

NOVA SOUTHEASTERN UNIVERSITY

COLLEGE OF DENTAL MEDICINE

CLINIC MANUAL



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GENERAL INFORMATION

Prologue

The mission of the Nova Southeastern University College of Dental Medicine (NSU-CDM) is to educate students to become competent in all phases of the general practice of dental medicine and postdoctoral residents to become proficient in their respective specialty fields. The NSU-CDM is committed to ensuring graduates' excellence in the art and science of dental medicine and their commitment to independent, lifelong learning. This mission requires graduates to be knowledgeable in the biological sciences, clinically skilled, technologically proficient, compassionate, and sensitive to the needs of the public. The graduate will be competent to function as a member of, or in conjunction with, an interdisciplinary primary care health team.

The NSU-CDM fosters leadership and excellence in dental education through a commitment to

- recruitment and retention of the highest caliber of self-motivated students, residents, and faculty members
- innovative teaching methods, research, scholarship, professionalism, and ethical principles
- continuing education
- service to the local, national, and international communities
- commitment to promote a culturally sensitive and humanistic environment to faculty, staff, students and patients.

In support of this mission, the dental clinics are vital for the proper teaching of clinical dentistry. In addition, the dental clinic serves the community in providing for comprehensive oral health care at affordable prices. To meet the highest standard of care, it is mandatory that the students, faculty, and staff adhere to the protocols and guidelines contained in this clinic manual.

This publication presents the policies of NSU-CDM in relation to patient care, patient finances, and infection control. Students, staff, and faculty are instructed to be familiar with its contents. The clinic manual is accessible through the NSU-CDM's website and in the axiUm electronic health record under "Links".

This document will facilitate the ease with which the student will proceed with comprehensive patient care. However, the constant change in both learning and technology demands continual revisions to this manual. Therefore, as needed, students will be notified of any changes through e-mail or the axiUm a-mail system. This document may also be downloaded but should not be altered in any way.

As used in this manual, the term "student" generally applies to Predoctoral Students, Postdoctoral Residents, and Fellows. The term is also applicable to others who are authorized to work in NSU-CDM clinics under faculty supervision, such as Dental Hygiene students, Dental Assisting students, Externs, and others by virtue of certain written agreements.

Patient Service Philosophy

The mission of the patient care clinics of NSU-CDM is to provide comprehensive care with quality oral health care services to a diverse group of patients in a professional, caring, efficient, and safe environment. The students, faculty, and staff of NSU-CDM achieve this mission by:

1. Striving to provide comprehensive care to all patients in a manner that places the highest priority on the needs of the patient.
2. Interacting with every individual with dignity and respect at all times.
3. Dressing and acting in a manner that conveys caring, competence, and professionalism.
4. Being prepared, helpful, and courteous under all circumstances.
5. Encouraging a commitment by all students/faculty/staff to continually enhance their knowledge, skill, and judgment through “problem solving,” inductive reasoning, and activities that enhance research.
6. Maintaining an environment that is clean, efficient, and safe.
7. Maintaining a positive atmosphere of cooperation, sharing and teamwork, with appreciation for the unique contributions of each member of the NSU-CDM community to the achievement of our goals.

General Information

How To Reach Us

Fort Lauderdale (Davie) Main Location

3200 S University Drive, FL 33328
Telephone: (954) 262-7501 or (954) 262-1789
Fax: (954) 262-7164

Faculty Practice Dental Clinic at Davie

3200 S. University Drive, 2nd Floor
Fort Lauderdale, FL 33328
Telephone: (954) 262-7213 or (954) 262-4887
Fax: (954) 262-7355

NSU Dental Clinic at Cypress Creek

1201 W. Cypress Creek Road, Suite 201
Fort Lauderdale, FL 33309
Telephone: (954) 262-7530
Fax: (954) 262-2230

Pediatric Dental Clinic at Kids in Distress

819 NE 26th Street, Wilton Manors, FL 33305
Telephone: (954) 567-5650
Fax: (954) 561-8556

Craniofacial and Special Needs Pediatric Dental Clinic at JDM

1150 North 35th Avenue, Suite 220, Hollywood, FL 33024
Telephone: (954) 262-2187
Fax: (954) 262-2190

Mailman Segal Pediatric Dental Clinic

7600 SW 36th St, Fort Lauderdale, FL 33328
Telephone: (954) 262-1884
Fax: (954) 262-2505

OMFS Clinic at Broward Health Medical Center

1600 S. Andrews Avenue, 3rd Floor West Wing
Fort Lauderdale, FL 33316
Telephone: (954) 355-5703
Fax: (954) 355-5490

Levels of Care Available

NSU-CDM clinics are a component of NSU Health Clinics. NSU-CDM offers three tiers of clinical care under the management of NSU Department of Clinical Operations (DCO). The fees charged will be based on the practitioner and/or clinic where treatment is provided; no additional discounts or teaching cases are permitted because services are already provided at reduced fees.

1. The Predoctoral program is for students training to become dentists. Patients selected for this program must meet the needs of the educational mission of the program which is to provide comprehensive patient care to patients at a level suitable for students learning to become general dentists. Fees charged are approximately 1/2 of what is charged in the private sector, but the treatment is much more time-consuming as all treatment must be reviewed and supervised by our dental faculty.
2. The second tier is the Postdoctoral program. These are graduate dentists who are receiving additional training in general dentistry and/or specialty areas of dentistry. Postdoctoral clinic fees are 1/2 to 2/3 the amount charged in the private sector.
3. The third tier of care is our Faculty Practice clinics, where patients can receive care from NSU-CDM teaching faculty. The fees charged are comparable to what would be charged by a private dentist in the community.

Time Commitment for Treatment

Dental treatment at NSU-CDM will take longer than it would in a private dental office. Both predoctoral and postdoctoral students are learning to perform quality services and each step of treatment is carefully monitored and evaluated by a member of the faculty.

Predoctoral Clinics

The philosophy of the predoctoral program is to provide comprehensive care to patients of all ages. Adult patients are treated at our Davie and Cypress Creek locations. Pediatric dental care is provided at the NSU Clinics at the Kids in Distress location in Wilton Manors, Mailman Segal Pediatric Autism Clinic and at the Pediatric Dental Clinic at Joe DiMaggio Hospital in Hollywood.

In addition, students provide care at various community clinics including Broward Care Resource, Miami Care Resource, Caridad Center in Boynton Beach and other extramural locations.

The first visit for prospective patients to the student clinics requires a screening examination to determine their suitability as patients in the clinical program. After a preliminary evaluation of the medical/dental history and status, he/she will either be accepted or referred based on an assessment of many factors including but not limited to the potential value to the teaching program, ability to pay for treatment, availability for regular appointments, and ability of dental students to provide necessary care. Anyone who wishes to be treated in the student clinics needs to be registered on the screening wait list. For registration, patients must call (954) 262-7501 during regular business hours of 8:30 am to 5:00pm weekdays.

Individuals who qualify for admission to the predoctoral adult clinics at Davie are assigned to a student provider once a deposit of \$200.00 is paid. The patient will be contacted by telephone either by their assigned student or by Patient Management Coordinator (PMC) to schedule an appointment to begin diagnosis and treatment planning. This process usually takes several visits.

Before treatment can commence, the patient must have a comprehensive evaluation, which includes a dental and periodontal assessment, medical consultation as needed, and additional diagnostic procedures including photographs and necessary radiographs as prescribed by faculty. The student will meet with their faculty Team Leader to create treatment plan options to present to the patient.

Patients accepted for treatment in the Predoctoral program are required to have all of their treatment performed at one of the NSU-CDM clinics. Once a treatment plan has been accepted by the patient, the student dentist will coordinate appointments and referrals for any necessary specialty care at one of the postdoctoral clinics.

If for any reason the patient is unable to reach their assigned student dentist, the patient can dial 954-262-7500 for further assistance.

Urgent Care Clinic

The Predoctoral Urgent Care Clinic is a walk-in clinic for patients who have never been treated at Nova Southeastern University. The Urgent Care Clinic provides limited services to patients experiencing pain, swelling, and/ or a significantly compromised oral health situation. Patients are seen on a first come first served basis from 8:30am to 10:30am and from 1:00pm to 3:00pm on Mondays, Tuesdays, Thursdays and Fridays. There are limited appointments available, and they will be assigned according to the time of registration.

There is a nonrefundable fee of \$180, which is utilized for the evaluation, x-rays and any given treatment at the time of the appointment in the Urgent Care clinic. Should the patient require treatment in any other department at NSU-CDM, there will be an additional charge, depending on the service(s) rendered.

During the urgent care visit only the patient's most urgent need will be addressed. After the emergency is treated, the patient will need to see a dentist in the private sector to schedule follow-up appointments for definitive care, or they can request to be placed in the NSU-CDM's patient application pool to be evaluated for admission to the NSU-CDM for comprehensive dental care. Patients will not be seen on a repetitive basis in the Urgent Care Clinic.

Faculty Practice

The mission of NSU-CDM Faculty Practice is to provide individuals the option of treatment with our teaching faculty. It is truly where academics meet clinical excellence. All phases and specialties of dentistry are provided at locations in Broward County.

The Faculty Practice Clinic accepts commercial insurance and are preferred providers with Humana, Delta Dental and MetLife.

Further information and appointments may be scheduled by calling (954) 262- 7213 or 954-262-4887.

Postdoctoral Clinics

Advanced general dentistry is provided by postdoctoral residents in Advanced Education in General Dentistry (AEGD). Specialty care is provided by postdoctoral residents in Endodontics, Oral and Maxillofacial Surgery, Orthodontics, Pediatric Dentistry, Periodontology, and Prosthodontics at various locations in Broward County.

