatment radiograph that demonstrates the result of the treatment, must be maintained in the patient’s record.

Eight posterior natural or prosthetic teeth in occlusion (four maxillary and four mandibular teeth in functional contact with each other) will be considered adequate for functional purposes.
Requests for endodontic therapy will be reviewed for necessity based upon the Presence /absence of eight points of natural or prosthetic occlusal contact in the mouth (bicuspid/molar contact).

In cases of emergency, use procedure code “D9110 Palliative (emergency) treatment of dental pain – minor procedure”. Only symptomatic relief is to be provided.

PULPOTOMY

D3220: Therapeutic pulpotomy (excluding final restoration) pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing. To be performed only on primary and permanent teeth until the age if 21 years.

ENDODONTIC THERAPY ON PRIMARY TEETH
Endodontic therapy on primary teeth, with succedaneous teeth and placement of restorable filling. This includes pulpectomy, cleaning and filling of canals with restorable material.

D3230: Pulpal Therapy (Restorable Filling) Anterior, Primary Tooth (excluding final restoration)

D3240: Therapy (Restorable Filling) – posterior, primary tooth (excluding final pulpal restoration primary first and second molars.)

ENDODONTIC (INCLUDING TREATMENT PLAN,
CLINICAL PROCEDURES AND FOLLOW-UP CARE

D3310: Root Canal Therapy, Anterior (excluding final restoration) multiple anterior pulpectomies will generally not be approved.

D3320: Root Canal Therapy, Bicuspid (Excluding Final Restoration) Also for treatment on primary first and second molars with no permanent successor tooth.

D3330: Root Canal Therapy, Molar (Excluding Final Restoration) Molar endodontics is not approvable as a routine procedure. Prior approval requests will be considered for patients under age 21 who display good oral hygiene, have healthy mouths with a full complement of natural teeth with a low caries index and/or who may be undergoing Orthodontic treatment. In those patients age 21 and over, molar endodontic therapy will be considered only in those instances where the tooth in question is a critical abutment for an existing functional prosthesis.

ENDODONTIC RETREATMENT

D3346: Retreatment of previous root canal therapy, Anterior

D3347: Bicuspid

D3348: Molar

APEXIFICATION/RECALCIFICATION PROCEDURES

D3351: Apexification recalcification; initial visit (apical closure/calcific repair of perforation, root resorption, etc.)

D3352: Interim medication replacement (Apical closure/calcific repair of perforations, root resorption, etc)

D3353: Final Visit (apical closure/calcific repair of perforations, root resorption, etc)

APICOECTOMY/PERIRADICULAR SERVICES

D3410: Apicoectomy Periradicular surgery; anterior (per tooth) performed as a separate surgical procedure for a single rooted tooth and includes periapical curettage.

D3421: Bicuspid (First Root)

D3425: Molar (First Root)

D3426: Each Additional Root Performed as a separate surgical procedure for multirouted teeth and includes periapical curettage.
D3430: Retrograde Filling – Per Root

PERIODONTICS

SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)

D4210: Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant. This surgical procedure is reimbursable solely for the correction of severe hyperplasia or hypertrophy associated with drug therapy, hormonal disturbances or congenital defects.

NON-SURGICAL PERIODONTAL SERVICES

Scaling and Root Planning (Full Mouth), D4340 is Not Covered

D4341: Periodontal scaling and root planning – reimbursement is limited to no more than two quadrants, on a single date of service. No more than four different quadrants will be reimbursed within a two-year period. Dental prophylaxis is reimbursable prior to periodontal scaling and root planning and will not be reimbursed on the same date as procedure code D4341. Prior approval may be requested for more frequent treatment.

OTHER PERIODONTIC SERVICES

D4910: Periodontal Maintenance This procedure is only for patients who have previously been treated for periodontal disease. Typically, maintenance starts 90 days after completion of active (surgical or non-surgical) periodontal therapy. D4910 is not billable the same date of service as codes D1110 or D4341.

PROSTHODONTICS (REMOVABLE)

All prosthetic appliances such as complete dentures, partial dentures, denture duplication and relining procedures include six months of post-delivery care. Placement of immediate dentures and the use of dental implants and related services are beyond the scope of the program. Immediate dentures and dental implants are not allowed. Complete and/or partial dentures will be approved only when they are required to alleviate a serious health condition including one that affects employability. Eight natural or prosthetic teeth in occlusion (four maxillary and four mandibular teeth in functional contact with each other) are generally considered adequate for functional purposes. One missing maxillary anterior tooth or two missing mandibular anterior teeth may be considered a problem that warrants a prosthetic replacement. Complete or partial dentures will not be replaced when they have been provided by Medicaid and become unserviceable or are lost within four (4) years.
**COMPLETE DENTURES**

D5110: Complete Denture – Maxillary

D5120: Complete Denture - Mandibular

**PARTIAL DENTURES**

Reimbursement for all removable partial dentures includes a minimum of two clasps. The total number of clasps is dictated by the retentive requirements of each case.

D5211: Maxillary partial denture – resin base (including any conventional Clasps, rests and teeth) Includes acrylic resin base denture with resin or wrought wire clasps.

D5212: Mandibular partial denture – resin base (including any conventional Clasps, rests and teeth) Includes acrylic resin base denture with resin or wrought wire clasps.

D5213: Maxillary partial denture – case metal framework with resin denture bases (including any conventional clasps, rests and teeth)

D5214: Mandibular partial – case metal framework with including any resin denture bases including any conventional clasps, rests and teeth)

**REPAIRS TO COMPLETE DENTURES**

D5510: Repair broken complete denture base

D5520: Replace missing or broken teeth – complete denture (each tooth)

**REPAIRS TO PARTIAL DENTURES**

D5610: Repair resin denture base

D5620: Repair cast framework

D5630: Repair or replace broken clasp

D5640: Replace broken teeth – per tooth

D5650: Add Tooth to existing partial denture

D5660: Add clasp to existing partial denture
DENTURE REBASE PROCEDURES

D5710: Rebase; complete maxillary denture
D5711: Complete Mandibular Denture
D5720: Maxillary partial Denture
D5721: Mandibular partial Denture

DENTURE RELINE PROCEDURES

For cases in which it is impractical to complete a laboratory-processed Reline, office (chair side or cold cure) reline of dentures may be requested with appropriate documentation. This procedure is not reimbursable during the six months of follow-up care included in the fee for the denture.

D5730: Reline; complete maxillary denture (chairside)
D5731: Complete mandibular denture (chairside)
D5740: Maxillary partial denture (chairside)
D5741: Mandibular partial denture (chairside)
D5750: Complete maxillary denture (laboratory)
D5751: Complete mandibular denture (laboratory)

D5760: Maxillary partial denture (laboratory)
D5761: Mandibular partial denture (laboratory)

OTHER REMOVABLE PROSTHETIC SERVICES

Insertion of tissue conditioning liners in existing dentures will be limited to once per denture unit as a preparation for taking impressions for the relining of existing dentures or the fabrication of new dentures. Codes D5850 and D5851 are for therapeutic reline using materials designed to heal unhealthy ridges prior to more definitive final restoration and are not reimbursable for children under age 16.

D5850: Tissue conditioning, maxillary per denture Unit
D5851: Tissue conditioning, mandibular per denture Unit
D5986: Fluoride gel carrier

Implant Services are not covered
PROSTHODONTICS, FIXED

Fixed bridgework is generally considered beyond the scope of the Medicaid program. The fabrication of any fixed bridge may be considered only for a patient with no recent caries activity (no initial restorations placed during the past year), no unrestored carious lesions, no significant periodontal bone loss in the same arch and no posterior tooth loss with replaceable space in the same arch. The replacement of a missing tooth or teeth with a fixed partial denture will not be approved under the Medicaid program when either no replacement or replacement with a removable partial denture could be considered appropriate based on Medicaid prosthetic guidelines. The fabrication of fixed and removable partial dentures in the same arch or the use of double abutments will not be approved.

The placement of a fixed prosthetic appliance will only be considered for the anterior segment of the mouth in those exceptional cases where there is a documented physical or neurological disorder that would preclude placement of a removable prosthesis, or in those cases requiring cleft palate stabilization. In cases other than for cleft palate stabilization, treatment would generally be limited to replacement of a single maxillary anterior tooth or replacement of two adjacent mandibular teeth. For a patient whose pulpal anatomy allows crown preparation of abutment teeth without pulp exposure, the construction of a conventional fixed bridge will be approved only for the replacement of a single missing maxillary anterior tooth or two adjacent missing mandibular anterior teeth. Acid etched cast bonded bridges (Maryland Bridges) may be approved only for the replacement of a single missing maxillary anterior tooth, two adjacent missing maxillary anterior teeth, or two adjacent missing mandibular incisors. Approval will only be considered for a patient under the age of 21 or one whose pulpal anatomy precludes crown preparation of abutments without pulp exposure. Abutments for resin bonded fixed partial dentures (i.e. Maryland Bridges) should be billed using code D6545 and pontics using code D6251.

FIXED PARTIAL DENTURE PONTICS

D6210: Pontic; cast high noble metal
D6211: cast predominately base metal
D6212: cast noble metal
D6240: porcelain fused to high noble metal
D6241: porcelain fused to predominately base metal
D6242: porcelain fused to noble metal
D6250: resin with high noble metal
D6251: resin with predominately base metal
D6252: resin with noble metal
D6545: Retainer - cast metal for resin bonded fixed prosthesis
FIXED PARTIAL DENTURE RETAINERS-CROWNS

D6720: Crown; resin with high noble metal
D6721: resin with predominately base metal
D6722: resin with noble metal
D6750: porcelain fused to high noble metal
D6751: porcelain fused to predominantly base metal
D6752: porcelain fused to noble metal
D6780: 3/4 cast high noble metal
D6790: full cast high noble metal
D6791: full cast predominately base metal
D6792: full cast noble metal
D6930: Recement fixed partial denture
D6970: Cast post and core in addition to fixed partial denture retainer
D6972: Prefabricated post and core in addition to fixed partial denture retainer

ORAL AND MAXILLOFACIAL SURGERY

EXTRACTION (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTING POSTOPERATIVE CARE)

D7140: Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210: Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

ALVEOPLASTY – SURGICAL PREPARATION RIDGE FOR DENTURES

D7310: Alveoloplasty in conjunction with extraction – per quadrant Reimbursed when at least three adjacent teeth are removed, and when additional surgical procedures above and beyond the removal of the teeth are required to prepare the ridge for dentures. Surgical extractions are not reimbursable in the same quadrant

ADJUNCTIVE GENERAL SERVICE UNCLASSIFIED TREATMENT

D9110: Palliative (emergency) treatment of dental pain – minor procedure This service is not reimbursable in addition to other therapeutic services performed at the same visit or in conjunction with initial or periodic oral examinations when the procedure does not add significantly to the length of time and effort of the
treatment provided during that particular visit. This should not be billed with D0140 and D0160. When billing, the provider must document the nature of the emergency, the area and/or tooth involved and the specific treatment involved

**ANESTHESIA**

D9241: Intravenous conscious sedation/analgesia- first 30 minute (parenteral sedation)

D9242: Intravenous conscious sedation/analgesia – each additional 15 minutes (parenteral sedation)

**PROFESSIONAL CONSULTATION**

D9310: Consultation (diagnostic service provided by dentist other than practitioner providing service)

**MISCELLANEOUS SERVICE**

D9920: Behavior management by report

D9940: Occlusal guard Removable dental appliance, which is designed to minimize the effects of bruxism (grinding) and other occlusal0+ factors.

10.17 Managed Care Policy

If you have a patient that is presently enrolled in a managed care program with their Medicaid benefits, no override threshold application will need to be filled out.

Please refer to the following for Healthplex Medicaid patients:

1. When the patient comes in they must still go to the cashier desk to determine eligibility.

2. If the patient is a “new patient” and has recently received coverage, their name must appear on our Healthplex roster in order to be seen. If the patient is not enrolled, they must contact the Healthplex Office. **They cannot be treated until this is done.**

3. If the patient loses eligibility with Healthplex, they must notify the Medicaid office or cashier immediately so they can determine financial status.
4. Medicaid guidelines must be followed. **Pre-authorization** for fixed removable, periodontics, and endodontics must be obtained before treatment can be started. Please see Medicaid office or cashier.

5. Orthodontics is not covered under this plan.
11.0 School of Dental Medicine at Stony Brook Standards of Care

The SDM developed Standards of Care which are patient-centered, focused on comprehensive care, and have measurable criteria. They were developed by the CQIC with input from all departments. The Standards of Care are reviewed annually through the CQIC. To properly assess if the Standards of Care are being met, policies and procedures are in place to conduct ongoing reviews of patients and patient records, identify treatment deficiencies, make corrective actions and re-assess the outcomes of the corrective measures taken.

Standards of Care

1. Patients of the DCC review and sign the “General Consent to Treatment,” and acknowledge receipt of the “Guide to Patient Care Services,” which includes the “Patient Bill of Rights,” and information regarding emergency services.
2. Patients screened receive an oral cancer examination.
3. Patients accepted for care in the DCC from screening receive a comprehensive examination within 90 days.
4. A complete medical history is performed on patients accepted for comprehensive care.
5. Patients accepted for comprehensive care from screening receive sequenced comprehensive treatment plan(s).
6. Patients receiving comprehensive care are treated in a timely manner. (No more than 30 days between visits during treatment, unless extenuating circumstances exist.)
7. Patients’ pre-treatment concerns are addressed.
8. Patients receive quality oral health care services.
9. The DCC provides an environment which complies with infection control/biohazard policies.
10. Patients are satisfied with the care received.
11. Patients receive an Outcomes of Care Assessment prior to being placed on recall.
12. Patients placed on recall are free of pathology.
13. Patients receive an individualized recall interval.
14. Patient records are complete.

The following table contains the benchmarks set for the Standards of Care:

<table>
<thead>
<tr>
<th>Standards of Care</th>
<th>Evaluation Instrument</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients of the DCC review and sign the “General Consent to Treatment,” and acknowledge receipt of the “Guide to Patient Care Services,” which includes the “Patient Bill of Rights,” and information regarding emergency services.</td>
<td>axiUm® Report</td>
<td>100%</td>
</tr>
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<td>Standards of Care</td>
<td>Evaluation Instrument</td>
<td>Benchmark</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
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</tr>
<tr>
<td>Patients screened receive an oral cancer examination.</td>
<td>axiUm® report</td>
<td>100%</td>
</tr>
<tr>
<td>Patients accepted for care in the DCC from screening receive a comprehensive examination within 90 days.</td>
<td>axiUm® report</td>
<td>90%</td>
</tr>
<tr>
<td>A complete medical history is performed on patients accepted for comprehensive care.</td>
<td>axiUm® report</td>
<td>100%</td>
</tr>
<tr>
<td>Patients accepted for comprehensive care from screening receive sequenced comprehensive treatment plan(s).</td>
<td>Outcomes of Care Assessment</td>
<td>95%</td>
</tr>
<tr>
<td>Patients receiving comprehensive care are treated in a timely manner. (No more than 30 days between visits during treatment, unless extenuating circumstances exist.)</td>
<td>Patient Roster Flag Report</td>
<td>90%</td>
</tr>
<tr>
<td>Patients’ pre-treatment concerns are addressed.</td>
<td>Outcomes of Care Assessment</td>
<td>95%</td>
</tr>
<tr>
<td>Patients receive quality oral health care services.</td>
<td>Outcomes of Care Assessment</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>Retreatment Log</td>
<td>&lt;2%</td>
</tr>
<tr>
<td></td>
<td>Patient Concerns</td>
<td>&lt;1% of active patients</td>
</tr>
<tr>
<td>The DCC provides an environment which complies with infection control/biohazard policies.</td>
<td>Infection Control Violation Report</td>
<td>&lt;1%</td>
</tr>
<tr>
<td></td>
<td>Sterilization Monitoring Report</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Dental Unit Biofilm Report less than or equal to 500 CFU/ml</td>
<td>100%</td>
</tr>
<tr>
<td>Standards of Care</td>
<td>Evaluation Instrument</td>
<td>Benchmark</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Patients are satisfied with the care received.</td>
<td>Patient Satisfaction Survey</td>
<td>95%</td>
</tr>
<tr>
<td>Patients receive an Outcomes of Care Assessment prior to being placed on recall.</td>
<td>axiUm® Report</td>
<td>98%</td>
</tr>
<tr>
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<td>95%</td>
</tr>
<tr>
<td>Patients receive an individualized recall interval.</td>
<td>axiUm® report</td>
<td>100%</td>
</tr>
<tr>
<td>Patient records are complete.</td>
<td>Chart Completion Report</td>
<td>90%</td>
</tr>
</tbody>
</table>
School of Dental Medicine
Dental Care Center
Guide
To
Patient Services

Over Thirty-Five Years of Service to Our Community
Dear Prospective Patient,

On behalf of our faculty, staff, students and residents of the Stony Brook University, School of Dental Medicine, I would like to welcome you to our clinical facility, the Dental Care Center. The School of Dental Medicine is fully accredited by the Commission on Dental Accreditation and is one of the finest Dental Schools in the country with the latest technology. We are proud that our students and residents are a group of highly qualified young men and women, who were selected through a rigorous admissions process.

One of the primary goals of the Dental Care Center is to provide you with an outstanding, state-of-the-art, oral health care service, with reasonable fee, in a comfortable, friendly and professional environment. We are dedicated to delivering comprehensive, patient-centered care, within the scope of our programs. This means that our patients are fully informed of the results of their examination and different method that are available to treat their conditions. Our patients participate in developing a treatment plan that suits their oral health needs as well as their budgets.

The Dental Care Center firmly believes that patients must partner with us in maintaining their oral health. Our faculty, staff, students and residents will educate patients in proper oral hygiene techniques, which are essential in maintaining oral health. This can help prevent or control diseases that affect the entire body.

We believe that our educational and clinical facility will offer you an environment, where you will feel comfortable.

I hope that you find that the Dental Care Center at the Stony Brook University, School of Dental Medicine will provide you the best experience in dental and oral care. For any compliments or concerns regarding your visit at our institution, please contact our team members Ms. Carol Sloane (Director of Clinic Operations), Ms. Pat O’Reilly (Assistant to the Director) or myself and please know that your pleasant experience is of great importance to all of us.

With warmest regards,

Georgios E. Romanos, DDS, PhD, Prof. Dr. med. dent.
Professor and Associate Dean for Clinical Affairs
Patient’s Bill of Rights

The doctors and staff of the Dental Care Center recognize that while you are a patient here you have a right, consistent with law to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the Dental Care Center will provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Privacy in keeping with the Center’s clinical facility while receiving treatment at the Center and confidentiality of all information and records regarding your care.
5. Know the names, positions, and functions of any member of the faculty, student body and staff of the Dental Care Center, involved in your care and refuse their treatment, examination or observation.
6. Have access to complete and current information about your diagnosis, treatment and prognosis.
7. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This will include an explanation of recommended treatment, treatment alternatives, expected outcomes of various treatments, and the possible risks, benefits, and alternatives of the procedures or treatments.
8. Refuse treatment and be told what effect this may have on your health.
11. Treatment that meets the standard of care in the profession.
12. Receive advanced knowledge of the cost of treatment and an itemized bill with explanation of all charges.
13. Review your dental record without charge, and obtain a copy of your x-rays for which the Dental Care Center can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
14. Receive Emergency care if you need it, provided that the care which is required can be delivered consistent with the educational program of the school and the personnel and facilities of the clinic.
15. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
16. Complain without fear of reprisals about the care and services you are receiving and to have the Dental Care Center respond to you, and if you request it, a written response. If you are not satisfied with the response, you can complain to the New York State Department of Health. The Dental Care Center must provide you with the telephone number of the Health Department.
Patient Responsibilities

I. PAYMENT POLICY
Patients are expected to pay in full for treatment rendered at the time of service. We are participants of several insurance plans. Upon request we will provide you with a “super bill” which you can submit to your insurance company for reimbursement.

- Patients are responsible for all deductibles and co-pays associated with their insurance.

Acceptable Payment Methods:
- Cash, checks, (with proper identification), money orders, and all major credit cards.
- Medicaid reimbursement (with a valid Medicaid card). We will only provide services that are covered under Medicaid guidelines.

For patients covered by Medicaid, their continued eligibility for Medicaid coverage is necessary for continued treatment under this payment method. If you should lose your Medicaid eligibility, you will be responsible for paying for any remaining treatment as a self-pay patient.

- Medicaid patients and managed care are responsible for all co-payments
- Managed Care Programs

The Dental Care Center participates in select Managed Care programs. These programs are generally affiliated with Medicaid and follow Medicaid guidelines. Participation within these Managed Care Programs is subject to change, and verification of participation can be obtained through the finance office.

Treatment Services Requiring a Laboratory Fee:
For services which require metal and/or laboratory work (e.g. dentures, crowns, fixed bridges etc.) payment must be made as follows:
- Two thirds (2/3) of the fee must be paid prior to submitting the case to the dental laboratory.
- The final payment must be made before the case can be delivered to the patient.

Pre-payment Services:
- All implants/IV sedations/extractions or radiographs for screening services must be paid in full before treatment is rendered. (extractions & implants are payable by cash or credit card)

Extended Payment Plans:
A payment plan can be devised for high cost procedures after the initial treatment plan is agreed upon. Patients whose total estimated cost of treatment exceeds one thousand dollars may elect to arrange for a payment schedule with the finance office. A payment plan will not be arranged after the start of treatment. A twenty-five percent down payment of the total estimated cost is required prior to beginning treatment. All treatment must be paid in full upon completion.

A parent who cannot meet the financial needs for their child’s dental care, please see the Dental Care Center Financial Officer.
If you cannot meet your dental care expenses, you may seek financial assistance from the New York State Department of Social Services Medicaid, Child Health Plus or Family Health Plus.
NOTE: As a condition for receiving dental treatment in the Dental Care Center, patients must keep their account current at all times. Failure to do so will result in an interruption of care. Repeated lapses in payment may result in being dropped as a patient.

Refunds
Over payments on a patient's account will be refunded by check from Stony Brook University. This will take approximately 6–8 weeks from time of request.
NOTE: No refunds will be issued for amounts under $5.00.

Delinquent Accounts
Those patients who have an outstanding balance or who are in arrears while on an Extended Payment Plan will receive monthly bills with a request for immediate payment. After an account has been in arrears for four months, the patient is informed that they have been dropped from the clinic and that the account has been turned over to the New York State Attorney General's Office for collection and/or a private collection agency. When payment is received within one year you may be re-instated.

Orthodontic Program Terms of Payment
The contract payment is due monthly, regardless if the patient is seen each month. Example: if the patient is not seen in April, but has an appointment in May the total due at that time is two monthly payments.

Any account delinquent more than three months will be sent to the Collection Agency at the Attorney General's Office of the State of New York and/or a private collection agency.

All accounts must be paid up to date before appliances are removed.

II. PATIENT CODE OF CONDUCT
- Indiscriminate use of obscene language or gestures while at the Dental Care Center may result in automatic dismissal as a patient.
- Patients who are under the influence of alcohol or any other substance will not be treated at that time.
- Patients are not permitted to transfer from one student to another based on race, creed, color, gender, national origin, sexual preference or disability.

III. DISCONTINUING PATIENT TREATMENT
Patients may be dropped from active status under the following circumstances:
- The patient chooses to discontinue treatment (voluntary drop) for personal reasons (financial limitations, family illness, etc.).
- The patient chooses to seek care elsewhere.
- A change in the patient's medical or dental condition may place further treatment beyond the scope of the student/resident's capabilities or require the patient to seek care in a hospital setting.
- The patient presents with behavioral issues that are not manageable or appropriate in the Dental Care Center.
- Attempts by the Dental Care Center to contact the patient have been unsuccessful
- Attempts to collect unpaid balance have been unsuccessful
- Repeated broken appointments, cancelled appointments, or lateness.
Definitions:
**Broken Appointment** - Patient was not present for a scheduled appointment and/or notification was not given 24 hours in advance or not given at all.

**Cancellation** - Patient notification is given to the Dental Care Center 24 hours prior to the scheduled visit.

**Lateness** - Patient arriving 15 minutes after the start of a scheduled appointment.

IV. PATIENT CONCERNS
Patients have the right to express concerns or complaints without fear of reprisal and with the assurance that the presentation of a complaint will not compromise the quality of their care or future access to care.

Patients who have a concern about any aspect of the dental care or treatment they received at the Dental Care Center may register their concern either in person, by telephone, or in writing to the student or the administration.

Dr. Georgios Romanos 631-632-8755
Associate Dean for Clinical Affairs

Ms. Carol Sloane, RDH 631-632-8966
Director of Clinic Operations

Ms. Pat O’Reilly 631-632-8972
Asst. to Director of Clinic Operations

University Hospital Patient Relations 631-444-2880

University Hospital Health & Safety Policies & Procedures
www.cc.stonybrook.edu/facilities/ehs/policy/campus.shtml

You may also contact:
Commission on Dental Accreditation
American Dental Association
211 East Chicago Ave
Chicago, IL 60611-2678
Phone: 800- 621-8099 x 4653
E-mail: www.ada.org

New York State Dept of Health
Office of Profession
Phone: 518-474-3817
www.op.nysed.gov
Appointment Policy Consent

Welcome to the Dental Care Center. We take great pride in the quality of care that we deliver. In effort to maintain this high-level of care, we have instituted guidelines regarding cancellations/no-show/lateness. Compliance with this policy will allow patients to receive their treatment in a timely and efficient manner, promoting optimal care.

1. Once appointments are scheduled, patients are expected to attend each and every session at the appointed time.
2. If you are going to be more than 15 minutes late for a scheduled appointment, please call to determine whether your doctor will be able to see you that day.
3. All cancellations must be communicated to the department.
4. If you fail to keep your appointment without notifying us or cancel in under 24 hours, you will be charged $15 for a no-show visit.
5. If you cancel or fail to show for three consecutive visits, you will be dropped from the Dental Care Center.
6. The Dental Care Center reserves the right not to reschedule patients who have been discharged for failing to show for prior scheduled appointments.

We appreciate your understanding and cooperation with this policy.
I have read, understand, and agree to abide by the aforementioned policy.

General Consent for Treatment

1. I authorize the performance of a dental examination and evaluation, possibly including radiographs as approved by the faculty member(s) of the Dental Care Center.
2. I understand that the services will be provided by the students of the School of Dental Medicine at Stony Brook (SDM) as a part of their educational program.
3. I understand that video and photographs may be taken for educational purposes, and that I will not be identified in any manner.
4. I understand that because the treatment is being carried out as a part of the educational program at the SDM, information about the care will be shared by faculty, students/residents and clinical staff.
5. I further understand that students, residents, faculty and other employees may also provide services consistent with the treatment plan. When, in the opinion of the faculty, a change of provider is deemed appropriate, the change is made at the SDM's discretion.
6. I have received a copy of the fee policies for the SDM. I understand and agree to comply with those policies.
7. I have received a copy of the Stony Brook Organized Health Care Arrangement Joint Notice of Privacy Practices. I authorize the use and disclosure of my health information to treat me and arrange for my care, to seek and receive payment for services given to me, to send appointment reminders via mail or phone and for the business operations of the Dental School and its staff.
8. I have received a copy of the Patients Bill of Rights.
9. Any questions I have had to the above have been fully answered.
10. I fully understand the conditions of this consent and have no additional questions.
11. I received the School of Dental Medicine Dental Care Center Guide to Patient Service
Explanation of the Patient Assignment System

You have been declared provisionally eligible for treatment at the Dental Care Center. Final acceptance will be determined only after you have undergone a comprehensive examination and a treatment plan has been mutually agreed upon.

The time you will have to wait for final acceptance and the commencement of treatment may vary depending upon your treatment needs and the educational needs of our students. Your clinic record will be categorized according to your treatment needs and availability and placed in our patient pool. From there you will be assigned on a first come, first served basis. If your needs are complex and/or your availability is limited, assignment may be more delayed.

When you are assigned to a student, he/she will contact you by phone, so please make sure the telephone number we have for you is current. When you are contacted, it is best to make a note of your treatment student’s name and phone number, in case you have to contact them.

Patients are not permitted to transfer from one student to another based on race, creed, color, gender, national origin, sexual preference or disability.

Should you have need for immediate care before you have been assigned, you may either seek care from a dentist in the private sector or you may ask to be seen in our emergency service.

Pre-Doctoral Clinics

Year 4 Dental Students (GPP)  631-632-9710
Year 3 Dental Students     631-632-8976
Year 2 Dental Students     631-632-3035
Pediatric Dentistry (Birth – 17 years)   631-632-8967
Oral & Maxillofacial Surgery  631-632-8975
Emergency Dental Care      631-632-8989

Resident and Post-Doctoral Programs

General Practice Residency     631-632-9245
(Phobia Clinic – Geriatric Clinic)
Orthodontics                   631-632-8906
Pediatric Residency (Birth – 17 years)  631-632-8889
Oral & Maxillofacial Surgery   631-632-8975
Periodontics (Implants, Smoking Cessation)  631-632-8963
Endodontics                    631-632-8974
IV Sedation Clinic             631-632-8889
Dental Care for the Developmentally Disabled  631-632-9231
CONTACT INFORMATION

The Dental Care Center
is open
Monday – Friday
8:30 A.M. – 5:00 P.M.

Emergency Care Hours
As a service to our patients and the local community, the Dental Care Center maintains an ongoing emergency dental care service.

The emergency care hours are:
• Monday – Friday 8:30 A.M. – 5:00 P.M at the Dental Care Center, 631-632-8989
• After hour’s emergency dental services at University Hospital Emergency Room. Dial 632-8989; teleprompt directions are given to call Stony Brook University Hospital Emergency Room. Patients of record should inform the ER that they are active patients at the Dental Care Center so that the appropriate fee adjustments can be made.
• Please refer to Stony Brook University School of Dental Medicine website for detailed information http://dentistry.stonybrookmedicine.edu/

SMOKING CESSATION INFORMATION

Learn To Be Tobacco Free
Stony Brook University School of Dental Medicine
Department of Periodontics
(631) 632-8963
Suffolk County offers smoking cessation programs free and open to the public. Call (631) 853-4017 for more information or visit website at www.co.suffolk.ny.us/health

Nicotine Anonymous
Meetings are held Tuesday 7 – 8 P.M at the
Port Jefferson First Baptist Church
Prospect and East Main St Port Jefferson
(631) 474-3115
Open discussion, can still attend if smoking

American Lung Association
225 Wireless Blvd, Hauppauge, NY 11788
(631) 231-5664
www.lungusa.org

American Heart Association
125 East Bethpage Rd, Plainview, NY
(516) 777-8447
www.americanheart.org

American Cancer Society
1-800-ACS-2345
www.cancer.org
Escuela de Medicina Dental
Centro de Cuidado Dental
Guía
Para
Servicio al Paciente

Más de Treinta y Cinco Años
de Servicio a Nuestra Comunidad
Estimado paciente prospectivo,

En nombre de nuestra facultad, personal, estudiantes y residentes de la Universidad de Stony Brook, School of Dental Medicine, me gustaría darle la bienvenida a nuestro centro clínico, el centro de atención Dental. La escuela de Medicina Dental está totalmente acreditada por la Comisión de acreditación Dental y es una de las mejores escuelas de Dental en el país con la última tecnología. Estamos orgullosos que nuestros estudiantes y residentes son un grupo de jóvenes altamente cualificados y las mujeres, que fueron seleccionadas a través de un proceso de admisión riguroso.

Uno de los principales objetivos del centro de atención Dental es proporcionarle un servicio de salud pendiente, estado-of-the-art, oral, con una cuota razonable, en un ambiente cómodo, amigable y profesional. Estamos dedicados a brindar atención integral, centrado en el paciente, dentro del ámbito de nuestros programas. Un examen integral, clínico y radiológico se prestará a todos nuestros pacientes.

Casos clínicos especiales pueden ser parte de nuestra investigación aprobado, los ensayos clínicos con el fin de proporcionar nuevos conocimientos científicos a nuestros profesores cualificados y a nuestros estudiantes, permitiendo un tratamiento integral a costos relativamente bajos.

Creemos que nuestras instalaciones educativas y clínicas le ofrecerá un ambiente, donde te sentirás cómodo.

Espero que usted encuentre que el centro de atención Dental en la Universidad de Stony Brook, School of Dental Medicine le proporcionará la mejor experiencia en el cuidado dental y oral. Para cualquier piropos o preocupaciones con respecto a su visita en nuestra institución, póngase en contacto con nuestros miembros del equipo la Sra. Carol Sloane (Director de operaciones de la clínica), Sra. Pat O'Reilly (Asistente del Director) o yo mismo y sepá que su grata experiencia es de gran importancia para todos nosotros.

Con el más cordial saludo,

Georgios E. Romanos, DDS, PhD, Prof. Dr. med. dent.  
Professor and Associate Dean for Clinical Affairs
Derechos del Paciente

El personal y los doctores del Centro de Cuidado Dental (Dental Care Center) reconocen que mientras sea nuestro paciente, usted tiene derechos, consistentes con la ley.

1. Entender y usar tales derechos. Si por alguna razón usted no entiende o necesita ayuda, el Centro de Cuidado Dental le proveerá asistencia, incluyendo a un intérprete.
2. Recibir tratamiento sin ser discriminado(a) por raza, color, religión, origen nacional, orientación sexual, o forma de pago.
3. Recibir cuidado respetuoso y considerado en un ambiente limpio y seguro, libre de restricciones innecesarias.
4. Privacidad de acuerdo con el centro del área clínica mientras reciben tratamiento en el centro y la confidencialidad de toda la información y los registros relativos a su cuidado.
5. Conocer los nombres, posiciones y funciones de cada miembro de la facultad, cuerpo de estudiantes y personal del Centro de Cuidado Dental envuelto en su cuidado y a negarse a ser tratado, examinado y observado por los mismos.
6. Tener acceso a información actualizada y completa sobre su diagnóstico, tratamiento y pronóstico.
7. Recibir toda la información que se necesita para dar su consentimiento informado para cualquier propuesta de procedimiento o tratamiento. Esto incluirá una explicación del tratamiento recomendado, alternativas de tratamiento, los resultados que se esperan de diversos tratamientos, y los posibles riesgos, beneficios y alternativas de los procedimientos o tratamientos.
8. Negarse a ser tratado y ser provisto de los riesgos que esto pueda tener sobre su salud.
9. Participar en las decisiones acerca de su tratamiento.
10. Continuidad y el cumplimiento del tratamiento.
11. Tratamiento que cumpla con el estándar de atención en la profesión.
12. Recibir conocimientos avanzados de los gastos de tratamiento y una factura detallada con explicación de todos los cargos.
13. Revisar su expediente dental sin costo alguno y obtener copia de sus radiografías por las cuales el Centro de Cuidado Dental le cargará un costo razonable. No se le negará la copia solo por que no la pueda costear.
14. Recibir atención de emergencia si lo necesita, siempre que el cuidado que se requiere se puede entregar coherente con el programa educativo de la escuela y el personal y las instalaciones de la clínica.
15. Negarse a participar en la investigación. A la hora de decidir si participar o no, usted tiene el derecho a una explicación completa.
16. Quejarse sin miedo a represalias acerca del cuidado y los servicios que recibe y a que el Centro de Cuidado Dental le responda a usted, y si lo requiere, una respuesta por escrito. Si usted no está satisfecho con la respuesta, usted se puede quejar con el Departamento de Salud de Nueva York. El Centro de Cuidado Dental le deberá proveer el número telefónico del Departamento de Salud de Nueva York.
Responsabilidades del Paciente

I. POLITICA DE PAGO
Se espera que los pacientes paguen, en su totalidad, al momento de recibir el tratamiento. No aceptamos seguros como forma de pago. Por el contrario, si lo requiere solicitaremos una declaración de seguro que podrá submitir a su compañía de seguro para ser reembolsado.