Patients treated by predoctoral students may be referred to one of the postdoctoral clinics for specialty care or if the patient's needs are too complex for the predoctoral program. In some circumstances after further evaluation, patients initially accepted into the predoctoral program may be deemed to have needs which are too complex for treatment by a predoctoral student. The patient will be given the option to either be referred to the postdoctoral program, to seek treatment in faculty practice or with a private dentist outside of NSU.

Prospective patients may also be scheduled in the appropriate postdoctoral clinic if they have been referred by an outside dentist or dental institution. This is applicable only for outside NSU-CDM dental referrals or for special screening sessions.

Advanced Education in General Dentistry: 954-262-1660, 954-262-1775

Endodontics: 954-262-1751

Oral and Maxillofacial Surgery: 954-262-7153

Orthodontics: 954-262-1706 or 954-262-1721

Pediatric Dentistry: Joe DiMaggio: 954-262-2187 / KID: 954-567-5650

Periodontology: 954-262-1637

Prosthodontics: 954-262-7217

Types of Services Provided

Endodontics

Root canal therapy and related services are offered using state of the art equipment and techniques, including sophisticated surgical microscopes. Depending upon the complexity of the treatment plan, patients may be treated by predoctoral students or by postgraduate dentists. In all cases, a faculty clinic instructor and treatment team supervise all care. Patients may be referred to this service after their initial appointment, after their treatment plan is complete, or by an outside referral (a licensed dentist or dental clinic). Patients referred directly to the Postgraduate Endodontic Clinic or by an outside dental referral may call (954) 262-1751 for an appointment.

Oral & Maxillofacial Surgery

Surgical treatment of dental and facial infections, tumors, injuries and other conditions of the teeth and jaws are provided in our outpatient clinic. Except for dental emergencies, new patients are generally referred to this clinic after their initial screening appointment, after their treatment plan is complete, or by an outside referral (a licensed dentist or dental clinic). Services are provided at the Davie and Broward Health OMFS Clinic locations, as well as at several area hospitals. Patients referred to the Oral and Maxillofacial Surgery Clinic may call (954) 262-7153 or (954) 355-5703 for an appointment.

Orthodontics

Comprehensive treatment of malocclusion problems ("braces") is available for children and adults. Postdoctoral students studying to become orthodontists provide most of the comprehensive orthodontic treatment. Predoctoral students under the supervision of a faculty dentist may provide minor tooth movement procedures.

Orthodontic services for patient with Medicaid insurance is provided at the KIDS location by a faculty dentist.

Parents and/or patients who are interested in treatment should call the Patient Management Coordinator at (954) 262-1721 or (954) 262-1706 to schedule an initial screening appointment in the Postgraduate Orthodontic Clinic at Davie.

Pediatric Dentistry

Comprehensive oral health care services are available for children from infancy through adolescence in our KIDS Pediatric Dentistry Clinic in an environment designed specifically for children. Special care is also available for children with disabilities or complex medical problems. Patients referred directly to the pediatric dentistry clinic or by an outside dental referral may call (954) 567-5650 or (954) 262-2187 to arrange for an initial appointment.

Periodontics

The program in Periodontics offers treatment of the gums and supporting structures of the teeth, including disease prevention, surgery, maintenance, implants, and other current therapies. Most patients receive periodontal services as part of their comprehensive care at the NSU-CDM. Depending on the complexity of the treatment plan, most surgical treatment procedures are provided by Postdoctoral students. Predoctoral students may provide some minor surgery. Patients referred directly to the Periodontic clinic may call (954) 262-1637.

Prophylaxis / Oral Hygiene Maintenance

Predoctoral dental students provide the majority of hygiene services to patients in the predoctoral clinics. In addition, dental hygiene students from accredited state programs, under the supervision of faculty, provide routine cleaning of teeth (prophylaxis) and other preventive services in the

Predoctoral Clinic at Davie. This service is performed in conjunction with the patient's treatment plan.

Registered dental hygienists also provide hygiene and periodontal maintenance services to patients in Faculty Practice and in several of the postgraduate clinics.

Prosthodontics

Individuals with complex prosthodontic, restorative dental problems or complicated cosmetic/esthetic treatment and sleep apnea/snoring can receive treatment from postdoctoral students studying to become Prosthodontists. These students are available to address the needs of patients requiring complicated dentures, crowns, bridges, implants and implant restorations. Appointments may be arranged by referral to our postgraduate prosthodontic clinic or by outside dental referral by calling (954) 262-7217.

Radiology / Dental Imaging

Conventional film-based and digital dental, panoramic, cone-beam and cephalographic examination and reformation of axial CT scans into SimPlant Planner for dental implant design are available to NSU-CDM patients and to the private dentist on a referral basis. Outside dentists may request protocol and procedures for implant image reformation or schedule an appointment by calling (954) 262-7213.

Temporomandibular Joint (TMD)

Following a comprehensive evaluation and treatment plan, treatment of facial pain and disorders of the temporomandibular joint is provided by the attending faculty and postdoctoral students. A patient may phone (954) 262-7213 to schedule an appointment.

All patients referred to the NSU-CDM from a private dentist or outside clinic for limited treatment, will be referred back to the referral source upon completion of that treatment.

PATIENT CARE INFORMATION

General Standards of Patient Care

The NSU-CDM has a non-discriminatory policy for all patients.

All new patients are given a packet containing the NSU-CDM HIPAA Privacy Notices, the Patient Registration form, the NSU-CDM General Consent to Treat form, the HIPAA Educational Consent form and the NSU-CDM Acknowledgement of Receipt of HIPAA Privacy Notices form. Picture ID is required and will be scanned into the patient record at time of registration. The General Consent to Treat form must be signed by the patient or patient representative before any treatment is provided.

The HIPAA Educational consent allows NSU-CDM to use protected patient information, including photographs, in educational presentations.

The Receipt of Privacy Notices simply acknowledges that the patient has received our privacy notices, and must be signed by either the patient, patient representative, or a staff member if the patient refuses to sign.

The Receipt of Privacy Notices and the Educational consents are not required to be signed prior to treatment.

All dental treatment will be provided in the most appropriate dental program for the individual patient. At any time, during the course of treatment, patients may be referred or transferred to a different program based on the level of difficulty and fees will change based on the program of the treating provider. In some circumstances, a patient may no longer be considered suitable for the teaching program and may be dismissed.

Patients accepted for treatment will have a review of their dental and medical history, a clinical evaluation, necessary radiographs, and a complete explanation of all viable treatment plan options including estimated fees.

Before initiation of any treatment, the patient will indicate their acceptance of the treatment plan by signing the designated form. The faculty supervisor must approve the plan. All treatment will be provided in sequence according to the accepted treatment plan, except where a change is in the best interest of the patient. All treatment will begin as soon as possible, on a scheduled basis and during normal clinic hours. Each day's treatment will be explained to the patient before beginning and will be accomplished with adherence to all proper asepsis and infection prevention procedures.

Treatment plans may need to be altered depending on the existing circumstances at the time of a dental visit. This may mean the cost of treatment will change according to the new treatment plan or according to a change in provider from student to resident. Periodically, the NSU-CDM reviews its fee structure and may alter its fees for individual treatment. Treatment plans and fees listed will be honored for one year from the date of patient acceptance of the treatment plan for treatment provided in the same clinic. Treatment plans should be reviewed and revised on an annual basis. If a fee increase has occurred, the change and notice will be given to each patient.

Payment must be received prior to the initiation of the individual treatment procedure. Cash, check, credit cards or Care Credit are the preferred payment options. Payment plans for extensive treatment plans in some postdoctoral clinics and Faculty Practice may be available on an individual basis. Care Credit is routinely used for comprehensive orthodontic treatment. Patients requiring comprehensive prosthodontic treatment will have to establish financial arrangements through the PMC, consisting of a down payment equal to one third of the estimated cost of the treatment plan and a monthly payment plan for the remainder two thirds of the treatment cost. Monthly payments are required regardless of whether or not the patient has a dental visit during the month.

Upon completion of treatment, the appropriate faculty will determine quality of care and assess the need for any further treatment. For limited specialty care, the patient will be referred back to their primary care dentist for continuing care. For patients in one of the comprehensive care programs, maintenance care (recare) may be an option. Patients selected for the Recare programs must be willing to abide by the policies and requirements of each program.

Patients with Disabilities

The NSU-CDM is required by law to facilitate the needs of patients with disabilities. Students who require advice or assistance in accommodating the needs of their patients should consult with the Manager for Front Desk Operations, prior to patient's appointment.

Florida Patient's Bill of Rights and Responsibilities

Patient-centered dental care depends upon mutual understanding and cooperation between the patient and the entire oral health care team. The students, faculty and staff of NSU-CDM are dedicated to complying with Florida Statute 381.026.

A summary of the patient's rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

NSU-CDM Patient Rights and Responsibilities

The patient has the right to:

1. Considerate, respectful and confidential treatment.
2. Continuity and completion of treatment.
3. Have access to complete and current information about his/her condition.
4. Have advance knowledge of the cost of treatment.
5. Receive an explanation of recommended treatment, treatment alternatives, the risk of no treatment, and expected outcomes of various treatments. The patient also has the right to refuse treatment, however NSU-CDM is under no obligation to continue treating the patient if the patient rejects our treatment recommendations.
6. Treatment that meets the standard of care in the profession.

The patient has the responsibility to:

1. Provide complete and accurate information regarding general health and past dental care and to inform the predoctoral dental student of any changes regarding present health.
2. Notify the predoctoral dental student or clinic staff of any change of address or telephone number.
3. Commit to following a regular schedule of appointments for treatment.
4. Arrive promptly for appointments and provide advance notice of at least 24 hours when an appointment cannot be kept.
5. Make payment for services at the beginning of each appointment or comply with an established schedule of payment.
6. Cooperate with his/her oral health care team in following the accepted plan of treatment.
7. Comply with recommended preventive care, including home oral hygiene instructions and professional Recare.

Protocol for Becoming a Predoctoral Patient

Patients scheduled for screening must first complete the Pre-screening form (Appendix A) which outlines the parameters for becoming a patient in the predoctoral program. The fee for screening is not refundable.

The Screening Medical History is completed prior to the evaluation. If medical conditions (such as elevated blood pressure) warrant medical consultation, the screening will be rescheduled. If medical consultation is not required, a panoramic x-ray is taken, and a limited screening exam is performed.

The Triage/Screening form in axiUm is used to document the patient needs so patient can be appropriately assigned.

Patient Assignment Predoctoral / Post Graduate Clinics

Predoctoral Clinics

Patients are assigned to students according to the complexity of the patient's dental treatment. The more complex cases will be assigned to the more advanced students. The maximum number of patients in a student's family will be determined by the Associate Dean of Clinical Services/Team Leader and monitored by the Patient Management Coordinators (PMC). The number of patients assigned to a student is limited in order to assure comprehensive care is delivered in a timely manner. It is the responsibility of the predoctoral student to ensure that patient care is continuous, and patients are scheduled on a regular basis. The PMC addresses all patient administration issues, i.e. scheduling, contact with student, monitoring student family to assure that patients are being seen in a timely manner. Any problems regarding scheduling or management issues with patients should be brought to the attention of the respective PMC.

All patients seen by a predoctoral student must be assigned to the student's family of patients. Students can be assigned to a patient as their primary provider or as a secondary provider. If the student is the primary provider, they are fully responsible for the treatment and management of that patient, while the patient is assigned to them. Patients can be assigned to a student for a limited period of time, such as when a student is on a clinical rotation or for a particular procedure.

1. It is the student's responsibility to check their patient family on a daily basis for new patient assignments.
2. Once the maximum number of primary patients in the student's family is reached, no new patients will be assigned without a patient being completed, transferred, or dropped.

Postgraduate Clinics

Patients seen in the Postdoctoral Clinics are assigned to students according to the complexity of the patient's dental treatment. The PMC makes the assignment of patients in axiUm upon approval of the Program Director. It is the resident's responsibility to ensure the patient is assigned to their

patient family before treatment commences and to ensure that patient care is continuous, and patients are seen on a regular basis.

The PMC, with the support and guidance of the Program Director, will address and resolve patient administrative problems. The appropriate faculty will address and resolve all patient care issues.

The Program Director and PMC will regularly check the axiUm system to review each student's family of patients and ensure that treatment is progressing appropriately to completion.

Patient Appointments

All patients seen in any NSU-CDM clinic must have a scheduled appointment in axiUm, and the patient must be checked in by front desk staff before any treatment is performed.

Scheduling policies vary by clinic. In some of the clinics, students and residents are permitted to schedule patients in axiUm if they have a pre-reserved chair. In some clinics, all management of patient scheduling is handled by PMCs.

For the Davie Predoctoral Clinic, students have a pre-reserved chair for one session on their priority day and can self-schedule their patients. If no patient is scheduled by 3 pm / 48-hours prior to the day, the chair will be released to be used for appointment requests. Students must submit an appointment request to the PMCs to request a chair on any other clinic session. Students will have priority for appointment requests on their priority days (A group - M/TH and B group – T/F). For any other days, including the evening clinic sessions, students must utilize appointment requests.

Predoctoral patients at all other clinics are scheduled by clinic staff.

Failure to contact newly assigned patients within five (5) days may result in patient reassignment to an alternate student.

All students, on initial contact with a patient for an appointment, will introduce themselves as a student at NSU-CDM and will spell their first and last name for the patient. All students will provide to the patient the appropriate NSU-CDM phone number and a personal phone number where a contact can be made after hours. All students will inform the patient where he/she is to register when presenting for the appointment.

Phone voice contact with patients is preferred. Text messaging should only be used to confirm appointments and not to discuss treatment concerns. If patients communicate with the student via text messenger or email regarding their treatment, the student should contact the patient verbally and schedule as needed. All communication with the patient should be documented in the electronic health record (axiUm). Student may contact the PMC to enter contact notes regarding non-treatment issues. All patient concerns in regard to treatment issues needs to be documented in the EHR Tx History and approved by faculty.

At the conclusion of the initial visit, the predoctoral student or postgraduate resident, with the PMC, will schedule subsequent appointments to obtain necessary medical/dental information to develop a treatment plan(s) to be presented to the patient. All payments are to be made prior to starting treatment, usually at patient check-in.

Forty-eight (48) hours prior to the scheduled appointment, the patient will receive an automated appointment reminder (call, text, or email). PMC at each clinic site will attempt to confirm all scheduled patients prior to the appointment however, it is the patient's responsibility to keep the appointment or cancel with at least 24-hour notice and update personal contact information as needed. Failure to keep scheduled appointments or cancel without adequate notice may result in patient dismissal.

All appointments are automatically recorded in the patient's electronic health record.

Start Check Guidelines for Predoctoral / Post Graduate Clinics

Predoctoral Clinics

Before any dental procedures starts by a student provider, an electronic start check is required from the supervising faculty member.

Procedure/process: the predoctoral student will bring up the start check form prior to seating the patient to verify that no outstanding issues are present (red items). The student will obtain any missing required consents and refresh the form prior to calling over the instructor. The student should also update the medical history and begin their case note. The faculty will review the form and assist the student in resolving overdue and unapproved items and verify the correct phase of the treatment plan. This may require that recare treatment be performed instead of the originally planned procedure. This should also be documented in the open case note. The faculty will electronically authorize the treatments to be performed.

Postgraduate Clinics

When performing treatment in the postdoctoral clinics, residents will discuss the planned procedures with faculty prior to starting treatment.

Protocol: Present the case to faculty before starting any treatment.

- A. Describe the procedure or treatment plan(ned).
- B. Ensure with faculty that the patient has agreed to the proposed treatment plan and that the treatment plan is signed by the patient.
- C. Inform faculty of patient's medical history.
- D. Ensure consent form is signed.

The Patient Record

All patient contacts must be clearly documented in the patient record. The patient dental record is a legal document; as such, records are to be maintained in an accurate, timely and comprehensible manner. It is the policy of the Nova Southeastern University College of Dental Medicine Dental

Clinics (“NSU-CDM”) that a dental record entry must be made for every patient interaction that occurs (only information that pertains to the treatment provided), from a missed appointment to a final denture adjustment. Further, the NSU-CDM shall utilize reasonable efforts to ensure the following:

1. all services are documented the same day the service was provided. This includes entry of appropriate billing codes; completion of necessary forms and a progress note accurately documenting services provided and patient discussion.
2. all notes, codes and forms need to be electronically approved by the supervising faculty on the same day the service was provided in order to maintain an accurate dental record. Failure to comply, provider(s) will be locked out of axiUm.

In the event that post-visit documentation or amendment is needed, any missing codes must be entered with the actual date of the patient visit. Postdated notes or amendment to a note need to be added by right clicking on a code with the correct date of service, in order to attach the note. *This policy applies to all dental school clinics without exception.*

The patient dental record includes, but is not limited to, an appropriate medical history; results of clinical examination and tests conducted, including the identification, or lack thereof, of any oral pathology or diseases; any radiographs exposed or used for the diagnosis or treatment of the patient, including findings; proposed treatment plan; documentation of patient informed consent; treatment rendered to the patient; post-op instruction and copies of prescriptions.

All patient dental records are the property of the NSU-CDM, and access is granted or released to the student for the purpose of recording patients' treatment.

Paper records must be turned in immediately at the end of each appointment to be scanned into the electronic record and are never to be stored in student lockers or removed from the NSU-CDM premises.

The NSU-CDM is committed to protecting patient health information and promoting confidentiality and security. Patients' right to privacy concerning their medical and dental status must be respected. Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, patients have certain rights concerning their health information. Patients in the NSU-CDM shall receive a Notice of Privacy Practices describing how the NSU-CDM may use their protected health information.

It is the responsibility of the NSU Office of HIPAA Privacy to assure that policies are reviewed and updated as needed. It is imperative that faculty, students and staff take the annual refresher course and follow the HIPAA Privacy and Security Regulations and HIPAA Privacy, HIPAA Research and Security Policies (“HIPAA Policies”) implemented by Nova Southeastern University. The HIPAA Policies apply to all faculty, students and staff within NSU-CDM.

Violations of the NSU-CDM HIPAA Policies regarding privacy/security of PHI or electronic Protected Health Information (“ePHI”) shall be reported to the HIPAA Privacy Officer for the CDM for potential disciplinary action, up to and including dismissal, in accordance with the Office of Human Resources Employee Policies, or NSU-CDM policies, as applicable.

Refer to the NSU Office of HIPAA Privacy website at <https://www.nova.edu/hipaa-privacy/index.html> for updated policies, forms, and training information.

Treatment Plans and Patient Consent

The NSU-CDM treats patients only with their voluntary and informed consent or that of their legally authorized representative and ensures that this consent is appropriately documented.

Regardless of the extent of treatment, there must be a treatment plan in the patient's health record. The plan must include the planned treatment procedures and associated fees. NSU-CDM policy requires that all individuals providing oral health services discuss with the patient the possible benefits, outcomes, and risks of the proposed treatment, and any alternative treatments including having no treatment, as well as the cost of the proposed treatment and the financial policies of NSU-CDM. The patient must have an opportunity to ask questions and obtain answers from the supervising faculty to any questions regarding the proposed treatment.