Formas de Pago Aceptadas:
- Efectivo, cheques (con identificación), giro en efectivo, y la mayoría de las tarjetas de créditos.
- Reembolso por Medicaid (Tarjeta válida de Medicaid). Solo proveeremos servicios que estén cubiertos bajo las pautas de Medicaid.
  Para los pacientes con cubierta Medicaid, es necesario que sean elegibles constantemente por la cubierta Medicaid para continuar con el tratamiento bajo esta forma de pago. Si usted pierde sus derechos de Medicaid, usted será responsable por costear el resto del tratamiento.
- Los pacientes de Medicaid y de cuidado administrado son responsables de todos los co-pagos
- Programas al Manejo del Cuidado
  El Centro de Cuidado Dental participa en selectos programas al Manejo del Cuidado. Generalmente estos programas están afiliados a Medicaid y siguen sus pautas. La participación en estos programas al Manejo del Cuidado están sujetos a cambios, y la verificación de nuestra participación en los mismos deberá ser verificada en la oficina de finanzas.

Servicios de Tratamiento que conllevan un costo de laboratorio:
Para aquellos servicios que requieres trabajo de metal y/o laboratorio (Ej. dentaduras, coronas, puentes fijos, etc.) el pago será efectuado de la siguiente manera:
- Dos terceras partes (2/3) del servicio deberá ser costeados antes de someter el caso al laboratorio dental.
- El pago final deberá ser efectuado antes de insertar el caso en el paciente.

Servicios Pre-Pagados:
Todo servicio de implantantes/Sedación Intravenosa/Extracciones o radiografías deberán ser costeados en su totalidad antes de recibir el tratamiento.

Formas de Pago Extendidas:
Un plan de pago puede ser coordinado para aquellos planes de tratamientos altamente costosos y al que se ha llegado por acuerdo mutuo. Aquellos pacientes que el costo de tratamiento excede los mil dólares es elegible para coordinar un plan de pago con la oficina de finanzas. El plan de pago no será coordinado una vez comenzado el tratamiento. El 25% del pago total es requerido antes de comenzar con el tratamiento.

Aquellos padres que no puedan costear el cuidado dental de su hijo(a), favor de acudir al Oficial Financiero del Centro del Cuidado Dental.
Sí usted no puede costear su cuidado dental, usted podrá buscar ayuda en el Departamento de Servicios Sociales del Estado de Nueva York, “Child Health Plus o Family Health Plus”.
NOTA: La condición para recibir tratamiento dental en el Centro de Cuidado Dental es que los pacientes mantengan su cuenta al día. Si falla en hacerlo sus servicios serán interrumpidos. Si falla en pagar en varias ocasiones será dado de baja del programa como paciente.

Las Restituciones
De los pagos en cuenta de un paciente se reembolsarán mediante un cheque de la Universidad de Stony Brook. Esto tardará aproximadamente 6-8 semanas a partir del momento de la solidaridad.
NOTA: No hay reembolso será emitido por montos inferiores a US $6.00.

Cuentas en Delincuencia
Aquellos pacientes que presenten un saldo pendiente o que estén en mora y de realizar un amplio Plan de Pago recibirá facturas mensuales con una solicitud de pago inmediato. Después de una cuenta se ha atrasado en el pago durante cuatro meses, el paciente es informado de que se han eliminado de la clínica y que la cuenta ha sido entregado a la Fiscal General del Estado de Nueva York de oficina para la recogida y/o una agencia privada de cobros. Cuando se recibe el pago dentro del plazo de un año, puede ser reestablecido.

TERMINO DE PAGO DEL PROGRAMA DE ORTODONCIA
El pago del contrato se vence mensualmente, independientemente si el paciente es visto o no. Ejemplo: Si el paciente no es visto en Abril, pero tiene una cita en Mayo el total a pagar es por dos meses.

Cualquier cuenta morosa más de tres meses, será enviado a la agencia de cobranza de la Procuraduría General de Justicia del Estado de Nueva York y/o una agencia privada de cobros.

Toda cuenta deberá estar al día antes de que cualquier aparato sea removido.

II. CODIGO DE CONDUCTA DEL PACIENTE
- El uso indiscriminado de gatos o lenguaje obsceno mientras este en el Centro de Cuidado Dental resultara en baja automática como paciente.
- Pacientes que están bajo la influencia del alcohol o alguna otra sustancia no serán tratados en ese momento.
- Pacientes no pueden ser transferidos de un estudiante a otro basado en la raza, género, color, origen nacional y preferencia sexual o incapacidad.

III. DISCONTINUIDAD DE TRATAMIENTO AL PACIENTE
Pacientes pueden ser dados de baja dada las siguientes circunstancias:
- Si el paciente decide discontinuar el tratamiento (baja voluntaria) por razones personales (limitaciones financieras, enfermedad en la familia, etc.).
- El paciente decide buscar tratamiento en otro lugar.
- Algun cambio en la condición médica o dental del paciente en la cual el tratamiento vaya más allá de las habilidades del estudiante/residente o requiere que sea tratado (a) en un ambiente hospitalario.
- El paciente presenta problemas de comportamiento que no son manejables o apropiados para el Centro de Cuidado Dental.
- Intentos, sin éxito alguno, por parte del Centro del Cuidado Dental para contactar al paciente.
- Intentos por colectar balances sin pagar no han tenido éxito.
- Cancelado citas repetidamente faltado ha citas o tardanzas.
Definiciones

Faltado a Cita
- Paciente no estuvo presente para una cita pautada y la notificación no fue dada con 24 horas de anticipación o no se notificó del todo.

Cancelación
- Notificación del paciente al Centro del Cuidado Dental es dada con 24 horas de anticipación a la visita pautada.

Tardanza
- El paciente se presenta 15 minutos tarde después de la hora en que se ha pautado la cita.

IV. QUEJAS DEL PACIENTE
Los pacientes tienen el derecho a quejarse o a expresar su disgusto sin miedo a represalias y con la seguridad de que la presentación de una queja no afectará la calidad de los servicios brindados y acceso al cuidado dental en el futuro.

Pacientes que tengan alguna queja acerca de cualquier aspecto del cuidado o tratamiento dental en el Centro del Cuidado Dental, pueden someter su queja en persona, por teléfono o en por escrito al estudiante o a la administración.

Dr. Georgios Romanos 631-632-8755
Decano Asociado de Asuntos Clínicos

Ms. Carol Sloane, RDH 631-632-8966
Director de Operaciones Clínicas

Ms. Pat O'Reilly 631-632-8972
Asistente del Director de Operaciones Clínicas

Relación al Paciente del Hospital Universitario 631-444-2880

Procedimientos y Políticas de la Salud y la Seguridad del Hospital Universitario
we.cc.stonybrook.edu/facilities/ohs/policy/campus.shtml

Usted también puede contactar:

la Comisión de Acreditación Dental de la Asociación Dental Americana a
Teléfono (800) 621-8099 x4653
Correo Electrónico: www.ada.org
Correo: Comisión de Acreditación Dental
Asociación Dental Americana
211 East Chicago Ave
Chicago, IL 60611-2678

New York State Dept of Health
Office of Profession
Phone: 518-474-3817
www.op.nysed.gov
Consentimiento de Política de Cita

Bienvenidos al Centro de Cuidado Dental (Dental Care Center). Nosotros nos sentimos orgullosos de la calidad del cuidado que brindamos. En nuestro esfuerzo por mantener este alto nivel de cuidado, hemos instituido pautas con respecto a cancelaciones/ausencias/tardanzas. El cumplimiento de esta política permitirá a los pacientes recibir su tratamiento de manera eficiente, a la vez que promovemos el cuidado oral óptimo.

1. Una vez la cita se ha programado, se espera que el paciente asista a toda y cada una de las sesiones de acuerdo al tiempo acordado.
2. Si se va a presentar a la cita mas de 15 minutos tarde, favor de llamar para corroborar que su doctor lo(a) puede ver en ese día.
3. Toda cancelación deberá ser notificada al departamento correspondiente.
4. Si usted se ausenta a su cita sin notificación previa, se le cargaran $15.00.
5. Si usted cancela o se ausenta a citas consecutivas, usted será removido de la lista de pacientes del Centro de Cuidado Dental.
6. Si usted recibe una carta de contacto (contact letter), usted tiene dos semanas para contactarnos. De no hacerlo su nombre será removido de la lista de pacientes del Centro de Cuidado Dental.
7. El Centro de Cuidado Dental se reserva el derecho a no reprogramar citas a pacientes que han sido dado de baja debido a ausencias a otras citas ya anteriormente programadas.

Nosotros agradecemos su comprensión y cooperación con esta política.
Yo he leído, comprendido, y estoy de acuerdo en el cumplimiento de la política antes mencionada.

Consentimiento General de Tratamiento

1. Autorizo el desempeño de un examen y evaluación dental, incluyendo posibles radiografías segun aprobado por el(los) miembro(s) de la facultad del Centro de Cuidado Dental.
2. Entiendo que los servicios serán provistos por estudiantes de la Escuela de Medicina Dental de Stony Brook como parte de su programa educativo.
3. Entiendo que de ser necesario se tomaran fotografías y películas para propósitos educativos, y no serán identificados de ninguna manera.
4. Entiendo que debido a que el tratamiento se lleva a cabo como parte del programa educativo de la Escuela de Medicina Dental, la información será compartida por la facultad, estudiantes/residentes y personal clínico.
5. Aun más entiendo que los estudiantes, residentes y la facultad y otros empleados proveerán servicios consistentes con el plan de tratamiento. Cuando, en la opinión de la facultad, el cambio del proveedor es apropiado, el cambio se llevará a cabo a discreción de la Escuela de Medina Dental.
6. He recibido una copia de las políticas de honorarios de la Escuela de Medina Dental. Entiendo y estoy de acuerdo a cumplir con tales políticas.
7. He recibido una copia del "Stony Brook Organized Health Care Arrangement Joint Notice of Privacy Practice". Autorizo el uso y revelación de mi información de salud para mi tratamiento y cuidado, he buscar y recibir pago por los servicios que me sean otorgados, y por las operaciones de negocio de la Escuela Dental y su personal.
8. Toda pregunta con respecto a lo anterior ha sido contestada.
9. Entiendo las condiciones de este consentimiento y no tengo ninguna otra pregunta.
10. Comprendo completamente que las condiciones de este consentimiento y no tengo preguntas adicionales.
11. Recibí la Escuela de Medicina Dental Guía Dental de Centro de Cuidado al Servicio Paciente.
Explicación del Sistema de Asignación de Pacientes

Usted ha sido provisionalmente declarado elegible para tratamiento en el Centro de Cuidado Dental (Dental Care Center). La aceptación final será determinada una vez usted haya recibido un examen comprensivo y un plan de tratamiento se ha establecido, en el que se está mutuamente de acuerdo.

El tiempo que usted tendrá que esperar para la aceptación final y el comienzo de el tratamiento podrá variar de acuerdo a las necesidades de su tratamiento y las necesidades educativas de nuestros estudiantes. Su expediente clínico será clasificado de acuerdo a sus necesidades de tratamiento y la disponibilidad y cupo en nuestra lista de pacientes. De ahí usted será asignado de acuerdo al orden en que se registró. Si sus necesidades son complejas y las disponibilidad es limitada, su asignación se verá retrasada.

Cuando usted es asignado a un residente/estudiante usted será informado por teléfono, así que asegúrese que el teléfono que nos provea sea el actual. Cuando usted sea contactado, es recomendable que tome nota del nombre y teléfono del estudiante que se le asignó en caso de que usted lo tenga que contactar por alguna u otra razón.

De usted necesitar cuidado inmediato antes de ser asignado, usted puede recurrir a un dentista privado o puede ser evaluado en nuestros servicios de emergencias.

Pre-Doctoral Clinics

Year 4 Dental Students (GPP) 631-632-9710
Year 3 Dental Students 631-632-8976
Year 2 Dental Students 631-632-3035
Pediatric Dentistry (Birth – 17 years) 631-632-8967
Oral & Maxillofacial Surgery 631-632-8975
Emergency Dental Care 631-632-8989

Resident and Post-Doctoral Programs

General Practice Residency 631-632-9245
*(Phobia Clinic – Geriatric Clinic)*
Orthodontics 631-632-8906
Pediatric Residency (Birth – 17 years) 631-632-8889
Oral & Maxillofacial Surgery 631-632-8975
Periodontics *(Implants, Smoking Cessation)* 631-632-8963
Endodontics 631-632-8974
IV Sedation Clinic 631-632-8889
Dental Care for the Developmentally Disabled 631-632-9231
INFORMACION DE CONTACTO

El Centro de Cuidado Dental
esta abierto
Lunes – Viernes
8:30 AM. – 5:00 PM.

Horas de atención de emergencia
Como un servicio a nuestros pacientes y la comunidad local, el centro de atención Dental mantiene un servicio de atención dental de emergencia permanente.

Las horas de atención de emergencia son:
• Del lunes al viernes 8:30 – 17:00 en el Dental Care Center, 631-632-8989
• Después de urgencias dentales horas en sala de emergencia de Hospital de la Universidad.
  Dial 632-8989; teleprompt direcciones reciben llamar a sala de emergencias de Hospital de Universidad de arroyo pedregoso. Pacientes del registro deben informar la ER que son pacientes activos en el centro de atención Dental para que puedan hacerse los ajustes de la cuota apropiada
• Por favor consulte el sitio web de Stony Brook University School of Dental Medicine para detallada información http://dentistry.stonybrookmedicine.edu/

INFORMACION SOBRE CESAR DE FUMAR

Aprenda a estar libre de tabaco
Escuela de Medicina Dental de la Universidad de Stony Brook
Departamento de Periodoncia
(631) 632-9963
Condado Suffolk ofrece programas para cesar de fumar libre de costo y para todo público.
Llame al (631) 853-4017
para más información o visite nuestra pagina de Iare: www.co.suffolk.ny.us/health

Nicotina Anónimos
Se reúnen los Martes de 7 – 8 PM en la Primera Iglesia Bautista de Port Jefferson, Prospecto y East Main St Telefono: (631) 474-3115.
Discusión abierta; bienvenido si todavía fuma

Asociación Americana del Pulmón
225 Wireless Blvd, Hauppauge, NY 11788
(631) 231 – 5864 Página red www.lungusa.org

Asociación Americana del Corazón
125 East Bethpage Rd, Plainview, NY
(516) 777 – 8447 Website www.Americanheart.org

Sociedad Americana del Cáncer
1-800-ACS-2345
Página de la red: www.cancer.org
13.0 Sedation and General Anesthesia

13.1 Definitions

13.1.1 Minimal Sedation: a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.1

- Note: In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.

- When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use.

- The use of preoperative sedatives for children (aged 12 and under) except in extraordinary situations must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

- Children (aged 12 and under) can become moderately sedated despite the intended level of minimal sedation; should this occur, the guidelines for moderate sedation apply.

- For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentists Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

- Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation.

- Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.

- The following definitions apply to administration of minimal sedation:
  - Maximum recommended dose (MRD) – maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use.
- **Incremental dosing** – administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).
- **Supplemental dosing** – during minimal sedation, supplemental dosing is a single additional dose of the initial dose of the initial drug that may be necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dosing and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

13.1.2 **Moderate Sedation**: a drug-induced depression of consciousness during which patients respond *purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

  - **Note**: In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the dentist. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.
  - The following definition applies to the administration of moderate or greater sedation:
    - **Titration**—administration of incremental doses of a drug until a desired effect is reached. Knowledge of each drug’s time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

13.1.3 **Deep Sedation**: a drug-induced depression of consciousness during which patients cannot be easily aroused but respond *purposefully* following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

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1Excerpted from *Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia*, 2004, of the American Society of Anesthesiologists (ASA). A copy of the full text can be obtained from ASA, 520 N. Northwest Highway, Park Ridge, IL 60068-2573.
13.1.4 General Anesthesia: a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Note: Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.

For all levels of sedation, the practitioner must have the training, skills, drugs and equipment to identify and manage, such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

13.1.5 Enteral: any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e., oral, rectal, sublingual].

13.1.6 Parenteral: a technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraosseous (IO)].

13.1.7 Inhalation: a technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface.

13.1.8 Nitrous Oxide/Oxygen (N₂O/O₂) Inhalation Analgesia: Administering Nitrous Oxide/Oxygen via nosepiece as a sole agent for relaxation during dental procedures.

13.1.9 Dental Service Provider: An individual (faculty, student, resident, or dental hygienist) rendering dental care to a patient.

13.1.10 Dental Service Supervisor: A licensed faculty responsible for the dental care rendered by a dental service provider, except if that individual is a licensing faculty.

13.1.11 Anesthesia Service Provider: An individual (faculty, resident) responsible for administering sedation to a patient.

13.1.12 Anesthesia Service Supervisor: A licensed and credentialed faculty responsible for the sedation rendered by an anesthesia service provider, except if that individual is a licensed and credentialed faculty.
Note: The dental service supervisor and the anesthesia service supervisor may be the same individual in the case of credentialed Oral & Maxillofacial Surgery or Dental Anesthesia faculty.

13.1.13 Registered Nurse: An individual with an RN degree, who may serve as an anesthesia assistant.

13.1.14 Dental Assistant: An individual, who assists the dental service provider.

13.1.15 Anesthesia Assistant: An individual (faculty, resident, registered nurse, or credentialed dental assistant), who assists the anesthesia service provider.

13.2 Credentialing

The Dental Care Center administration is responsible for collecting and maintaining documentation for all individuals participating in the administration of sedation of any type to patients in all areas of the clinical facility, including faculty practice.

13.2.1 Individuals requiring credentialing

- Anesthesia Service Provider
- Dental Service Provider
- Registered Nurse
- Dental Assistant
- Anesthesia Assistant

13.2.2 Required Credentials (except for the delivery of N₂O/₀₂ analgesia)

1. Anesthesia Service Provider
   a. Attending
      • Current DCC clinical faculty risk management documentation
      • Current ACLS Certification
      • New York State license to administer sedation at the level requested in the DCC
      • SBUHMC sedation examination (except faculty with appointments in the Department of Anesthesiology).
   b. Resident/Postdoctoral Student
      • SDM Resident/Postdoctoral Student admissions documentation
      • Current annual health and risk management documentation
      • Current BLS certification
      • Current ACLS certification
2. Registered Nurse
   • Current DCC or SBUHMC risk management documentation
   • Current BLS certification
   • Current ACLS certification

3. Anesthesia Assistant
   • Relevant DCC risk management documentation
   • Current BLS certification
   • SDM in-service training

4. Dental Assistant
   • Relevant DCC risk management documentation
   • Current BLS certification

5. Dental Student
   • SDM Dental Student admissions documentation
   • Current annual health and risk management documentation
   • Current BLS certification

13.3 Patient Selection

The Dental Care Center offers anesthesia services to patients who will benefit from pharmacologic management during the provision of dental care, providing they meet the medical, psychological, and behavioral criteria established by the Dental Care Center.

13.3.1 Anesthesia Consultation Criteria

An anesthesia consultation (Appendix 44) must be performed by an anesthesia service provider, with the patient (and parent/legal guardian if indicated) present. The following criteria must be considered:

• Type of dental service to be provided
• Clinical department or discipline providing dental service
• ASA Class of patient
  o ASA I, II, or III patients may be accepted for anesthesia services, after specific evaluation as specified below
• Scheduling for anesthesia consultation:
  o All scheduling will be performed through the anesthesia coordinator.
  o Consultations for pediatric patients can be performed on Wednesdays or Fridays when an attending anesthesiologist is scheduled.
  o Consultations for adults and patients with special needs can be performed on Tuesdays, Wednesdays and Fridays when an attending anesthesiologist is scheduled.
  o If a patient is scheduled with a dental practitioner and it is determined that an anesthesia consultation is required page the
anesthesia coordinator to see if an attending anesthesiologist is available, for consultation.

- Medical consultation (Appendix 45), if indicated.
- ASA I patients do not require a medical consultation.
- ASA II patients require a medical consultation, unless a credentialed Dental Anesthesiology or Oral & Maxillofacial Surgery faculty waive the need for a consultation.
- ASA III patients require a medical consultation. This consultation must be reviewed by a credentialed Dental Anesthesiology or Oral & Maxillofacial Surgery faculty prior to the planned day of service.

- Physical examination performed by an anesthesia service provider, consisting of an updated medical history, updated vital signs, height (for children), weight, psychological/behavioral evaluation, heart and lung examination.

13.3.2 Information Distributed to Patients

- If it is deemed that the patient will be receiving anesthesia services, then pre-op (Appendix 46) and post-op (Appendix 47) instructions will be given both written and verbally.
- Fees for anesthesia services, if any.
- During the anesthesia evaluation/consultation visit, alternatives, risks, and benefits of the sedation/sedation techniques offered will be discussed with the patient and parent/legal guardian if appropriate. Written informed consent (Appendix 48) will be completed at the treatment visit, unless sedative agents are prescribed to be administered prior to arrival at the DCC for the day of treatment.

13.4 Scheduling

13.4.1 Scheduling for Moderate and Deep Sedation and General Anesthesia
Prior to scheduling any dental services with sedation, a sedation consultation following the above criteria must be completed, and all information must be distributed to the patient as detailed above.

13.4.1.1 Sedations Performed in Oral & Maxillofacial Surgery Suite
All sedations performed in the OMFS Suite will be scheduled through the Oral and Maxillofacial Surgery clinic coordinator, who will verify that all necessary preparations have been completed.

13.4.1.2 Sedations Performed in Other Areas of the DCC
All sedations performed in other areas of the DCC will be scheduled through the General Practice Residency clinic coordinator, who will verify that all necessary preparations have been completed.
13.4.2 **Scheduling for Minimal Sedation**
Prior to scheduling any dental services with sedation, a sedation consultation following the above criteria must be completed, and all information must be distributed to the patient as detailed above.

The Clinic Coordinator for the program or area in which minimal sedation is to be delivered is responsible for scheduling the procedure, and will verify that all necessary preparations have been completed.

13.4.3 **Scheduling for Nitrous Oxide/Oxygen (N₂O/O₂) Inhalation Analgesia**
Prior to scheduling any dental services with Nitrous Oxide/Oxygen (N₂O/O₂) Inhalation Analgesia, a student/resident must complete a “Nitrous Request Form” (Appendix 19) and obtain the signature of an attending on that form after appropriately presenting all pertinent clinical information relevant to the procedure. This form must be submitted to the dispensary to reserve a nitrous oxide/oxygen delivery system and associated equipment.

The student/resident must obtain informed consent for the administration of Nitrous Oxide/Oxygen (N₂O/O₂) Inhalation Analgesia from the patient or parent/legal guardian the day of the procedure.

The Clinic Coordinator for the program or area in which minimal sedation is to be delivered is responsible for scheduling the procedure and will verify that all necessary preparations have been completed.

**Note:** The number of sedation procedures scheduled during a given session is dependant upon the available faculty, staff, and equipment. The Clinic Administration, in consultation with the Departments of Dental Anesthesiology and Oral & Maxillofacial Surgery will make this determination.

13.5 **Required Personnel**

13.5.1 **Deep Sedation and General Anesthesia**

- Dental Service Provider
- Anesthesia Service Provider
- Dental Service Supervisor (except if anesthesia service supervisor is serving in this role, as well)
- Anesthesia Service Supervisor
- Anesthesia Assistant (**Must be a Registered Nurse**)
- Dental Assistant
13.5.2 Moderate Sedation

- Dental Service Provider
- Anesthesia Service Provider
- Dental Service Supervisor (Except if anesthesia service supervisor is serving in this role, as well.)
- Anesthesia Service Supervisor
- Anesthesia Assistant
- Dental Assistant

13.5.3 Minimal Sedation

- Dental Service Provider
- Dental Service Supervisor (Except if anesthesia service supervisor is serving in this role, as well.)
- Anesthesia Service Supervisor
- Dental Assistant

13.5.4 Nitrous Oxide/Oxygen (N\textsubscript{2}O/O\textsubscript{2}) Inhalation Analgesia

- Dental Service Provider
- Dental Service Supervisor

13.6 Required Equipment

13.6.1 Deep Sedation and General Anesthesia

- Crash Cart with ACLS medications
- Defibrillator
- EKG
- Automatic Blood Pressure Monitor
- Pulse Oximeter
- Pretracheal stethoscope
- End Tidal CO\textsubscript{2} monitor (for general anesthesia)

13.6.2 Moderate Sedation

- Crash Cart with ACLS medications
- Defibrillator
- EKG (for parenteral sedation)
- Automatic Blood Pressure Monitor
- Pulse Oximeter
- Pretracheal stethoscope
13.6.3 Minimal Sedation

- Crash Cart
- Pulse Oximeter
- Blood Pressure Monitor (pre and post-op BP mandatory, and intra-op as necessary)

13.6.4 Nitrous Oxide/Oxygen (N\textsubscript{2}0/0\textsubscript{2}) Inhalation Analgesia

- Crash Cart
- Blood Pressure Monitor (pre and post-op BP mandatory, and intra-op as necessary)

13.7 Discharge

13.7.1 Discharge Criteria

- Patient alert and responsive
- Airway reflexes present
- Vital signs stable
- Patient ambulatory
- Adequate hydration
- Post-anesthetic instructions delivered verbally and in writing to patient and/or responsible adult
- Responsible adult escort present

13.7.2 Sedation Follow-up

- A post-sedation follow-up appointment must be scheduled prior to discharge.
- The anesthesia service provider must telephone patient or responsible adult in the evening, after sedation, to check on status of patient. A note must be placed in the patient’s record documenting this conversation.
Policies and Procedures of the Dental Care Center

14.0 Identification and Treatment of Family Violence,
Abuse, Neglect, and Maltreatment

Policy:
Stony Brook University, School of Dental Medicine will appropriately identify, assess, treat, or refer to the community for treatment, all patients who are victims of family violence and make referrals to resources and to appropriate and available community, and public service organizations for assistance and guidance.

Definitions:
1. Family Violence: Active or passive neglect and/or assault of any nature (verbal, physical, emotional, or sexual) that is committed by a person or persons against another within a family (children, adults, or elders) by a family member, intimate partner, or regular caretaker whether they are related, married or divorced, living together or apart.

2. Abuse: Pattern of systematic behavior organized around the intentional use of power, including but not requiring physical violence, by one or more person(s) for the purpose of controlling another. This may include the infliction of physical injury, threats, intimidation, neglect, sexual assault, social isolation, verbal attacks, restriction of funds/transportation and other resources.

3. Child Abuse: [see also NYS Family court Act Section 1012(e)] Abuse encompasses the most serious harms committed against a child. An abused child is one whose parents, person(s) legally responsible for his/her care, inflicts serious physical injury upon them, creates a substantial risk of serious physical injury, or commits a sex offense against them. This also includes situations where a parent, a person legally responsible, or regular caretaker knowingly allows someone else to inflict such harm on a child.

4. Child Maltreatment/Neglect: [See also NYS Family court Act, Section 1012(e)] Maltreatment/Neglect means that the child's physical, mental or emotional condition has been impaired or placed in imminent danger of impairment by the failure of the child's parent or other person legally responsible to exercise a minimum degree of care by failing to provide sufficient food, clothing, shelter, education, supervision, or medical care. Issue of Abandonment and misuse of alcohol/drugs to the extent that the child was placed in imminent danger are also defined as Maltreatment and Neglect.

5. Child: An individual under the age of 18 whose parent or other person is legally responsible for his/her care. This may include children who are themselves parents or "emancipated" children.

6. Domestic Violence: a pattern of coercive tactics which can include physical, psychological, sexual, economic and emotional abuse, perpetrated by one person against an adult intimate partner with the goal of establishing and maintaining power and control over the victim. Also known as battering, spousal abuse and wife beating; this occurs when a spouse, cohabitant, or non-married intimate partner attempts to physically or psychologically dominate another.

7. Elder Abuse: The intentional or unintentional neglect, physical/psychological, financial abuse of individuals age 65 or over.

8. Mandated Reporter: A person who is required by law to report cases of suspected child abuse, neglect or maltreatment. New York State recognizes certain professionals to be specially equipped to hold the important role of mandated reporter. Those professions include but are not limited to:*
   - Attending Physician
   - Resident/Intern
   - Registered Physician's Assistant
Mandated reporters, who have direct knowledge of any allegations of suspected child abuse or maltreatment, must personally make a report to the New York State Central Registry (SCR). Notification of the suspicion to a designated agent or (individual in management) does not absolve the original mandated reporter of his or her responsibility to personally make a report to the SCR. All initial or subsequent reports made to the SCR shall include the name, title and contact information for every staff person that is believed to have direct knowledge of the allegations contained in the report. (Abstract from Chapter 193 NYS Social Services Law Addendum)

Procedures:
During regular Dental Care Center hours of 8:30 a.m.-5:00 p.m. the following procedures will be followed:

All faculty, resident, student and staff are to notify their direct supervisor and attending dentist of any suspicion of abuse, neglect or maltreatment of a patient.

Dental student and resident are to notify their attending dentist of any suspicion that the patient has been or being abused, neglected or maltreated.

Attending dentist is to notify the Associate Dean for Clinical Affairs and/or the Director of Clinic Operations of any suspicion that the patient has been or being abused, neglected or maltreated. The Dental Care Center administration should call and report the suspected abuse to the New York State Central Register of Child Abuse and Maltreatment (SCR) at (800) 635-1522.

Referral to the Department of Social Work Services at Stony Brook University Medical Center for cases of Family Violence for both children and adults: All cases of suspected family violence will be referred to SBUMC Social Work Services for:

- psycho-social assessment,
- family violence education,
- coordination with the medical team and mandated reporter when applicable,
- patient/family supportive counseling,
- crisis intervention,
- discharge planning,
- collaboration with state and local CPS representatives when applicable,
- collaboration with law enforcement when applicable,
- assistance with necessary reports and forms,
- support and assist a mandated reporter,
- follow up as a mandated reporter when applicable.

a) During regular hours of 8:30 a.m.-5:00 p.m. the unit Social Worker will be assigned to a case of family violence. In his/her absence, a covering Social Worker assigned to that unit will cover the case.

I. Suspicion of Child Abuse, Neglect or Maltreatment
Mandated reporters are required to report suspected child abuse or maltreatment when, in their official or professional role, they are presented with a reasonable cause to suspect child abuse or maltreatment. Suspicion can be based on, but not limited to injury or trauma to body, clinical
indicators of neglect (such as starvation, dehydration, severely unkempt presentation, medical non-compliance) verbal report from child, or a mandated reporter mistrusting an explanation of injury. (See guideline sheet with list of suggested indicators).

A. Verbal Report for Suspicion of Child Abuse, Neglect or Maltreatment

1. Mandated reporters who suspect that a child has been a victim of abuse, maltreatment, or neglect, will report the case verbally and directly to the New York State Central Register of Child Abuse and Maltreatment (SCR) at (800) 635-1522. This verbal report should be made as soon as abuse or maltreatment is suspected. The SCR is open 24 hours, seven days a week. The verbal report will include:
   - The name of the institution
   - The name of the mandated reporter
   - The name and demographic information on the child or children,
   - The names and demographic information of the suspected perpetrator if known
   - The names and demographic information of other family members and other children living in the home,
   - The current situation and detailed description of basis of suspicions including the nature and extent of the child(ren)'s injuries, abuse or maltreatment; past and present, and any evidence or suspicions of parental behavior contributing to the problem.
   - The current medical status, planned treatment, and other crucial clinical information as indicated.

2. The mandated reporter can, but is not required to, speak to or call the parents or legal guardian to let them know that a report to SCR is being made. If the parent or legal guardian is told about the report, the Social Worker may describe the procedures and processes of CPS (Child Protective Services) and offer support and assistance to the family.

3. If the mandated reporter has little information on which to base his/her reasonable suspicions but has concerns about abuse, neglect or maltreatment, they will call SCR and a trained specialist at the SCR will help to determine if the information being provided can be registered as a report. Stony Brook Social Work Services will be called as a consult to assist the mandated reporter with the assessment.

4. If the report is accepted as a case by the SCR, the registrar will let the mandated reporter know immediately and will give the mandated reporter a "Call IO" number (referred commonly as the "registry number") It is important to remember to ask for the "Call ID" number from the SCR specialist before terminating the phone call. The SCR will forward all necessary information to the local Suffolk County CPS Office.

5. When any mandated reporter has reported a case to SCR; any other mandated reporter with direct knowledge of the possible abuse or maltreatment and who confirms that such a report was already made, is NOT required to make a separate additional report. However, new information as it pertains to the original case can be called into SCR to be added to SCR case summary.

B. Verbal report for Suspected Abuse or Neglect by someone other than legal guardian: In cases where there is suspected abuse or neglect by an adult other than a parent or legal guardian, the police will be called to report a potential crime. The mandated reporter can call SCR to request a Legal Enforcement Referral (LER).

C. Verbal report for Suspected Abuse or Neglect by another person also under age of 18: In cases where there is suspected abuse by another person also under the age of 18, SCR should be contacted due to concerns about the safety of both children involved. SCR will refer the mandated reporter to the local law enforcement as indicated.

D. Verbal report for suspected Abuse or Neglect in cases where the person claims to be an emancipated minor: In cases where there is suspected abuse on a person under age 18 who claims they have no legal guardian, the SCR should be contacted so an assessment can be made regarding the need for CPS or law enforcement safety measures.

E. Sexual Assault -Individuals under age 18 by legal guardian or someone other than a legal guardian: In cases where there is suspected sexual abuse either by an adult other than a parent or legal guardian or a parent/legal guardian, law enforcement (911) will be notified. The following steps will be taken:
Suffolk County Police Department-911 staff will direct the caller to the "Special
Victims Unit" (SVU) in Suffolk County (631) 852-6272.
Mandated reporter will call the case into SCR.
The SVU police will interview the child. The Law Enforcement team will
decide on the appropriateness of parent presence during the interview.
Medical exam, lab tests and evidence gathering, when indicated will be
completed by a member of the Stony Brook Medical Team in compliance
with guidelines from the Suffolk County Special Victims Unit.
Patient to be referred to a SANE (Sexual Assault Nurse Examiner Program) as
recommended by SVU.
Social Work Consult will be made as described above.