Appropriate written informed consent is required for commencement of treatment for all patient care. The NSU-CDM general consent to treat must be present in the electronic health record, signed by the patient or patient legal representative prior to any treatment being performed. All surgical procedures require a separate and detailed informed consent. Additional specialized consent forms may be required for some other treatment procedures.

Informed consent may be granted, or treatment refused, by competent adults who are 18 years of age or older. For patients under the age of 18, in the event that the natural parents, adoptive parents or legal guardians are not available for consent, Florida law specifies that consent can be given by the following in this order: (1) a healthcare surrogate or a person who possesses power of attorney to provide medical consent for the minor, (2) the stepparent of the minor, (3) the grandparent of the minor, (4) an adult brother or sister of the minor and (5) an adult aunt or uncle of the minor. NSU-CDM does not have an obligation to treat patients who refuse to sign treatment consent and/or abide by treatment recommendations.

If a dentist outside of NSU-CDM has referred the patient for limited treatment, the record must indicate the patient was informed that they need to return to the referring dentist for continuation of care. Should the patient wish to have their comprehensive care provided at NSU-CDM, the patient would need to follow the established screening protocol for new patients.

In the event that the electronic health record is unavailable:

Due to the fact that the electronic health record at NSU-CDM contains the patient's dental/medical history and digital images, the supervising faculty needs to determine whether the patient can be treated without having the electronic health record available.

If treatment can be provided, the student should acquire the approved paper encounter form (see appendix E) from the front desk, complete the paper form with the proper documentation of the treatment provided, and have the paper form signed and dated by provider and faculty. The form must then be submitted to the appropriate clinic supervisor for attachment into the electronic health record as soon as possible.

Consent for the Release of Information

Requests for Access

Patients have the right of access to the information contained in their records by written request. Any request for such information, including radiographs, should be referred to the Nova Southeastern University, College of Dental Medicine Dental Clinic (“NSU-CDM”) Associate Dean of Clinical Services and/or their designee. Patients must authorize in writing any release of information.

All patient dental records are the property of the NSU-CDM. However, upon request, the NSU-CDM must allow a patient to inspect and/or obtain a copy of his or her own medical records, billing records, or other records used by the NSU-CDM to make decisions about the patient.

The patient does not have the right to actually inspect the electronic medical record system. If the patient requests the right to see the record rather than obtaining a copy, the records contained in the electronic medical record system (e.g., axiUm) will be printed and a hardcopy file will be given to the patient for inspection at a designated time and place, or, upon specific request by the patient, provided electronically in accordance with university policies. It is the policy of the NSU-CDM that no patient will be permitted access to the electronic medical record system. Accordingly, no employee, staff member, student or any other individual associated with the NSU-CDM is permitted to grant a patient access to the electronic medical record system.

Additionally, it is the policy of this NSU-CDM to have the NSU-CDM HIPAA Liaison(s) (e.g., the Associate Dean of Clinical Services), or their designee remain with the patient as he/she reviews the record.

Requests for Release

The patient may request a copy of his/her record. All requests for copies of records by a patient must be in writing and should be referred to the Associate Dean of Clinical Services and/or their designee. Under no circumstances should students or faculty copy records for patients or third parties. A completed and signed Authorization for Use and Disclosure for Protected Health Information should be present. If it is not present, the patient or his/her personal representative will be contacted and the NSU Authorization for Use and Disclosure for Protected Health Information form will be obtained. Records can be delivered by paper, CD or email per patient’s request and a nominal fee will be charged.

The Associate Dean of Clinical Services and/or their designee is responsible for receiving all subpoenas, court orders, and written requests for medical records directed to the NSU-CDM Predoctoral clinic. All subpoenas, court orders, and written requests for medical records shall be forwarded to legal counsel for review via facsimile within twenty-four (24) hours of receipt of same. While the Associate Dean of Clinical Services may select a designee for receipt and forwarding any subpoenas, court orders and written requests for medical records to legal counsel, the ultimate responsibility remains with the Associate Dean of Clinical Services.

Procedure

1. Immediately upon receipt of any subpoena, court order, or written request for medical records, the Associate Dean of Clinical Services or their designee shall forward said request to legal counsel for review via encrypted email.
2. If the subpoena, court order, or written request was received via mail, the envelope in which the request was sent must be retained.
3. Legal counsel will review the request and provide further direction to the Associate Dean of Clinical Services or their designee, detailing which records should be sent, if any, and any further procedures to follow.
4. Once informed as to the appropriate response to the subpoena, court order or written request for medical records, the Associate Dean of Clinical Services shall be responsible for utilizing reasonable efforts to ensure that the appropriate requested medical records (both electronic and paper record, as applicable) are retrieved, copied, redacted (if necessary) and sent to the requestor as directed by legal counsel.
5. If legal counsel advises that no action is to be taken with respect to the records request, the NSU-CDM is to take no action until receiving further direction from legal counsel.
6. If no records are located for the patient, written correspondence is to be sent to the requesting individual stating that, after a diligent search, no records were located pursuant to their request.
7. The Associate Dean of Clinical Services or their designee is responsible for documenting and retaining in electronic and written format a record of all disclosures.
 - A copy of the Authorization for Use and Disclosure for Protected Health Information and/or a copy of the written request for information are scanned into the electronic health record. The original hardcopy Authorization for Use and Disclosure for Protected Health Information is maintained in accordance with the University's record retention policy.
 - A copy of the request and Authorization for Use and Disclosure for Protected Health Information is attached to the health information and is mailed to the requestor or made available for pick up from the NSU-CDM.
 - The requested information is copied/printed or burned onto a CD as requested by the patient.
8. Super-Confidential Records – Certain information has been deemed super- confidential under Florida and/or Federal law. This includes information relating to mental health issues, HIV/AIDS, sexually transmitted diseases, and substance abuse. If directed to redact super-confidential information by legal counsel, the Associate Dean of Clinical Services shall utilize reasonable efforts to ensure that all records are reviewed by clinically qualified

personnel for any super-confidential information and redacted prior to release. If information is redacted, when sent, the records should be accompanied by a cover letter indicating that records relating to super-confidential information have been redacted.

9. Subpoena Duces Tecum Requests Which Require an Appearance - Many of the records requests via subpoena the University receives are notices of production from non-party or subpoenas which do not require an appearance of a witness. These notices or subpoenas may request certain medical records related to a particular patient and require the appearance of a records custodian. Any notice or subpoena seeking disclosure of patient medical records and requiring the appearance of a records custodian or any other representative of NSU shall be handled as follows: (1) the Associate Dean of Clinical Services or their designee shall submit a copy of the subpoena to legal counsel for review and (2) maintain a copy of the subpoena in accordance with NSU's record retention policy. The Associate Dean of Clinical Services or their designee will act as liaison with legal counsel regarding those subpoenas requiring witness attendance.
10. Exceptions – The following medical records requests are not required to be forwarded to legal counsel for review:
 - Records request by dentists/physicians for continuing care – Records requested by dentists/physicians in the context of providing continuing care to patients are not required to be forwarded to legal counsel for review. However, in accordance with the HIPAA Policies, the patient will be required to complete and sign an Authorization for Use and Disclosure for Protected Health Information for the release to the requesting dentist/physician.
 - Requests for Billing Information – It is not uncommon for patients to request a copy of their billing record. In many cases, the billing record itself contains significantly detailed descriptions of the services that were performed and would therefore constitute Protected Health Information. Requests for billing records as described above are not required to be reviewed by legal counsel. However, in accordance with the HIPAA Policies, the patient will be required to complete and sign an Authorization for Use and Disclosure for Protected Health Information.
 - Mandatory Disclosures to the Department of Health – Reporting suspect and confirmed notifiable diseases or conditions in the State of Florida is mandated under Florida Statute § 381.0031 and Rule 64D-3, Florida Administrative Code (F.A.C.). Persons in charge of laboratories, practitioners, hospitals, medical facilities, schools, nursing homes, state institutions, or other locations providing health services are required to report diseases or conditions and the associated laboratory test results listed in the Table of Notifiable Diseases or Conditions, identified in F.A.C. Rule 64D-3. The disclosure of said information to local or state health departments for these purposes is specifically permitted and exempt from the review requirements of this policy.
11. Additional Assistance – In the event that additional assistance is required in preparing a response to a subpoena, court order, or records request, legal counsel is available for assistance. Any requests for legal counsel assistance must be submitted in writing via facsimile.

12. Fee For Copies: A dentist may charge a fee for copying reports or records not to exceed the cost per page charged by the Clerk of the County Court where the dentist practices. The fee for copies of x-rays shall not exceed actual cost of duplication. Payment of copying fees may be required upon delivery of the copies. Florida Administrative Code 64B5-17.009 Patient Records; Copying Charges; Timely Release.

Medical Consultations Predoctoral / Post Graduate Clinics

An electronic medical consultation form is available in axiUm. The form requires the patient's medical history, with current medications and medical alerts, to be present in axiUm. Once printed and signed by the patient, the form may be used to obtain medical information from the patient's physician in cases where medical conditions may affect or be affected by dental treatment.

Predoctoral Clinics

When a medical consultation is necessary, the student must seek out a member of the Department of Diagnostic Sciences to discuss the specific case and the nature of the consultation. The electronic medical consultation form should be completed, printed, and given to the patient for transmittal to their physician. This will ensure that a copy of the request is in the patient's electronic health record. It is ultimately the patient's responsibility to return the completed form to the CDM. Elective dental care may need to be deferred until the consultation is returned and reviewed by a faculty member in the Department of Diagnostic Sciences.

Once the form is returned, the student must discuss this information with a faculty member in the Department of Diagnostic Sciences. It is mandatory that a notation be made on the Medical Update page and in the daily treatment record that summarizes the necessary modifications to the patient's treatment plan. An appropriate entry in the alerts section of the patient's electronic health record should also be made. The completed medical consultation form must be turned in to the front desk to be scanned into the patient's electronic record.

Remember, you are not asking the patient's physician for permission to perform dental care. Rather, you are asking for specific medical information that will allow you to determine the appropriate treatment protocol for your patient. It is therefore necessary for each dental student to approach the faculty member in the Department of Diagnostic Sciences with the exact information they wish to request of the physician of record prior to sending out the consultation form. Dentists are responsible for the care they provide which must ascribe to the prevailing standard of care. Examples of this include, but are not limited to, the American Heart Association's recommendations for the prevention of bacterial endocarditis or the American Association of Orthopedic Surgeons' recommendations on the prevention of late prosthetic joint infections. Individual physician recommendations that do not ascribe to the prevailing standard of care will be addressed by the faculty of the Department of Diagnostic Sciences.

With the exception of stat (verbal) consults, no elective treatment should be initiated until the consultation form has been discussed with a faculty member from the Department of Diagnostic Sciences.

Postgraduate Clinics

Medical consultation forms are available in the Postgraduate Clinics and similar protocol as in the predoctoral clinic is to be followed under the direction of the supervising faculty in the postgraduate clinic.

If questions remain, the faculty in the departments of Diagnostic Sciences or Oral & Maxillofacial Surgery can be consulted.

Medical Emergency Procedures

Stay with the patient, send a nearby student, staff or faculty member to the Oral and Maxillofacial Surgery (OMFS) clinic to request assistance of a faculty member if available. The faculty member covering this patient on the clinic floor should also be immediately notified.

- All offsite clinics are to call 911.
- Automatic External Defibrillator (AED) are located on each floor in the Dental Building.

Davie Campus Medical Emergencies During Clinic Hours

Emergency Phone Numbers

- Oral Surgery Clinic: ext. 27153
- Noalert: ext. 28999
- ***Please DO NOT use a cellphone to call 911***

Basic Principles for all Emergencies

- Immediately stop the dental procedure
- Stay with the patient
- Immediately look at your watch and make note of the time
- Dispatch a student, staff or faculty member to the OMFS Clinic for an oral surgery faculty member or call 911 from an NSU phone
- Review the medical history in the electronic health record
- Position the patient comfortably (situation dependent)
- Record vital signs (BP, Pulse, Resp.) as soon as possible and then at 5-minute intervals
- Be prepared to initiate CPR
- Administer oxygen, if necessary

Once the Oral Maxillofacial Surgery or Oral Medicine Faculty arrives with the Emergency Cart

- A detailed assessment of the patient's condition will be made.
- Treatment will be rendered, or the paramedics will be summoned while the patient is stabilized.

Emergencies occurring during Non-Clinic Hours

Call

- Noalert: (954) 262-8999
- Paramedics: dial 9-911

If Noalert or the paramedics are called over the telephone be prepared to convey:

- The exact location of the patient
- The exact door of NSU-CDM to enter
- That a student, staff or faculty member will be there to meet them on their arrival

Once the Paramedics arrive:

- The attending faculty can relinquish primary responsibility for the patient's care to the paramedics.
- The faculty must remain available until the patient is safely transported for care in order to provide a chronology of events and any data recorded during the emergency.

NSU-CDM Emergency Medication and Equipment

The current emergency medication and equipment are readily accessible in all NSU-CDM Clinics.

Clinic Site	Program	Emergency Kit / Crash Cart Location
DAVIE NMR	1st Floor	Crash Cart is located in the Oral & Maxillofacial Surgery Clinic, Operating Room. An oxygen tank and first aid kit is located next to the panoramic
	2nd Floor Faculty Practice	Emergency kit is located in the middle hallway wall near the lockers.
	2nd Floor PG Clinic	Emergency kit is located on the wall in the X-ray room at the end of the clinic hall between Prosthodontics (7229) and Periodontic (7230) Clinics.
	2nd Floor Sedation Room	Crash Cart located in Sedation/Research Room #7217.
	3 rd Floor AEGD Clinic	Emergency kit is located on the wall underneath the cabinets.
	Predoctoral & AEGD Clinics	Emergency Kit is mounted on the wall near the clinic entrance.
CYPRESS CREEK		Emergency Kit is located in the closet on the clinic floor.
KIDS		Crash Cart is located in the Sedation Room.
JDM		Crash Cart is located in the Sedation Room.
MSDC		Crash Cart is located inside the clinic.
BHM/C		Crash Cart is located in operatory #3.

Clinic Site	Program	Automated External Defibrillator (AED) Locations
DAVIE	1st Floor	AED is located on the wall, next to the glass exit door on the east side of the dental building
	1st Floor Oral Surgery	AED is located in Oral Surgery Operating Room
	2nd Floor	AED is located on the back wall near the water cooler
	3 rd Floor	AED is located in the Ziff building near the Employee Wellness Center
CYPRESS CREEK		AED is located on the clinic wall by the front desk.
KIDS		AED is located on the wall in central Sterilization Room
JDM		AED is located next to the Panoramic machine
MSDC		AED is located immediately outside of the clinic on the left wall
BHMC		AED is located in operatory #3

Reporting of Adverse Events

Students must immediately report all adverse events to supervising faculty. Supervising faculty shall immediately notify the Associate Dean of Clinical Services who will contact Risk Management. In consultation with Risk Management, all legally required reports will be submitted.

Initiating Patient Care Predoctoral / Post Graduate Clinics

Predoctoral Clinics

It is essential that all patients are cleared for treatment by clinical faculty prior to the initiation of the evaluation. Patients being evaluated for comprehensive care will begin with a comprehensive oral evaluation.

1. At the initial evaluation visit, additional radiographs if needed, will be taken. Impressions are routinely made for diagnostic casts; intraoral photographs are taken. The charting of the restorative and periodontal condition of the patient will also be completed and approved by the team leader. Caries risk assessment will be performed, and a preventive treatment plan developed based on the oral disease risk assessment. Consultations with specialty faculty should be documented on the Clinical Exam form.
2. After data collection is completed, a tentative treatment plan should be developed in collaboration with the team leader. The student will input the optimal and any alternative treatment plans that were developed with the team leader, including proper phasing and sequencing, into the axiUm electronic health record. The plan must also contain proper diagnoses for the treatments, and notes listing the benefits and risks of the planned treatment. All treatment plans to be presented to patients must be pre-approved by team leader and periodontist.
3. In some cases, a limited diagnostic or emergency treatment plan, or a limited phase I oral disease control treatment plan will be needed before comprehensive treatment planning can occur. If there is an immediate dental emergency before the comprehensive treatment plan has been developed, a patient can be referred to the Urgent Care clinic for treatment only for the specific emergency. Provider must inform the patient the additional emergency fee.
4. Before any treatment begins, the student and the patient must electronically sign the treatment plan, as well as the appropriate informed consents, either on paper or electronically in axiUm.
 - *Under no circumstances can treatment begin until a Treatment Plan is approved and signed by the patient.*

Post Graduate Clinics

1. All patients will have an evaluation including necessary radiographs, prior to treatment. The extent of the evaluation (limited or comprehensive) will depend on the specialty clinic and the circumstances under which the patient is being treated.
2. Before any treatment begins, the appropriate faculty, and the patient must sign the treatment plan, as well as the appropriate informed consents, either on paper or electronically in axiUm.
 - *Under no circumstances can treatment begin until a Treatment Plan is approved and signed by the patient.*

Financial Arrangements

After a complete evaluation of the patient's dental needs, the patient will receive an estimate of the cost of treatment. The payment process must be explained to the patient. Payment is required at the time of treatment for each procedure. NSU-CDM will accept cash, personal checks, money orders, American Express, Visa, MasterCard and Care Credit. Insurance including Medicaid is not accepted for any procedures in the Davie predoctoral clinics. Medicaid is accepted at all other off-site clinics. Faculty Practice do accept private insurances on a limited basis.

If the patient has insurance, NSU-CDM will give each patient a copy of their patient super bill delineating services performed so the patient may submit insurance claims. In all cases, all fees are due before treatment is rendered. Reimbursement for services covered by an insurance program is the patient's responsibility. Individuals who qualify may request special payment arrangements in the Orthodontic Postgraduate clinic, the Advanced Education in General Dentistry (AEGD) clinic and the Prosthodontic Postgraduate clinic. Exceptions are the prerogative of the Manager for Front Desk Operations and the Associate Dean of Clinical Services.

Payment must be received prior to the initiation of the individual treatment procedure.

Patient Payment Policies

All payments are made at the registration desk. Procedure codes and fee schedules are available in the electronic health record once the planned treatment has been entered.

- Patients should be informed in advance of the anticipated fee for each dental procedure and the total for the visit. Treatment plans and consent forms must be signed by the patient to acknowledge that they understand and approve the proposed treatment expenses and all related costs. Patients should be informed in advance that the procedure will NOT be started unless they bring the required payment.
- Payment plan contracts are available for the Orthodontic Postgraduate clinic, the Advanced Education in General Dentistry (AEGD) clinic and the Prosthodontic Postgraduate clinic utilizing Care Credit as the preferred method of payment
- All patients must check-in at the appropriate registration desk prior to being seated in the clinic and the anticipated charge for the treatment collected in advance. If the treatment performed during the patient visit is different than what was anticipated, any change in fee should be collected or refunded at the end of the clinic session.
- Patients with balances remaining from prior visits will not be checked-in until the balance is paid, or other arrangements are made with discretion of the clinical leadership.
- For removable cases, 100% of the entire procedure fee must be paid before denture teeth will be ordered or working casts sent to the lab for fabrication of a partial denture framework.