F. Documentation, Communication and Follow up in Suspected Cases of Child Abuse,
Maltreatment or Neglect:
1. If the case is accepted by the SCR, a **LDSS 2221-A form** - "The New York State Office of
Children and Family Services Report of Suspected child Abuse or Maltreatment", needs to
be completed by the mandated reporter within 48 hours. The LDSS 2221-A form will
include all the information included in the verbal report as well as the SCR case registry
number (Call 1.D) and the names of other professional/mandated reporters involved in the
case who may also have had suspicions. The LDSS221-A form can be located at
www.ocfs.state.ny.us/main/forms/cps. The form should be filled out and printed. Hard
Copies of this form are available in the Social Services Office.
2. Within 24 hours, the LDSS-2221-A will be given directly to the Department of Care
Management/Social Work Services, for registry into the "Accounting for Disclosures"
internal Compliance Department electronic site. The original form with signature will be
submitted by Social Work Services mandated reporter to the local office of Child
Protective Services (CPS) within 48 hours of the call. The original will be mailed to PO
Box 18100, Hauppauge, NY 11788. Attention: Registrar Unit.
3. When indicated, a member of the medical team will photograph pictures of injuries that
substantiate the suspicion of abuse. These photographs will be taken with a "Single
Process Camera" and may be requested by CPS or Law Enforcement.
4. The case will be documented concurrently in the patient's chart by the mandated
reporter as
well as any other discipline involved in the case. The note will include the date and
military
time. If the case is accepted, the chart note should include the "Caller ID number" and
any
pertinent CPS follow up information. If the case was not accepted the chart note should
reflect the effort to call the case into SCR, the discussion with SCR specialist, the
reason for
non-acceptance.
5. The mandated reporter will inform the attending physician and medical team of the
status of
the case and any relevant follow up information.
6. The mandated reporter and/or Social Worker will generally receive a call from the local
CPS
office shortly after the case is accepted by SCR. The Social Worker and/or the mandated
reporter will assist CPS by supplying clinical and other documentation as requested. CPS
representatives will be referred to the Medical Records supervisor to request records if
the patient
has already been discharged.
7. CPS may indicate that the patient should remain in the hospital order to continue their
investigation. The Social Worker will coordinate with the CPS worker in regards to final
discharge
plan.
8. The Social Worker will coordinate with the Medical Team in regards to status and CPS
involvement. This involvement may continue following discharge dependent on the
nature of the
specific CPS case.

II. **Suspicion of Adult Family Violence**
1. All cases of suspected Adult Family Violence for patients with capacity will be offered a
referral to Social Work for consult dependent on patient's agreement for Social Work Consult. (referral to Social Work Services Procedure above)

2. All patients of suspected Adult Family Violence will be informed by a member of the medical team that Suffolk County Special Victims Unit can be called to help them and to press charges. 911 to be called if patient agrees.

3. All patients reporting sexual assault and agreeing to law enforcement involvement will be referred to a SANE Center for testing as indicated and approved by SVU.

4. All patients reporting sexual assault and not agreeing to law enforcement will be offered the option of testing and support by a SANE Center.

5. All cases of suspected family violence will be offered community resource referrals.

6. The case will be documented concurrently in the patient's chart on progress notes. Notes will be factual and will clearly track the medical team and ancillary staff involvement, as any reports or referrals to outside agencies, and patient and family feedback and response to issues.

III. Elder Abuse or Maltreatment- Patients age 65 and over

1. Patients age 65 and over will be referred to Social Work Services for consult and assessment if there is suspicion of abuse, maltreatment or neglect.

2. Patients age 65 and over with capacity will be educated by the Social Worker and Medical team regarding their option to call law enforcement, an elder care attorney, and Adult Protective Services.

3. Social Worker or Medical Team will contact available community and public service organizations for assistance and guidance.

IV. Suspected Abuse with Adults lacking Capacity

1. Cases of Suspected Abuse of Adults lacking capacity will be referred to Social Work Services for:
   - Psycho-Social Assessment
   - Medical Team Coordination
   - Referral to Law Enforcement as indicated
   - Referral to Suffolk County District Attorney's Office for Guardianship as indicated

See Attached Forms: (Appendix 49)
Policies and Procedures of the Dental Care Center

15.0 HIPAA Policy

I. Confidentiality of Protected Health Information (PHI)

Policy:
Stony Brook School of Dental Medicine (SBSDM) workforce will protect the privacy and confidentiality of patient’s health information. Protected health information (PHI) is strictly confidential and will not be disclosed to anyone who is not authorized under the SBSDM policies and procedures or applicable law to receive this information.

Definitions:

Protected Health Information (PHI)- Any information, including but not limited to, specimens, radiographs, photographs, any portion of the paper or electronic medical record or research data that contains patient identifiers; such as name, medical record number, social security number, date of birth, encounter number, test results, diagnoses, dates when services were provided, dates of admission, dates of discharge, date of death, etc., that relates to the past, present or future physical or mental condition of an individual, the provision of health care to an individual, or payment for the provision of health care to an individual. This definition applies to information that is spoken, written or electronic in form and either directly identifies the individual or could reasonably be used to identify the individual. Any form of information that can identify an individual who has received, is receiving or will receive health care.

Workforce Members – Each member of the SBSDM faculty, staff, students/residents whether employed by the State of New York, the Research Foundation, and personnel employed through contracted agencies, all medical staff and allied health staff.

Procedures:

A. Public Viewing/Hearing: All workforce members will keep PHI safe from public viewing and / or overhead conversation. PHI will not be left in conference rooms, on desks, on counters or other areas where the information may be accessible to the public, to employees or individuals who do not have a need to know the PHI. All workforce members will refrain from discussing PHI in public areas, such as the elevators, the cafeteria and reception areas, unless doing so is necessary to provide treatment to one or more patients (i.e. support group meetings). All workforce members who perform public speaking engagements, when applicable will de-identify patient information. All workforce members will only share authorized PHI with families and friends of patients. Such information may generally only be shared with a personal representative in accordance with the SBSDM Administrative Policies. Patients with capacity are given the opportunity to agree or object to the sharing of their health information with family or friends, as often as necessary to reasonably protect the patient’s privacy. When sharing a
patient’s information with family and friends, even with the patient’s agreement, the workforce will limit the information shared to only that which is relevant to their current care/treatment or necessary to obtain payment for services rendered.

B. Databases and Workstations: All workforce members will ensure that they log-off/exit any confidential database upon leaving their workstations so that PHI is not left on a computer monitor/screen where it may be viewed by individuals who are not authorized to see the information. Workforce members will not disclose or release to other persons any item or process which is used to verify their authority to access or amend PHI, including but not limited to, any password, personal identification number, or electronic signature. Every workforce member with access to patient information systems is liable for all activity occurring under his or her account, password and/or electronic signature. These activities may be monitored proactively and will be reviewed in the process of investigating an allegation of a HIPAA Privacy/Security violation.

Computer Monitors and Scheduled Time Outs: All computer monitors throughout the DCC are located behind a curved partition to ensure that patient information is only seen by the provider and supervising faculty. All computers are scheduled to close the axiUm® software automatically at 5:25 PM or after 15 minutes of inactivity, whichever is sooner. During business hours, starting at 7AM, computers log off axiUm® after 90 minutes of inactivity.

C. Downloading, Copying or Removing: All workforce members will not download copy or remove any PHI from SBSDM, except as necessary to perform their duties and responsibilities for SBSDM. Upon termination of employment or contract with SBSDM, or upon termination of authorization to access PHI, all workforce members will return any and all copies of PHI in their possession or under their control to SBSDM.

D. E-Mailing and Faxing PHI: All workforce members will not transmit PHI over the Internet (including email) and other unsecured networks unless using a secure encryption procedure. Transmission of PHI is permitted by fax only if the workforce member sending the information ensures that the intended recipient is available to receive the fax as it arrives, or confirms that there is a dedicated fax machine that is monitored for transmission of sensitive information. Workforce members will use fax cover sheets that include the required confidentiality notice when faxing PHI.

E. Violations: The SBSDM Privacy Officer has general responsibility for implementation of this policy. Members of the SBSDM workforce who violate this policy will be subject to disciplinary action up to and including termination of employment or contract with SBSDM in accordance with collective bargaining agreements, as applicable. Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her supervisor or directly to the SBSDM Privacy Officer. All reported matters will be investigated, and where appropriate, steps will be taken to remedy the situation. Where possible, SBSDM will make every effort to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that will itself
be considered a violation of this policy that may result in disciplinary action up to and including termination of employment or contract with the SBSDM in accordance with collective bargaining agreements, as applicable.

F. Questions: If you have questions about this policy, please contact your department supervisor or the SBDM Privacy Officer immediately. It is important that all questions be resolved as soon as possible to ensure PHI is used and disclosed appropriately.

The Health Insurance Portability and Accountability Act (HIPAA) provides significant privacy protections for the health information of patients. The SDM is dedicated to patient care, education, research, and community service.

II. Facility Access Control for Electronic Protected Health Information (e-PHI)

Policy:
Stony Brook School of Dental Medicine (SBSDM) prevents unauthorized physical access to electronic Protected Health Information (e-PHI) systems and facilities in which they are located while taking reasonable steps to ensure that access by properly authorized workforce members is granted. To ensure patient privacy students/residents may only be granted access to a patient’s record by clinic coordinators when patients are assigned for treatment. Students/residents gain access to the electronic patient record by swiping with the appropriate identification card. Unauthorized use of any other user’s identification card to gain access to a patient’s record is strictly against SDM’s privacy regulations.

Definitions:
Access: the ability or the means necessary to read, write, modify, or communicate data or otherwise use any system.

Availability: the property that data or information is accessible and useable upon demand by an authorized person.

Confidentiality: the property that data or information is not made available or disclosed to unauthorized persons or processes.

Electronic media: electronic storage media including memory devices in computers (hard drives) and any removable / transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card.

e-PHI: all electronic protected health information that SBSDM creates, receives, maintains, or transmits.

e-PHI Systems: All SBSDM information systems, repositories and conduits that contain e-PHI.

Hardware: any electronic equipment that stores, views, relays or transmits e-PHI excluding FAX machines and copiers. FAX machines and copiers are located in secure offices for
patient privacy. Items such as prescriptions, approved treatment plans, patient instructions etc. are handed to the assigned provider by the clinic coordinators.

Information system: an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.

Integrity: the property that data or information have not been altered or destroyed in an unauthorized manner.

**Procedures:**

A. SBSDM protects the confidentiality, integrity and availability of e-PHI by taking reasonable steps to protect e-PHI systems, as well as the facilities in which they are located, from unauthorized physical access, tampering and theft.

B. SBSDM physically locates e-PHI Systems in areas where physical access can be controlled in order to minimize the risk of unauthorized access.

C. SBSDM takes reasonable steps to ensure that the perimeter of facilities containing e-PHI Systems is physically sound, the external walls are properly constructed and the external doors have the appropriate protections against unauthorized access.

D. Physical barriers used to protect against unauthorized entry are extended from the actual floor to the actual ceiling in facilities to prevent against unauthorized access. Doors and windows of all facilities are locked when unattended. External protections, such as window guards or bars, are installed on all windows at ground level and any other windows as reasonably necessary to prevent unauthorized entry.

E. SBSDM takes reasonable steps to ensure that the level of protection provided for the e-PHI Systems, as well as the facilities in which they are housed, is commensurate with that of the identified threats and risks to the security of such e-PHI Systems, and its facilities as determined by its risk analysis.

F. The risk analysis results indicates areas in SBSDM facilities in which e-PHI Systems are located into documented categories such as:

- Highly Sensitive- Areas where highly sensitive e-PHI is created, received, transmitted or maintained but only a small, select group of workforce members need access to complete their job duties (e.g., data center, network closet, etc.).

  **Interview Room:** Created to ensure privacy when a clerk enters patient e-PHI into the electronic patient record.

- Sensitive – Areas where sensitive e-PHI is created, received, transmitted or maintained and a moderately sized group of workforce members need access to
compete their job duties (e.g., radiology reading room, medical records department, etc.).

- Monitoring required- Areas where large amounts of e-PHI are created, received transmitted or maintained but a large group of workforce members need access to complete their job duties (e.g., clinic area, public areas such as waiting room, etc.).

G. SBSDM establishes and documents detailed rules to determine which workforce members are granted physical access rights to specific areas where e-PHI Systems are maintained on a need to know basis.

H. SBSDM reviews and revises physical access rights to areas where e-PHI Systems are maintained will be done on an ongoing basis.

I. All visitors are required to show proper identification and to sign in prior to gain physical access to areas where e-PHI Systems are located.

J. Periodic inventory of physical access controls used at SBSDM facilities to protect e-PHI systems are done by the Information Security Officer and Privacy office in conjunction with Campus Security. The inventory report will be stored in a secure manner.

K. In accordance with its Contingency Operations policy, a documented procedure for allowing authorized workforce members to enter its facilities to take the necessary actions documented in its Disaster Recovery Plan and Emergency Mode Operations Plan policies is maintained.

L. In accordance with its Facility Security Plan policy SBSDM has a facility security plan that details how it will protect its facilities in which e-PHI Systems are located and equipment from unauthorized physical access, tampering and theft.

M. In accordance with its Access Control and Validation Procedures policy, SBSDM has implemented procedures to control and validate workforce members’ access to facilities based on their roles or functions.

N. In accordance with its Maintenance Records policy, SBSDM documents repairs and modifications to the physical components, hardware and equipment (that secures, stores, maintains or transmits) of its facilities that are related to security.

O. SBSDM Information Security Officer has responsibility for implementation of this policy. Members of SBSDM workforce who violate this policy will be subject to disciplinary action in accordance with SBSDM policies and procedures up to and including termination of employment or contract with SBSDM.

P. Confidential Bins: Are used for the placement of documents containing PHI and confidential information requiring secure shredding and destruction. Any document placed in a locked bin is to be considered destroyed and non-retrievable. All bins are located at convenient areas throughout the DCC.
The DCC contracts with a certified vendor to remove the contents of the confidential bins and destroy the contents. The vendor makes regular pickups at the DCC to ensure the bins are appropriately emptied. The DCC schedules servicing directly with the vendor when necessary. Tracking sheets are maintained by the Office of Clinical Affairs.

If a locked bin requires unlocking and opening, the requesting individual shall contact the Office of Clinical Affairs who will contact the vendor and schedule a time during regular business hours to have the bin unlocked and opened. The Clinic Administration or Privacy Officer must be present in the event the secured bin is opened. A log of the incident will be required.

III. Minimum Necessary Standard for Use and Disclosure of Protected Record of Care, Treatment and Service

Policy:
Stony Brook School of Dental Medicine (SBSDM) staff are expected to limit their access, use, disclosures and requests of protected health information (PHI), to the minimum amount of information necessary to perform their duties at SBSDM. Always allow the patient the opportunity to agree or object to the use or disclosure, unless the patient is unable or deemed incompetent to make such a determination. The general expectation is that SBSDM staff will not restrict exchanges of information required in order to facilitate efficient, high quality patient care.

Definitions:
Protected Health Information – see above definition.

Procedures:

A. SBSDM must limit access, use and disclosure of PHI to the minimum necessary in order for the staff member to perform his or her specific work related responsibilities. Computer sign-on and overall access to PHI will be determined by the scope and responsibilities of a staff member’s position. Role based access assignments will be maintained by the Information Security Division of Information Technology.

B. Department Managers will submit an electronic account request for systems access as appropriate for new staff and changes for existing staff. When determining level of access requests department manager will consider the following factors:
   1. Who may access the PHI?
   2. Which types of PHI may be accessed?
   3. In the records of which patients?
   4. During what time period?
   5. For what activities?
C. Routine Activities:

Members of the SBSDM staff will routinely use PHI as necessary to carry out their duties. SBSDM staff will from time to time need to disclose and or receive PHI to / from third parties in order to perform their assigned duties and responsibilities. SBSDM staff will ensure the confidentiality of all PHI disclosed and or received in accordance with appropriate policies and procedures. SBSDM defines in specific policies and procedures the extent to which PHI will be used, disclosed, stored or requested in situations that occur on a routine basis (refer to the policies listed in the cross-reference section of this policy). SBSDM staff will refer to, and follow these policies at all times. Any questions regarding the policies or need for further guidance to apply the policy in a particular situation will be directed to a department manager and or the SBSDM Privacy Officer. Certain health care activities do not require the application of the minimum necessary standard they include but are not limited to the following:

- Requesting patient information from, or disclosing patient information to, another health care provider for treatment purposes.
- Disclosing patient information to the patient, or to a personal representative who is authorized to make health care decisions for the patient. (Appendix 51) Health and medical information is considered sensitive and private, and is protected under the HIPAA law. PHI cannot be released without a completed PHI release form (Appendix 52). A valid written authorization is required for use or disclosure of PHI except where the use or disclosure is otherwise required or permitted. All uses and disclosures made pursuant to an authorization must be consistent with the authorization. The authorization must be completed and must be signed by the person with authority to authorize use or disclosure, i.e. the individual or personal representative. The SDM verifies that the person who signs the authorization has this authority. The individual may revoke authorization at any time in writing.
- Using or disclosing patient information pursuant to a patient’s written authorization.
- Disclosing PHI required by the Department of Health and Human Services (HHS) in connection with an investigation or determination of SBSDM compliance with the HIPAA privacy regulations.
- Using or disclosing PHI as required by law.
- Using or disclosing PHI in order to complete standard electronic transactions as defined in the HIPAA regulations.
- Incidental uses or disclosures of PHI that occur in the course of other permitted uses or disclosures of PHI for example when providing care to a patient the health care provider is discussing treatment plan with the patient in a semi-private room.

D. Non-Routine Situations:

When the general policies and procedures do not address a particular situation or do not permit a use, disclosure or other request regarding PHI in a way that SBSDM staff believe is necessary to carry out this or her specific duties, an inquiry will be directed to
the department manager and / or the SBSDM Privacy Officer for guidance, direction and / or best practice in accordance with industry standards. Individual SBSDM staff members will not make decisions on their own if the situation is not covered in the SBSDM policies and procedures without obtaining further guidance; unless there is insufficient time to consult with the department manager and / or SBSDM Privacy Officer and patient care will be jeopardized the staff member will act in the patients best interest and make his or her own determination and then follow-up with the SBSDM Privacy Officer as soon as possible.

E. Uses of Protected Health Information:

The SBSDM staff are permitted to use and disclose PHI in accordance with the Health Insurance Portability and Accountability Act 1996 (HIPAA) in order to provide treatment to the individual, to bill for the services provided and for other SBSDM health care operations as defined.

F. Disclosures of and Requests for Protected Health Information:

SBSDM staff will contact the department manager if they believe the need to disclose or request PHI in a manner that is not consistent with the SBSDM policies and procedures, is necessary. Department managers will provide guidance or direction and when necessary consult with the SBSDM Privacy Officer. The exceptions to the minimum necessary standard defined in 45 CFR section 164,514 of the HIPAA Privacy Rule will be applied as necessary to meet special requests including but not limited to requests for the entire medical record, or for certain types of information, e.g. HIV, Alcohol and / or Substance Abuse Treatment, Psychotherapy Notes, etc. are requested.

G. Violations:

The SBSDM Privacy Officer has responsibility for implementation of this policy. Members of the SBSDM Staff who violate this policy will be subject to disciplinary action in accordance with the SBSDM Administrative Policy on Review of HIPAA Violations.

IV. Security / Privacy Breach Notification Process

Policy:
Stony Brook School of Dental Medicine (SBSDM) workforce members will report either through the Compliance Helpline or directly to the Privacy Officer or Information Security Officer via e-mail, phone, or in writing by fax all possible violations / breaches of personal information, un-protected health information and patient confidentiality. All potential breaches will be assessed for risk to the patient in accordance with federal state and reporting regulations and appropriate notifications, if applicable will be implemented. Measures to remedy and mitigate the breach will be implemented and if necessary, the employee disciplined.
Definitions:

Breach – an unauthorized acquisition or acquisition without valid authorization of computerized data containing private, confidential or protected health information (social security number, driver’s license number or non-drivers identification card number or account number, credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual’s financial account) or any form of protected health information.

Protected Health Information (PHI): See above definition

Un-Protected Health Information – any form of PHI that is not rendered unusable, unreadable or indecipherable to unauthorized persons through a technology (encryption) or methodology destruction.

Procedures:

A. The information Security Officer or the Privacy Officer must receive prompt notification of any breach including but not limited to confidential information or our information system(s) or Protected Health Information (PHI).

1. System breach by hackers
2. System breached by loss/ theft of a computer or laptop containing SBSDM patient information system.
3. System breach by SBSDM personnel

B. The Privacy Officer or the Information Security Officer must receive prompt notification of unauthorized access or disclosure of confidential and / or PHI. If the breach involves and SBSDM workforce member; Labor Relations will be notified by the Privacy or Information Security Officer(s).

1. Any breach of information which contained Protected Health Information (PHI) must be reported.
   a. Improper mailing labels containing more than just name and address of recipient.
   b. Improper e-mail communications containing PHI outside the SBSDM network.
   c. Misdirected / Misdialed faxes
   d. Handing a patient another patient’s health information in error (instructions, lab reports, etc.)
   e. Loss / theft of written records/ documentation
   f. Any unauthorized access or disclosure of un-protected (not encrypted or destroyed) health information.

C. The Information Security Officer, the Privacy Officer, Stony Brook Legal Counsel Office will collaborate when necessary to determine risk to the individual(s) and to
determine if the breach meets the standards for notification to the New York State (NYS) agencies below in accordance with NYS Information Security Breach and Notification Act, the NYS Cyber Security policies or the Health Information Technology for Economic and Clinical Health Act (HITECH).

1. Notification to the New York State Office of Cyber Security and Critical Infrastructure Coordination (SCCIC)
2. Notification to the New York State Attorney General
3. Notification to the New York State Consumer Protection Board
4. Forms and notification information can be obtained through the SBSDM Privacy Officer
5. Notification to the Secretary of HHS, as applicable
6. Notification to the affected individual(s) applicable
7. Notification to the media, as applicable

D. The investigation process will consider the following factors to determine whether information has been acquired by an unauthorized person.
   1. Indications that the information is in the physical possession and control of an unauthorized person, such as a lost or stolen computer or other device containing information; or
   2. Indications that the information has been downloaded or copied; or
   3. Indications that the information was used by an unauthorized person, such as fraudulent accounts opened or instances of identify theft reported.
   4. Unauthorized access to or disclosure of un-protected (not encrypted or destroyed) health information (such as misdirected / misdialed faxes, incorrectly addressed envelopes, handing the patient another patient’s health information in error, snooping, etc.)

E. When applicable in accordance with NYS Cyber Security or HITECH Act regulations SBUS patients must receive notification of a systems or unauthorized breach

   1. Reasonable notification (form letter) coordinated between the Privacy Officer, the Information Security Officer, SUNY Privacy Officer and Security Officers and Stony Brook Legal Counsel Office, will be sent to affected patients promptly, posted on SBSDM web-site and disturbed to local media venues.
   2. A limited delay in notification is acceptable for the time needed to take the necessary measures to investigate the breach, determine the scope of the breach and the risk to the affected individuals and when applicable to restore the integrity of the information system(s).
   3. A limited delay in notification is acceptable if law enforcement officials / agencies determine that such notification impedes a criminal investigation. Notification is required after law enforcement officials / agencies
determine and advise that notification will no longer compromise an investigation.

V. Workforce Security Related to Electronic Protected (e-PHI) User Access Authorization

Policy:
Stony Brook School of Dental Medicine (SBSDM) will ensure the confidentiality, integrity and availability of electronic Protected Health Information (e-PHI) by implementing reasonable safeguards (administrative, physical and technical) to prevent unauthorized access to e-PHI while ensuring that properly authorized workforce members have proper access to perform their position duties and responsibilities.

Definitions:

Availability: data or information is accessible and useable upon demand by an authorized person.

Confidentiality: data or information is not made available or disclosed to unauthorized persons or processes.

Electronic Media: any storage media including memory devices in computers (hard drives) and any removable / transportable digital memory medium, such as magnetic tape or disk, optical disk (CD / DVD), or digital memory card (USB, flash, thumb drives).

Protected Health Information (PHI): see above definition

e-PHI: all electronic protected health information that SBSDM creates, receives, maintains, or transmits.

e-PHI Systems: All SBSDM information systems, repositories and conduits that contain e-PHI.

Information system: an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.

Integrity: the property that data or information have not been altered or destroyed in an unauthorized manner.

Workforce: see above definition

Mobile/ Other Electronic Devices: include, but are not limited to, iPods, iPads, MP3 players, Bluetooth devices, Blackberry(s), etc.
Procedures:

A. Only properly authorized workforce members and business associates will have access to e-PHI Systems.

B. The SBSDM Information Security Officer will review and document user access rights on a periodic basis and update them as necessary according to established policies and procedures.

C. The SBSDM Information Security Officer will establish an official documented process for access to e-PHI and e-PHI Systems. This process includes:

   1. Identification and definition of permitted access methods.
   2. Identification and definition of length of time that access will be granted to workforce members (e.g., indefinite; a fixed period for temporary employees; a fixed limited period bases on business need).
   3. Definition of appropriate tracking and logging of access by authorized users to e-PHI Systems utilizing established oversight monitoring practices and procedures.
   4. A procedure for granting workforce member’s access or modifying workforce members’ existing access method.
   5. A procedure for managing access rights in a networked and distributed environment, where appropriate, to the e-PHI Systems.
   6. A procedure to address breaches of the established policies and procedures.

D. Workforce members are allowed to access only e-PHI that is necessary in order to perform their position duties and responsibilities.

E. SBSDM trains workforce members on proper use of access rights. Training is ongoing and documented.

F. In accordance with the SBSDM employment policies, SBSDM workforce members are screened during the hiring process.

G. In accordance with the SBSDM access termination SBSDM implements a process for terminating access to e-PHI when a workforce member’s employment or affiliation ends and / or when access is no longer necessary.

H. Upon termination / separation of service all mobile and other electronic devises distributed by SBSDM to a workforce member for business purposes must be returned to IT or the Department Manager with keys, ID badge, etc.

VI. Review of Suspected HIPAA Violations

Policy:
All Stony Brook School of Dental Medicine (SBSDM) employees (workforce members) are expected to protect the confidentiality of protected health information (PHI). When a suspected violation of the confidentiality of PHI has occurred, SBSDM will investigate the suspected violation using the procedures described in this policy.
**Definitions:**

Workforce Members – see above definition

Protected Health Information (PHI)- see above definition

A. Responsibility and Notification

1. Responsibility

   a. SBSDM workforce members are to report possible, actual or suspected violations of patient confidentiality. Suspected or actual actions of retaliation against an employee for reporting a patient confidentiality violation are to be reported as well.

   b. Department managers and supervisors are responsible for detecting possible patient confidentiality violations. Each department manager and supervisor should be familiar with the types of patient confidentiality violations that might occur in his/her area and be alert for any indication that a patient confidentiality violation is occurring in their respective areas. As soon as a patient confidentiality violation of any type is suspected, it will be promptly reported to the SBSDM Privacy Officer.

2. Notification

   a. When there is sufficient information to create a reasonable suspicion that a patient confidentiality violation has occurred, the workforce member who has knowledge of such suspected incident will immediately report the incident to his/her supervisor, department manager or directly to the SBSDM Privacy Officer. Reporting may be verbal (by telephone or in person), written (memo or other note) or via the anonymous Compliance toll-free Hotline/ Helpline.

   b. The department supervisor or manager receiving a report of a patient confidentiality violation will make a preliminary assessment of the incident and report immediately to the appropriate Associate Director, Chief of Service or SBSDM Privacy Officer. The SBSDM Privacy Officer will report as necessary to the appropriate Associate Director, Chief of Service, Senior Executive member and if the incident involves a matter of possible employee misconduct, the Director of Labor Relations, as necessary.

B. Initial Review and Determination

Upon review of the potential, actual or suspected violation(s) of patient confidentiality by the Privacy Officer an investigation will proceed as necessary including but not limited to systems access audits, interviews with patients, family members if appropriate, SBSDM workforce members, Associate Director(s), Chief of Service, Senior Executive member(s) and if the incident involves a matter of possible
employee misconduct, the Director of Labor Relations, as necessary and medical record review.

C. Investigation

1. Labor Relations Investigation and Determination
   When an incident involves a matter of possible employee misconduct, Labor Relations will provide guidance to the HIPAA Privacy Officer during the course of the investigation and upon completion of the investigation, make a determination as to whether disciplinary actions is warranted. Labor Relations may request additional investigation assistance from Information Technology, Information Security, University Counsel, University Police, University Audit, and or / the SBUH of Compliance and Audit Services.

   Actions for violations of patient confidentiality are taken in accordance with HIPAA Violations policy LD 0081

   Individuals who violate patient confidentiality may also be subject to criminal and civil penalties. Those penalties are defined by federal and state regulation.

2. Office of Civil Rights (OCR) Investigation and Determination

   Allegations of violations of patient confidentiality by SBSDM workforce members may be received by the OCR for investigation. An investigation will commence promptly and upon conclusion of the investigation the SBSDM Privacy Officer will notify the OCR in writing the details of the investigation proves, the findings, corrective actions and disciplinary actions as appropriate.

   For allegations of violations of patient confidentiality on the part of a contracted agent, vendor or business associate of SBSDM, the SBSDM Privacy Officer or University Counsel Office will contact the OCR. SBSDM will cooperate with assist with OCR investigations as requested.

D. Reporting to external Agencies
   The Privacy Officer or University Counsel will notify law enforcement, regulatory, accreditation and licensure organizations as required by law.

E. Mitigation
   SBSDM workforce members and the SBSDM Privacy Officer will take steps to the extent practicable to institute corrective action to address, correct and prevent violations of patient confidentiality.
VII. Using Patient Health Information (PHI) for Educational Purposes

The SDM obtains written consent (HIPAA authorization) from the patient for any PHI that will be used for educational purposes, such as images (intraoral, radiographic), examination data (charting), laboratory results, or dental models. All material is de-identified, with the removal of the following 18 attributes:

1. Names
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical/dental record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

In addition, each student/resident signs a statement certifying that upon graduating from the institution that they are not in possession of any patient protected health information (PHI) (hard copy or electronic copy on a desktop or laptop computer or portable electronic media) collected over the course of their educational program at the Stony Brook University School of Dental Medicine (Appendix 53).

VIII. Visitor Policy

All visitors/vendors must sign a patient confidentiality statement before access to the clinical facility is granted. This signed document will be kept on file by the Clinic Administration. All visitors/vendors must check-in and sign a guest registry at the main reception area for each visit. (Appendix 54)

IX. Stony Brook Red Flag Alert Policy

The SDM is in compliance with the Federal Trade Commission (FTC) Red Flag Rule, and utilizes the procedures that follow to prevent, detect, and mitigate potential or actual identity theft/fraudulent use of an individual’s identity.
The reception staff will identify potential or actual red flags in one of the following manners:

1. Presentation of suspicious documents by an individual presenting for dental care services (photo ID information not consistent with existing documentation).
2. The use of suspicious personal identifying information or inability to confirm identifying information (individual unable to provide/confirm current or previous identifying information such as address, phone number, date of birth, social security number, insurance information, etc.).
3. Suspicious or unusual use of patient account.

X. Corporate Compliance Policy
The SDM has adopted the Stony Brook University Medical Center’s Corporate Compliance Program. The SDM is committed to establishing and observing high standards and ethical conduct in its business and operational practices. The SDM Corporate Compliance Program is structured to encourage collaborative participation at all levels. The program focuses on the detection and prevention of violations of federal, state and local laws. The program fosters an environment in which employees, staff, and students/residents conduct business ethically and comply with all SDM policies and procedures.

XI. Training
All SDM students, residents, clinical faculty, support staff, and volunteers participating in or observing the direct provision and/or supervision of patient care are required to complete annually:

- HIPAA training as mandated by Federal Regulations (Appendix 55)
- Stony Brook University Ethics and Corporate Compliance Policy (Appendix 56)
- SDM Risk Management Training.
- SBU Workforce & Electronic Information Access Confidentiality Acknowledgement Statement (Appendix 57)

Faculty, students/residents, support staff, and volunteers can either receive training from a HIPAA Privacy Officer or take the SBUMC on-line course. Mandatory attendance is monitored via a sign-in sheet or from the University Medical Center tracking data base. The Office of Clinical Affairs monitors compliance and failure to comply with training will result in suspension of clinical privileges.
Stony Brook University Hospital
Corporate Compliance Program

1. STATEMENT OF PURPOSE

Stony Brook University Hospital (the Hospital) is committed to establishing and observing high standards and ethical conduct in its business and operational practices. The Compliance Program is structured to encourage collaborative participation at all levels of the Hospital. The Compliance Program shall focus on the detection and prevention of violations of federal, state and local laws. The Compliance Program shall foster an environment in which employees, medical staff members, students and agents of the Hospital (hereinafter collectively referred to as “Hospital representatives”) conduct business ethically and comply with all Hospital policies and procedures, including the Code of Conduct, and applicable federal, state and local laws and regulations, including Medicare and Medicaid requirements (hereinafter collectively referred to as “Applicable Rules”).

The Compliance Program contains the following components:

1. Establishment of a written Code of Conduct and written policies and procedures that govern the actions of all Hospital representatives.

2. The appointment of a Corporate Compliance Officer (“CCO”) who is charged with the responsibility of directing the Hospital’s compliance efforts, including implementing the Compliance Program, and a Corporate Compliance Committee to provide guidance and assistance to the CCO.

3. The development and implementation of education and training of all affected Hospital representatives.

4. Maintenance of a process for Hospital representatives to report instances of possible non-compliance with Applicable Rules without fear of retaliation, and the adoption of procedures to protect the anonymity of individuals that report violations or suspected violations of the Code of Conduct.

5. The establishment of a system to respond to allegations of improper or illegal activities and the enforcement of appropriate disciplinary action against Hospital representatives who have violated the Applicable Rules.

6. The use of audits or reviews to assess compliance and to assist in the reduction of identified problem areas.

7. The investigation and correction of identified systemic problems, and the development of procedures addressing the non-employment or retention of sanctioned individuals, agents or contractors.

The Compliance Program is primarily intended to establish a framework for ethical responsibilities and legal compliance by Hospital representatives.
2. WRITTEN GUIDELINES, POLICIES AND PROCEDURES

a) Compliance Program

1. Compliance Program
   The Compliance Program establishes written standards, including policies and procedures, in
   order to assure legal and ethical compliance.

2. Code of Conduct
   The Code of Conduct shall govern the proper conduct of Hospital representatives and shall
   require all Hospital representatives to comply with the ethical and legal standards outlined in
   the Compliance Program.

   The Code of Conduct is our statement of ethical and compliance principles that guide our daily
   operations. The Code of Conduct establishes our expectation that Hospital representatives act
   in accordance with all Applicable Rules. The Code of Conduct articulates our fundamental
   principles, values and framework for behavior within the organization and provides guidance
   for Hospital representatives.

   All Hospital representatives are required to acknowledge in writing that they have received,
   read, understand and will abide by the Code of Conduct.

3. Policies and Procedures
   Integral to the Compliance Program are the Compliance Policies and Procedures (“Policies”)
   which define exactly how the Hospital prevents noncompliance, detects it if it happens to occur
   and takes appropriate corrective action to ensure that such behavior does not recur. These
   Policies may be updated from time to time as is necessary to reflect new situations or
   expectations of those providing services for the Hospital, or to reflect changes in the Applicable
   Rules.

b) Bulletins and Notices

   From time to time, as necessary, the Hospital will issue additional bulletins, notices and policies
   relating to compliance issues. Once these are issued, they will become part of the Compliance
   Program.

3. ORGANIZATIONAL INFRASTRUCTURE

a) Corporate Compliance Officer

   Responsibility for implementing and managing the Compliance Program within the Hospital is
   assigned to the Corporate Compliance Officer (CCO) who reports directly to the Chief Executive
   Officer and Governing Body.