- For the predoctoral clinics, the entire procedure fee must be paid before the prosthodontic case is sent to the laboratory.
- The entire cost of attachments or implant components and parts for the superstructure (final restoration) must be paid for before these items will be ordered.
- Complete payment for procedures and any special charges must be made prior to insertion or delivery of the case unless a payment plan has been approved by the clinical leadership.
- Patients shall receive a cashier-validated receipt for each payment transaction made onsite.

Payment Plans

NSU-CDM accepts Care Credit, a healthcare financing credit card. Any patient interested in this plan should be referred to the front desk for information.

Patient payment plans are provided in some of the postdoctoral and Faculty Practice clinic. In all cases, a down payment is required, and then the plan for the remaining balance is formulated in collaboration with the PMC, based on the anticipated time of completion.

For comprehensive treatment plans being provided in the Prosthodontic Postdoctoral Clinic, the patient will need to pre-pay one third of the estimated treatment cost before being assigned to a resident, and then establish a payment plan with the PMC, once the treatment has been accepted.

In clinics where Medicaid is accepted, patients must have their Medicaid eligibility verified before any appointment is scheduled. New patients must present a picture I.D. and their Medicaid card at the time of registration. Medicaid only covers some procedures. Patients must pay for all procedures not covered by Medicaid. For non-covered procedures, a notice of patient responsibility (Medicaid waiver) should be signed by the patient or responsible party, prior to performing these procedures.

Students should never assume payment obligations on behalf of a patient. THIS IS PROHIBITED. Validation of payment becomes a problem and the student, as well as the University, is at risk. Students should never personally accept money from patients for procedure fees, laboratory fees, or any other purpose. All payments must be submitted to Nova Southeastern University through the cashier or Billing Department.

Discounts or Fee Waivers

The NSU-CDM does not discount fees charged by predoctoral or postgraduate students since these fees are less than the usual and customary fees for the region.

In connection with Nova Southeastern University's mission to serve the community and subject to available resources, the NSU-CDM may provide care from time to time under various grants and gift programs to patients who meet defined eligibility requirements.

Payment by Check

Patients can write personal checks made payable to Nova Southeastern University. Personal checks may also be sent by mail. Any checks returned for insufficient funds will be charged a returned check fee.

Credit Balances and Refund for Third Party Payers and Self Pay Patients

The NSU-CDM is committed to conducting business in compliance with applicable laws and regulations. The purpose of this policy is to ensure that credit balances are handled appropriately.

Credit balances can be created as a result of multiple situations. Examples of credit balances include but are not limited to the following:

1. Paid twice for the same service by one or more insurer.
2. Paid for services planned, but not actually performed.
3. Paid in error for non-covered services.
4. Overpaid due to errors calculating deductible and/or coinsurance amounts.
5. Paid by the patient and the insurance company.
6. Payments and adjustments applied to the same service.

The management of overdue patient balances and credit balances is the responsibility of the Division of Clinic Operations (DCO) in collaboration with NSU-CDM. The steps below will be followed to identify and address credit balances.

1. The assessment of credit balances will be incorporated into operational management of all accounts receivable by DCO. Accounts will be identified for review on an ongoing basis and will be reviewed for completion of all activity in order to determine need for refund.
2. Credit balance refunds should be made within sixty (60) days of identification, with the best practice being within thirty (30) days. If the resolution is not finalized, steps taken towards resolution must be documented in the transaction notes section of the EHR.
3. Credit balances owed to the patient/guarantor will be reviewed for further planned treatment. If the patient's treatment is completed, and no further appointments are scheduled, refunds should be processed within sixty (60) days of identification, with the best practice being within thirty (30) days of identification. If the patient has future work planned and wishes to maintain a credit balance, this will be documented in the patient's account transactions notes. Refunds for payments made by credit card can only be processed to the same card. If the card is not available a check refund will be issued.

Patient Grievance

- Any predoctoral patient that has a complaint regarding their treatment should work with their student and Team Leader to resolve the issue. If the complaint cannot be resolved, then the student and Team Leader should consult with the appropriate Clinical Director.
- Any postgraduate patient who has complaints regarding their treatment should work with their resident and appropriate Program Director.
- Should the complaint lend itself to being one that cannot be resolved on the clinic floor, then a future appointment should be scheduled for the patient to meet with the Manager for Front Desk Operations and/or the Associate Dean of Clinical Services to resolve the issue.
- Any patient that raises concerns of unsatisfactory treatment, requires retreatment (“redo”) or secondary treatment (“redress”) due to extenuating circumstances shall be immediately referred to the Associate Dean of Clinical Services. Risk Management shall be consulted prior to approval of any fee waiver, refund, or reduction, for redo or redress work due to a patient grievance.

Post-Treatment Fee Reduction

- Post-treatment fees may be reduced or waived in situations where treatment or services were rendered and because of extenuating circumstances, further direct retreatment (“redo”) or secondary treatment (“redress”) may be required. The need to redo or redress previous treatment provided by the CDM could be discovered as a result of ongoing patient evaluation, quality assessment evaluation, or due to a patient grievance. It is the policy of the NSU-CDM Dental Clinic(s) that post-treatment fee reductions and/or refunds must be reviewed and approved **only** by the Associate Dean of Clinical Services. When such reductions or adjustments are being considered the entire record will be reviewed. NSU-CDM does not warrant or guarantee any dental treatment. Each situation is reviewed on a case-by-case basis, considering the circumstances of the situation. Given the nature of removable prosthodontics there will be no fee reductions or adjustments once a faculty member has deemed the prosthesis to be clinically acceptable and the patient has left the clinic with it. Redo or redress treatment performed at reduced or no fee should be documented as “Redo” or “Redress” in axiUm’s transaction module.
- There are a number of circumstances not due to redo or redress in which a fee reduction may be granted. Examples of this would be:
 - Periodic clinic fee increases. Where there is a pre-existing treatment plan for a patient in active treatment, prior fees may be honored for a limited period of time at the discretion of the Associate Dean of Clinical Services.
 - Treatment that was started in the predoctoral clinic and was referred for completion in a postgraduate clinic. Prior fees may be honored for a limited period of time at the discretion of the Associate Dean of Clinical Services.
 - Other circumstances as approved by the Associate Dean of Clinical Services.

Patient/Visitor Unacceptable Behavior Policy

Patient/Visitor Unacceptable Behavior Policy

Nova Southeastern University College of Dental Medicine seeks to provide a safe and secure environment for patients, visitors, students, staff, and faculty. Violent or abusive behavior by patients or visitors toward NSU-CDM students, faculty, staff, and other patients and/or property will not be tolerated, and corrective action will be taken to protect Nova Southeastern University students and employees.

The following policy is designed to describe the type of behavior that is unacceptable, the actions available in the face of such behavior, and a mechanism to exclude from the clinical program those patients/visitors who exhibit such behavior.

Abusive behavior consists of conduct or comments that are inappropriate, demeaning or otherwise offensive behavior that creates an uncomfortable, hostile and/or intimidating environment. Below are examples of (but not limited to) abusive behavior:

- Violent, aggressive or threatening behavior
- Bringing a firearm/weapon into the NSU College of Dental Medicine
- Bullying /harassing either in person, by phone or digitally
- Loud or intrusive conversation
- Disruptive, rude or otherwise offensive behavior
- Derogatory racial or sexual remarks
- Willful damage to property
- Theft

Anyone who displays violent or abusive behavior will initially be asked by the student, faculty and/or staff member observing this behavior to stop such behavior and given an opportunity to explain their actions. If the patient/visitor is speaking to a student or staff member in such a manner, the student or staff member will seek assistance from a faculty member or supervisor.

- If the person is displaying violent or abusive behavior, such as being disruptive by raising his or her voice, using profanity or making threatening remarks, the student, faculty and/or staff member will speak in a calm voice and attempt to determine the cause of the person's behavior.
- If this occurs while on the phone, the student, faculty and/or staff member shall explain to the patient that the call will be ended if the behavior continues. An attempt should be made to determine the cause of the patient's discontent but if the behavior continues the call should be terminated immediately.
- If the patient is in the clinic, the student or staff member shall immediately attempt to ask a faculty member for assistance. If the faculty member cannot resolve the issue, the faculty member shall seek assistance from a clinic director, as soon as possible, as long as the

patient is behaving in a non-threatening manner. If a clinic director cannot be found in a timely manner, then the faculty member or supervisor of the clinic the Manager of Front Desk Operations will ask the patient to leave the clinic and return at a later date to speak with the Associate Dean of Clinical Services.

- If the patient refuses to leave or acts in a threatening manner, then the faculty member assisting the student or staff member shall call NSU Public Safety immediately to assist in the removal of the patient. The telephone number for NSU Public Safety is 954-262-8999.
- Students, faculty and/or staff members should use precautions when a patient is exhibiting violent or aggressive behavior to avoid any injury. Keep a safe distance from any patient, acting in such manner, and speak in a calm voice. Do not engage or argue with the patient. Do not threaten the patient or make any sudden movements.
- If possible, faculty or students should escort the patient exhibiting violent or aggressive behavior from the clinic to the reception area to await the arrival of NSU Public Safety. When NSU Public Safety arrives be ready to provide any information requested by the officer.

Additional NSU policies regarding safety of the university environment may be found in other NSU documentation, such as the NSU Student Handbooks, NSU HR Website, and/or other resources available to students, staff, faculty, and patients. All university policies apply.

Any patient in violation of this policy may be dismissed from future dental treatment at the College of Dental Medicine and barred from physically coming onto Nova Southeastern University property. In addition, the patient/visitor may be reported to the police and Nova Southeastern University may seek the application of the maximum penalties available under the law.