   The CCO is provided with sufficient staff, financial resources and equipment necessary to enable the
   development, implementation and maintenance of an effective Compliance Program. The CCO is
   supported in the development and implementation of the Compliance Program by a multidisciplinary
   Corporate Compliance Committee representing key operational areas.
The CCO oversees the education of Hospital representatives regarding proper compliance, the auditing and monitoring of the status of compliance, and the reporting, investigation, discipline and correction of noncompliance. It is also his/her responsibility to ensure programs are in place to guarantee that significant discretionary authority is not delegated to persons with a demonstrated or suspected propensity for improper or unlawful conduct.

It is not expected that the CCO will have the knowledge or expertise necessary to ensure compliance with all Applicable Rules that affect the various departments of the Hospital. S/he is responsible, however, for the overall Program and must ensure that qualified, knowledgeable personnel within individual divisions or departments of the Hospital assist in monitoring and educational functions.

The CCO has full access to all Hospital representatives and relevant documentation (subject to state or federal confidentiality laws) deemed necessary to perform his/her oversight and reporting duties.

The CCO shall provide the Governing Body periodic reports, not less than annually, on the status and effectiveness of the Compliance Program.

b) Corporate Compliance Committee

The Corporate Compliance Committee is an administrative/advisory committee of the Hospital, consisting of members of senior management, and is responsible for assisting with the implementation of the Compliance Program. It provides guidance and support to the CCO in achieving his/her responsibilities.

The Committee assists the CCO with developing standards of conduct and policies and procedures to promote compliance within the Hospital, identifying potential high risk areas, advising and assisting with compliance initiatives, reviewing and recommending the annual Work Plan, and reporting on and addressing compliance-related issues within their respective functions. The interrelationship between the CCO, the Corporate Compliance Committee and executive leadership ensures that issues related to the implementation and maintenance of the Compliance Program are subjected to review by a diverse group of individuals.

4. TRAINING AND EDUCATION

One of the most important components of the Compliance Program is education. It is our policy that all Hospital representatives complete initial basic compliance and ethics training during the New Employee Orientation process. On an annual basis, each Hospital representative is required to receive general recertification training, which includes a compliance component. Areas which are at high risk for fraud and abuse will receive additional annual specialized compliance-related training. This training is more extensive and detailed than the general recertification sessions. Any healthcare professionals whose services are reflected on patient bills, or any employee engaged in billing, registration, coding, collection or Cost Report preparation activities, as well as any medical practitioners employed by the Hospital, shall attend focused training sessions on particular issues that are relevant to their job responsibilities. Detailed curriculum for specialized training is developed by the responsible departmental management for specific issues that are relevant to their job responsibilities. The CCO is responsible for ensuring that a system is developed to document that such training has occurred.
Compliance education will include specifics about the Compliance Program and the need to abide by the Applicable Rules affecting individual departments and Hospital representatives. The CCO will ensure that Hospital representatives receive a copy of the Code of Conduct. The CCO will ensure that Hospital representatives are informed of changes in laws or regulations periodically and systematically through written communications and inservice training.

The effectiveness of compliance education is evaluated by multiple data sources, including program evaluation summaries, post training testing and the results of internal and external monitoring and evaluation activities. Modifications to education programs are made accordingly.

5. EFFECTIVE LINES OF COMMUNICATION

An open line of communication between the CCO and Hospital representatives is essential for the success and effectiveness of the Compliance Program. While Hospital representatives and others are encouraged to report and resolve problems and concerns through the appropriate reporting structure, it is imperative that the CCO is accessible to receive reports and address concerns expressed by individuals who are uncomfortable discussing specific issues with their supervisors. Individuals are able to access the CCO by a personal meeting, voice mail, e-mail, direct phone call, written letter or the Compliance Hotline.

a) Communication Protocols

All Hospital representatives are responsible for abiding by the Hospital’s Compliance Program and to promptly report any violations or suspected violations of the Code of Conduct. In addition, all supervisory personnel are responsible for compliance by those they supervise. Any individual who is aware of, or suspects, any violations of Applicable Rules, can make an appointment to meet with the CCO to discuss the matter or (s)he may notify his/her supervisor of the concern. The CCO will determine whether cause exists for further investigation or action on the matter.

No Hospital representative shall in any way retaliate against another person for reporting a potential violation of the Code of Conduct. Such acts of retaliation should be reported to the CCO and will be investigated. Any confirmed act of retaliation shall result in discipline.

Questions and concerns about the appropriate way to handle various situations may and often do arise. The Hospital has several resources that are available to Hospital representatives who encounter any situation that raises a compliance concern. If a question or issue arises concerning the application of Applicable Rules, or if a Hospital representative becomes aware of activities or practices that may violate Applicable Rules, that person must follow the following guidelines set forth below:

1. Contact his/her supervisor (if that person was not involved in the matter of concern) immediately to request assistance or to report suspected improper activities or practices.
2. If the supervisor does not resolve the employee’s concerns or was involved in the matter of concern, the employee must contact his/her department manager, the CCO or call the Compliance Hotline.
3. The supervisor, manager or CCO will respond promptly to every question or comment brought by a Hospital representative. The CCO may seek the advice of University Counsel, or may direct the individual to discuss the issue or concern directly with University Counsel.
4. Hospital representatives should not seek assistance from or report suspected improper activities or practices to other employees (except their supervisor, manager or the CCO), family members, friends or other persons, without first reporting the matter to his/her supervisor or department manager, or the CCO and giving the Hospital a reasonable opportunity to conduct an appropriate investigation and take any needed remedial action.

The Hospital intends that every Hospital representative will read, understand and comply with these guidelines for identifying and reporting potential violations of the Applicable Rules. Failure to report potential violations of the Applicable Rules to the appropriate supervisor or the CCO may subject any Hospital representative to discipline or to other sanctions, including termination.

b) Confidential Compliance Hotline

Any Hospital representative may call the Compliance Hotline to ask questions about ethical or legal conduct or to report known or suspected noncompliant conduct or potential improper action. The Compliance Hotline serves the following purposes:

1. It allows callers to anonymously report concerns without fear of retaliation or retribution. (Anonymity will be maintained to the extent permitted by law.)
2. Calls are not traced or recorded.
3. It provides an alternative reporting mechanism for a Hospital representative to report information about known or suspected noncompliance when that person is uncomfortable using the standard Hospital reporting system.

The Hospital promotes an environment where all individuals can feel comfortable and confident in pursuing the right course of action in their daily work activities. This principle is reinforced in the Hospital’s open receptiveness to addressing potential issues involving compliance matters.

Any information that Hospital representatives provide to their supervisor, any member of management, the CCO, or University Counsel, including their identity, will be kept in confidence to the extent feasible and legal. In the event of a government investigation or lawsuit, or if the need otherwise arises for the Hospital to disclose the information, such information may be disclosed at the direction of University Counsel.

The Hospital, its management and employees, will NOT take adverse action against a person for reasonably requesting assistance from, or reporting potential violations of the Applicable Rules to their supervisor or manager, the CCO, or University Counsel. Hospital representatives who report possible violations, but are responsible for their occurrence or for other actions contrary to the best interests of the Hospital, will not be subject to disciplinary action for reporting the matter. However, the action of reporting the possible violation does not insulate a Hospital representative from the consequences of their own violations or misconduct. Concerns about possible retaliation or harassment should be reported to the CCO.
6. ENFORCEMENT STANDARDS

a) Accountability

Failure to adhere and comply with the Compliance Program principles is grounds for disciplinary action. The level of disciplinary action, including the potential for employment termination, will be determined in accordance with the flagrancy of the violation. The Hospital maintains a “zero tolerance” policy toward any illegal conduct. Any Hospital representative engaging in a violation of the anti-kickback and self-referral (Stark) laws, or any other Applicable Rules (depending on the magnitude of the violation), may be terminated from employment. Where appropriate, discipline shall be enforced against Hospital representatives for failing to detect or report wrongdoing.

The standards established in the Compliance Program shall be consistently enforced with disciplinary proceedings and sanctions.

b) Internal Investigations

Strict adherence to the Compliance Program and the Applicable Rules is a condition of employment. Whenever a Hospital representative becomes aware of conduct that may be inconsistent with the Applicable Rules, that individual must make sure that the incident is promptly reported to his or her supervisor, manager or to the CCO. Issues should generally be reported to the supervisor or manager prior to being brought to the attention of the CCO. However, Hospital representatives are encouraged to contact the CCO directly if the supervisor or manager fails to resolve the issue after a reasonable period of time, or if that individual believes that it would be inappropriate to pursue the matter with the supervisor or manager. Supervisors and managers should promptly report to the CCO all unresolved or questionable compliance issues which are brought to their attention.

The CCO is responsible for ensuring that all reports of noncompliant behavior are thoroughly investigated, documented, and resolved, and that disciplinary measures are taken by responsible management.

The Hospital is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, the Hospital conducts appropriate screening of employment candidates, medical professionals and suppliers to ensure that they have not been sanctioned by a federal or state law enforcement regulatory or licensing agency. The Hospital will take appropriate action if the screening documents a problem.

The CCO will log all inquiries and complaints and conduct an investigation of such issues or (s)he will direct the supervisor and/or manager in undertaking such an investigation. Hospital representatives who may be suspected of involvement in the issue under investigation may be temporarily removed from their work site and relieved of their responsibilities if it is felt that their ongoing presence could jeopardize the satisfactory completion of the investigation. Hospital representatives may report possible compliance issues anonymously but must cooperate with any investigations undertaken by the CCO (or their department supervisor and/or manager), the Office of General Counsel of Health and Human Services, the Federal Bureau of Investigation, or University Counsel.

Hospital representatives who report possible compliance issues will NOT be subjected to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be
reported to the CCO. In addition, the CCO will adopt procedures to reasonably maintain the anonymity of individuals who report compliance issues to the CCO.

c) External Investigations

Various external organizations may contact the Hospital, or individuals within, to initiate a compliance-related investigation into a suspected violation of the Applicable Rules. These agencies (e.g. U.S. Department of Justice, Office of Inspector General, Federal Bureau of Investigation, Medicare fiscal intermediary or carrier) have certain rights by law which must be honored to ensure that an independent investigation is conducted. The Hospital also has a responsibility to ensure that an independent investigation is conducted appropriately, while at the same time safeguarding information that may be privileged under the attorney-client privilege.

Hospital representatives must advise the CCO or University Counsel before responding to any requests which are outside the ordinary scope of routine reports that are regularly made to governmental authorities. The Hospital’s procedures concerning externally initiated compliance investigations will be followed should any Hospital representative be contacted by a governmental investigator.

The appropriate supervisor will ensure that all potential records (both on and off-site) are secured, and that normal destruction of old records is stopped until the investigation is completed.

7. AUDITING AND MONITORING

Another important element of the Compliance Program is the use of audits and/or other risk evaluation techniques to monitor compliance and assist in the reduction of identified problem areas. The Compliance Program shall include monitoring and auditing systems designed to detect ethical or legal violations. The CCO will ensure that appropriate audits and monitoring are performed to verify adherence to and awareness of the Hospital’s ethics and compliance policies and procedures. This may include surveys, on-site visits, interviews with Hospital representatives, reviews of written materials and documentation and trend analysis studies.

The CCO will develop auditing protocols and a comprehensive annual Work Plan for routine auditing and monitoring. The Compliance Work Plan will focus on high risk areas identified by the OIG, Medicare fiscal intermediaries and carriers, law enforcement agencies, internal reviews, external audits, OIG Special Fraud Alerts, OIG audits and evaluations and legal counsel.

In addition to audits completed by internal and external reviewers, a comprehensive plan of self-auditing by individual departments will be periodically monitored. All records of auditing and monitoring activities will be maintained by the CCO. Findings identified through auditing and monitoring will be reported to the Corporate Compliance Committee, the Chief Executive Officer and the Governing Body.

If the CCO discovers that a department’s or individual’s level of compliance is unacceptable, s/he may impose a plan of corrective action, which may include future monitoring on a more frequent basis.

The CCO will ensure that reasonable steps are taken to respond appropriately to ethics and/or legal compliance violations, to prevent further similar violations, and to recommend appropriate and consistent discipline for violators.
a) Departmental Monitoring

Each responsible department manager is responsible for developing and maintaining appropriate ongoing, periodic quality assurance reviews to ensure compliance with all Applicable Rules. If any of these departmental reviews identify instances of possible noncompliance, the CCO shall report that to appropriate management, and, if appropriate, to University Counsel. The CCO shall investigate the situation to determine whether there has been any activity inconsistent with the Applicable Rules.

b) Hospital Monitoring

The CCO will establish an annual Work Plan to monitor compliance in targeted high risk areas. If any review identifies instances of possible noncompliance, the CCO shall report that to the responsible manager and will coordinate referral of the information to University Counsel. In consultation with University Counsel, the CCO shall investigate the situation to determine whether there has been any activity inconsistent with the Applicable Rules.

Quality assurance reviews and other auditing or monitoring activities will be periodically developed and implemented as needed. These quality assurance activities will occur on a periodic basis to help ensure overall Compliance Program effectiveness.

8. RESPONSE TO DETECTED OFFENSES AND CORRECTIVE ACTIONS

In addition to the comprehensive plan for routine auditing and monitoring, audits and investigations of reported or suspected instances of noncompliance shall be conducted under the supervision of the CCO.

Upon reports or reasonable indications of suspected noncompliance, the CCO will initiate prompt steps to investigate the conduct in question to determine whether a material violation of applicable law or the requirements of the Compliance Program has occurred, and if so, take steps to correct the problem. As appropriate, such steps may include an immediate referral to criminal and/or civil law enforcement authorities, a corrective action plan, a report to the Government and the submission of any overpayments, as applicable.

Depending on the nature of the alleged violations, an internal investigation will include interviews and/or a review of relevant documents. Outside counsel, auditors, or healthcare experts may assist in the investigation. Records of the investigation will contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, a log of witnesses interviewed and the documents reviewed, and the results of the investigation (i.e., any disciplinary action taken, the corrective action implemented and the date(s)).

In the event of any infraction of the Code of Conduct or Applicable Rules, the responsible Hospital representative shall be subject to the appropriate disciplinary action which may, when appropriate, include dismissal. Appropriate disciplinary action will be taken against all individuals involved.

a) Corrective Action

Whenever a compliance issue has been identified through monitoring, reporting of possible issues, investigations, or otherwise, the CCO will ensure that a plan is promptly implemented to correct that issue. Corrective action plans should be designed to ensure not only that the specific issue is corrected
but also that similar problems do not occur in other areas or departments. If a repayment is warranted or a matter must be disclosed externally, the CCO and/or University Counsel shall determine the response as soon as practicable, which may include, but not be limited to:

1. Presenting or providing to the Chief Executive Officer the results of the investigation of the suspected violations;
2. Notifying the Governing Body; and
3. If appropriate, disclosing the incident to the appropriate governmental authorities.

When necessary, the Hospital will amend the Compliance Program and applicable policies and procedures in an effort to avoid any future recurrence of a violation.

b) Procedure For Reporting and Disclosing Compliance Issues

If the CCO (with input from University Counsel) preliminarily determines, based on credible evidence, that a violation of the Applicable Rules has occurred, s/he will disclose such fact to the Chief Executive Officer and the Governing Body. In consultation with University Counsel, the CCO will be responsible for determining the steps that need to be taken to respond to the offense and to prevent similar occurrences in the future. A list of recommended actions will be submitted to the Chief Executive Officer (and then subsequently to the Governing Body, if determined appropriate) within thirty (30) days of the date that the CCO first learns of the issue unless additional time is reasonably required.

Reporting of violations of billing policies and procedures or other Applicable Rules to the various Federal and/or State regulatory agencies will be based on the advice and legal opinion of University Counsel, with the final reporting determination being made by the Chief Executive Officer, in consultation with the Governing Body. Reporting will be initiated within sixty (60) days of the date that the CCO first learns of the issue unless additional time is reasonably required.
Stony Brook University Hospital
Corporate Compliance Committee Charter

I. Purpose
In keeping with Stony Brook University Hospital’s (SBUH) commitment to conduct its business in an ethical and sound manner, in compliance with applicable regulations, the Code of Conduct, policies and procedures, the SBUH Corporate Compliance Committee (Committee) has been established. The purpose of the Committee is to provide support, feedback and assistance to the Corporate Compliance Officer with the design, implementation and operation of the Compliance Program.

II. Mission
The Committee is an administrative committee with a mission to instill the ethics and values of the Compliance Program within the organization and take appropriate managerial action to resolve compliance issues. As such, it is the role of the Committee to identify and manage areas of risk and areas of critical focus for the Hospital. The Committee shall guide the compliance activities of the Hospital and proactively strengthen the internal control environment. In addition, the Committee shall provide guidance and support to the Corporate Compliance Officer on compliance concerns directly related to Compliance Program operational issues.

III. Committee Composition
a. The Corporate Compliance Officer shall be the Committee Chairperson.
b. The Committee membership shall include:
   i. The Chief Operating Officer
   ii. At least one Associate Director, appointed by the Chief Operating Officer
   iii. The Chief Financial Officer
   iv. The Chief Information Officer
   v. The Chief Nursing Officer
   vi. At least one Associate Director, appointed by the Chief Nursing Officer
   vii. The Senior Associate Medical Director and Chief Quality Officer
   viii. A member of the Medical Staff
   ix. The Director of Human Resources
   x. The Director of Labor Relations
   xi. The Director of Health Information Management
   xii. The Director of Patient Accounting Services
   xiii. The Privacy Officer
   xiv. The Information Security Officer
   xv. A representative from the Office of University Counsel will be invited for the sole purpose of providing legal advice.

IV. Meeting Requirements
a. The Committee will meet at least four times annually, or more frequently as necessary or appropriate, to review status updates, resolve open issues, announce new initiatives, review new rules and regulations, develop work plans and assign responsibility.

b. The Committee shall maintain minutes of all meetings, documenting its activities, decisions and recommendations.
c. When possible, the meeting agenda and minutes of the prior meeting will be distributed in advance.

d. Committee members must attend more than half of the meetings each year.
e. A quorum will be met by a simple majority of the members. The number of votes needed will be the majority of the members present.

V. Committee Responsibilities
The Committee will report to the SBUH Chief Executive Officer. The duties of the Committee shall include, but are not limited to, the following:

a. Support, advise and assist the Corporate Compliance Officer in the execution of his/her duties.

b. Review, if necessary revise, and approve the Compliance Program on an annual basis.

c. Review, if necessary revise, and approve the Code of Conduct Policy on an annual basis.

d. As appropriate, and taking into consideration the results of compliance activities and developments in the law and in government enforcement, recommend revisions to the Compliance Program, implementation of additional compliance policies and procedures, or additions or deletions to existing policies to maintain compliance.

e. Review, if necessary revise, and recommend a plan for periodic assessment of Compliance Program effectiveness.

f. Analyze and assess the Hospital’s regulatory compliance environment and provide input into the annual compliance risk assessment, identifying focus areas and developing compliance objectives.

g. Review, if necessary revise, and approve the annual Compliance Work Plan for monitoring and auditing the effectiveness of the Compliance Program and monitoring compliance with specific standards, policies, procedures and legal requirements.

h. Review and act on reports from the Corporate Compliance Officer, members of the Committee and relevant Hospital management regarding compliance-related matters that have been identified internally or have been raised by external sources.

i. Review and act on reports and recommendations of the Corporate Compliance Officer regarding the organization’s healthcare compliance environment, high risk areas and legal and regulatory requirements. Assist in the identification and development of organizational corrective action initiatives to address high risk areas requiring attention.

j. Perform other advisory functions as requested by the Corporate Compliance Officer.

k. The Committee may appoint ad hoc members, each to serve at the pleasure of the Committee, to assist and advise the Committee in carrying out the charter.

l. The Committee Chairperson will provide an annual report to the Chief Executive Officer, Dean, and Governing Body.

m. Under the general direction of the Chief Executive Officer, the Committee will take action as appropriate to strengthen the Compliance Program.
The University reaffirms the principle that students, faculty, and staff have the right to be free from discrimination based upon gender, commonly known as "sexual harassment".

1. Harassment on the basis of gender is a form of sexual discrimination, and violates Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972.

2. The University is responsible for and fully committed to the prevention and elimination of gender harassment. Supervisors and department heads are responsible for promoting an atmosphere that prohibits such unacceptable behavior.

3. Unwelcome sexual advances, requests for sexual favors and verbal or physical conduct of an abusive, sexual nature constitute harassment when such conduct interferes with an individual's work or academic performance, or creates an intimidating, hostile, or offensive work or academic environment. Harassment of employees by supervisors, or of students by faculty or administrators, is unlawful. Conversely, harassment of supervisors by employees, faculty by students, or individuals by co-workers, is also unlawful.

4. The University does not tolerate gender harassment and treats it as a form of misconduct. Sanctions are enforced against individuals engaging in such behavior.

Advice/Inquiries:

Office of Diversity & Affirmative Action
Room 201, Administration Building
(631) 632-6280

Related Documents:

- Civil Rights Act of 1964, Title VII
- Education Amendments of 1972, Title IX
- Preventing and Reporting Sexual Harassment, State University of New York at Stony Brook, available from the Office for Affirmative Action and Equal Opportunity
Work Place Environment Policy

It is Stony Brook University's policy to promote a safe environment for all members of the community. The University is committed to maintaining a campus environment free from violence, harassment and other threatening behavior. Any act of violence, such as a physical attack, property damage, direct or indirect threat, will not be tolerated. Employees are encouraged to use early intervention and awareness strategies to avoid or minimize the occurrence and effect of violence in the workplace.

Workplace violence may occur within a wide spectrum of interactions at the workplace. The interactions may occur between staff members; between staff members and patients, students or visitors; between patients and visitors, or between visitors or students. Reports of incidents of workplace violence will be taken seriously and dealt with appropriately. Individuals who commit acts of workplace violence may be removed from the premises by University Police and referred for disciplinary action, criminal penalty or both.

It is the responsibility of all employees to create and maintain a campus environment free from threats and acts of violence. Any employee who becomes aware of a display of violent, abusive or aggressive behavior by a visitor, student or other employee should report that behavior to their supervisor, University Police or Labor Relations.

Inquiries/Request:

University Police
Emergency call 911 (from campus phone); (631) 632-6333 (from off-campus or cell phone)
Non-emergency: (631) 632-6350
Website: http://stonybrook.edu/police/contact

Human Resource Services
390 Administration Building
(631) 632-6151 Website: http://www.stonybrook.edu/hr/contact/

Labor Relations
390 Administration Building
(631) 632-6140

University Medical Center Human Resources
3 Technology Drive, Suite 100
Technology Park
East Setauket, NY 11733
(631) 444-4700
Long Island State Veterans Home (LISVH) Human Resources
100 Patriots Road
(631) 444-8517

Employee Assistance Program (EAP)
192 Administration Building (West Campus)
L-5 University Medical Center
(631) 632-6085
Email: eap@notes.cc.sunysb.edu
Website: www.stonybrook.edu/eap
Click to open the **Inventory** module. The Inventory Module main window contains all of the controls required for the user to create, receive, fill internal orders and manage inventory. The top left area of the window contains several filter criteria fields to control the information provided in the list area below.

To place an order click on the **Order** button. This will open the **Inventory Order** window.

The **Ordered By** field defaults to the default Location of the workstation but can be changed if needed. The **Type** is INT for Internal Order. The **From** will be WAREHO. If you know the **Product Code** then you can enter it or click to look up the code.
You can search by one Product Type or ALL. Clicking on any column will give a list of all products or you can select a *Criteria* such as partial name or product code and then click that column to bring up a smaller list. Once you have found the item that you want to order, double click the product.

You will be brought back to the *Inventory Order* window where you will enter the *Quantity*. If you try to order a quantity that is less than the system set minimum then you will get a message stating this:

You can proceed forward by clicking *Yes* or click *No* to modify the quantity.

You can also enter a *Comment* and *Need By Date*.

- Click the [ ] to add the order line.
- To change a product quantity, comment or date high-light the line, make the change and then click [ ].
- To delete a line high-light the line and then click [ ].
- To enter a new line click [ ].
- The preview or print your order click on [ ] or [ ].

The order is placed when the *Inventory Order* window is closed. While the order is a *Requested* type order, you are still able to modify it. To locate the order you can simply click the [ ] button. This will show all orders of all types. To see just the requested orders for your department then chose a *Status* of *Requested* and select department in the *Ordered By* field. Then click [ ]. You will see a list such as the list below. Double click the line you want to modify.
Scrolling to the right will allow you to see more info regarding your order such as the balance currently in the warehouse.
Policies and Procedures of the Dental Care Center

18.0 Material, Methods and Equipment Evaluation
Policies and Procedures

Purpose
The Stony Brook University School of Dental Medicine has developed policies for the introduction of new materials, methods and technology into the clinical operations at the Dental Care Center (DCC).

It is our belief that new item standardization is a more effective and efficient way to manage resources and to reduce expenses. Our students/residents and faculty members treat patients according to the latest standards of care. Evidence-based dentistry ensures safety to patients by reviewing and evaluating products prior to placing them into inventory.

Material Methods Equipment Committee
The SDM Continuous Quality Improvement Committee established a subcommittee, the Materials Methods Evaluation Committee (MMEC), with representation from all departments, to serve as a platform for incorporating evidence-based dentistry in patient care at the DCC, through the review of departmental requests to incorporate new products and technologies. In addition, all products must have FDA approval prior to use in the Dental Care Center.

Faculty requests to introduce new products technologies or technologies into the clinic must pass Department Chair and Departmental reviews, prior to being submitted for MMEC review. It is the department’s responsibility to provide supporting documentation from the literature and submit a completed MMEC Form (Appendix 5-2.1) in order for the MMEC to ensure that there is appropriate evidence to justify the use of the material or technology in the clinic. After MMEC approval, the Associate Dean for Clinical Affairs performs a cost analysis to determine if the material or technology is cost effective with respect to clinic operations. If the cost analysis is favorable and if curriculum review/modification is required, the Associate Dean for Clinical Affairs will inform the Associate Dean for Education to present the new material or technology to the Curriculum Committee for review, and to ensure its incorporation into the curriculum as appropriate. Integration of the new items into the didactic and clinical educational curriculum will be provided after a thorough calibration of the faculty members.

The MMEC after review of all available data will decide to:
   a) approve or not approve a new item or
   b) determine, if replacement of a present item is necessary.
   c) determine if reduction of present inventory item is appropriate.
   d) determine appropriate funding (based upon data submitted).
The DCC-Procurement will be responsible for the creation and maintenance of a comprehensive material, equipment, and supply inventory. Items on this list will be used at the DCC and be reviewed and approved annually by the MMEC.

The final decision to introduce the item into the clinic will be made by the Office of Clinical Affairs. All requests for new products and equipment valued at $4,999 or less per year may be approved by the Office of Clinical Affairs. Requests valued at $5,000 or more must be submitted in March of the prior year so that it can be incorporated in the budget.

The following flow chart details the process:
Vendors & Non Inventory Items
It is the expectation of SDM that the Vendors doing business with the school will be in compliance with set SDM’s policies and protocols and will not intentionally bypass the procurement procedures for supplies, as identified in the policies of the Procurement Department and the State of NY Guidelines. All vendors are to be registered according to the SDM’s policy regarding visitors and vendors. Noncompliant visitors and vendors may result in having their privileges revoked.

Vendors are prohibited from supplying Non-Inventory items for use at the DCC without the appropriate approval from the Clinic Administration.

Vendors who provide non-approved, Non-Inventory items to Clinical Faculty will not be paid by the SDM for these items. Any and all expenses for these items are the responsibility of the Clinical Faculty accepting the items.

Equipment Replacement
The SDM has an ongoing equipment replacement and facilities management program which is reviewed by the Material, Methods, and Equipment Committee (MMEC) on a quarterly basis.

All proposals for new or replacement equipment for the Dental Care Center (DCC) must be submitted through the use of a MMEC form and presented to the committee with a justification which includes; information about the equipment, how it relates to the clinical education program and the associated costs. The Office of Clinical Affairs determines the revenue source for the individual equipment items. The revenue sources for equipment replacement include patient care revenue, student fees and the annual equipment replacement budget, which were previously described within this document.

To effectively ensure that the Dental Care Center and the preclinical simulation laboratory replace equipment on an ongoing basis, the following measures are utilized by the Office of Clinical Affairs and the MMEC;

- Review annual equipment inventory
- Analyze frequency of equipment repair and need for replacement
- Provide an ongoing equipment preventative maintenance program
- Analyze need for introduction and purchase of new dental technologies, which are consistent with current concepts of dental science.

The following chart provides a summary of the Office of Clinical Affairs long term equipment replacement plan;
<table>
<thead>
<tr>
<th>Equipment Description</th>
<th>Location</th>
<th>Quantity</th>
<th>Year Purchased</th>
<th>Replace Cycle</th>
<th>Replacement Year</th>
<th>Actual Year Replaced</th>
<th>Planned Year Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Operatory</td>
<td>Bay A</td>
<td>15</td>
<td>1990</td>
<td>15</td>
<td>2005</td>
<td>2011</td>
<td>2026</td>
</tr>
<tr>
<td>Dental Operatory</td>
<td>Bay B</td>
<td>12</td>
<td>1990</td>
<td>15</td>
<td>2005</td>
<td>2014</td>
<td>2029</td>
</tr>
<tr>
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<td>Bay C</td>
<td>13</td>
<td>1990</td>
<td>15</td>
<td>2005</td>
<td>2014</td>
<td>2029</td>
</tr>
<tr>
<td>Dental Operatory</td>
<td>Bay D (Ortho)</td>
<td>12</td>
<td>1990</td>
<td>15</td>
<td>2005</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Operatory</td>
<td>Bay E (Pedo residents)</td>
<td>6</td>
<td>1990</td>
<td>15</td>
<td>2005</td>
<td>2008</td>
<td>2023</td>
</tr>
<tr>
<td>Dental Operatory</td>
<td>Bay E (Pedo)</td>
<td>8</td>
<td>1990</td>
<td>15</td>
<td>2005</td>
<td>2010</td>
<td>2025</td>
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<td>Bay F</td>
<td>24</td>
<td>2006</td>
<td>15</td>
<td>2021</td>
<td></td>
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<td>18</td>
<td>2008</td>
<td>15</td>
<td>2023</td>
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<td></td>
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<td>Dental Operatory</td>
<td>Bay H</td>
<td>19</td>
<td>2008</td>
<td>15</td>
<td>2023</td>
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<tr>
<td>Dental Operatory</td>
<td>OMFS</td>
<td>5</td>
<td>2005</td>
<td>15</td>
<td>2020</td>
<td></td>
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<tr>
<td>Dental Operatory</td>
<td>HEAL Expansion</td>
<td>29</td>
<td>2013</td>
<td>15</td>
<td>2028</td>
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<td>2028</td>
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<tr>
<td>Cabinets</td>
<td>Sterilization room</td>
<td></td>
<td>1990</td>
<td>10</td>
<td>2000</td>
<td>2014</td>
<td>2024</td>
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<tr>
<td>Wall autoclave</td>
<td>Sterilization</td>
<td>1</td>
<td>2002</td>
<td>10</td>
<td>2012</td>
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<tr>
<td>Wall autoclave</td>
<td>Sterilization</td>
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<td>2009</td>
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<td>2019</td>
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<td>10</td>
<td>2009</td>
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<td>Sterilization</td>
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<td>1999</td>
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<td>2009</td>
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<tr>
<td>CBCT</td>
<td>Radiology Suite</td>
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<td>2009</td>
<td>15</td>
<td>2024</td>
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<td></td>
</tr>
<tr>
<td>Digital Sensors</td>
<td>DCC</td>
<td>27</td>
<td>2007</td>
<td>6</td>
<td>2013</td>
<td>2013</td>
<td>2019</td>
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<tr>
<td>Intra-oral X-Ray Machines</td>
<td>DCC</td>
<td></td>
<td>See spread sheet</td>
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</tr>
<tr>
<td>Digital Pan-Machine</td>
<td>Radiology Suite</td>
<td>1</td>
<td>2009</td>
<td>15</td>
<td>2024</td>
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<tr>
<td>Simulation Work Stations</td>
<td>Simulation Lab</td>
<td>49</td>
<td>2011</td>
<td>15</td>
<td>2026</td>
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<td>2026</td>
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<tr>
<td>Pre-clinical Working Lab including wet lab equipment</td>
<td>Pre-clinical Area</td>
<td>2011</td>
<td>15</td>
<td>2026</td>
<td></td>
<td>2026</td>
<td></td>
</tr>
<tr>
<td>Equipment Description</td>
<td>Location</td>
<td>Quantity</td>
<td>Year Purchased</td>
<td>Replace Cycle</td>
<td>Replacement Year</td>
<td>Actual Year Replaced</td>
<td>Planned Year Replacement</td>
</tr>
<tr>
<td>-------------------------------</td>
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</tr>
<tr>
<td>Dental Compressor</td>
<td>DCC outside building</td>
<td>2ea.</td>
<td>2010</td>
<td>15</td>
<td>2025</td>
<td></td>
<td>2025</td>
</tr>
<tr>
<td>Dental Vacuum Pumps</td>
<td>DCC outside building</td>
<td>2ea.</td>
<td>2010</td>
<td>15</td>
<td>2025</td>
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<td>2025</td>
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<tr>
<td>Amalgam Separator Unit</td>
<td>DCC outside building</td>
<td>1ea</td>
<td>2003</td>
<td>10</td>
<td>2013</td>
<td>2012</td>
<td>2022</td>
</tr>
</tbody>
</table>
Demographics
Demographics
Demographics

[Image of a patient information system interface showing guarantor information and a table with patient details]
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Type</th>
<th>Answer List</th>
<th>Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THIS IS A SCREENING MEDICAL HISTORY and REQUIRES A COMPREHENSIVE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UPDATE PRIOR TO PATIENT CARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the reason for seeking dental care?</td>
<td>Text</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been seriously ill or hospitalized in the past 5 years?</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please describe</td>
<td>Text</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had dental x-rays recently?</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where (List Dentist's Address)</td>
<td>Text</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DO YOU HAVE or HAVE YOU HAD ANY of the FOLLOWING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which type</td>
<td>Text</td>
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<tr>
<td>Taking Blood Thinners</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>List</td>
<td>Text</td>
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<tr>
<td>Endocarditis</td>
<td>Yes/No</td>
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<tr>
<td>Heart Attack</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>When</td>
<td>Date</td>
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<tr>
<td>Artificial Heart Valve</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>Stroke</td>
<td>Yes/No</td>
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<tr>
<td>High Blood Pressure</td>
<td>Yes/No</td>
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<tr>
<td>Artificial Joints (hip, knee or other)</td>
<td>Yes/No</td>
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<tr>
<td>HIV</td>
<td>Yes/No</td>
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<tr>
<td>Hepatitis</td>
<td>Yes/No</td>
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<tr>
<td>Which type</td>
<td>Text</td>
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<td>Tuberculosis</td>
<td>Yes/No</td>
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<td>Epilepsy/Seizure Disorder</td>
<td>Yes/No</td>
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<td>Respiratory Diseases</td>
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<td>Liver Diseases</td>
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<td>Kidney Diseases</td>
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<td>Cancer</td>
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<td>Which type</td>
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<td>Thyroid Diseases</td>
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<td>Psychiatric Disorders</td>
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<td>Jaw Joint Problems (TMJ Problem)</td>
<td>Yes/No</td>
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<td>Organ Transplants</td>
<td>Yes/No</td>
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<tr>
<td>Other Chronic Disease</td>
<td>Yes/No</td>
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<td>List</td>
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<tr>
<td><strong>Women</strong></td>
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<tr>
<td>Are you pregnant?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>Months</td>
<td>Numeric</td>
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<td><strong>TO BE COMPLETED BY CLINIC STAFF</strong></td>
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<td>Blood Pressure <em>(Systolic/Diastolic...110/60)</em></td>
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<td>Question</td>
<td>Answer Type</td>
<td>Answer List</td>
<td>Alert</td>
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<tr>
<td><strong>EPR - YES ANSWERED QUESTIONS---&gt;</strong></td>
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<tr>
<td>Date of this medical history</td>
<td>Text</td>
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<tr>
<td>If this is a history update, are there any changes in the below</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>medical history</td>
<td></td>
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<tr>
<td>Are you under a physician's care at present?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>If yes, please explain:</td>
<td>Text</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever been hospitalized, had surgery or been</td>
<td>Yes/No</td>
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<tr>
<td>seriously ill in the past five years?</td>
<td>Text</td>
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<td>If yes, please explain:</td>
<td></td>
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<tr>
<td>Have you ever had excessive bleeding requiring special</td>
<td>Yes/No</td>
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<tr>
<td>treatment?</td>
<td></td>
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<tr>
<td>If yes, please explain:</td>
<td>Text</td>
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<tr>
<td>Have you had any radiation therapy, or chemotherapy for a</td>
<td>Yes/No</td>
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<tr>
<td>growth, tumor or other condition?</td>
<td>Text</td>
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<tr>
<td>If yes, please explain:</td>
<td></td>
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<tr>
<td>Was radiation in the Head and Neck region</td>
<td>Yes/No</td>
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<tr>
<td>Are you taking any Medications?</td>
<td>Yes/No</td>
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<tr>
<td>Please list any medications that you are currently taking, or</td>
<td>Text</td>
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<tr>
<td>have taken in the past year:</td>
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<tr>
<td>Are any of the listed medications known to cause dry</td>
<td>Yes/No</td>
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<tr>
<td>mouth?</td>
<td></td>
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<tr>
<td>If yes, please list</td>
<td>Text</td>
<td></td>
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<tr>
<td>Are you regularly taking aspirin, coumadin or Plavix or any</td>
<td>Yes/No</td>
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<tr>
<td>other anticoagulant?</td>
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<tr>
<td>If yes, please explain:</td>
<td>Text</td>
<td></td>
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<tr>
<td>Are you or have you ever taken any bisphosphonates? (e.g.,</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fosamax, boniva, actone, loronbonefos, aredia, zometa)</td>
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<tr>
<td>If yes, please explain:</td>
<td>Text</td>
<td></td>
<td></td>
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<tr>
<td>Have you taken any recreational drugs over the past six</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>months?</td>
<td></td>
<td></td>
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<tr>
<td>(Examples: marijuana, cocaine, ectasy, meth, heroin)</td>
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<tr>
<td>Please list</td>
<td>Text</td>
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<tr>
<td>Do you regularly consume alcoholic beverages?</td>
<td>Yes/No</td>
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<tr>
<td>Number of drinks per day</td>
<td>Numeric</td>
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<tr>
<td>Beer</td>
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<tr>
<td>Wine</td>
<td>Yes/No</td>
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<tr>
<td>Mixed Drinks</td>
<td>Yes/No</td>
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<tr>
<td>Other, please list</td>
<td>Text</td>
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<tr>
<td><strong>Are you allergic to, or have you become sick from any of the</strong></td>
<td>Yes/No</td>
<td></td>
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</tr>
<tr>
<td><strong>following?</strong></td>
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<tr>
<td>Local Anesthetic/novocaine</td>
<td>Yes/No</td>
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<tr>
<td>Penicillin or other antibiotics</td>
<td>Yes/No</td>
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<tr>
<td>List antibiotic allergy (other)</td>
<td>Text</td>
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<tr>
<td>Codeine or other narcotics</td>
<td>Yes/No</td>
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<tr>
<td>List narcotic allergy (other)</td>
<td>Text</td>
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<tr>
<td>Aspirin or NSAIDS (advil, etc.)</td>
<td>Yes/No</td>
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<tr>
<td>Iodine</td>
<td>Yes/No</td>
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<tr>
<td>Plastics or denture materials</td>
<td>Yes/No</td>
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<tr>
<td>Latex</td>
<td>Yes/No</td>
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<tr>
<td>Other:</td>
<td>Text</td>
<td></td>
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</tr>
<tr>
<td><strong>Do you now have, or have you ever had any of the following?</strong></td>
<td>Yes/No</td>
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<tr>
<td>Heart failure</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Heart attack</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Angina (chest pain)</td>
<td></td>
<td></td>
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<tr>
<td>High blood pressure</td>
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<tr>
<td>Low blood pressure</td>
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<tr>
<td>Heart Murmur</td>
<td></td>
<td></td>
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<tr>
<td>Rheumatic Fever</td>
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<tr>
<td>Mitral valve prolapse</td>
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<tr>
<td>Pacemaker</td>
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<tr>
<td>Bacterial Endocarditis</td>
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<tr>
<td>Scarlet Fever</td>
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A-2a
### AMEDHX- Medical History

**Medical History**

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<td>Congenital heart disease</td>
<td>Yes/No</td>
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<tr>
<td>Artificial heart valve</td>
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<tr>
<td>Heart surgery</td>
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<tr>
<td>Stroke</td>
<td>Yes/No</td>
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<tr>
<td>Sleep on two or more pillows</td>
<td>Yes/No</td>
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<tr>
<td>Shortness of breath</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>Swelling of ankles</td>
<td>Yes/No</td>
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<td>Emphysema</td>
<td>Yes/No</td>
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<td>Persistent cough</td>
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<tr>
<td>Asthma</td>
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<tr>
<td>Tuberculosis (TB)</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Liver disease</td>
<td>Yes/No</td>
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</tr>
<tr>
<td>Jaundice (skin / eyes turn yellow)</td>
<td>Yes/No</td>
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<tr>
<td>Hepatitis A</td>
<td>Yes/No</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>Hepatitis C</td>
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<tr>
<td>Other Hepatitis</td>
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<td>If yes, please describe</td>
<td>Text</td>
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<tr>
<td>AIDS or HIV</td>
<td>Yes/No</td>
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<td>Blood transfusion</td>
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<td>Hemophilia</td>
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<td>Bruise easily</td>
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<tr>
<td>Diabetes</td>
<td>Yes/No</td>
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<tr>
<td>If yes, are you insulin dependent</td>
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<tr>
<td>Thyroid disease</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>Artificial joint</td>
<td>Yes/No</td>
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<td>Arthritis</td>
<td>Yes/No</td>
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<td>Autoimmune disease</td>
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<tr>
<td>Anemia</td>
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<tr>
<td>Sickle cell disease</td>
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<tr>
<td>Kidney disease</td>
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<tr>
<td>Dialysis</td>
<td>Yes/No</td>
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<tr>
<td>Organ transplant</td>
<td>Yes/No</td>
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<td>Ulcers</td>
<td>Yes/No</td>
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<tr>
<td>Epilepsy (seizures)</td>
<td>Yes/No</td>
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<tr>
<td>Fainting or dizzy spells</td>
<td>Yes/No</td>
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<tr>
<td>Infectious mononucleosis</td>
<td>Yes/No</td>
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<tr>
<td>Venereal disease (syphilis/gonorrhea)</td>
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<td>Cold sores</td>
<td>Yes/No</td>
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<tr>
<td>Allergies or hives</td>
<td>Yes/No</td>
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<tr>
<td>Sinus trouble</td>
<td>Yes/No</td>
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<td>Hay fever</td>
<td>Yes/No</td>
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<tr>
<td>Drug addiction</td>
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<td>Parkinson's disease</td>
<td>Yes/No</td>
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<tr>
<td>Dementia/Alzheimer's (memory loss)</td>
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<tr>
<td>Psychiatric treatment</td>
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<td>Anxiety</td>
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<td>Depression</td>
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<td>Schizophrenia</td>
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<td>Bipolar Disorder</td>
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<tr>
<td>Cognitive Disorder (ADHD, neurological disorder)</td>
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<tr>
<td>Eating Disorder (anorexia nervosa, bulimia)</td>
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<tr>
<td>Insomnia</td>
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<tr>
<td>Glaucoma</td>
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<tr>
<td>Hearing impaired</td>
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**If you are a woman**

<table>
<thead>
<tr>
<th>Question</th>
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<tr>
<td>Are you pregnant?</td>
<td>Yes/No</td>
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<tr>
<td>Due Date:</td>
<td>Date</td>
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<tr>
<td>Are you on hormone replacement therapy?</td>
<td>Yes/No</td>
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<tr>
<td>Do you take birth control pills?</td>
<td>Yes/No</td>
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<tr>
<td>Question</td>
<td>Answer Type</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Breastfeeding</td>
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<tr>
<td><strong>Tobacco Usage</strong></td>
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<tr>
<td>Do you now or have you used any tobacco products?</td>
<td>Yes/No</td>
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<tr>
<td>Cigarettes</td>
<td>Yes/No</td>
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<tr>
<td>Cigar</td>
<td>Yes/No</td>
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<tr>
<td>Chewing Tobacco</td>
<td>Yes/No</td>
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<tr>
<td>Pipe</td>
<td>Yes/No</td>
</tr>
<tr>
<td>How many per day (number of cigarettes/cigars/bowls per day)</td>
<td>Numeric</td>
</tr>
<tr>
<td>How many years of use</td>
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<tr>
<td>Additional comments</td>
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<tr>
<td>Is the patient interested in smoking cessation program?</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>Misc</strong></td>
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<tr>
<td>Is there anything of importance in your medical history that has not been asked?</td>
<td>Text</td>
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<tr>
<td>Have you had any serious trouble associated with any previous dental treatment?</td>
<td>Yes/No</td>
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<tr>
<td>If yes, please explain:</td>
<td>Text</td>
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<tr>
<td><strong>Vital Signs</strong></td>
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<td>Regular/Irregular</td>
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<td>- Irregular</td>
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<tr>
<td>Pulse</td>
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<td>Blood Pressure</td>
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<td>Please add any additional Comments:</td>
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### AMEDHX - Medical History

#### Head and Neck Exam

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<th>Answer List</th>
<th>Alert</th>
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<tbody>
<tr>
<td>Date of Head and Neck Examination</td>
<td>Date</td>
<td>- Within Normal Limits</td>
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<tr>
<td><strong>Head and Neck Examination:</strong></td>
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<td>- Abnormal</td>
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</tr>
<tr>
<td>Head (includes facial symmetry)</td>
<td>Text</td>
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<tr>
<td>If abnormal, describe:</td>
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<td>- Abnormal</td>
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<tr>
<td>Skin</td>
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<td>- Within Normal Limits</td>
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<tr>
<td>If abnormal, describe:</td>
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<td>- Abnormal</td>
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<tr>
<td>Neck</td>
<td>Text</td>
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Description of lesion: size, lesion color, consistency etc. Text

**Clinical Working Diagnosis (list all considered in differential)**

**DIFFERENTIAL DIAGNOSIS 1 : SOFT TISSUE FINDINGS**

- Actinits Cheilosis
- Amalgam Tattoo
- Angular Cheilitis Candidiasis
- Bulla
- Aphthous Ulceration
- Erythroleukoplakia
- Erosion
- Ecchymosis
- Desquamative Gingivitis
- Chronic Atrophic Candidiasis
- Fibroma
- Erythroplakia
- Tobacco Pouch Keratosis
- Sialoith
- Physiologic Pigmentation
- Petechiae
- Papule
- Papilloma
- Other Ulceration
- Other
- Oral Hairy Leukoplakia
- Nodule
- Mucocele
- Macule
- Lichen Planus
### Differential Diagnosis 1: Soft Tissue Findings

- Leukoedema
- Idiopathic Leukoplakia
- Hematoma
- Geographic Tongue
- Frictional Keratosis
- Xerostomia
- Vesicle
- Traumatic Ulceration
- Acute Candidiasis (Thrush)

### Differential Diagnosis 2: Soft Tissue Findings

- Actinio Cheilosis
- Bulla
- Aphthous Ulceration
- Erosion
- Ecchymosis
- Desquamative Gingivitis
- Chronic Atrophic Candidiasis
- Fibroma
- Erythroplakia
- Erythroleukoplakia
- Tobacco Pouch Keratosis
- Sialoith
- Physiologic Pigmentation
- Petechiae
- Papule
- Papilloma
- Other Ulceration
- Other
- Oral Hairy Leukoplakia
- Nodule
- Mucocele
- Macule
- Lichen Planus
- Leukoedema
- Idiopathic Leukoplakia
- Hematoma
- Geographic Tongue
- Frictional Keratosis
- Xerostomia
- Vesicle
- Traumatic Ulceration
- Angular Cheilitis Candidiasis
- Amalgam Tattoo
- Acute Candidiasis (Thrush)

### Differential Diagnosis 3: Soft Tissue Findings

- Actinio Cheilosis
- Acute Candidiasis (Thrush)
- Amalgam Tattoo
- Angular Cheilitis Candidiasis
- Bulla
# AMEDHX- Medical History

## Head and Neck Exam

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| DIFFERENTIAL DIAGNOSIS 1: BONEY FINDINGS | | - Ameloblastoma<br>- “Cotton Wool” Radiopacity<br>- Condensing Osteitis<br>- Central Hemangioma<br>- Ground Glass Radiopacity<br>- Focal Cemento-Osseous Dysplasia<br>- Florid Cemento-osseous Dysplasia<br>- Torus<br>- Soft Tissue Sialith<br>- Soft Tissue Radiopacity<br>- Soft Tissue Foreign Body<br>- Soft Tissue Calc Lymph Node<br>- Soft Tissue Amalgam<br>- Radicular Cyst<br>- Poorly Delin Radiolucency<br>- Periapical Cemento-Osseous Dysplasia<br>- Other<br>- Osteomyelitis<br>- Ossifying Fibroma | | |
### AMEDHX- Medical History

**Head and Neck Exam**

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### AMEDHX- Medical History

**Head and Neck Exam**

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**OTHER..........................**

**RESOLVED SPONTANEOUSLY WITHOUT INTERVENTION**

**FINAL CLINICAL DIAGNOSIS (MUCOSAL)**

- Actinis Cheilosis
- Chronic Atrophic Candidiasis
- Bulla
- Apthous Ulceration
- Erythroleukoplakia
- Erosion
- Ecchymosis
- Desquamative Gingivitis
- Fibroma
- Erythroplakia
## AMEDHX- Medical History
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| **FINAL CLINICAL DIAGNOSIS (MUCOSAL)** | | - Tobacco Pouch Keratosis  
   - Sialoith  
   - Physiologic Pigmentation  
   - Petechiae  
   - Papule  
   - Papilloma  
   - Other Ulceration  
   - Other  
   - Oral Hairy Leukoplakia  
   - Nodule  
   - Mucocele  
   - Macule  
   - Lichen Planus  
   - Leukoedema  
   - Idiopathic Leukoplakia  
   - Hematoma  
   - Geographic Tongue  
   - Frictional Keratosis  
   - Xerostomia  
   - Vesicle  
   - Traumatic Ulceration  
   - Angular Cheilitis Candidiasis  
   - Amalgam Tattoo  
   - Acute Candidiasis (Thrush)  
   - Ameloblastoma  
   - "Cotton Wool" Radiopacity  
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   - Condensing Osteitis  
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   - Soft Tissue Radiopacity  
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   - Soft Tissue Calc Lymph Node  
   - Soft Tissue Amalgam  
   - Radicular Cyst  
   - Poorly Delin Radiolucency  
   - Periapical Cemento-Osseous Dys  
   - Other  
   - Osteomyelitis  
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   - Multilocular Leucency Defined  
   - Multilocular Leucency  
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<tr>
<td></td>
<td></td>
<td>- Unilokular Leucency Defined</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Traumatic Bone Cyst</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mixed Lucent/Opaque</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Idiopathic Osteosclerosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Florid Cemento-osseous Dysplas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Fibrous Dysplasia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Central Giant Cell Granuloma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Cementoblastoma</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FINAL OTHER CLINICAL</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>FINAL HISTOLOGIC DIAGNOSIS</td>
<td>Text</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TMJ Evaluation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crepitus</td>
<td></td>
</tr>
<tr>
<td>Popping</td>
<td></td>
</tr>
<tr>
<td>Clicking</td>
<td></td>
</tr>
<tr>
<td>Joint Tenderness</td>
<td></td>
</tr>
<tr>
<td>Muscle Tenderness</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deviation upon opening (mm)</th>
<th>Numeric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right/Left/Both</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maximum Interincisal Opening (mm)</th>
<th>Numeric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right lateral excursion (mm)</td>
<td>Numeric</td>
</tr>
<tr>
<td>(maxillary midline to mandibular midline)</td>
<td></td>
</tr>
<tr>
<td>Left lateral excursion (mm)</td>
<td>Numeric</td>
</tr>
<tr>
<td>(maxillary midline to mandibular midline)</td>
<td></td>
</tr>
</tbody>
</table>

| Habits:                          | Text    |

<table>
<thead>
<tr>
<th>Occlusal Evaluation</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive wear facets</td>
<td></td>
</tr>
<tr>
<td>Partially edentulous</td>
<td></td>
</tr>
<tr>
<td>Cross Bite</td>
<td></td>
</tr>
<tr>
<td>Open Bite</td>
<td></td>
</tr>
</tbody>
</table>

A-2b
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Type</th>
<th>Answer List</th>
<th>Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interferences</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angle Classification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occlusal Guidance</td>
<td></td>
<td></td>
<td>Text</td>
</tr>
<tr>
<td><strong>Patient Name:</strong></td>
<td></td>
<td><strong>Date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Email:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What is your reason for seeking dental care?**

| **When did you last visit a dentist?** |  |
| **Name and address of previous dentist:** |  |

| ..........Were dental x-rays taken? | Yes/No |
| ..........If yes, how many? |  |
| ..........When was your last cleaning? |  |

**Do you do any of the following?**

| **Brush your teeth** | Yes/No |
| **How often (per day):** |  |
| **Floss** | Yes/No |
| **How often (per day):** |  |
| **Rinse with fluoride** | Yes/No |
| **Use other mouthwash** | Yes/No |

**Do you have problems with any of the following?**

| **Pain in your teeth or gums** | Yes/No |
| ..........If yes, please explain: |  |
| **Sensitivity to hot, cold, sweets or biting** | Yes/No |
| ..........If yes, please explain: |  |
| **Mouth infections or sores on your lips** | Yes/No |
| ..........If yes, please explain: |  |
| **Food sticking between your teeth** | Yes/No |
| ..........If yes, please explain: |  |
| **Bleeding gums when brushing or flossing** | Yes/No |
| **Pain in your neck or face** | No |
| ..........Sometimes |  
| ..........Unanswered |  
| ..........Uncertain |  
| ..........Yes |  |

<p>| <strong>Swelling</strong> | Yes/No |
| ..........If yes, please explain: |  |
| <strong>Loose teeth</strong> | Yes/No |
| <strong>Bad breath</strong> | No |
| ..........Sometimes |<br />
| ..........Unanswered |<br />
| ..........Uncertain |<br />
| ..........Yes |  |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grind or clench your teeth</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td>Unanswered</td>
</tr>
<tr>
<td></td>
<td>Uncertain</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Dry Mouth/Burning Tongue</td>
<td>Yes/No</td>
</tr>
<tr>
<td>If yes, please explain:</td>
<td></td>
</tr>
<tr>
<td>Taste Changes</td>
<td>Yes/No</td>
</tr>
<tr>
<td>If yes, please explain:</td>
<td></td>
</tr>
<tr>
<td>Difficulty Chewing or Swallowing</td>
<td>Yes/No</td>
</tr>
<tr>
<td>If yes, please explain:</td>
<td></td>
</tr>
<tr>
<td>Chew ice or bite fingernails</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**Have you ever had any of the following? If yes, please explain below.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth extractions or oral surgery</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Gum (periodontal) surgery</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Root canal treatment</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Injury or trauma to your teeth or jaw</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Orthodontic treatment</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Removable dentures or partials</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Crowns or bridges</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Dental implants</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Difficulty opening or closing your jaw</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Clicking, popping or pain in your jaw</td>
<td>Yes/No</td>
</tr>
<tr>
<td>An allergic reaction to any dental materials</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Experienced severe anxiety during a dental procedure</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Experienced complications after any dental procedure</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**Explanation of above yes answers:**
Please answer the questions below. If you do not understand any of the questions or are unsure, please ask for help. This is a screening medical history and requires a comprehensive update prior to patient care.

What is the reason for seeking dental care?

Do you have or have you had tuberculosis?  
YES  NO

Have you been seriously ill or hospitalized in the past 5 years?  
YES  NO

If YES, please describe:

Are you taking any anticoagulants? (Blood Thinners)  
YES  NO

Have you had dental radiographs (X-rays) recently?  
YES  NO

If YES, When?  Where? (List Dentist’s Address)

---

**DO YOU HAVE or HAVE YOU HAD ANY of the FOLLOWING?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latex Allergy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificial Implants (hip or other)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocarditis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitral Valve Prolapse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificial Heart Valve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy/Seizure Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitral Valve Prolapse</td>
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<td></td>
</tr>
<tr>
<td>Chest Pain</td>
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</tr>
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<td>Heart Murmur</td>
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<tr>
<td>High Blood Pressure</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Revised 8/20/2012  
Electronic Dental Record Committee
Patient Information (please print)

Date: ____________________________

Circle One
Mr.  Mrs.  Miss  Ms.  Other_______

Name ____________________________

Address: ____________________________  Zip Code: ____________________________

Telephone
Home # ____________________________
Work # ____________________________
Cell # ____________________________

Date of Birth  Month ______  Day _____  Year ______

Circle One
Male  Female

Driver’s License # ____________________________  Social Security # ____________________________

Emergency Contact: Name: ____________________________
Relation: ____________________________
Phone #: ____________________________

Race  (you may elect not to answer this question)  (check all that apply)

_____ African-American or Black
_____ Caucasian or White
_____ Hispanic or Latino
_____ Asian or Pacific Islander
_____ Native American
_____ Other; please specify: ____________________________

Circle One

Is English your primary language?  NO  YES

Do you need an interpreter?  NO  YES

Revised 8/20/2012  Electronic Dental Record Committee
What days are you available?

**Circle One**

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>Wednesday</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>Thursday</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>Friday</td>
<td>AM</td>
<td>PM</td>
</tr>
</tbody>
</table>

AM session – 9:00AM to 1:00PM  
PM session – 2:00PM to 5:00PM
1. I authorize the performance of a dental examination and evaluation, possibly including radiographs as approved by the faculty member(s) of the Dental Care Center.

2. I understand that the services will be provided by the students of the School of Dental Medicine at Stony Brook (SDM) as a part of their educational program.

3. I understand that video and photographs may be taken for educational purposes, and that I will not be identified in any manner.

4. I understand that because the treatment is being carried out as a part of the educational program at the SDM, information about the care will be shared by faculty, students/residents and clinical staff.

5. I further understand that students, residents, faculty and other employees may also provide services consistent with the treatment plan. When, in the opinion of the faculty, a change of provider is deemed appropriate, the change is made at the SDM's discretion.

6. I have received a copy of the fee policies for the SDM. I understand and agree to comply with those policies.

7. I have received a copy of the Stony Brook Organized Health Care Arrangement Joint Notice of Privacy Practices. I authorize the use and disclosure of my health information to treat me and arrange for my care, to seek and receive payment for services given to me, to send appointment reminders via mail or phone, and for the business operations of the Dental School and its staff.

8. I have received a copy of the Patient Bill of Rights.

9. Any questions I have had to the above have been fully answered.

10. I fully understand the conditions of this consent and have no additional questions.

11. I received the School of Dental Medicine Dental Care Center Guide to Patient Service.

Authorized Signature: ___________________________ Date: ___________________________

Relationship to Patient: Self ___________________________

GENERAL CONSENT FOR TREATMENT
A-3
This form authorizes the School of Dental Medicine at Stony Brook to use or disclose your protected health information (PHI) to an individual of your choice. This authorization is voluntary. You may revoke this authorization at any time by writing to The School of Dental Medicine, Sullivan Hall, Stony Brook, NY 11794-8705. A copy of this signed authorization will be available to you, but you should retain a copy for your records.

SECTION 1: TELL US WHO YOU ARE

Name: ___________________________ Date of Birth: _______________ Chart#: ____________

Address: __________________________

Phone: ___________________________

SECTION 2: WHAT IS THE PURPOSE OF THIS AUTHORIZATION? (Select all that apply)

☐ To authorize the identified person to discuss orally with the School of Dental Medicine the PHI as permitted by Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

☐ To authorize the identified person to inspect and/or obtain copies of the PHI as permitted by the HIPAA Privacy Rule.

SECTION 3: WHO IS AUTHORIZED TO RECEIVE YOUR PROTECTED HEALTH INFORMATION (PHI) FROM THE SCHOOL OF DENTAL MEDICINE? (Name, address and phone)

Name:

Address:

Phone:

SECTION 4: SIGNATURE

I understand that if the entity authorized to receive my PHI is not a health plan, health care provider or other covered entity as described by the HIPAA Privacy Rule, the released information may no longer be protected by federal privacy laws, rules and regulations. I understand that the information disclosed may include mental health information and/or alcohol and substance abuse information. I understand that I may revoke this authorization at any time by notifying The School of Dental Medicine in writing. I agree that this information is true and correct. I sign this authorization under penalties of perjury and attest that The School of Dental Medicine may rely on my signature and the contents of this authorization.

Patient Signature: ___________________________ Date: ________________
YOUR HEALTH INFORMATION RIGHTS

Restrict Use/Disclosure: You have the right to request restrictions on certain uses and disclosures of your health information. Although we will attempt to accommodate your requests, SBOHCA is not required to agree or fulfill the restriction requested.

Request Alternate Method of Receipt: You have the right to receive your health information through a reasonable alternative means or at an alternative location (e.g., work or home).

Inspect and Copy: You have the right to inspect and receive a copy of your health information subject to SBOHCA policies and procedures (e.g., times and modes of access are expected to be followed). If you request a copy of your health information, we may charge you a reasonable fee.

Amend Information: You have the right to request that SBOHCA amend your health information. SBOHCA is not required to change your health information. Under these circumstances, SBOHCA will provide you the reason for the denial and information about how you can disagree with an amendment denial.

Receive an Accounting of Disclosures: You have the right to receive an accounting of disclosures of your health information made by SBOHCA for up to six years prior to your request, but not for disclosures made prior to April 14, 2003. It should be understood that SBOHCA does not have to account for a variety of disclosures related to treatment, payment, health care operations, information provided to you, disclosed information authorized by you and certain government law enforcement functions.

Request a Detailed Explanation of Rights: You have the right to a paper copy of this Joint Notice of Privacy Practices. If you would like a more detailed explanation of these rights or if you would like to exercise one or more of the rights, contact the Privacy Administrator at SBUH (631) 444-5796 who will direct you to the appropriate SBOHCA Privacy Officer, or visit the SBUH website at http://www.stonybrookhospital.com/hippas.

SPECIAL PROTECTIONS FOR HIV, MENTAL HEALTH AND GENETIC INFORMATION

Special Rules apply to these and other types of information. Some parts of this Joint Notice may not apply to these types. If your treatment involves this information, you may be provided with additional information explaining how the information will be protected.

CHANGES TO THIS JOINT NOTICE OF PRIVACY PRACTICES

SBOHCA is required by law to comply with this Joint Notice. SBOHCA reserves the right to amend this Joint Notice of Privacy Practices at any time in the future. Periodically, SBOHCA will review our privacy policies and practices to help maintain the security and privacy of health information. Due to changing circumstances, at any time, it may become necessary to revise our privacy policies and practices and the terms of this Joint Notice, provided applicable law permits such changes. We reserve the right to make the changes in our privacy policies and practices and the new terms of our Joint Notice effective for all health information that we maintain including health information we created or received before we made changes. You can always request a written copy of our most current Privacy Notice from any SBOHCA Privacy Officer or you can access it at http://www.stonybrookhospital.com/hippas.

COMPLAINTS

Complaints about this Joint Notice or Privacy Practices or how SBOHCA handles your health information should be directed to the SBUH Department of Patient/Guest Relations at (631) 444-2880. This Department will coordinate with the SBUH Privacy Administrator who will contact the appropriate SBOHCA Privacy Officer. No one will retaliate or take action against you for filing a complaint.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may file a written complaint with the Department of Health and Human Services, Office of Civil Rights.

This Joint Notice is effective as of April 14, 2003.
WHO WILL FOLLOW THIS NOTICE

This Joint Notice applies to the workforce members of the entities of the SBOHCA. Workforce members include all employees, medical or other students, trainees, residents, interns, volunteers and contracted personnel. It will be provided to patients on behalf of all of the SBOHCA entities.

WHEN SBOHCA MAY NOT USE/DISCLOSE YOUR HEALTH INFORMATION

Except as described below in this Joint Notice of Privacy Practices or as otherwise required by law, SBOHCA will not use or disclose your health information without your written authorization. If you do authorize SBOHCA to use or disclose your health information, you may revoke your authorization in writing at any time except to the extent that SBOHCA has already taken action in reliance on your authorization.

HOW SBOHCA MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

SBOHCA collects health information from you and stores it in written and electronic formats. This is your health information. The health information is the property of SBOHCA, but the information is accessible to you. SBOHCA protects the privacy of your health information. The law permits SBOHCA to use or disclose your health information for the following purposes:

- Treatment: Your health information can be used or disclosed by SBOHCA to enable the organization to provide you with medical treatment (e.g., a doctor who is treating you may need to know if you have allergies to medication, a doctor may include your name on a specimen that is sent to a laboratory for testing, etc.).
- Payment: Your health information can be used or disclosed by SBOHCA to enable the organization to receive payment for medical services provided to you (e.g., we may need to provide information to third party payor to determine whether the proposed treatment will be covered, when we bill a third party payor for services rendered to you we can provide information regarding your care to obtain payment, etc.).
- Operations: Your health information can be used or disclosed for operational purposes (e.g., utilization review, Health Department review, Cancer Registry, clinical education purposes).
- Personal Use: Your health information can be disclosed to you.

Consent: SBOHCA has the right to use and disclose your health information for treatment, payment or operations once you have signed a consent form as required by New York State law. Once you sign this general written consent form, it will be in effect indefinitely until you revoke your general written consent. You may revoke your general written consent at any time (in writing), except to the extent that we have already relied on it. For example, if we provide you with treatment before you revoke your general written consent, we may still share your health information with your insurance company in order to obtain payment for that treatment.

To revoke your general written consent, please contact the SBUH Privacy Administrator at (631) 444-5796 who will refer you to the appropriate SBOHCA Privacy Officer.

- Directory/Census: SBUH may list your name, where you are located in the facility, general medical status and religious affiliation in its directory. This information may be provided to members of the clergy. This information, except your religious affiliation, may be provided to other people (i.e., family members, friends and members of the press) who ask for you by name. If you do not want us to list this information in SBUH’s directory/census or provide it to clergy or others, you must notify us in writing that you object.

Notification and Communication with Family: SBOHCA may use or disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with your family and others.

Required by Law or Public Health Authorities: SBOHCA may use and disclose your health information as required by law. Additionally, SBOHCA may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting abuse, neglect or domestic violence of adults; reporting to the Food and Drug Administration problems with products or services and reactions to medications; reporting disease or infection that may need to be reported to other authorities as required by law or regulation.

Health Oversight Activities/Judicial Matters: SBOHCA may disclose your health information in health agencies during the course of audits, investigations, inspections, licensure and other proceedings. Disclosure may also occur in the course of any administrative or judicial proceeding. SBOHCA may disclose your health information to a law enforcement officer for identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Deceased Person/Organ Donation Information or Personal Health and Safety: SBOHCA may disclose your health information to coroners, medical examiners and funeral directors as well as organizations involved in procuring, banking or transplanting organs and tissues. SBOHCA may also use and disclose your health information in order to prevent or lessen a serious and/or imminent threat to the health or safety of a particular person or the general public.

Specialized Government Functions or Worker’s Compensation: SBOHCA may disclose your information for military, national security or correctional facility purposes. We may also disclose your health information as necessary to comply with worker’s compensation laws.

Research: Part of the mission of SBU and SBOHCA is the improvement of health care, in part, through research involving human subjects. You may be asked to participate in such research. If you decide to do so, you will sign a consent form for participation in the study. At that time, you will also be asked to provide your written authorization permitting the use or disclosure of your health information for the research activity. However, certain research activities can include your health information without your written authorization if the researcher is approved through a special review process where it is determined that the use or disclosure of your health information in the research activity poses minimal risk to your privacy. This is achieved, in part, by removing most, if not all, of the information that has the potential to identify you. In some instances, the researcher must sign an agreement that further protects your privacy.

We may also, under certain, limited circumstances, allow your identifiable health information to be shared with researchers who are developing ideas for future research studies. However, SBU will protect your privacy by a) requiring the researcher to first apply for, and receive, special permission to view your health information, and b) not allowing any health information that identifies you to be written down or used. Health information can also be shared with researchers without authorization when the research involves the study of health conditions or the current or former treatment or management of deceased persons. As just explained, special permission must be granted, and no health information that identifies the deceased person can be written down or used.

Marketing and Fundraising: SBOHCA may contact you to give information about other treatments or health-related benefits and services that may be of interest to you. Additionally, SBOHCA may contact you to participate in SBOHCA marketing and fundraising activities. You have the choice of opting out of receiving marketing and fundraising information.

Appointment Reminders: SBOHCA may contact you to provide appointment reminders for treatment or medical care. The reminder system is automated and messages with the necessary information pertaining to your appointment may be left on answering machines. You will have the opportunity to request that you do not receive automated appointment reminders. The School of Dental Medicine does not leave automated appointment reminders.

Emergencies, Disaster Relief or if Information is De-Identified: SBOHCA may use or disclose your health information in an emergency or to assist in disaster relief efforts. Additionally, your information may be used or disclosed if we have removed any information that reveals who you are.

Change of Ownership: In the event that SBOHCA is sold or divested by the State of New York, your health information will become the property of the new owner/entity and will be subject to their policies on health information as well as federal and state laws.
# Treatment Plan

**Patient Name:** Brett Test - 13  
**Date Approved:** July 10, 2006

<table>
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<th>Desc</th>
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<th>Surface</th>
<th>Estimate</th>
<th>Ins.</th>
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**Sub Total:** $160.00 $0.00

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<td>D2721</td>
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**Sub Total:** $795.00 $0.00

**Grand Total:** $955.00 $0.00

I have had the above diagnosis, treatment plan and cost explained to me and hereby give consent for treatment.

I authorize the performance of the above detail treatment plan as approved by the faculty member(s) of the Dental Care Center.

1. Alternative treatment plans have been presented, including their benefits and risks.
2. The risks and benefits of the accepted treatment plan have been explained, and I fully understand them.
3. I understand that changes in the accepted treatment plan may be necessary during the course of treatment and that I will be informed of such changes.
4. I acknowledge that I have received no guarantees or assurances about the outcome of the treatment or any of its component(s), benefits or results.
5. I understand that if treatment modifications are required as treatment progresses, the fee(s) I am assessed may need to be modified to reflect those changes. I further understand that, whenever possible, I will be informed of those changes as the need for them becomes apparent.