Patient Appointments, Appointment Failures and Inactivation of Records

CDM policies requires patients to provide 24-hour notice whenever cancelling a scheduled appointment. Whenever a patient same day fails or cancels an appointment, it must be documented in the treatment history notes and approved by the appropriate faculty. For predoctoral students an appropriate faculty is any full-time faculty acting as team leader for the clinical session. For postgraduate residents an appropriate faculty is any faculty covering the clinic session. The PMC needs to be notified of the cancellation or failure, so that the appointment status can be updated.

The general rule is that three failed and/or cancelled appointments is reason to drop the patient. If the patient repeatedly fails to contact the student, does not keep his/her appointment, or is not easily accessible by student or PMC by phone, then a dismissal letter will be sent to inform the patient that his/her dental treatment is being discontinued at NSU-CDM. The PMC will send the appropriate letter and dismiss the patient from the student's family. Patients have access to emergency care for thirty (30) days after receipt of the letter of termination.

The PMC will attempt to contact patients to verify that the student has made a good faith effort to schedule and treat their patients. Patient neglect or abandonment is a breach of professional ethics, a serious legal liability to NSU-CDM, and a deviation from the acceptable standard of care. Any patient not seen within thirty (30) days will be reevaluated by the PMC and may be removed from the student's family with further discipline likely for the student. A student /resident who finds that she/he is unable to provide treatment for a patient must consult immediately with their team leader/program director and PMC. At the discretion of a clinic director the patient could be reassigned to another student/resident or dismissed from the program.

Procedure To Dismiss a Patient Predoctoral / Post Graduate Clinics

Predoctoral Clinics

To Dismiss a Patient from a Student's Family the Student must:

1. Obtain a "student-family status change form" from your PMC.
2. Complete the status change form and note the appropriate information in the patient's contact notes.
3. Take the status change form to the PMC.
4. A letter is sent from the PMC to the patient delineating the reason for dismissal. The patient status is changed to inactive, and the patient chart is locked in axiUm.
5. The patient has two weeks to respond to correspondence sent by the PMC. Certain letters allow for no response. Any patient dismissed from the NSU-CDM is allowed a grace period of thirty (30) days for emergency care.
6. At the end of thirty (30) days, the patient status is changed to discontinued and the patient assignment to all providers is ended.
7. A patient that has been dismissed/discontinued **may not** be reinstated without authorization from the Manager of Front Desk Operations.

Postgraduate Clinics

To Dismiss a Patient from a Resident's Family

1. The resident will inform the Program Director of the need to dismiss a patient based on a valid and verifiable reason for the request.
2. The Director will take appropriate action via the PMC ensuring proper documentation is added to the patient's axiUm record.
3. A letter is sent from the PMC to the patient delineating the reason for dismissal. The patient status is changed to inactive.

4. The patient has two weeks to respond to correspondence sent by the PMC. Certain letters allow for no response. Any patient dismissed from the NSU-CDM is allowed a grace period of thirty (30) days for emergency care.
5. At the end of thirty (30) days, the patient status is changed to discontinued and the patient assignment to all providers is ended.
6. A patient that has been dismissed/discontinued **may not** be reinstated without authorization from the Postgraduate Program Director.

Completion of Care Predoctoral / Post Graduate Clinics

Predoctoral Clinics

All patients who have completed care at the predoctoral clinic must have a final evaluation.

1. The audit page of the treatment completion form in axiUm must be completed by the student and routed to the QA team for review.
2. Once the form has been reviewed, the student will be notified that it is okay to schedule the patient for their QA exit exam.
3. The final exam for completion of care must be completed under the direction of a Team Leader. All disciplines of treatment are reviewed to ensure acceptable completion of care. If all treatment is deemed acceptable, the patient may be given the opportunity to continue in the predoctoral recare program based on clinical and academic needs. If the patient is offered the opportunity to continue, the patient is made aware of the responsibilities which include compliance with recommended recare and the need for annual exam performed on a Wednesday morning. Finally, if the patient agrees, then a Periodontal faculty will establish the level of difficulty and frequency for recare.
4. If any treatment is deemed not clinically acceptable or if additional treatment is needed, the patient cannot be exited.
5. If the patient is to be exited, the electronic treatment completion form must be sent to the PMC in order to have the patient removed from the dental student's active patient family; the patient is either placed in the recare program or discontinued from the clinic.

Postgraduate Clinics

All patients who have completed care must have a final evaluation under the direction of the Program Director or Postdoctoral faculty designated by the Program Director. Faculty will determine quality of care and assess the need for any further treatment.

If a resident will graduate prior to completion of a patient's care, the Postdoctoral Director is responsible for ensuring the case is transferred to another resident who will continue care. Postdoctoral residents are responsible for informing their directors of the status of patients under their care who have not completed care, and their continued treatment needs.

Treatment Completion Quality Assurance Exams Predoctoral / Post Graduate Clinics

Predoctoral Clinics

It is the responsibility of the predoctoral students to “Exit” each patient in their family upon completion of ACTIVE treatment. If the patient wishes to continue as a patient at NSU-CDM, they need to be accepted as a MAINTENANCE patient and are required to comply with their scheduled PMT or prophy as well as a yearly periodic visit which includes:

- Updated medical history
- Periodontal exam
- Updated necessary radiographs
- Updated clinical and odontological exam
- Updated caries risk assessment and preventive treatment plan

Treatment Completion Quality Assurance Exams (Exits) are performed in the predoctoral clinic with the patient and appropriate faculty. These exams are scheduled during clinic hours and documented on the *Treatment Completion Exam* form.

A faculty member from the Department of Periodontics must review and approve the periodontal exam and periodontal status before the assignment to MAINTENANCE status. The periodontist also determines and enters the appropriate recall interval, location for recare (pre-doc, postdoc), type of periodontal recare (prophy or PMT), and informs the patient of their responsibility to have an annual exam in the QA clinic and to comply with the recommended recare protocol.

If further treatment is needed (the faculty identifies additional treatment needed or previous treatment that requires additional attention):

- The code for the Treatment Completion QA exam is put in process “I” until the necessary treatment is completed and re-evaluated.
- If only minor procedures are needed, the codes are planned and approved that day.
- If more involved treatment is needed, then a revised treatment plan will be necessary.

If no further treatment is necessary, the patient is offered the option to join the Predoctoral QA Recare program. The patient must agree to return for annual exams performed in Wednesday morning Recare Clinic. If patient agrees, the PMC changes the patient to MAINTENANCE status and removes them from the student family.

For full denture C/C and C/OD patients:

- The Denture Recall is due 12 months from the date of the most recent medical history and clinical exam.
- This is regardless of when the denture was completed, or the exit exam was performed.
- For overdenture patients with retained roots, the first recall is six (6) months from the last medical history/ oral exam, and then every six (6) months thereafter.

Maintenance Phase:

- Patient is placed in 3,4, or 6-month recall for prophy or PMT
- Patient receives periodontal exam (once/year) and regular visits for prophy or PMT
- Patient has QA yearly recall

In addition to the Exit Exam protocol The Quality Assurance Clinic (QA) performs an ongoing review of patients who were previously exited and corresponding patient records to assess the appropriateness, necessity and quality of the care that has been provided at the NSU-CDM. Predoctoral patients are scheduled in the QA clinic on Wednesday mornings. These patients have all previously been exited from a student's family and are now in the NSU-CDM Maintenance Program.

Students are scheduled for QA rotation on Wednesday mornings at Davie. Fourth year students will also perform QA exams at Cypress Creek clinics. The QA Outcomes Assessment form is completed during the appointment and reviews the quality of the care provided and identifies new findings.

Depending on their year, students are scheduled for on-call/recare rotation or prophy pool in order to provide periodontal recare and emergency treatment for maintenance and active patients of record.

For patients whose treatment has been completed and who elect to continue treatment in private practice the following process will apply to discontinue as a NSU-CDM patient of record:

1. A letter is sent from the PMC to the patient delineating the reason for dismissal. The patient status is changed to inactive.
2. The patient has two weeks to respond to correspondence sent by the PMC. Certain letters allow for no response. Any patient dismissed from the NSU-CDM is allowed a grace period of thirty (30) days for emergency care.
3. At the end of thirty (30) days, the patient status is changed to discontinued and the patient assignment to all providers is ended.
4. A patient that has been dismissed/discontinued **may not** be reinstated without authorization from the Manager of Front Desk Operations.

Postgraduate Clinics

For patients seen in the Postdoctoral Clinics for whom a comprehensive treatment plan has been developed, upon completion of the treatment plan, the Postdoctoral resident conducts a dental examination of the soft and hard tissues utilizing radiographs as needed. The attending faculty reviews the patient and record to assure that the entire treatment plan has been completed and that no new treatment needs have developed.

If no further treatment is necessary, the patient is offered the option to join the Postdoctoral QA Recare program. The patient must agree to return for annual exams performed in the Postgraduate Clinic. If patient agrees, the PMC changes the patient to MAINTENANCE status and removes them from the student family.

For patients whose treatment has been completed and who elect to continue treatment in private practice the following process will apply to discontinue as a NSU-CDM patient of record:

1. A letter is sent from the PMC to the patient delineating the reason for dismissal. The patient status is changed to inactive.
2. The patient has two weeks to respond to correspondence sent by the PMC. Certain letters allow for no response. Any patient dismissed from the NSU-CDM is allowed a grace period of thirty (30) days for emergency care.
3. At the end of thirty (30) days, the patient status is changed to discontinued and the patient assignment to all providers is ended.
4. A patient that has been dismissed/discontinued **may not** be reinstated without authorization from the Postgraduate Program Director.

Patients who are only receiving limited care/specialty procedures are referred back to their referring dentist for continuation of care once specialty treatment is completed.