---

I have had the above diagnosis, treatment plan and cost explained to me and hereby give consent for treatment.

I authorize the performance of the above detail treatment plan as approved by the faculty member(s) of the Dental Care Center.

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2. The risks and benefits of the accepted treatment plan have been explained, and I fully understand them.
3. I understand that changes in the accepted treatment plan may be necessary during the course of treatment and that I will be informed of such changes.
4. I acknowledge that I have received no guarantees or assurances about the outcome of the treatment or any of its component(s), benefits or results.
5. I understand that if treatment modifications are required as treatment progresses, the fee(s) I am assessed may need to be modified to reflect those changes. I further understand that, whenever possible, I will be informed of those changes as the need for them becomes apparent.

---

**Student:** Susan Schlussler  
**Instructor:** Susan Schlussler  
**Consultant:**

---

A-7
## Provider Co-Assignment

![Provider Assignments]

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<thead>
<tr>
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<td>Schlutzie, President</td>
<td>09/13/2010</td>
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<td>51200</td>
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## Outcomes of Care Quality Review & Assessment

### Student Self-Assessment

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<th>Answer Type</th>
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<tr>
<td><strong>Areas of Evaluation</strong></td>
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</tr>
<tr>
<td>1. Appropriate sequenced treatment plan followed:</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>2. All planned treatment completed:</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>3. Patient’s pre-treatment concerns addressed:</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>4. Restorations/prostheses clinically acceptable:</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>5. Occlusion stable:</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>6. Free of pathology requiring treatment:</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>7. Periodontal health stable:</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>8. Oral hygiene acceptable:</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>9. Oral health improved:</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>10. Patient expresses awareness of their oral disease risk:</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>11. Patient understands their preventive protocol including recall exam frequency.</td>
<td>Yes/NO</td>
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## Faculty Assessment

<table>
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<tr>
<td>1. Appropriate sequenced treatment plan followed:</td>
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<td>3. Patient’s pre-treatment concerns addressed:</td>
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<td>4. Restorations/prostheses clinically acceptable:</td>
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<td>8. Oral hygiene acceptable:</td>
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<td>9. Oral health improved:</td>
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<td>10. Patient expresses awareness of their oral disease risk:</td>
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<td>11. Patient understands their preventive protocol including recall exam frequency.</td>
<td>Yes/NO</td>
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<tr>
<td>12. All responses completed:</td>
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If there are any “N” responses, a plan for management must be recorded.

Faculty name: Text
Outcomes of Care Competency
### Patient Recalls

**Patient:** Test, Dexter  
**Recall Code:** 6M  
**Recall Type:** YEAR3  
**Status:** ACTIVE  
**Provider:**  
**Clinic:** Year III - General  
**Comment:** 6 Month Recall

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Number of Patients: 15
Total Patients Flagged: 0
Flagged Patients with Reasons or Recalls: 0
Actual Patients Flagged: 0
Percent Patients Flagged: 0%
Total Possible Flags: 45
Treatment Flags: 0
Exam Flags: 0
Radiology Flags: 0
Total Flags: 0
Percent Flagged: 0%
August 08, 2012

Dad Test
41 Mason Ave
Babylon NY 11702

Re: Sara Test – 23

Dear Dad Test,

In accordance with your request, we have removed your name from our active patient roster. Should you wish to resume treatment at the Dental Care Center in the future, our policy allows you to return to active status within one year, and if possible, continue with your last clinical provider. After one year, however, you must schedule an appointment for a new screening examination.

It has been a pleasure serving you and we wish you the very best in your future health care needs. If we may be of assistance to you, please contact us at the number below.

Sincerely,

Susan(not used) Schlussler

Georgios E. Romanos, DDS, PhD, Prof. Dr. med. dent.
Professor and Associate Dean for Clinical Affairs
August 08, 2012

Dad Test
41 Mason Ave
Babylon NY 11702

Re: Sara Test – 23

Dear Dad Test,

We have been unsuccessful at contacting you by telephone to schedule an appointment for treatment at the Dental Care Center.

If you would like to continue receiving treatment at the Dental Care Center, please call the phone number below, Monday through Friday, 9:00 am–4:30 pm to schedule an appointment.

If we do not receive a response from you within two weeks, we will assume that you do not wish to continue treatment at the Dental Care Center, and you will be removed from our active patient roster. Should you wish to resume treatment at the Dental Care Center in the future, our policy allows you to return to active status within one year, and if possible, continue with your last clinical provider. After one year, however, you must schedule an appointment for a new screening examination.

It has been a pleasure serving you and we look forward to attending to your oral healthcare needs in the future.

Thank You

Sincerely,

Susan(not used) Schlussler

Georgios E. Romanos, DDS, PhD, Prof. Dr. med. dent.
Professor and Associate Dean for Clinical Affairs

State University of New York at Stony Brook
Stony Brook, New York 11794-8700

A-13
August 08, 2012

Dad Test
41 Mason Ave
Babylon NY 11702

Re: Sara Test - 23

Dear Dad Test,

We are writing this letter out of concern for your oral health, as we have been unsuccessful at contacting you by telephone or by mail.

Our concern is that you have been wearing a temporary bridge or crown for an extended period of time. If temporaries are left in place too long, dental decay may develop on the supporting teeth. This may lead to the loss of these teeth.

At this time, we must assume that you are receiving care from another provider, and wish to be dropped from our active patient roster. Our providers will be available to attend to any dental emergencies related to treatment that you have received at the Dental Care Center, for a period not to exceed 30 days from the date of this letter. You will be charged our customary fees for these services.

Should you wish to resume treatment at the Dental Care Center in the future, our policy allows you to return to active status within one year, and if possible, continue with your last clinical provider. After one year, however, you must schedule an appointment for a new screening examination.

If you have any questions regarding this matter, please do not hesitate to call .

Sincerely,

Susan(not used) Schlussler

Georgios E. Romanos, DDS, PhD, Prof. Dr. med. dent.
Professor and Associate Dean for Clinical Affairs

State University of New York at Stony Brook
Stony Brook, New York 11794-8700
A-13a
August 08, 2012

Dad Test
41 Mason Ave
Babylon NY 11702

Re: Sara Test – 23

Dear Dad Test,

The Dental Care Center at the Stony Brook University School of Dental Medicine is committed to providing outstanding oral health care services to its patients. It is imperative for patients to participate and cooperate in their treatment, so that this goal may be met. It has been determined that your lack of cooperation with recommendations and/or policies of the Dental Care Center may compromise your oral health. Therefore, the Dental Care Center will no longer be able to provide oral health care services to you.

You are advised to seek care from another oral health care provider as soon as possible. It is suggested that you consult the telephone directory or the Suffolk County Dental Society for a referral to another provider.

Our providers will be available to attend to any dental emergencies related to treatment that you have received at the Dental Care Center, for a period not to exceed 30 days from the date of this letter. You will be charged our customary fees for these services.

With your authorization, and the payment of a nominal fee, we will be pleased to send copies of your dental records to your new provider.

The Dental Care Center wishes you the very best in your future health care needs. If you have any questions regarding this matter, please call the Dental Care Center at the number below.

Thank You

Sincerely,

Georgios E. Romanos, DDS, PhD, Prof. Dr. med. dent.
Professor and Associate Dean for Clinical Affairs
August 08, 2012

Dad Test
41 Mason Ave
Babylon NY 11702

Re: Sara Test

Dear Dad Test,

You were informed at your last appointment that a medical consultation from your physician is required prior to commencing treatment at the Dental Care Center. To date, we have not received this consultation from your physician.

If we do not receive the completed medical consultation or a response from you within two weeks, we will assume that you do not wish to continue treatment at the Dental Care Center, and you will be removed from our active patient roster. Should you wish to resume treatment at the Dental Care Center in the future, our policy allows you to return to active status within one year, and if possible, continue with your last clinical provider. After one year, however, you must schedule an appointment for a new screening examination.

It has been a pleasure serving you and we look forward to attending to your oral health care needs in the future. Please call (631) 632-9710 should you have any questions regarding this matter.

Thank You

Georgios E. Romanos, DDS, PhD, Prof. Dr. med. dent.
Professor and Associate Dean for Clinical Affairs
REQUEST FOR MEDICAL CONSULTATION AND RESPONSE

The above patient has presented to the School of Dental Medicine for dental care. We request from you the following information so that we may proceed with treatment in light of the patient’s medical status. Thank you for your cooperation.

Reason for Request: (indicate relevant clinic)

Examination/Consultation:

Physician’s Name: ___________________________ Signature: ___________________________
Date: ___________________________ Telephone and/or Beeper: ___________________________
Address: ____________________________________________________________________________

Patient authorization for Medical Consultation:

_____________________________________________________

Student Schlussler

Faculty Signature: ___________________________ Department: ___________________________
August 08, 2012

Re: Absenteeism of Sara Test – 23

To Whom it May Concern,

Please be advised that Sara Test received dental treatment today at the School of Dental Medicine.

Sincerely,

Susan(not used) Schlussler

Georgios E. Romanos, DDS, PhD, Prof. Dr. med. dent.
Professor and Associate Dean for Clinical Affairs

State University of New York at Stony Brook
Stony Brook, New York 11794-8700
August 08, 2012

Dad Test
41 Mason Ave
Babylon, NY 11702

Re: Sara Test – 23

Dear Dad Test,

Our files show that Sara Test is due for a recall. Please call the Year 4 Program at (631) 632-7635 / 632-7435 / 632-6925 to schedule a recall appointment.

Thank You

Susan (not used) Schlussler

Georgios E. Romanos, DDS, PhD, Prof. Dr. med. dent.
Professor and Associate Dean for Clinical Affairs
Sedation/General Anesthesia

Patient: Brett Test - 15

Date: 8/20/2008

Nitrous Request Form

Date
Resident/Student Name:
Date of Procedure

FOR DISPENSARY USE ONLY

Sign Out Date
Sign Out Time
Dispensed By
Return Date
Return Time
Received By
Printed:
Nitrous Oxide Sampling
This form must be completed for each Nitrous Oxide badge.

Date: ________________

Location: (circle one)
☐ Oral Surgery - Room C D F G
☐ Main Clinic
Bay A B C D E F G H
Cubical 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
☐ Faculty Practice
Operator B C D E F G H I J K L

Scavenging Equipment ID: __________________________________________

Kem Medical Badge Number: ________________________________________

Name of Person Wearing Badge: _____________________________________

SSN: ___________________________ Job Title: ___________________________

Name of Assistant: _________________________________________________

Procedure: _______________________________________________________

% Nitrous Oxide Used: _______________________________________________

Time Badge Opened: ________________ Time Badge Closed: ______________

Supervising Faculty Provider No: ________________________________ Date ______________

For personal monitoring, use the clip to attach monitor to your lapel. The badge samples the amount of Nitrous Oxide in your breathing zone.

To be completed when sampling results are received:

Sampling Time (hr.s) _______________________________________________

Vapor Concentration (ppm) for Time Sampled: __________________________

Above the NIOSH 50 ppm Standard? YES NO

Vapor Concentration (ppm) for 8 Hour Day: __________________________
(Assumes no other nitrous oxide exposure during the day)

Above the ACGIH 50 ppm 8 hr. TWA? YES NO

Faculty/Staff/Student Signature: _______________________________________

Record the names on the back of this form for all other Dental School Personnel involved in this procedure, whether or not they were wearing a nitrous oxide monitoring badge.
Patient Name: Brett, Test
Chart #: 15

You may wish to have NITROUS OXIDE ANALGESIA administered during your dental procedure. Use of nitrous oxide requires that we obtain your consent.

Nitrous Oxide Analgesia is administered to make you relaxed and somewhat less aware of your surroundings, as well as less responsive to minor discomfort, and you may or may not recall much of the procedure. Nitrous oxide is breathed through a nasal mask and after a state of relaxation is reached, local anesthesia may be administered for your procedure.

Please be aware of the following:
1. Nitrous oxide has few lasting effects, and you usually may drive safely after a fairly brief recovery time, however this may be prolonged, requiring you to remain in the clinic for some time after treatment. Rarely, you may be unable to drive home alone.
2. Although unlikely, you may experience nausea and/or vomiting.
3. Although unlikely, you may experience transient disorientation or dizziness.

I understand that the use of nitrous oxide, although usually safe and without lasting consequences, may effect me differently. I am prepared to deal with any undesirable side effects of nitrous oxide and understand that those possibilities listed above, as well as others not considered, may occur. I agree to the use of Nitrous Oxide during my planned procedure.

Authorized Signature: ______________________________________ Date: ______________________________________
Authorized Name: ______________________________________ Relationship: ____________________________
DENTAL CHART
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<th>Provider</th>
<th>User</th>
<th>Code</th>
<th>Site</th>
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<th>Seq</th>
<th>Description</th>
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<td>4 D</td>
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<td>12 M</td>
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<td>Caries (Virgin)</td>
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INITIAL EXAM NOTE
PATIENT PRESENTS FOR INITIAL EXAM.
MEDICAL HISTORY: Within normal limits
MEDICATIONS: None
HEAD AND NECK EXAMINATION: WNL
RESTORATIVE FINDINGS: Caries
PERIODONTAL FINDINGS: Mild periodontitis
RADIOGRAPHIC / FINDINGS: Caries and mild bone loss
SPECIALTY CONSULTATIONS: Periodontal consult
TREATMENT PLAN STATUS: Periodontal and restorative treatment plan complete
TREATMENT AT THIS VISIT: Examination
ADDITIONAL COMMENTS: None
MANAGEMENT (DCDD & PHOBIC): N/A
NEXT APPOINTMENT: Scaling and Root Planing

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|          |             | - 3I Straight  
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A-26
## IMPLAN - Implant & Regenerative
### Dental Implant Tx Plan

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| Lot # | Text |
**IMPLANT RESTORATION LOG**

**GENERAL TREATMENT PARAMETERS**

Region of Mouth
- Maxilla
- Mandible
- Upper Right
- Upper Anterior
- Upper Left
- Lower Left
- Lower Anterior
- Lower Right
- Single Tooth
- Fixed Bridge
- Full Arch Fixed Bridge
- Full Arch Fixed-Detachable
- Partial Arch Fixed-Detachable
- Full Arch Removable
- Partial Arch Removable

**SPECIFIC CASE DESIGN**

SITE
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
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- 16
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Patient Consent Form for Implant, Bone and Sinus Graft Surgery

I have been fully informed of the nature of root form implant surgery, and graft surgery (including bone and sinus graft surgery), the procedures to be utilized, the risks and benefits of the surgeries, the alternative treatments available, and the necessity for follow-up care and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of dental implant surgery, graft surgery, and/or sinus surgery, as presented to me during consultation and in the treatment plan presentation as described in my record.

I also consent to use of an alternative implant treatment plan or method if clinical conditions are found to be unfavorable for the implant plan that has been described to me. If clinical conditions prevent the placement of implants, I defer to my dentist's judgement on the surgical management of that situation. I also give my permission to receive supplemental bone grafts or other types of grafts (including sinus grafts) to build up the ridge of my jaw and thereby to assist in placement and security of my implants.

I have been informed of the possible risks and complications involved with surgery, drugs and anesthesia. Such complications may include but not be limited to pain, swelling, infection and discoloration. Dysaesthesia or paraesthesia may occur which may include but not be limited to abnormal skin sensations such as numbness, burning, prickling, itching or tingling of the lip, tongue, chin or cheek. The exact duration of these risks may not be determinable and may be irreversible. Other possible effects are inflammation of a vein, injury to teeth, bone fractures, sinus penetration, delayed healing and allergic reactions to drugs or medications used.

Dental Implant Restoration

I understand that there are several ways to replace my missing or compromised teeth and these treatment options have been discussed with me. I have decided to receive dental implants.

I understand that I may require a temporary interim restoration and that it is not my final restoration. The interim restoration may have a different design and will have a separate fee. I understand that the design of the final restoration, whether it is a denture or crown, may be different due to the outcome of the dental implant placement surgery.

I understand that the design of the final restoration, whether it is a denture or crown, depends on the dental implant positions, type of dental implants used, and the surgical outcome of dental implant placement.

I understand dental implant restorations are to replace missing teeth and to provide function that approximates natural teeth. I understand that dental implant crowns are frequently different from natural teeth. They may be longer, they may be in a different position, and there may be spaces between the crowns that the gums don’t fill. In some cases a “gum-like plastic” colored material may be needed to fill the gaps between teeth (crowns) and the gum (ridge). This simulated gum tissue may not match the gum.

It has been explained to me and I understand that dental implant restorations require proper daily oral hygiene and routine examination and maintenance at least every 3-6 months. I understand there will be fees associated with the maintenance of my restoration, including but not limited to: reline procedures for removable prosthesis, periodontal maintenance or treatment, replacement of attachments, plastic inserts and screws.

I certify that I have read and fully understand this document.

I hereby give consent to Dr. (s) _____ and colleagues to perform the necessary treatment.

Authorized Signature: _______________________________ Date: _____________________

IMPLANT SURGICAL CONSENT

A-31-32
Patient Name: Brett Test

Chart #: 15

I, Brett Test, authorize the students and/or faculty of the School of Dental Medicine to provide treatment for the following condition(s):

The treatment (procedure) to be performed will be:

My condition and planned treatment have been explained to me.

I have been made aware of the following risks and consequences that could be associated with this procedure:

   Bleeding, Infection, Swelling, Discomfort, Bruising

________________________________________________________________________

I acknowledge that I received no guarantees concerning the results of the procedure(s), and that all my questions have been answered. I understand that the replacement of extracted teeth is not the responsibility of the dental school. I consent to the administration of local anesthetic agents as indicated and necessary.

I have been informed of the possible risks and complications involved with surgery, drugs and anesthesia. Such complications may include but not be limited to pain, swelling, infection and discoloration. Dyseaesthesia or paraesthesia may occur which may include but not be limited to abnormal skin sensations such as numbness, burning, prickling, itching or tingling of the lip, tongue, chin or cheek. The exact duration of these risks may not be determinable and may be irreversible. Other possible effects are inflammation of a vein, injury to teeth, bone fractures, sinus penetration, delayed healing and allergic reactions to drugs or medications used.

Authorized Signature: ___________________________ Date: ________________

Authorized Name: __________________________________________________________________________________________

Authorized Relationship: ______________________________________________________________________________________

Witness: ___________________________ Date: ______________________

Attending: ___________________________ Date: ______________________
Brett Test authorized the performance of the following procedure: Non-Surgical Root Canal which has been explained to me.

The procedure(s) will be completed on Tooth # __________

I am aware of the following risks that may be encountered during and following the procedure:
1. Those risks include the possibility of instruments broken within the root canals, perforation/s (extra openings) of the crown or root of the tooth: damage to bridges, existing fillings, crowns, fracture of porcelain, loss of tooth structure in obtaining access to the canals, and cracked teeth.
2. These complications include: swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, which is transient but on rare occasions may be permanent reaction to injections, changes in occlusion (the bite), jaw muscle cramps and spasms, Tempromandibular joint (TMJ) difficulty, loosening of teeth, referred pain to the ear, neck and neck, nausea, vomiting, allergic reactions, delayed healing, sinus perforations and treatment failure.
3. If the tooth does not respond to treatment extraction and a replacement may be required.
4. I acknowledge that I have received no guarantees about the benefits or results of the procedure(s), and all my questions have been answered.
5. I understand that after the completion of root canal therapy, it is essential that I return to my general dentist to have the temporary filling replaced with a permanent restoration in a timely manner.

Restoration of the tooth is not part of the root canal fee.

______________________________          ______________________
Signature of Patient or Guardian          Date

______________________________
Student

Note: If patient is under 18 years of age the signature of a parent or guardian is required.
Patient Name: Brett, Test
Chart #: 15

I consent to the administration of moderate enteral (oral) sedation with or without nitrous oxide by , a resident in the Pediatric Dental Residency Program under the supervision of his/her attending dentist.

Oral sedation will allow your child to better tolerate necessary dental care. Oral sedation will create drowsiness, but not deep sleep or unconsciousness. Oral sedation has limitations and risks and absolute success cannot be guaranteed. Protective stabilization may still be required.

Alternatives to this procedure have been fully discussed and explained by the dentist and include 1) no treatment, 2) local anesthesia alone, 3) local anesthesia with nitrous oxide, 4) local anesthesia with protective stabilization, 5) IV general/OR general anesthesia.

Side effects/risks of moderate enteral (oral) sedation include but are not limited to vomiting, inadequate breathing requiring assistance or resuscitation, and allergy to medication.

I have had an opportunity to ask questions and agree to oral sedation.

Signature:

__________________________________________
Patient Name: Brett, Test
Chart #: 15

**Implant Patient Surgery Information**

**Diagnosis.** After a careful oral examination, a review of radiographs and study of my dental condition, my periodontist/resident/student dentist advised me that my missing tooth or teeth may be replaced with artificial teeth supported by an implant or implants.

**Recommended Treatment.** I have been presented with the following options for treatment:

1. No treatment.
2. A new bridge or removable denture.
3. Placement of titanium implant fixtures into the existing bone of the jaw which will be used to support new restorations, fixed bridgework, or a removable denture.

I have selected the option of placement of implant(s) into the existing bone of the jaw. I am aware of the benefits and have been informed of the surgical and prosthodontic procedures, and the risks involved.

**Surgical Phase of Procedure.** I understand that sedation may be utilized and that a local anesthetic will be administered to me as part of the treatment. My gum tissue will be opened to expose the bone. Implants will be placed by tapping or threading them into holes that have been drilled in my jawbone. The implants will have to be snugly fitted and held tightly in place during the healing phase.

Unless restored at the time of placement, the gum and soft tissue will be stitched closed over or around the implants. A periodontal bandage or dressing may be placed. Healing will be allowed to proceed for a period of weeks to several months. I understand that under some circumstances dentures may not be worn during the first one to two weeks of the healing phase.

I further understand that if clinical conditions turn out to be unfavorable for the use of or prevent the placement of implants, my dentist will make a professional judgement on the management of the situation. The procedure also may involve supplemental bone grafts/substitutes or other types of grafts to build up the ridge of my jaw and thereby to assist in placement, closure, and security of my implants. This may also include the placement of bone grafts/substitutes and synthetic bone grafts into the maxillary sinuses to increase the height and width of bone for the appropriate insertion of implants for use as "back" teeth.

After the surgery, there may be pain, swelling, discoloration (black and blue) of the skin, and numbness or altered sensation in the lip and general region of the surgery. If sinus grafts are used there may be nose bleeds and a nasal drip.
I also understand that due to the invasive nature of the implant surgery, including the possible need for bone grafts and sinus surgery, and need for post-operative visits, that no unnecessary travel, including plane trips, is to be done within one month of the surgical date.

**Post-Operative Exam.** Post-operative examination will be required at regular intervals. For example:

- First to third day after surgery
- First and second week after surgery
- Every two or three weeks after surgery for three months and every three months until surgical exposure of the implants

* Certain situations may require more/less frequent visits.

Post-operative examination will include:

a) visual inspection of gingival tissue.

b) palpation of the fixture for mobility and tenderness.

c) periodontal tissue evaluation with respect to inflammation.

d) biopsy of gingival tissue, if indicated.

e) x-rays, if indicated.

**Post-Operative Complications.** Some problems that may occur are: bleeding, pain around the implant abutment fixtures, swelling, altered sensation and numbness, loosening of the implant fixture, infection, phobia, or change of mind by the patient. Pain, tingling and loss of sensation may occur when the implants are placed in the back of the lower jaw. In rare situations this altered or loss of sensation may occur when implants are placed in the upper jaw. In addition, the altered loss of sensation may be permanent.

**Prognosis.** While the prognosis is favorable at this time, the results cannot be guaranteed since unforeseen changes in the bone and soft tissue may occur which may require removal of the implant fixture. If an implant fixture does not join properly with the bone, it will be necessary to remove the implant in question. Upon removal of an implant, there may be loss of bone at the site that may require additional surgical procedure(s) to correct the problem. Depending on the nature and extent of the problem, these surgical procedures may have complications.

**Second Surgical Procedure.** For implants requiring a second surgical procedure, the overlaying tissues will be opened at the appropriate time, and the stability of the implant will be verified. If the implant appears satisfactory, an attachment will be connected to the implants. Plans and procedures to create an implant crown/bridge/denture can then begin.

**Prosthetic Phase of Procedure.** I understand that at this point I will be referred back to my dentist or to a prosthodontist. This phase is just as important as the surgical phase for the long-term success of the oral reconstruction. During this phase, an implant prosthetic device will be attached to the implant. This procedure should be performed by a person trained in the prosthetic protocol for the root form implant system.

**Expected Benefits.** The purpose of dental implants is to allow me to have more functional artificial teeth. The implants provide support, anchorage, and retention for these teeth.
Principal Risks and Complications. I understand that some patients do not respond successfully to dental implants, and in such cases, the implant may be lost. Implant surgery may not be successful in providing artificial teeth. Because each patient's condition is unique, long-term success may not occur.

I understand that complications may result from the implant surgery, drugs, and anesthetics. These complications include, but are not limited to, post-surgical infection, bleeding, swelling and pain, altered sensation, facial discoloration, transient but on occasion permanent numbness of the lip, tongue, teeth, chin or gum, jaw joint injuries or associated muscle spasm, transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, shrinkage of the gum upon healing resulting in elongation of some teeth and greater spaces between some teeth, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, impact on speech, allergic reactions, injury to teeth, removal of teeth, bone fractures, nasal sinus penetrations, delayed healing, and accidental swallowing of foreign matter. The exact duration of any complications cannot be determined, and they may be irreversible.

I understand that the design and structure of the prosthetic appliance can be a substantial factor in the success or failure of the implant. I further understand that alterations made on the artificial appliance or the implant can lead to loss of the appliance or implant. This loss would be the sole responsibility of the person making such alterations. I am advised that the connection between the implant and the bone may fail and that it may become necessary to remove the implant. This can happen in the preliminary phase, during the initial integration of the implant to the bone, or at any time thereafter.

Necessary Follow-Up Care and Self-Care. I understand that it is important for me to continue to see my dentist or prosthodontist. Implants, natural teeth and appliances have to be maintained daily in a clean, hygienic manner. Implants and appliances must also be examined periodically and may need to be adjusted. I understand that it is important for me to abide by the specific prescriptions given by my periodontist.

No Warranty Or Guarantee. I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. Due to individual patient differences, a periodontist cannot predict certainty of success. There exists the risk of failure, relapse, additional treatment, or worsening of my present condition, including the possible loss of certain teeth, despite the best of care.

Publication of Records. I authorize photos, slides, x-rays or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and for educational purposes. My identity will not be revealed to the general public, however, without my permission.
Patient Name: Brett, Test
Chart #: 15

Implant Patient Surgery Post-Op Information

The following information has been prepared to help answer the many questions which you may have regarding the operation which has just been performed. Please read the instructions carefully. Our experience has shown them to be very helpful.

1. When the anesthesia wears off, you are to expect some pain and discomfort in the region of the surgery. If you do experience any pain, take two acetaminophen tablets (e.g., Tylenol). This may be repeated after three hours, if necessary. If, however, you have been given a prescription, or other medication, take as directed in place of the acetaminophen tablets. An antibiotic, such as doxycycline or penicillin, is usually prescribed to prevent infection. Please advise us if you are allergic to these or any other drugs.

2. In some cases, swelling is to be expected. Where ice packs have been recommended for swelling, use on the outside of the face every other 15 minute interval today. If possible, an elevated head rest (an extra pillow) should be used during the first two nights after the operation, to reduce swelling on the operated areas.

3. There may be occasional blood stains in the saliva for the four to five hours after the operation. This is not unusual and will correct itself. If there is considerable bleeding beyond this, take a piece of sterile gauze and form it into the shape of a "U" and hold it under gentle pressure for twenty minutes. Repeat if necessary. Do not remove it during this period to examine it. Under no conditions should rinsing be used to try to stop the bleeding! If the bleeding does not stop, you should call the office at 632-8955/8895 for proper attention. In addition, you may note blood stains on your pillow for the first few mornings after the surgery. Do not be alarmed, as this is a result of rubbing your tongue over the wound while sleeping.

4. You should not rinse today. Beginning tomorrow, you are to rinse twice a day, as directed, with the prescribed mouthrinse, chlorhexidine (e.g., Peridex) for the first 2 weeks after the surgery.

5. If there are teeth present in other areas of your mouth, clean them with your toothbrush, as you usually do. However, avoid contact with the surgical wound.

6. If you have removable denture appliances, they may not be worn for approximately two weeks after the surgery, and only after refitting adjustments (relining) have been made. Insertion of dentures too early may jeopardize a successful healing process.

7. You should be on a soft or liquid diet during the first week after surgery in order to avoid inadvertent food particles contaminating the wound. Avoid seeded foods until after the sutures have been removed, which is usually one week after surgery. Smoking and consumption of alcoholic beverages should be avoided during this time period.

8. If you are in doubt or if there is any sign whatsoever of a disorder or problem related to the healing of the implant areas, you are to call the office. the office numbers are 632-8955 or 632-8895.

Authorized Signature: ____________________________ Date: ________________
INCIDENT REPORT

Date of incident_________________________ Time of incident____________________ AM  PM

Name of person______________________________________________________________

Patient   Student   Staff   Faculty   Visitor   Other_________

Date of birth_________________________ Male   Female

Was the incident related to treatment in any way?    Yes    No

Individual who provided treatment at the time of the incident______________________________

Position at School of Dental Medicine__________________________________________

If student, name of supervising faculty__________________________________________

Description of incident by first person at the scene (facts only, if injury give exact location on body and full description).______________________________________________________________

______________________________________________________________

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VITAL SIGNS

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Accucheck__________________________________

Continued on other side
Remarks by faculty or staff member(s) ____________________________________________

___________________________________________________________

___________________________________________________________

Position ____________________ Signature _______________________

Actions taken __________________________________________________

___________________________________________________________

EMS notified   Yes  No  IV started   Yes  No
Meds given     Yes  No  IV site     Yes  No

Witness(es)

Name ____________________ Name ____________________
Address ____________________ Address ____________________

Phone ____________________ Phone ____________________

Disposition (if incident was related in any way to treatment, this section must be completed by
the faculty/and or hospital Attending who supervised the treatment of the patient.
If incident was not related in any manner to treatment, it may be completed by anyone)

___________________________________________________________

___________________________________________________________

___________________________________________________________

Position ____________________ Signature _______________________

Date of report ________________ Person preparing report ________________

Position ____________________ Signature _______________________

Attach additional pages as needed
Attention: This form contains information relating to employee health and MUST be used in a manner that protects the confidentiality of employees.

SECTION 1. EMPLOYEE INFORMATION: TO BE COMPLETED BY EMPLOYEE AND/OR SUPERVISOR

Last name: ___________________________ First name: ___________________________ Home phone: ___________________________

Home address: ___________________________ City: ___________________________ State: ___________ Zip: ___________

Date of birth: ___________ Gender: □ Male □ Female Employee’s SSN: ___________________________ ARS incident #: ___________________________

Job title: ___________________________ Employee’s ID #: ___________________________ Date of hire: ___________________________

Employee’s department: ___________________________ Work phone: ___________________________ Worker’s compensation case/file #: ___________________________ Employee’s work shift: [ ] AM [ ] PM

SECTION 2. INJURY/ILLNESS INFORMATION: TO BE COMPLETED BY EMPLOYEE AND/OR SUPERVISOR

Date of injury or illness: ___________________________ Time of injury or illness: ___________________________ [ ] AM [ ] PM

Location of injury or illness (bldg/area): ___________________________

Specific location of injury or illness (room, stairwell, etc.): ___________________________

Did the employee seek medical attention? □ Yes □ No Did the employee remain on duty? □ Yes □ No

Date employee stopped work because of this injury or illness: ___________________________ Date employee returned to duty: ___________________________

What happened? Tell us how the injury occurred. (Example: "The ladder slipped on wet floor and I fell to the floor 20 feet below landing on my right side").

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

What was the injury or illness? Tell us the part of the body that was affected and the nature of the injury/illness (how it was affected); be more specific than “hurt”, “pain”, or “sore” (Example: "Contusion to right shoulder, elbow and knee").

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Illness Cases Only □ Check this box if the employee independently and voluntarily requests that his or her name NOT be entered on the injury/illness log. If this box is checked, treat as a privacy concern case.

Name (Print): ___________________________ Signature: ___________________________ Date: ___________________________
SECTION 3. MEDICAL INFORMATION: TO BE COMPLETED BY EMPLOYEE, SUPERVISOR AND/OR MEDICAL PROVIDER

Type/nature of injury:
☐ Amputation  ☐ Burn (chemical)  ☐ Burn (heat)  ☐ Chest pain  ☐ Contaminated sharp
☐ Contusion/bruise  ☐ Cut/laceration – sutures  ☐ Cut/laceration – no sutures  ☐ Dislocation  ☐ Exposure (Biological)
☐ Exposure (Chemical)  ☐ Fracture  ☐ Hemia/rupture  ☐ Loss of consciousness  ☐ Poisoning
☐ Puncture  ☐ Sprain/strain  ☐ Other

Type of medical treatment given:
☐ First aid only (i.e., non-prescription strength medications, band-aids, eye patches, immobilization devises, etc.).
☐ X-ray  Was a prescription (Rx) prescribed or dispensed?  ☐ Yes  ☐ No  If yes, what medication ________________
Date of visit: ________________  Time of visit: ________________  ☐ AM  ☐ PM  Body part affected: ________________
Medical treatment provided (Print legibly):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Location where treatment was rendered:  ☐ Stony Brook ED  ☐ Employee Health  ☐ Clinic  ☐ Other ________________
Was the employee hospitalized?  ☐ Yes  ☐ No  If the employee expired, provide date: ________________ time: ________________  ☐ AM  ☐ PM
Medical facility name: ________________ Phone: ________________
Medical facility address: ________________  State: ________________  Zip: ________________
Are you (the employee) able to return to work?  ☐ yes  ☐ No  If no, for how many days: ________________
Name (Print): ________________  Signature: ________________ Date: ________________

SECTION 4. WITNESS STATEMENT/SUPERVISOR INJURY OR ILLNESS INVESTIGATION STATEMENT

Statement of witness:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name (Print): ________________  Signature: ________________ Date: ________________

Supervisor's Injury or Illness investigation statement: (Provide confirmation of the incident to the extent possible, cause(s) and corrective actions to be taken). Did the supervisor see the injury happen?  ☐ Yes  ☐ No
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name (Print): ________________  Signature: ________________ Date: ________________

SUSB3019 (09/10)  Pages 2 of 3  www.stonybrook.edu/hr  A-39-40
NOTE: This report contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Any employee who files a false report will be subject to the appropriate administrative action including disciplinary action pursuant to the applicable collective bargaining unit.

EMPLOYEE INSTRUCTIONS:

1. Report your injury or illness to your direct supervisor or their designee immediately.

2. Get medical attention if needed. Report to the University Hospital Emergency Department (ED) during off hours or in a life-threatening emergency, and inform them that your injury is work-related.

3. The employee, employee's supervisor, University Hospital Emergency Department (ED) and/or your private medical provider are responsible for completing their section(s) of this report. If you have not received medical attention at this time, this must be noted on the report. NOTE: If medical attention is sought at a later date, documentation must be provided from your private medical provider to Human Resource Services, Time and Attendance z=0751. Human Resource Services, Time and Attendance will notify Environmental Health and Safety (EH&S), z=6200 for OSHA/PESH recordkeeping purposes.

4. The employee must call the NYS Accident Reporting System (ARS) at 888-800-0029 to report the incident and receive an ARS incident number. The ARS incident number must be added to the report.

5. All occupational injuries or illnesses that occur to employees while on duty must be promptly reported by the employee to fulfill legal reporting requirements under the NYS Workers' Compensation Laws, the Occupational Safety and Health Administration (OSHA), and the Public Employee Safety and Health Bureau (PESH).

6. Complete this report within 24 hours after a work-related injury or illness. Return the completed report to your supervisor or designee for proper distribution.

7. Supervisors are required to perform an investigation of the injury or illness to determine the root cause(s) and their corrective action(s) to be taken to prevent the incident from being repeated. This information must be provided in the Supervisors Statement section of the report.

8. The Employee Injury/Illness Incident Report must be completed in its entirety and signed legibly.

9. If the employee was exposed to a hazardous material or a bloodborne pathogen (BBP) the employee must be evaluated by the Department of Occupational and Environmental Medicine or the University Hospital Emergency Department (ED); however, the employee is not required to accept treatment. If the injury involves a BBP they must be evaluated within 2 hours of the injury.

10. Notify your direct supervisor or their designee and Human Resources Services, Time and Attendance if your private medical provider extends the off-duty time beyond the time authorized by the Department of Occupational and Environmental Medicine or the University Hospital Emergency Department (ED).

11. If subsequent medical attention is received, documentation must be provided from your private medical provider to Human Resources Services, Time and Attendance. The note from your private medical provider should contain a diagnosis code, prognosis, and estimated date of return.

Important: Promptly completing all of the above steps for reporting your work related injury/illness will ensure payment of all your compensable medical bills and lost work time. In order for the New York State Insurance Fund to evaluate your case for payment of your Workers' Compensation wage replacement benefits and medical bills they need to have a copy of your injury/illness report from your employer, ARS notification, and a medical report from a physician indicating your disability is due to your job-related injury.

Distribution:
Human Resources Services, Time and Attendance, 390 Administration Bldg. z=0751
Environmental Health & Safety, 110 Suffolk Hall z=6200

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A-39-40
Counseling rendered: ___________________________  Date: ___________________________

Orders:  
Pre-vaccination Titer:  
Hepatitis B Vaccination #1  
Hepatitis B Vaccination #2  
Hepatitis B Vaccination #3  
Post-Vaccination Titer  

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Hepatitis B Vaccine Declination

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

__________________________  ____________________________
Print Name  Signature
Stony Brook University
School of Dental Medicine

Health & Safety
Policy

POST EXPOSURE INCIDENT PLAN
POST EXPOSURE INCIDENT PLAN

The Stony Brook Preventive Medicine’s medical surveillance program will document all circumstances of each clinical faculty, staff, pre-doctoral and graduate students that are exposed to a Blood-Borne Pathogen. Relevant information includes route(s) of exposure, the activity in which the worker was engaged at the time of exposure, Hepatitis B vaccine status, the extent to which the appropriate work practices and protective equipment were used and a description of the source exposure shall be recorded. All reporting responsibilities under federal and state laws will be performed and submitted to the Associate Dean for Clinic or designee. Once an exposure has occurred, if the source is identified, the Associate Dean for Clinics/designee will be notified and is required to order a hepatitis panel and must request HIV testing from the source individual. The SDM Dental Care Center supervising clinical faculty/administration will be responsible for ordering HIV testing, providing HIV counseling, and will obtain written consent for an HIV test and written consent to release HIV test results to Stony Brook Preventive Medicine. If consent is not obtained, the Dental Care Center Administration/supervising clinical faculty must establish and provide a statement that legally required consent cannot be obtained. This statement will be placed in the individual’s medical record which is housed at Stony Brook Preventive Medicine. The identification of the source patient will be referred to by the dental record number only, and the source patient will not be referred to by name in the exposed individual’s medical record. Pre-test counseling, post-test counseling, and referral for evaluation and treatment will be provided to the source by Stony Brook Preventive Medicine by the attending physician or designee. Results of the source individual’s testing shall be made available to the exposed individual, and the individual shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. The clinical faculty, staff, pre-doctoral and graduate students blood shall be collected and tested as soon as possible after consent is obtained. If baseline blood is drawn, but the clinical faculty, staff, pre-doctoral and graduate students does not consent for HIV testing, the sample shall be preserved for at least 90 days. Since Stony Brook Preventive Medicine follows the CDC guidelines, only the following blood-borne pathogens will be tested on exposed individuals; HIV, Hepatitis B, and Hepatitis C.

Definition of Exposure: any incident in which an individual has been exposed to possible infectious material, such as blood or saliva, through mucosal contact (mouth, eyes or nose), or that may have entered through the individuals skin as the result of a puncture by a sharp or pointed instrument or scrape, that results in bleeding, from the instrument or device used in the patients mouth.

NOTE: All that takes place related to an exposure incident and any follow up is to remain confidential.

Hepatitis B:
If an exposed individual is unvaccinated for Hepatitis B and is exposed to a source individual that is known or suspected to be positive for Hepatitis B surface antigen, then this individual should receive Hepatitis B Immune Globulin (HBIG) within 7 days of exposure (preferably within the first 24 hours) and initiate the Hepatitis B vaccination series. If the exposed individual is known non-responder to the Hepatitis B vaccine (i.e., inadequate antibody response to the first vaccination series) and is exposed to a source individual that is known or suspected to be positive for Hepatitis B surface antigen, then the clinical faculty, staff, pre-doctoral and graduate student should receive either one or two doses of HBIG (to doses of HBIG should be considered if the individual has not responded to two Hepatitis B vaccination series) and initiate the Hepatitis B vaccination series. When the source individual’s Hepatitis B surface antigen status is unknown and the clinical faculty, staff, pre-doctoral and graduate student does not need HBIG but should consider initiating the Hepatitis B vaccination series.
Hepatitis C:
If a clinical faculty, staff, pre-doctoral and graduate student’s are exposed to a source individual that is known or suspected to be positive for Hepatitis C, then the individual should be counseled as soon as possible by the Stony Brook Preventive Medicine. Due to the present lack of an adequate vaccine or appropriate post-exposure prophylaxis for Hepatitis C, the exposed individuals will be advised to enter a Hepatitis C serial screening program as outlined by the CDC. Serial testing for Hepatitis C antibody is started upon the initial visit and then repeated at 6 weeks, 12 weeks, 6 months and 1 year. Also, testing for Hepatitis C RNA-PCR at 2 and 6 weeks post-exposure with periodic liver function studies may be performed in addition to the hepatitis C antibody screening per the physicians discretion.

HIV:
If an individual is exposed to a source individual that is known or suspected to be positive for HIV infection, then the clinical faculty, staff, pre-doctoral and graduate student’s should be counseled by Stony Brook Preventive Medicine regarding the risk of transmission and clinically evaluated as soon as possible. Each individual should receive a baseline HIV antibody test, and providing sero-negativity, will then be advised to enter a HIV antibody serial screening program with repeat testing at 6 weeks, 12 weeks 6 months, and at least 1 year if deemed necessary (e.g., if source is co-infected with Hepatitis C). Follow up HIV antibody testing will be strongly recommended in order to ascertain or confirm any post exposure sero-conversion associated with the occupational exposure. All individuals will be counseled about the role of post-exposure prophylaxis medication, and if clinically indicated, individuals will be prescribed these medications.

Stony Brook Preventive Medicine will follow the Stony Brook University Medical Center’s Blood Borne Pathogen /Medical Surveillance Plan
Injuries sustained by clinical faculty, staff, pre-doctoral and graduate students will be referred to Stony Brook Preventive Medicine Monday through Friday 8:30am to 5:00 pm. In the event that Stony Brook Preventive Medicine is closed than testing will be done the next business day. Evaluation or treatment for occupational injuries, i.e. slips, falls, back strains, etc. will be triaged and referred to an appropriate specialist. All SDM clinical faculty, staff, and graduate student’s that are employees of the University and have a work related injury, particularly of a blood-borne pathogen nature, will be submitted to his/her workers’ compensation carrier with the written consent of dental clinical faculty and staff member. All pre-doctoral students of the University and have an exposure will go to Stony Brook Preventive Medicine and the School of Dental Medicine through this contract will perform the above services.

The source individuals will be referred to Stony Brook Preventive Medicine. The clinical supervising faculty or administration will be required to discuss with the source in private the ordering of a hepatitis panel and must request HIV testing from the source. The SDM supervising clinical faculty or administration will refer these source individuals to Stony Brook Preventive Medicine upon consent for HIV testing, providing HIV counseling, and will obtain written consent for an HIV test and written consent to release HIV test results to Stony Brook Preventive Medicine. Pre-test counseling, post-test counseling, and referral for evaluation and treatment will be provided to the source by Stony Brook Preventive Medicine through this contract the SDM will be responsible for the above costs only.
Procedure

1. Any injured dental health care provider is to first clean the injured areas with soap and water, then report the event as soon as possible to the supervising faculty and Associate Dean for Clinical Affairs or designee.

2. Any injuries suffered by patients should be reported to the supervising faculty member by the student and to the Associate Dean for Clinical Affairs or his/her designee.

3. In private, the Associate Dean for Clinical Affairs or designee is to speak with the injured individual (subject) for the purpose of completing a “Post Exposure, Incident Report” form (Appendix 45), that shall include the route of exposure, its cause and the name of the source of the exposure. If the subject or source is a minor (below the age of 18), all communication shall be with the parent or legal guardian. If the minor is emancipated, (s) he may be treated as an adult.

4. The Associate Dean for Clinical Affairs or designee shall inform the injured individual of the need to be examined, tested, and counseled by a physician. Counseling can be performed by Occupational Medicine located at 2500 Nesconset Highway, Suite 9D, Stony Brook, N.Y. 11790, Telephone # 444-6250. If Occupational Medicine is not available for counseling, the injured individual should go to the University Hospital Emergency Room. Any follow-up visits should occur at Occupational Medicine. If the injured individual prefers to seek care and counseling by a private physician, the Dental Care Center will incur any fees associated with the injury.

5. If the injured individual refuses to comply with the referral, a “Post Exposure Refusal to be Tested” form (Appendix 46) is to be completed by the injured individual and witnessed by the Associate Dean for Clinical Affairs or designee.

6. The Associate Dean for Clinical Affairs or designee is to speak with the “Source” in private and request that (s) he submit to an examination to determine his or her health status. Should the “Source” agree, referral shall be made to Occupational Medicine or a Physician or Facility of the “Source’s” choice. A request shall be made that the physician or facility submits the results of the findings in a confidential report to the Associate Dean for Clinical Affairs and the Risk Management Officer.

7. If the “Source” refuses, the “Medical Evaluation Refusal” form (Appendix 47) is to be completed by the “Source” and witnessed by the Associate Dean for Clinical Affairs or his/her designee.

8. Neither the School of Dental Medicine (SDM) nor its employees are to have any additional communication related to the exposure incident with the source or subject to comply with confidentiality.

9. All events related to the exposure incident, including all completed forms, are to be submitted to the Risk Management Officer by the Associate Dean for Clinical Affairs.
10. The Risk Management Office shall maintain all records associated with the incident for a period of 30 years. If the subject is a student, the records are maintained for 30 years following the termination of the training period. If the subject is an employee, the records will be maintained for 30 years following the last date of employment.

11. The Risk Management Officer shall report the incident to the Quality Assurance Committee on a quarterly basis.
UNIVERSITY AT STONY BROOK
SCHOOL OF DENTAL MEDICINE

POST EXPOSURE REFUSAL TO BE TESTED (Patient /Source)

I, (print name) _______________, am (patient/source) by the School of Dental Medicine at Stony Brook as a __________. I have been informed of the possibility of the transmission of infectious diseases.

On (Date) ________________, I was involved in an exposure incident as follows:

Describe in detail:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The administration of the school has offered to provide me with follow-up medical evaluation to determine if I have contracted an infectious disease as a result of the incident described above. Despite the offer, and with full knowledge of the risks in not accepting the offer, I have decided not to have the medical evaluation and follow-up.

PRINT NAME ___________________________ SIGNATURE ___________________________

WITNESS, PRINT NAME ___________________________ WITNESS SIGNATURE ___________________________

DATE ___________________________ DATE ___________________________
I, (print name) ___________________________, am a student at the School of Dental Medicine at Stony Brook. I have been informed of the hazards associated with my role in providing dental care as part of my educational program at the school, including the possibility of the transmission of infectious diseases.

On (Date) ___________________, I was involved in an exposure incident as follows:

Describe in detail:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The administration of the school has offered to provide me with follow-up medical evaluation to determine if I have contracted an infectious disease as a result of the incident described above. Despite the offer, and with full knowledge of the risks in not accepting the offer, I have decided not to have the medical evaluation and follow-up.

PRINT NAME ___________________________  SIGNATURE ___________________________

WITNESS, PRINT NAME ___________________________  WITNESS SIGNATURE ___________________________

DATE ___________________________  DATE ___________________________
I, (print name) ______________________, am employed by the School of Dental Medicine at Stony Brook as a (job title) ______________. I have been informed of the hazards associated with employment, including the possibility of the transmission of infectious diseases.

On (Date) ________________ , I was involved in an exposure incident as follows:

Describe in detail:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

The administration of the school has offered to provide me with follow-up medical evaluation to determine if I have contracted an infectious disease as a result of the incident described above. Despite the offer, and with full knowledge of the risks in not accepting the offer, I have decided not to have the medical evaluation and follow-up.

PRINT NAME ___________________________ SIGNATURE ___________________________

WITNESS, PRINT NAME ___________________________ WITNESS SIGNATURE ___________________________

DATE ___________________________ DATE ___________________________
UNIVERSITY AT STONY BROOK
SCHOOL OF DENTAL MEDICINE

MEDICAL EVALUATION REFUSAL (Patient/Source)

I, (print name) ________________________, am a patient at the Dental Care Center of the School of Dental Medicine, University at Stony Brook. During the course of my treatment I was the source individual of an exposure incident.

I have been asked to undergo a medical evaluation, including the taking of a sample of my blood for the purpose of protecting the health of the person who was the subject of the exposure incident. This evaluation will be provided at no cost to me.

I have been assured that the results of the evaluation will be kept confidential.

PRINT NAME _________________________ SIGNATURE _________________________

WITNESS, PRINT NAME _________________________ WITNESS SIGNATURE _________________________

DATE _________________________ DATE _________________________
Your Impressions of Us . . .

The Dental Care Center at Stony Brook University, School of Dental Medicine is dedicated to providing its patients with exceptional quality of dental health care treatment and services. To help us achieve our goal and to ensure our patients feel like family in our caring and friendly environment, we welcome your opinion and assistance in completing our anonymous questionnaire.

Please return the completed questionnaire to the receptionist. We appreciate your time and for placing your trust in us. We are committed to providing you and your family with the highest quality of dental care and services.

Sincerely,

The Faculty, Staff and Students
Stony Brook University
School of Dental Medicine

Rev. 7-2012
My dental care was provided by:
(mark the provider you are presently seeing)

___ Dental Student  ___ Orthodontic Resident
___ General Practice Resident  ___ Pediatric Resident
___ Oral Surgery Resident  ___ DCDD Resident
___ Periodontic Resident  ___ Dental Anesthesiology Resident
___ Endodontic Resident  ___ Dental Hygienist

Please answer the following:

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<th>Yes</th>
<th>No</th>
<th>Does Not Apply</th>
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<td>1) Did your dental provider clearly explain to you the condition of your teeth &amp; gums?</td>
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<td>2) Were all treatment choices explained to you?</td>
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<td>3) Did you understand any instructions that were explained to you?</td>
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<td>4) Were the costs explained to you before the treatment was started?</td>
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<td>5) Did your provider listen to your concerns?</td>
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<td>6) Did your provider act professionally and treat you in a courteous manner?</td>
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<td>7) Did your provider explain how to keep your mouth healthy?</td>
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<td>8) Did your provider readily help you with any pain you may have experienced?</td>
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<td>9) Are you satisfied with the dental treatment that you received from your provider?</td>
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<td>10) Would you recommend your dental care provider to your friends and family members?</td>
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<td>11) Was your provider on time for your scheduled appointments?</td>
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<td>12) Were you provided with information about the Dental Care Center's policies?</td>
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<td>13) Was the receptionist courteous and helpful?</td>
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<tr>
<td>14) Was the cashier courteous and helpful?</td>
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<td>15) Did you find the Dental Care Center to be well maintained?</td>
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<td>16) Would you recommend the Dental Care Center to someone else?</td>
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<td>17) Did you have trouble finding a parking space?</td>
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Please take a moment to write your comments on the back page.

Thank you
Patient: Brett Test - 15

Date: 8/20/2008

Sedation Consult

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<th>Date of Consultation</th>
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<tr>
<td>Planned Dental Procedure</td>
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<td>Height</td>
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<td>Parent/Guardian Name</td>
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<td>Parent/Guardian Relationship</td>
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Prior History of Sedation/Anesthesia

Family History of Sedation/Anesthesia

Medications

Pertinent Medical History

Allergies

Pregnant?

ASA status

Pre-op antibiotics required?

- If yes, list regimen

Medical consult required?

Lab tests required?

- If yes, list tests

Respiratory rate (breaths/min)

Heart Rate (beats per minute)

- Regular/irregular

Blood Pressure

Anesthesia Plan

Preoperative Medication

Induction

Maintenance

Pre-operative Instructions given to patient (verbal and written)?

Consent for sedation/general anesthesia completed?

Will restraints be required?

- If yes, please list reason

Comments:

Printed: 8/20/2008 11:10:28AM
Medical Evaluation for Sedation or General Anesthesia

Patient:                                       Date:

Physician:

Date of Procedure:

Dear Dr.

The above patient is scheduled for dental treatment with the aid of sedation and/or general anesthesia. Please provide us with the following medical evaluation and any other pertinent information you feel is important in providing optimal care for this patient.

After completing this form, please fax it to the Dental Care Center at 631-632-xxxx and ask the patient or guardian to bring the original copy to their treatment visit. Thank you for your cooperation and if you have any questions, please feel free to call our office.

Sincerely yours,
Medical Evaluation for Sedation or General Anesthesia

Patient: ________________________________

Physician: ________________________________

Date of Procedure: ________________________________

Physician’s Phone: ________________________________

Date of Birth: ________________________________

Age: ________________________________

History: (-) if negative (+) if positive

Allergies ________________________________

Previous Surgery ________________________________

Asthma ________________________________

Previous Surgical Complications ________________________________

Pulmonary Disease ________________________________

Recent Exposure to Varicella ________________________________

Diabetes ________________________________

Sickle Cell Anemia or Variant ________________________________

Heart Murmur ________________________________

Other Hematologic Abnormalities ________________________________

Heart Disease ________________________________

Family History of Bleeding, Muscle Disease, or Anesthesia ________________________________

Complications ________________________________

Other Conditions ________________________________

Immunizations to date? Yes____ No____

Recent ASA ________________________________

Medications? Yes____ No____

List dose and schedule ________________________________

Physical Examination:

Temp._______ Pulse_______ Resp. Rate_______ BP_______ Hgt._______ Weight_______

(-) if negative/normal (+) if abnormal, explain below

Mental Status ________________________________

Throat ________________________________

Lungs ________________________________

Skin ________________________________

Dentition ________________________________

Abdomen ________________________________

Eyes ________________________________

Neck ________________________________

Extremities ________________________________

Ears ________________________________

Chest ________________________________

Back ________________________________

Nose ________________________________

Heart ________________________________

Genitalia ________________________________

Neurological ________________________________

Lab Data:

Hct___________________________ Hgb___________________________ Urinalysis___________________________

Other ________________________________

Summary of Findings:

______________________________

Suggestions Prior to Surgery:

1. ________________________________

2. ________________________________

______________________________, M.D. ________________________________, M.D.

Print Name Signature

Date: ________________________________
Instructions for Patients Prior to Sedation or General Anesthesia
Office Phone: 631-632-xxxx

Patient:          Date:

These instructions must be adhered to before commencing with anesthesia. Neglecting any of the following may compel the doctor to cancel the start of treatment.

Preoperative Evaluation
If your doctor has requested pretreatment evaluation by your physician (pediatrician) please make sure you bring a copy of the medical evaluation to our office on the day of treatment. It is also extremely helpful if you ask your physician or child’s pediatrician to fax over the form when it is completed after your evaluation. This allows our doctors to review the medical findings prior to your appointment.

Eating and Drinking
For those patients being treated in the morning do not eat or drink anything after midnight. Those patients scheduled for treatment in the afternoon should ask the anesthesiologist if clear fluids are permitted the morning of treatment. If clear fluids are permitted the following are allowed: water, apple juice, tea. Do not add milk to any drinks. Patients not following these instructions may have their treatment session cancelled.

Medications
Medications normally taken should be taken unless otherwise instructed by the doctors in this office, and may be taken only with a sip of water.

Clothing and Makeup
Please wear shirts with short sleeves or no sleeves and buttons. Comfortable pants or sweat pants should also be worn as well as comfortable flat shoes – Do not wear flip-flops. For children being treated, please bring an extra set of clothes. Leave all valuables at home. Contact lenses, dark nail polish and lipstick must be removed. REMOVE ALL jewelry, including tongue piercing jewelry. Make sure you use the bathroom just prior to procedure.

Change in Health
A change in your health, especially the development of a cold or fever is very important. For your safety, if you have symptoms of a cold within fourteen (14) days of treatment you may be reappointed for another day. You should inform the treating doctor or nurse of any changes in medical history, drugs, herbal supplements, or if you are possibly pregnant.

Arriving
A responsible adult must drive you to the office and remain in the building. A parent and another adult must accompany all children receiving sedation or general anesthesia. Please be prompt for the appointment. Late arrival may result in cancellation of the appointment.

Getting Home
A responsible adult must drive the adult patient home. Any child receiving sedative management must be taken home by the parent and a second adult. The patient should be sitting in an upright position and secured by a seat belt. If the patient is a child they should be secured in an appropriate care seat and sitting in an upright position. Do not plan to drive a vehicle or operate potentially dangerous equipment for 24 hours after your treatment. Do not take a bus or a taxi home.

Home
A parent or responsible adult should be with the patient until the next day. The child, if sleepy, should be placed on a blanket on the floor in a room where the parent or responsible adult is staying.

** PLEASE, do not be a “no-show”. Call ahead and cancel your appointment if necessary. If you are a “no-show”, you may not be given another appointment for sedation.
Instructions for Patients after Sedation or General Anesthesia
Office Phone: 631-632-xxxx

Patient:  
Date:  

CAR RIDE HOME
The patient should be sitting in an upright position and secured by a seat belt. If the patient is a child they should be secured in an appropriate car seat and sitting in an upright position.

ON ARRIVING HOME
After getting settled, please call the number above to inform us of your safe arrival and the condition of the patient. The patient should rest for the first day and be carefully watched. The medication could take up to eight (8) hours to wear off. For the first few hours, the patient should not be permitted to walk unassisted. It is common for the patient to be sleepy, dizzy or off balance after sedation or general anesthesia. Patients may be nauseous, which may be increased by the automobile ride home. The patient should not make any business decisions for at least 24 hours.

DRINKING AND EATING
Do not force food. The first drink should be plain water or another clear fluid such as apple juice. Small sips should be taken repeatedly. Food may be taken when desired, however, it should be light and soft and not too hot. Fast foods, such as McDonald’s, should be avoided for 8 hours after discharge. No Alcoholic beverages for 48 hours.

INTRAMUSCULAR INJECTION SITE
A small percentage of patients may experience some redness and soreness around the intramuscular injection site. This is a normal reaction. If you have any questions concerning this, please call the office.

INTRAVENOUS SITE
A small percentage of patients experience post operative tenderness and/or redness where the intravenous catheter was inserted. This may be a sign of a chemical phlebitis associated with the intravenous infusion. If this occurs, please call and ask for one of the doctors.

FINALLY, SOME INSTRUCTIONS OF IMPORTANCE TO ALL PATIENTS

CALL THE ABOVE NUMBER, IF:
• Vomiting persists beyond four (4) hours
• Temperature remains elevated beyond 24 hour
• Any other matter causes concerns

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<th>Medication</th>
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Post-Operative Medications
You have chosen General Anesthesia for your dental treatment, a common procedure that is considered quite safe. Nevertheless, any anesthesia carries some risk and the common ones known for intravenous sedation/general anesthesia are noted below for your review before you consent to its use:

1. Allergic reactions (previously unknown) to any of the medications used.
2. Discomfort, swelling or bruising at the site where the drugs are placed into a vein.
3. Vein irritation, called phlebitis, where the needle is placed into a vein. Sometimes this may progress to a level of discomfort where arm or hand motion may be restricted, or further medication or care may be required.
4. Nausea and vomiting, although not common, are unfortunate side effects of intravenous anesthesia. Bed rest, and sometimes medications, may be required for relief.
5. Intravenous sedation is a serious medical procedure and, whether given in a hospital or office, carries with it the risk of brain damage, stroke, heart attack or death.

YOUR OBLIGATIONS:
1. Because the anesthetic medication (including oral premedication/sedation) causes prolonged drowsiness, you MUST be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours.
2. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.
3. You must have a completely empty stomach. It is vital that you have **NOTHING TO EAT OR DRINK AFTER MIDNIGHT** prior to your anesthetic unless the Anesthesiologist gives other instructions. **TO DO OTHERWISE MAY BE LIFE-THREATENING!**

(Note: If directed by your doctor, sips of water may be used to take regular medications or prescriptions given to you by this office.

CONSENT
I have read and understand the above paragraphs and realize that General Anesthesia carries with it certain serious risks. I request that General Anesthesia be used for my surgery. All my questions regarding this consent have been answered fully and to my satisfaction, and I fully understand the risks involved. I certify that I speak, read and write English.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

**THOSE TWO FIELDS MUST BE COMPLETED BEFORE PATIENT SIGNATURE:**
1. When did you last have anything by mouth? Date: Time:
2. What did you have?

Authorized Signature: ____________________________ Date: _________________
Authorized Name: ______________________________ Relationship: _______________
I consent to the administration of conscious sedation and analgesia by _____________, a medical staff member of the Department of ______________. I understand that conscious sedation can only be ordered by a physician who has been credentialed by University Hospital and Medical Center.

Conscious sedation will allow you, or your child to better tolerate diagnostic test(s) or therapeutic procedure(s). Conscious sedation creates drowsiness, but not deep sleep or unconsciousness. You will have awareness of your procedure and you may experience some discomfort during the procedure. If you are uncomfortable, your doctor will give you more medication if he/she feels you can tolerate the additional medication safely. The medications are administered through an intravenous line. Rarely, deep sedation or general anesthesia by an anesthesiologist may be required by an individual to tolerate a procedure.

Side effects/risks of conscious sedation include inadequate breathing requiring assistance or resuscitation, allergy to medication, and infection for the IV line. Alternatives to conscious sedation include no sedation or some form of anesthesia.

I have had an opportunity to ask questions and agree to conscious sedation.

Authorized Signature: ___________________________   Date: ____________

Authorized Name: _______________________________   Relationship: _______________________

Attending: ______________________________________   Date: ____________

Witness: ________________________________________   Date: ____________
August 08, 2012

Dad Test
41 Mason Ave
Babylon NY 11702

Re: Sara Test – 23

Dear Dad Test,

Your child presented to the Dental Care Center for an oral examination. It was discovered at that visit that your child has extensive dental disease which requires treatment. We have been unable to contact you to arrange a treatment visit for your child.

I would like to make you aware of the seriousness of your child’s dental condition and the harm that it can cause to your child’s overall health if left untreated. The Centers for Disease Control and American Association of Pediatrics state that poor oral health is the most common chronic illness for children that can harm their overall health, comfort, growth, school success and self-confidence.

The New York State Department of Health mandates health care providers report situations where parents or caregivers neglect the health care needs of their children.

Please contact the pediatric clinic coordinator at 631-632-8889 within two weeks of the signed returned receipt of acceptance of this letter. Should we not hear from you a report will be filed with the New York State Department of Child Protective Services.

We appreciate your immediate attention to your child health care needs.
Thank You

Sincerely,

Georgios E. Romanos, DDS, PhD, Prof. Dr. med. dent.
Professor and Associate Dean for Clinical Affairs

State University of New York at Stony Brook
Stony Brook, New York 11794-8700
REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT

(Use only if the space on the LDSS-2221A under “Reasons for Suspicion” is not enough to accommodate your information)

<table>
<thead>
<tr>
<th>Art Date</th>
<th>Case ID</th>
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<tbody>
<tr>
<td>Time</td>
<td>Local Case #</td>
<td>Local Dist/Agency</td>
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<td>☐ AM</td>
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PERSON MAKING THIS REPORT:

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

MO  
DAY  
YR  

Time : ☐ AM ☐ PM
# Subjects of Report

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<tr>
<th>#</th>
<th>Last Name</th>
<th>First Name</th>
<th>Aliases</th>
<th>Sex (M, F, U nk)</th>
<th>Birthday or Age</th>
<th>Race Code</th>
<th>Ethnicity (Ck Only If Hispanic/Latino)</th>
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List Addresses and Telephone Numbers (Using Line Numbers From Above)

(Area Code) Telephone No.

# Basis of Suspicions

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

- DOA/Fatality
- Fractures
- Internal Injuries (e.g., Subdural Hematoma)
- Lacerations/Bruses/Welts
- Burns/Scalding
- Excessive Corporal Punishment
- Inappropriate Isolation/Restraint (Institutional Abuse Only)
- Inappropriate Custodial Conduct (Institutional Abuse Only)
- Child's Drug/Alcohol Use
- Poisoning/Noxious Substances
- Choking/Twisting/Shaking
- Lack of Medical Care
- Lack of Medical Care
- Malnutrition/Failure to Thrive
- Malnutrition/Failure to Thrive
- Sexual Abuse
- Sexual Abuse
- Inadequate Guardianship
- Inadequate Guardianship
- Other (specify)

Swelling/Dislocation/Sprains
Educational Neglect
- Emotional Neglect
Inadequate Food/Clothing/Shelter
- Lack of Supervision
- Abandonment
- Parent's Drug/Alcohol Misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

MO DAY YR

Additional sheet attached with more explanation.

The Mandated Reporter Requests Finding of Investigation

YES NO

# Confidential

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# Relationship

Med. Exam/Coroner
Physician
Hosp. Staff
Law Enforcement
Neighbor
Relative
Instit. Staff
Social Services
Public Health
Mental Health
School Staff
Other (Specify)

For Use By Physicians Only

Medical Diagnosis on Child
Signature of Physician who examined/treated child

Hospitalization Required: None
Under 1 week
1-2 weeks
Over 2 weeks

Taken Or
- Medical Exam
- X-Ray
- Removal/Keeping
- Not. Med Exam/Coroner

About To Be Taken
- Photographs
- Hospitalization
- Returning Home
- Notified DA

Signature of Person Making This Report:

Title

Date Submitted
Mo. Day Yr.

A-49
Abstract of Sections from Article 6, Title 6, Social Services Law

Section 412. Definitions

1. **Definition of Child Abuse.** (see also N.Y.S. Family Court Act Section 1012(e))
   An "abused child" is a child less than eighteen years of age whose parent or other person legally responsible for his care:
   1. Inflicts or allows to be inflicted upon the child serious physical injury, or
   2. Creates or allows to be created a substantial risk of physical injury, or
   3. Commits sexual abuse against the child or allows sexual abuse to be committed.

2. **Definition of Child Maltreatment.** (see also N.Y.S. Family Court Act, Section 1012(f))
   A "maltreated child" is a child under eighteen years of age whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:
   1. In supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so;
   2. In providing the child with proper supervision or guardianship;
   3. By unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment;
   4. By misusing a drug or drugs;
   5. By misusing alcoholic beverages to the extent that he loses self-control of his actions;
   6. By any other acts of a similarly serious nature requiring the aid of the Family Court;
   7. By abandoning the child.

Section 415. Reporting Procedure.
Reports of suspected child abuse or maltreatment shall be made immediately by telephone and in writing within 48 hours after such oral report.

Submit the written paper copy of the LDSS-2221A form originally signed to: the County Department of Social Services (DSS) where the abused/maltreated child resides. To locate your local DSS, visit this site: [http://www.ocfs.state.ny.us/main/localdss.aspx](http://www.ocfs.state.ny.us/main/localdss.aspx)

Residential Institutional Abuse Reports: Submit a paper copy of form, LDSS 2221A, originally signed. It must be submitted directly to the Office of Children and Family Services (OCFS) Regional Office, associated with the county in which the abused/maltreated child is in care.

NYS CHILD ABUSE AND MALTREATMENT REGISTER: 1-800-635-1522 (FOR MANDATED REPORTERS ONLY)
1-800-342-3720 (FOR PUBLIC CALLERS)

Section 419. Immunity from Liability. Pursuant to Section 419 of the Social Services Law, any person, official, or institution participating in good faith in the making of a report of suspected child abuse or maltreatment, the taking of photographs, or the removal or keeping of a child pursuant to the relevant provisions of the Social Services Law shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For the purpose of any proceeding, civil or criminal, the good faith of any such person, official, or institution required to report cases of child abuse or maltreatment shall be presumed, provided such person, official or institution was acting in discharge of their duties and within the scope of their employment, and that such liability did not result from the willful misconduct or gross negligence of such person, official or institution.

Section 420. Penalties for Failure to Report. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who willfully fails to do so shall be guilty of a class A misdemeanor.

1. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who knowingly and willfully fails to do so shall be civilly liable for the damages proximately caused by such failure.
POLICY REGARDING PARENT or CAREGIVER PRESENCE IN CLINIC DURING PATIENT VISIT

INTRODUCTION OF PATIENT MANAGEMENT TECHNIQUES AND ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

Please read this form carefully. Discuss any concerns with our Appointment Coordinator and your provider. In the information below, the faculty/resident/dental student are referred to as the “provider”

Dental care provided School of Dental Medicine shall be of highest quality with attention to each patient’s safety and welfare. Providing health care can be difficult, or not possible, when a patient’s behavior stops or slows the examination, treatment or is a risk for the provider’s or patient’s safety. Behaviors of concern are often seen in the very young or preschool aged child, anxious or fearful school aged children and with persons with special needs. Health providers use various methods to gain cooperation or control the behavior of pediatric and special needs patients. Common methods used to help calm patients or control uncooperative behaviors are described below.

You (the parent, caregiver or guardian) may feel that your presence during dental care will be helpful to your child’s comfort and to help them follow the provider’s instructions. However, your presence may prevent the patient from focusing their attention to the provider. Your presence is required for the examination; however, it is clinic policy for parents to remain in the waiting room during treatment visits unless the supervising doctor feels that your presence is required. If your presence is needed, the supervising faculty will request that you come into the treatment area. If you are needed, it is important that you refrain from talking as the provider works with your child. Talking to the patient may hinder your child and the provider from developing “trust”. Before beginning the visit, the provider will review goals of the visit and address any questions.

Common techniques used by dentists to manage pediatric patient behavior prior to or during dental examination or treatment;

1. **Tell-show-do**: The provider or assistant explains to the patient what is to be done using simple words then shows the patient what is to be done by demonstrating with instruments on a model or the patient’s or dentist’s finger. The procedure is then performed in the patient’s mouth as described. Praise is used to reinforce cooperative behavior. The patient also holds a mirror to watch what is being done.

2. **Positive Reinforcement**: The provider rewards the patient as they are cooperating with the procedure. Rewards include compliments, smiles, praise, pat on the back, or a prize etc.

3. **Voice Control**: If the patient resists the provider’s instructions, is yelling or screaming (tantrum), the provider quickly raises their voice to gain the attention of the patient. Once the patient follows the provider’s instructions or the behavior of concern stops, the provider quickly changes their voice to praise to the patient.

4. **Mouth Prop**: A rubber or plastic device is placed in the patient’s mouth to stabilize their mouth in an open position. A mouth prop is required provide safety for the patient and provider during examination or treatment.

The techniques described below are used when the patient’s behavior does not respond to 1 - 3 above.
5. **Physical Restraint by the Provider and Assistant Staff:** The purpose is to control or restrict patient movements that place the patient’s or provider’s safety at risk during a procedure. This includes controlling the patient’s head, body, or limbs (e.g. hands). For very young children or a child with special needs, the caregiver or parent may be requested to help the provider.

6. **Protective Stabilization: Elbow and Knee Stabilizers, Papoose Boards, and Pedi-wraps:** These devices are used to ensure safety and prevent injury for the patient and dentist. These devices enable the provider to examine or provide treatment. It is our goal to encourage the patient (if possible) to control their movement etc so that these devices can be removed during treatment.

The following methods are considered only after the patient has been examined and there is discussion with you. These methods require additional informed consent discussion and records.

7. **Sedation:** Medications used to control patient behavior. Sedative medicines are given by mouth, injection or as a gas (nitrous oxide and oxygen).

8. **General Anesthesia:** The dental care is provided with the patient under general anesthesia in a specially designed room or in a hospital operating room.

I hereby acknowledge that I have read, understand and accept the purpose of the behavior management techniques (above). I am aware that I can ask questions of the provider about behavior management techniques before the examination or care of my child, relative or charge. I understand that only those management techniques will be used when necessary in order to maintain a safe environment for the patient and provider and staff of the Dental Care Center.

Print Patient's Name______________________________________________

Date__________________________ Chart Number_______________________

Parent or Guardian (Print Name)______________________________________

Parent or Guardian (Signature)________________________________________

Director of Community Residence Program (as required)_____________________

Name of Community Residence Program (as required)_______________________

Relationship to the Patient__________________________________________
School of Dental Medicine at Stony Brook
Dental Care Center
SUNY @ Stony Brook
Stony Brook, NY 11794-8703
631-632-8989

Request to Release Records

Patients of the Dental Care Center may obtain copies of their treatment records and X-rays. However, the law requires that such requests be made in writing, and that only copies of records and X-rays are to be delivered to the patient. Originals may be viewed by the patient, but must be retained by the Dental Care Center as part of your record.

To comply with the law, if you wish to receive a copy of your records and X-rays, please complete the form below. Please be aware that we are unable to send copies of your records to other practitioners or health facilities. You will need to forward them the copies we issue to you.

There will be a charge to cover the cost of duplication of x-rays. The charge for duplication of records is .75 cents per page. Please forward a check made out to SUNY @ Stony Brook for the amount of $ ________________.

I, _______________________, request duplications of my dental records and/or X-rays, to be mailed to me at the below address or let us know if you will be picking them up.

Patient Signature ______________________ Date __________________

Address ____________________________

(Staff Only)
Copies of records/and or X-rays were given/or mailed to patient by:
Staff Signature __________________________
Date ________________ Patients Chart # ________________
Stony Brook
School of Dental Medicine

This form authorizes the School of Dental Medicine at Stony Brook to use or disclose your protected health information (PHI) to an individual of your choice. This authorization is voluntary. You may revoke this authorization at any time by writing to The School of Dental Medicine, Sullivan Hall, Stony Brook, NY 11794-8705. A copy of this signed authorization will be available to you, but you should retain a copy for your records.

SECTION 1: TELL US WHO YOU ARE
Name: ____________________________ Date of Birth: ____________
Address: __________________________
Phone: ____________________________
Chart#: ____________________________

SECTION 2: WHAT IS THE PURPOSE OF THIS AUTHORIZATION?
• To authorize the identified person to discuss orally with the School of Dental Medicine the PHI as permitted by Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.
• To authorize the identified person to inspect and/or obtain copies of the PHI as permitted by the HIPAA Privacy Rule.

SECTION 3: WHO IS AUTHORIZED TO RECEIVE YOUR PROTECTED HEALTH INFORMATION (PHI) FROM THE SCHOOL OF DENTAL MEDICINE?

SECTION 4: SIGNATURE
I understand that if the entity authorized to receive my PHI is not a health plan, health care provider or other covered entity as described by the HIPAA Privacy Rule, the released information may no longer be protected by federal privacy laws, rules and regulations. I understand that the information disclosed may include mental health information and/or alcohol and substance abuse information. I understand that I may revoke this authorization at any time by notifying The School of Dental Medicine in writing. I agree that this information is true and correct. I sign this authorization under penalties of perjury and attest that The School of Dental Medicine may rely on my signature and the contents of this authorization.

Patient Signature: ____________________________ Date: ____________

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)
A-52
Stony Brook School of Dental Medicine
STATEMENT OF COMPLIANCE WITH PHI FOR GRADUATING STUDENT/RESIDENTS

This document certifies that as a graduating resident, I am not in the possession of any patient protected health information (PHI), (hard copy or electronic copy on a desktop or laptop computer or portable electronic media) collected over the course of my advanced education program at the Stony Brook University School of Dental Medicine. I certify that written consent (HIPAA authorization) has been obtained by the patient for any PHI information that will be used for continuing educational purposes such as images (intraoral, radiographs), examination data (charting), laboratory results or dental models and that the patient record has been de-identified with the removal of the following 18 attributes:

1. Names
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical/dental record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

Signature

Date

Version: June 25, 2010
CONFIDENTIALITY AGREEMENT FOR VISIT/TOUR PARTICIPANT(S)

Stony Brook School of Dental Medicine is required by federal and state law to protect and preserve the confidentiality and proper use of a patient’s health information.

As a condition of your visit/tour, you must read, understand and agree to observe requirements for preserving the confidentiality of protected health information and privacy of patients at Stony Brook School of Dental Medicine (SDM) as follows:

1. Confidential personal information about a patient’s medical condition is maintained by the SDM. It is possible, despite all reasonable efforts, that during your tour/visit, you may overhear or observe private and personal information about our patients. As a condition of your visit/tour, you agree that you will not seek access to private personal information. If however, you gain access to such information in the course of your tour/visit, you will not discuss it with anyone; you will not tell anyone, even another employee, that patient is in the SDM, unless it is a part of the purpose of your visit/tour.

2. In addition:
   - You will not write, record, photograph, videotape or in any way keep track of a patient’s medical condition or medical care.
   - You will not access/read/review any medical record in paper or electronic form.
   - You will not photocopy or electronically print any part of a patient’s medical record or any material/item which mentions a patient’s name.
   - You will not communicate in any manner including but not limited to mail, fax or e-mail, anything about a patient’s medical condition or medical care to anyone, even another SDM employee.
   - You will not access or look at any patient’s medical record or medical information, whether it is the actual file, medical record itself or whether it is data stored in a computer system. This includes addresses and other personal information such as dates of birth and social security numbers. You agree that you will not look through any SDM patient files or a patient’s computer database at random.
   - You will not handle any materials/documents containing individually identifiable health information.

3. You understand that any inappropriate access on your part will result in immediate termination of the visit/tour.

4. You will not handle any dental materials unless given to you to look at by the person responsible for the visit/tour.

5. You understand that any violation of this agreement may be actionable against you personally.

6. You understand that should you violate any of these rules and your agreement to these rules, the SDM reserves the right to pursue against you any and all legal remedies and/or actions available under the law.

7. If you have any questions about anything you have read, you must ask the person responsible for arranging/conducting the visit/tour, to thoroughly explain to you the parts you do not understand. You may contact the Office of Compliance at 444-5776 with any questions you may have prior to signing this agreement. Do not sign this agreement unless you understand it.

I understand the above-stated rules regarding privacy of patients and confidentiality of patient information and agree to abide by them as well as any other applicable policies and law.

_________________________  ___________________________
Signature of Visitor/Tour Guest/Agent  Printed Name

_________________________
Company Name

_________________________
Signature of Witness  Printed Name

Date

Form # IS2N024
HIPAA ON-LINE TRAINING (Rev. 8/20/12)

It is a requirement by SBUH that an employee, clinic faculty, volunteer, student, resident or other individuals affiliated with School of Dental Medicine whose work is under the direct control of School of Dental Medicine regardless of whether they are paid by SDM must completed a refresher course on HIPAA on an annual basis.

This on-line course is not always accessible through outside computers. You may need to use a computer system in the SDM.

Go to the School of Dental Medicine website http://dentistry.stonybrookmedicine.edu/

- Top right double click Health Sciences
- Scroll down to the bottom of the page, click on HIPAA
- Type in your name and Password (which is your Stony Brook ID #)
- This page informs you of when you last took the courses required. These documents must be completed each year.
- Scroll down to the bottom to click each of the following to complete:
  
  HIPAA Policy & Procedure Training
  
  SBU Organized Health Care Arrangement

- Print out and fax to me the Personal Profile page once you complete the training.
STONY BROOK UNIVERSITY MEDICAL CENTER

Stony Brook University Hospital Policies
Pertaining to:
Corporate Compliance & HIPAA Privacy & Electronic Information Security

**EC: 0025** Handling and Disposal of Discarded Materials (Paper and Electronic Media): To insure that discarded protected health information (PHI) and other confidential material are collected, transported, and rendered unrecognizable. The same trash containers will be used to collect all discarded materials, consisting of both paper and electronic media (i.e., diskettes, data tapes).

**EC: 0035** Management of VIPs: Stony Brook University Hospital manages the arrival and stay of individuals, either as patients or as visitors, whom the hospital deems to be “Very Important Persons” (VIPs). This policy serves to protect the Hospital, patients and staff and to ensure that all contact with the media is handled in a timely and professional manner.

**HR: 0018** Reporting of Professional Misconduct: Stony Brook University Hospital will comply with Professional Misconduct reporting requirements in accordance with applicable New York State Laws and regulations.

**HR: 0019** Orientation of Forensic Personnel: University Hospital provides education for correctional or police officers (also known as forensic personnel) who have custodial responsibilities for patient prisoners while at SBUH.

**HR: 0022** Employee Termination/Role Change Policy and Procedure, In the Interest of Security and Confidentiality: SBUH requires employees who terminate their employment for any reason or have a significant change in the job function which no longer requires certain privileged access to have their access removed or modified.

**HR: 0023** Identification Badges: SBUH employees, volunteers, contract staff and medical staff members are all required to wear identification badges while on Hospital premises or when conducting Hospital business.

**HR: 0024** Workforce Confidentiality Agreement Policy: the Health Insurance Portability and Accountability Act (HIPAA) is to protect the confidentiality of individually identifiable health information (IIHI). Stony Brook University Hospital (SBUH) will protect the privacy and confidentiality of patient individually identifiable health information. Individuals breaching the confidentiality requirements imposed by law or by SBUH Policy will be subject to the imposition of appropriate sanctions will be imposed in accordance with such agreements. For individual not covered by a collective bargaining agreement, sanctions for a breach of confidentiality may include measures up to and including termination of employment/workforce status.

**HR: 0028** Workplace Violence: Stony Brook University will promote a safe environment for all members of the community. The University is committed to maintaining a campus environment free from violence, harassment and other threatening behavior.

**HR: 0031** Vendor Credentialing Management System: Contractors/vendors are required to be oriented to the Hospital in terms of basic information they should be aware of during their assignment. Vendors are required to utilize the Vendor Credentialing Management System prior to access to patient care areas.

**IM: 0021** ID and Password Assignment for Computer System Access: This policy is to protect access to the information systems that contain sensitive information and ePHI (Electronic Protected Health Information) to authorized users only and all user access is logged.

**IM: 0029** Network & Remote Access Account Maintenance: requires that all users accessing network resources must have a valid and unique ID and password.

**IM: 0038** E-Mail Usage, SBU & SBUH own the e-mail system and other communication system networks and all messages stored on them or transmitted using them, and such communications systems may only be used for approved purposes.

**IM: 0040** Patient Information for Clergy: To describe Stony Brook University Hospital’s (SBUH) policy for disclosing information from the Hospital’s facility directory to the clergy in order to assure that the spiritual, psychosocial, and cultural needs of patients are met and that patients’ privacy is protected in compliance with HIPAA regulations.

**IM: 0041** Faxing of Protected Health Information (PHI): The staff of Stony Brook University Hospital (SBUH) will take reasonable measures to protect the confidentiality of protected health information (PHI) when information is faxed.
Security of Information Technology Resources: This policy is to ensure that microcomputers (PC’s) used at Stony Brook University Hospital and in the HSC for business and patient care are used with approved safeguards and applications i.e.: the use of screen savers, virus protection, modems and web filtering.

Electronic & Magnetic Media Control and Disposal: This policy is to ensure that PHI stored on electronic media and devices is not unwittingly disclosed or disposed of in an unsafe manner and involves the safe disposal of computer equipment, hard drives, removable media (floppies, CD’s, etc.).

Information Security Investigations & Incident Management: Stony Brook University Hospital (SBUH) investigates potential violations of electronic information security, privacy and confidentiality of information systems. Requests for information systems security incident audits, systems access audits, electronic forensic investigations and securing of electronic medical records are authorized by the Chief Information Officer (CIO), Information Security Officer (ISO) or HIPAA Privacy Officer and when applicable, in consultation with the Chief Human Resource Officer (CHRO) or Labor Relations designee, Director of Risk Management or designee or General Counsel.

Networking Domains: The Creation and Control of, To control, configure and administer the SBUH-HSC networking and domain infrastructure.

Wireless Networking: To prevent unauthorized wireless access to SBUH networking system SBUH Information Technology maintains and approves all wireless access, control of, configuration and administration of the SBUH-HSC wireless networking infrastructure.

Network Infrastructure Access Control and Intrusion: To protect the SBUH & HSC network infrastructure, which has connectivity to the Internet, from unauthorized access with the use of an enterprise-class network firewall(s) and intrusion detection system’s (IDS).

Facility Access Control for Electronic Protected Health Information (ePHI): This policy is to prevent unauthorized physical access to ePHI systems and facilities in which they are located, while taking reasonable steps to ensure that access by properly authorized workforce members is granted.

Electronic Protected Health Information (ePHI) Data Backup, Recovery Testing: This policy is to ensure that the administrator of each ePHI system will regularly back up and store ePHI in a secure manner and will, as needed, complete ongoing testing of its backups and the restoration of such data.

Contingency and Disaster Recovery Plan for Electronic Protected Health Information (ePHI), This policy is to ensure that a contingency plan is put in place for all SBUH ePHI systems (applications and equipment) to ensure the confidentiality, integrity and availability of ePHI by preparing for and responding to emergencies or disasters.

Information Security Evaluation - Auditing and Monitoring: SBUH will conduct periodic technical and non-technical evaluations of its security safeguards and policies in order to demonstrate, document and certify the extent of its compliance with its security policies and the HIPAA Security Regulations.

Information and Networking Systems Activity Review: SBUH will implement appropriate hardware, software or procedural auditing mechanisms on ePHI Systems (electronic patient health information), and reviews records of activity on its information systems generated by those auditing mechanisms on an ongoing basis.

Acquisition/Replacement/Service of Desktop Workstations, PC’s, Laptops, portable computers, hardware, peripherals and software: This policy identifies the process and procedures for purchasing new/replacement desktop computers, laptops, and printers for the Hospital and affiliated sites. It also indicates user access rights on PC’s and types of information stored.

Limited Data Set/Data Use Agreement Policy: The use and disclosure of protected health information that is not fully de-identified is permitted for research, public health, and health care operations purposes providing specific data elements have been removed and Stony Brook University Hospital enters into a data use agreement.

Information Technology Service and Support for Personal Digital Assistants (PDA): Stony Brook University Hospital had defined procedures for purchasing and supporting a Personal Digital Assistant (PDA).

Workforce Security as Relates to Electronic Protected Health Information Users Access Authorization: SBUH will ensure the confidentiality, integrity and availability of ePHI by implementing reasonable safeguards (administrative, physical and technical) to prevent unauthorized access to ePHI while ensuring that properly authorized workforce members have proper access to perform their position duties and responsibilities.

Internet and Intranet Use Policy: This policy has been established to set guidelines in an effort to clarify and define the parameters in the use of Stony Brook University Hospital’s data network for Intranet and Internet use.

Electronic Protected Health Information Risk Analysis and Management, This policy sets the guidelines to provide and conduct a risk analysis and the management of risk to ensure the confidentiality, integrity and availability of ePHI on an ongoing basis.

Security/Privacy Breach Notification Process, State Entities/Agencies are required by Law to notify
individuals whose personal information may have been acquired by an unauthorized person resulting from a breach of information security or unauthorized disclosure.

**IM: 0075 Electronic Communication Devices; Cell Phones & other Electronic Devices:** Stony Brook University Hospital (SBUH) provides to the SBUH workforce members communication services and equipment as necessary to meet work-related responsibilities. Such communication services and equipment will be used by the SBUH workforce members appropriately as defined in the procedures of this policy. The use of communication equipment, including telephones, may be monitored periodically.

**IM : 0076 Social Networking Sites:** Stony Brook University Hospital (SBUH) workforce members will utilize social network sites in a responsible and professional manner. Posting images, experiences and information on these public sites poses a set of unique challenges for all members of the SBUH workforce.

**IM: 0077 Reporting Lost/Stolen Stony Brook Issued Devices:** Stony Brook University (SBU) Police inform the Stony Brook University Hospital (SBUH) HELP Desk upon receiving a report of the loss or theft of an electronic device that may have contained SBUH Protected Health Information (PHI).

**RC: 0006 Retention of Health Information** Stony Brook University Hospital shall adhere to a schedule for retention of health information that complies with the needs of the hospital and with all state and federal requirements.

**RC: 0007 Hospital Staff Access to and Removal of Medical Records** Medical records shall be accessible to authorized Stony Brook University Hospital (SBUH) workforce members. Printed and/or written (paper) medical record documents will not be removed from the hospital's jurisdiction and safekeeping.

**RC: 0008 Patient Access to Health Care Information:** The Hospital is required by law to provide patients or their representative with an opportunity to inspect and/or obtain copies of their health care information.

**RC: 0009 Release of Medical Information:** All medical information, including that stored in patient medical records, shall be kept confidential and secure. Access to patient medical information shall be limited to authorized users involved in the patient's care.

**RC: 0032 Accounting of Disclosures:** It is the policy of Stony Brook University Hospital (SBUH) to maintain and provide an accounting of disclosures for Hospital patients of their protected health information (PHI) that have been made to third parties, other then for treatment, payment or operations. It is the Hospital’s policy to treat all patient requests in a respectful manner.

**RC: 0033 Disclosure of De-identified Information:** To ensure that information considered individually identifiable health information is appropriately de-identified to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations, for reasons other than treatment, payment or operations.

**RC: 0035 Patient Request to Amend Protected Health Information (PHI):** Patients have the right to request that Stony Brook University Hospital (SBUH) amend the protected health information contained in records that may be used to make decisions about them. All requests must be in writing and must provide a reason to support the amendment. Patients are to be directed to submit requests directly to the Health Information Management (HIM) Department. The HIM staff will contact appropriate medical or SBUH staff who created the Protected Health Information when necessary to determine whether the amendment request should be granted or denied. They will also be responsible for ensuring the SBUH records are updated if a requested amendment is granted.

**RC: 0036 Minimum Necessary Standard for Use and Disclosure of Protected Health Information (PHI):** All Stony Brook University Hospital (SBUH) and medical staff are expected to limit their uses and disclosures of protected health information (PHI), and requests for PHI, to the minimum amount of information necessary to perform their duties at the Hospital. This general expectation does not mean that Hospital and medical staff should restrict exchanges of information required in order to treat patients quickly and medical staff should restrict exchanges of information required in order to treat patients quickly and effectively.

**RC: 0037 Privacy Rights Of Minors:** This policy addresses the privacy rights of minors under the age of 18 who are not emancipated from the care of their parents or guardians.

**RC: 0039 Protection of Mental Health Information:** To specify the conditions under which the SBUH (SBUH) Mental Health Services licensed by the New York State Office of Mental Health may use and disclose protected health information (PHI) in a manner that is consistent with HIPAA regulations and the state Mental Hygiene Law and regulations.

**RC:0064 Use and Disclosure of Decedent’s PHI:** The protected health information of a decedent will be treated the same as if the patient were alive but, unable to agree or object. The patient’s personal representative or other person authorized by law to act on behalf of the decedent may exercise the rights of the decedent.

**RC: 0065 Access to PHI by a Personal Representative:** A person authorized, under state or other applicable law, to act on behalf of the individual in making health care related decisions is the individual’s “personal representative” and must be treated as the individual for purposes of the use and disclosure of protected health information. (PHI).
**Release of Information to Law Enforcement:** To define the circumstances under which the release of protected health information (PHI) to law enforcement officials may occur without the individual’s written authorization. To identify the SBUH staff that is responsible to release protected health information (PHI) to law enforcement officials without the individual’s written authorization. SBUH staff/health care providers at the bedside are to refer requests by law enforcement officials for protected health information (PHI) to the SBUH staff as identified in the procedure section of this policy.

**Legal Health Record** Stony Brook University Hospital (SBUH) maintains a hybrid medical record as defined below as the legal health record (LHR). This hybrid medical record includes a combination of paper, microfilm and electronic documents for all patients who receive health care either as an inpatient, or through hospital-wide ambulatory service as defined by Article 28 license. The legal health record will be used and disclosed to provide clinical patient care, for business purposes and upon routine legal requests such as valid subpoena or as otherwise authorized under Federal and or State privacy laws. This policy defines what is used and disclosed as the reasonably accessible health record as the result of a routine legal request as defined below without an extensive set of Legal Discovery/eDiscovery processes (see definition below).

**Confidentiality of HIV/AIDS Related Information** The confidentiality of HIV/AIDS related information is ensured by Stony Brook University Hospital staff and personnel. HIV/AIDS related information is shared/disclosed on a need to know basis, in accordance with Article 27-F regulations.

**Secured Medical Record(s):** Upon notification from the Department of Risk Management, the Health Information Management Department will sequester and secure medical records to ensure the integrity of said records for potential or actual litigation.

**Secure Transportation of Medical Records:** All medical records transported by the Stony Brook University Hospital Courier Services (Hospital Courier) between the Hospital or Health Sciences Center (HSC) and off-site locations will be placed in approved secure bins, bags and carts. The transport vehicle will be kept completely locked and secure at all times.

**Press: Release of Patient Information** The hospital Public Relations Department confirms the condition of a patient provided the name of the patient has been furnished in the media request, unless the patient has opted out. Exceptions include patients being treated in a psychiatric unit, obstetrics unit, isolation room, and any unit that can be reasonably understood might cause embarrassment to the patient.

**Policy and Procedure for an Employee Responding to Governmental Investigations:** Stony Brook University Hospital (SBUH) shall have a standard procedure for employees to follow in the event of a governmental investigation. The policy shall inform the employees of their rights and the extent of the authority of the investigators. This policy is based on the Government Investigation requirements discussed in the SBUH Code of Conduct, Section II N (5).

**Corporate Compliance Code of Conduct:** University Hospital shall have a Corporate Compliance Code of Conduct that will be strictly adhered to by all University Hospital representatives.

**Marketing and Fundraising Activities:** Stony Brook University Hospital (SBUH) marketing and fundraising activities involving the use or disclosure of patient information may only be conducted after being approved by authorized Advancement or Planning staff at the Hospital that will ensure that all requirements for the use and disclosure of patient information have been met. Patient information or lists should not be used or released before this approval has been obtained from the authorized Advancement or Planning staff.

**Business Associate Agreements** This policy is to ensure that all business associates (BA) enter into an appropriate contract with SBUH that will provide satisfactory assurance to SBUH that the BA will appropriately safeguard the individually identifiable health information (IIHI), in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

**Review of Suspected HIPAA Violations** The purpose of this policy is to communicate SBUH’s responsibilities for the investigation and response to suspected violations of HIPAA and to provide specific instructions regarding appropriate action in the event of suspected violations.

**Patient Directory:** It is the policy of Stony Brook University Hospital (SBUH) to maintain a Patient Directory consistent with HIPAA regulations regarding patient privacy. Patient directory information, will be limited to (1) the individual’s name, (2) the individual’s general conditions in terms that do not communicate specific medical information about the individual (i.e. good, fair, serious or critical condition), (3) the individual’s location in the facility; and (4) the individual’s religious affiliation.

**Health Insurance Portability and Accountability Act (HIPAA) Training Policy** To ensure that each member of Stony Brook University Hospital's (SBUH) workforce is trained in the pertinent provisions of HIPAA including awareness training for privacy [45 CFR § 164.530 (b)], security, and administrative simplification issues.
Acceptance of Legal Papers: The purpose is to provide guidelines for receipt of legal papers on behalf of Stony Brook University Hospital and/or Hospital employees related to hospital matters or hospital personal.

Responsibilities for Preventing and Detecting Fraud: Stony Brook University Hospital (the Hospital) is committed to complying with the requirements of Section 6032 of the Federal Deficit Reduction Act of 2005 and all applicable federal and New York State false claims laws and regulations in preventing and detecting any fraud, waste, or abuse in the organization. This policy is intended to comply with the requirements of the Deficit Reduction Act and will be modified as necessary to do so.

Reporting of Compliance Violations or Suspected Violations and Non-Retaliation/Non-Retribution: The Compliance Program will maintain a culture that promotes prevention, detection and resolution of instances of conduct that do not conform to federal and state laws, Stony Brook University Hospital (SBUH) policies or the SBUH Code of Conduct. SBUH is committed to encouraging the disclosure of any known or suspected wrongdoing and prohibits retaliation or retribution against any "workforce member" who reports such known or suspected violations.

Definition of Treatment, Payment and Health Care Operations Relative to HIPAA Compliance: In accordance with the HIPAA Privacy Rule the following definitions of Treatment, Payment and Operational functions under the SBOHCA arrangement are provided to protect the privacy of SBUH patient’s health information without creating an unnecessary barrier to the delivery of quality health care. Use and disclosure of Protected Health Information without patient authorization is generally prohibited under the Privacy Rule, except in the provision of Treatment, Payment and Operations as defined by the Covered Entity (SBOHCA). This policy ensures the provision of ready access to treatment and efficient payment for health care, as well as administrative, financial, legal and quality improvements activities which are essential to the effective operation of the health care system.

Identity Theft Prevention, Detection and Mitigation: Red Flag Alert Stony Brook University Hospital (SBUH), in compliance with the Federal Trade Commission (FTC) Red Flag Rule, will utilize the procedures that follow to prevent, detect and mitigate potential or actual identity theft/fraudulent use of an individual’s identity.

Media Calls to Medical and Other Staff: Stony Brook University Hospital (SBUH) staff and/or medical staff will not engage in a discussion with the press or medical as a representative of SBUH without prior consultation with the Director of Media Relations or a staff member of Media Relations on call for press. Information related to personnel, patients or other proprietary hospital business will not be discussed with press or medical unless appropriate authorization or consent has been obtained by the individual(s) who are the subject of the discussion or by their legal representative. Expert witness statements are permissible when unrelated to SBUH personnel, patients or proprietary hospital business.

Confidentiality Agreement with Tour Participants, Agents and Meeting Guests Stony Brook University Hospital workforce members take every precaution to protect the privacy of every patient whenever they provide tours of the facility, invite guests to meetings, or make hospital services or facilities available to outside agents.

HIPAA Violations Stony Brook University Hospital (SBUH) will take appropriate action, including but not limited to disciplinary action, against any member of its workforce who violates SBUH privacy policies and procedures and/or any applicable state or federal confidentiality laws or regulations, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH), New York State Public Health Law Article 27–F Confidentiality Law and HIV and New York State Mental Hygiene Law § 33.13.

Conflict of Interest: To protect both the integrity and objectivity of its employees in the performance of their assigned hospital duties.

Patient/Visitor Complaints and Grievances: Stony Brook University Hospital provides an effective system for the receiving and handling of patient complaints. The hospital advises patients of their right to complain about care, abuse or neglect and tells patients whom to contact. Complaints will follow the principles of complaint management.

Patient Rights and Responsibilities: Stony Brook University Hospital upholds New York State Department of Health, Joint Commission and HIPAA guidelines on patients’ rights; respects them in policy and practice; and informs patients of their rights and any responsibilities incumbent on them in the exercise of those rights. Stony Brook University Hospital will not require individuals to waive their rights to file complaints under HIPAA regulations as a condition of treatment, payment, enrollment in a health plan or eligibility for benefits.

Adoption: It is the policy of University Hospital to facilitate all legally sanctioned adoptions of
infants admitted to University Hospital which are either arranged privately or through an authorized adoption agency. All employees of University Hospital are prohibited from engaging in any phase of arrangements for the private adoption of any child born or hospitalized at University Hospital.

**RI: 0036 Notice of Privacy Practices Policy:** All Stony Brook University Hospital (SBUH) and its affiliated Organized Health Care Arrangement (OHCA) entities are expected to provide a Notice of Privacy Practices to a patient during their initial encounter with members of the OHCA after April 13, 2003. The notice will explain the privacy practices of the OHCA and how the OHCA members will use and disclose protected health information (PHI).

**RI: 0038 Confidentiality of Protected Health Information (PHI):** Protected health information (PHI) is strictly confidential and should never be given, nor confirmed to anyone who is not authorized under the Hospital’s policies or applicable law to receive this information.

**RI: 0050 Photography/Video-Recording of Patients** Photography or video-recording of patients for any reason or purpose may only be done with the consent of the patient or appropriate representative.

Please also note that there are Stony Brook University Campus Policies & Procedures pertaining to HIPAA Privacy and Security found on the SBU website(s): [www.stonybrook.edu](http://www.stonybrook.edu)

Including:
- SUSB Policy and Procedure on Research Subjects' Right to Privacy
- SUSB HIPAA Information and Communication Infrastructure Privacy and Security Policy
Important: Please read all sections. If you have any questions, please seek clarification before signing.

1. Confidentiality of Patient Information:

   a) Services provided to patients are private and confidential;
   b) Patients provide personal information with the expectation that it will be kept confidential and only be used by authorized persons as necessary;
   c) All personally identifiable information provided by patients or regarding medical services provided to patients, in whatever form such information exists, including oral, written, printed, photographic and electronic (collectively the "Confidential Information") is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure; and
   d) In my course of employment/affiliation with Stony Brook University Hospital (SBUH), I may be given access to certain Confidential Information.
   e) In accordance with New York State Public Health Law Article 27-F and Part 63 of 10 NYCRR AIDS Testing and Confidentiality of HIV-Related Information; no person who obtains confidential HIV-related information in the course of providing any health or social service or pursuant to a release of confidential HIV-related information (any information that indicates that a person has had an HIV-related test, such as an HIV antibody test; has HIV-infection, HIV-related illness, or AIDS; or has been exposed to HIV) may disclose or be compelled to disclose such information. Exceptions for legal disclosure are outlined in Part 63 of 10 NYCRR AIDS Testing and Confidentiality of HIV-Related Information (specifically in Section 63.6, Confidentiality and disclosure). Illegal disclosure of confidential HIV-related information may be punishable by a fine of up to $5,000 and a jail term of up to one year.
   f) In accordance with New York State Mental Health Law § 33.13 which governs the protection, confidentiality and disclosure of behavioral health services/psychiatric care/substance abuse. The law strictly limits disclosure of mental health related information. All disclosures of mental health related information in oral, written, and electronic form require an authorization signed by the patient/individual or their personal representative.

2. Disclosure, Use and Access of Electronic or Hard Copy Confidential Information:

   Any information acquired or accessed during the performance of work at SBUH in the course of assigned duties or in contact with any of SBUH affiliates must be kept confidential. This applies to all HIPAA Protected Health Information (HIPAA-e-PHI) and includes employee information, financial information, research information and SBUH business affairs.
Each individual working in the SBUH computer systems environment is responsible for protecting the privacy of the SBUH patients (HIPAA-e-PHI), employee information, financial information, research information and SBUH business information. They must also take care to preserve confidentiality of such information in conservations, and in handling, copying, storage of, and disposing of documents and any all electronic media that contains such information.

Access to SBUH networking systems and HIPAA-e-PHI systems, employee information systems, financial information systems, research information systems and SBUH business affair systems is permitted on an only as needed basis for the required performance of assigned responsibilities and does not allow access to any information that is not part of ones duties and responsibilities on a need to know basis, including ones own personal electronic information. The HIPAA privacy regulation allows for copies of personal information when requested through proper channels. Any violation of this acknowledgement or SBUH and SUSB policies and procedures is strictly prohibited.

SBUH networking and computer systems require passwords for access and only to people with an officially granted account. Each person is responsible for maintaining confidentiality by never sharing passwords or access and always locking or logging off an application, terminal or workstation when leaving an area. Each person is accountable for all activity under their password, account and or electronic signature. Such activity may be monitored.

Disclosure of confidential information is prohibited even after termination of employment, contract or any business agreement/relationship unless specifically waived in writing by an authorized party who has consulted with SBUH counsel and/or the SBUH Information Security Officer.

I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including, but not limited to co-workers, friends and family members). I understand that this obligation remains in full force during the entire term of my employment/affiliation and continues in effect after such employment/affiliation terminates.

3. Confidentiality Policy

I agree that I will comply with confidentiality polices that apply to me as a result of my employment/affiliation.

4. Return of Confidential Information

Upon termination of my employment/affiliation for any reason, or at any other time upon request, I agree to promptly return to Stony Brook University Hospital or my employer any copies of Confidential Information then in my possession or control (including all printed and electronic copies), unless retention is specifically required by law or regulation.
5. Periodic Certification

I understand that I will be required to periodically certify that I have complied in all respects with this Agreement, and I agree to so certify upon request.

6. Remedies

I understand and acknowledge that:
   a) The restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients, Stony Brook University Hospital and my employer (if different than SBUH); and
   b) My failure to comply with this Agreement in any respect could cause irreparable harm to patients, Stony Brook University Hospital and my employer.

7. Code of Conduct

I understand that I am responsible for reading and adhering to the ethics and standards of conduct as defined in the SBUH Corporate Compliance Code of Conduct. I am responsible to report any suspected violations of Compliance with the Code of Conduct. I understand in reporting a suspected violation I will not be disciplined or subjected to retaliatory actions for any report that I have made in good faith.

I understand that the University may initiate administrative actions against me in accordance with SBUH HIPAA policies, applicable collective bargaining agreements, federal/state and local government laws for disclosure of or unauthorized use of HIPAA-PHI or e-PHI, employee information, financial information, research information, SBUH business information, or non-compliance with the ethics and standards of the Code of Conduct. I understand that University sanctions or a violation may include, but are not limited to, penalties up to and including termination of employment, contracts and any other business relationship with SBUH. I understand that I may be subject to civil and/or criminal legal action.

I have received and read this Statement of Confidentiality and understand the requirements set forth in it.

Printed Name (LEGIBLY): ____________________________

SBU ID # (LEGIBLY) ________________________________

Signature: _______________________________________

Date: ___________________________________________