Nova Southeastern University Quality Improvement Program

The purpose of the Quality Improvement (QI) Program is to assure there is a process for evaluating and assessing the dental care provided by the NSU-CDM in order to improve clinical outcomes. The program is run by the QI Committee which consists of the Director of Quality Improvement (Committee Chair) and one full-time faculty member from each Department as approved by the respective Chair, one D3 student, and one D4 student. Ex-officio members shall include the Associate Dean of Clinical Services, HPD's Risk Management Specialist, and the CDM's Associate Dean of Clinical Informatics, Infection Control Coordinator and the Director of Assessment.

As outlined in the Commission on Dental Accreditation Standards for Dental Education Programs "the dental school must conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:

1. Standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria.
2. An ongoing review and analysis of compliance with the defined standards of care.
3. An ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided.
4. Mechanisms to determine the cause(s) of treatment deficiencies; and
5. Implementation of corrective measures as appropriate.

In consultation with the Associate Dean of Clinical Services, the committee will devise systems to collect data relating to the quality of care, assess that information, and make recommendations to the Dean for corrective action.

It is also the responsibility of this committee to reevaluate and revise as necessary the college's current informed consent policies, procedures, protocol and forms. The committee meets bi-monthly, and minutes are taken and reviewed by the Quality Assurance Director. The minutes are distributed to all members of the committee.

STUDENT INFORMATION

Ethics and Professionalism

All students, faculty, and staff are expected to adhere to professional standards of ethics. Students must treat patients, peers, faculty, and staff with courtesy and respect. Care and respect for clinic facilities and equipment is also expected. Students who fail to adhere to Clinic, College, or University policy or who violate professional ethics may be subject to formal disciplinary procedures. Breaches of clinical policy will be handled in accordance with University Policy and Rules.

NSU-CDM Student Progress Committee has responsibility for administering the predoctoral student disciplinary system. The Student Handbook outlines causes for discipline and the procedures to be followed when infractions occur.

For postgraduate residents, the Advanced Dental Education Committee is responsible for the resident disciplinary system.

Student Clinic Policies

The student's first responsibility in clinic at all times is to the patient. All students, faculty, and staff have a legal and ethical responsibility to ensure proper treatment for all patients. Each student must be aware of and follow all NSU-CDM patient care policies and procedures. Deviations from these protocols can result in disciplinary action and lead to suspension or dismissal from the NSU-CDM. If there is any doubt as to the appropriateness of any action, the health and safety of the patient is always the primary concern.

1. Every patient must have a checked-in appointment. The signed General Consent to Treat form and the Patient Acknowledgement of the Receipt of HIPAA Privacy Notices form must be in the patients record prior to instituting any treatment.
2. Faculty supervision and patient consent is required at all times. A supervising faculty member **must** be present on the clinic floor at all times when treatment is rendered. Students must obtain prior faculty approval before administering any type of anesthesia.
3. All patients accepted for comprehensive care must have a comprehensive evaluation with appropriate radiographs and other diagnostic aids as needed. Patient should be provided with comprehensive oral health diagnosis and be provided a comprehensive optimal treatment plan with alternative treatment plan options.
4. Patients who are receiving limited care in any of the Postgraduate specialty clinics, should have a primary referring dentist; exception may be made for Urgent Care.
5. All providers are required to accurately document all patient treatment and encounters in the axiUm health record. A supervising faculty must approve treatment notes and the proper procedure code must be entered for every patient encounter. The faculty must approve the patient's electronic health record at the end of each visit before the patient is

dismissed. In the event that the electronic health record system is not available, written patient documentation must be completed and presented to the front desk to be scanned into patient's electronic record as soon as possible.

6. Students must advise faculty immediately of any complications of treatment such as, but not limited to, medical emergency, pulp exposure, etc.
7. Providers are required to follow up on any abnormal medical problems, conditions, or pre-medication as related to patient care.
8. Students are required to see any and all assigned patients; priority must be given to patients with a dental emergency.
9. All providers are required to abide by OSHA regulations and CDM Infection Prevention policies. (Refer to the Infection Prevention section of the clinic manual.)
10. All providers should be using e-prescribing. Students are not to obtain, prescribe, or dispense any drugs or prescription forms without the written approval of the supervising faculty member and/or without proper documentation in the patient's electronic health record.
11. Students are to respond in a timely manner and document all communications from patients in the patient's electronic health record.
12. Students are required to be courteous and respectful to patients, faculty, staff and colleagues.
13. Students are not to perform any care outside of clinic hours, unless supervised by a faculty member.
14. Student are not permitted to advertise any dental services or discounts without prior approval from the Dean of the CDM. This includes social media postings and flyers.
15. No patient information including but not limited to radiographs and/or photographs is to be posted to social media.
16. All providers are required to attend annual NSU Dental-Specific Compliance and HIPAA trainings and adhere to the NSU HIPAA Security and Patient Privacy Policies.

Violations of the above Practice Parameters shall be reported to the Associate Dean of Clinical Services who will notify the Office of Risk Management as appropriate. Allegations of student violations of the NSU-CDM Practice Parameters may be referred to the Student Progress Committee.

Student Responsibilities

The following list describes behavior that are inappropriate and in violation of NSU-CDM policy. **While this list includes the most common violations, it is not intended to be all-inclusive. These behaviors may result in disciplinary action up to and including suspension or dismissal from the NSU-CDM.**

1. Fail to follow the directions of the supervising faculty member.
2. Fail to meet with faculty/staff, when requested.
3. Refuse to treat all assigned patients in a timely manner.
4. Seek out approval from a different faculty for any procedure deemed inappropriate by a previous instructor.
5. Fail to respond to communications from staff, or faculty or be discourteous or disrespectful to any staff or faculty.
6. Engage in any verbal or physical altercation with other students, staff, or faculty.
7. Be absent or tardy to clinic or clinic orientations.
8. Fail in meeting the dress code standards established in the student handbook or exhibiting a slovenly or unclean appearance.
9. Enter any locked or unauthorized area or violate University security policies.
10. Fail in maintaining the work area or clinic area in a neat and clean appearance in accordance with infection control guidelines, when indicated, of the NSU-CDM.
11. Fail to return instruments to their designated collection areas at the end of each session.
12. Provide any financial assistance to patients.

Alleged violations of the above Student Policies and Responsibilities shall be reported to the Associate Dean of Clinical Services by the appropriate supervising faculty or staff.

All allegations of student violations of the NSU-CDM Student Policies and Responsibilities may be referred to the Student Progress Committee, or in the case of Postgraduate Residents to the Advanced Dental Education Committee.

Dress Code Guidelines in NSU-CDM

A universal dress code has been established. All NSU-CDM students must present a positive professional image and fulfill all requirements relative to personal safety and compliance with principles of infection control and OSHA regulations.

Specified Colors for scrub clothes will be assigned to each predoctoral class for the duration of their four (4) year enrollment in NSU-CDM. Students are required to have their name and class embroidered on their scrub tops.

- Dark Hunter Green (D1)
- Navy Blue (D2)
- Ceil Blue (D3)
- Surgical Green (D4)

Clinic Attire

All students providing or observing direct patient care are expected to follow universal and standard precautions set forth by federal and state agencies, and to comply with NSU-CDM infection prevention guidelines.

1. Mandated color-specific scrubs plus proper PPE provided by CDM must be worn whenever providing patient care.
2. Scrubs must be clean and neat.
3. Tank tops, shorts, open-toed shoes, hats (exclusion: religious purposes), mini-skirts, exercise clothing and torn or dirty jeans are unacceptable attire in all NSU-CDM areas.
4. Scrub pant hems should not drag on floor.
5. Hair must be pulled back and should be contained in such a manner that it does not come in contact with the patient.
6. Fingernails are to be kept clean, well-cared for and short. No artificial nails.
7. I.D. badges and jewelry should be such that they cannot come into contact with patients.
8. Do not walk outside clinical area wearing gloves, masks, protective eye wear and/or disposable gown.
9. Gloves, masks, and gowns should be properly disposed upon removal and not placed on clean surfaces or instruments.

Clinic Attendance

It is the policy of the NSU-CDM that 100% attendance on their priority days is a mandatory requirement for all D3 and D4 students. Predoctoral students are also expected to attend all assigned rotations or other activities.

The Student Handbooks outline the Absentee Policies of the CDM Predoctoral and Postgraduate programs.

Students, who are scheduled for special clinic assignments (rotations), are expected to report promptly at the designated time to their assigned clinic. Students may not schedule their own patients for treatment in the clinic on days when they are assigned to rotations. Student failure to report on time will be subject to appropriate disciplinary action. If a scheduling conflict exists, clinic rotations always take precedent.

Students are responsible for knowledge of all communications conveyed by email or by notices from administration or faculty. Students must check their schedule in axiUm, email, a-mail, student activity bulletin boards and mailboxes daily.

Failure to comply with any of these policies may adversely affect a student's progress. Absence from clinic or clinical activities may be cause for formal disciplinary action.

The information below reflects the policy described in the NSU-CDM Predoctoral Student and Postdoctoral Student Handbooks.

Predoctoral Students

The Office of Student Services manages the predoctoral students excused absences including sick days, mission trips, dental meetings, externships, interviews, family events, and other personal leave time, etc. All student absences are tracked in axiUm.

Please refer to the NSU Wide Religious Holidays Policy in the Student Handbook at: <https://www.nova.edu/studentconduct/religious-holiday-policy.html>

Planned excused absences

Please fill out the Student Request Excused Absence (SREA) form, with backup documentation (e.g. physician's note), and submit on the online portal for the Office of Student Services (Absence portal link: <https://liverootnova.sharepoint.com/cdm/srea/>) prior to the scheduled absence, so that we can approve the leave time, and help you map out a plan to make up the work.

It is the student's responsibility to inform the Course Director for any courses you will be missing, your Team Leader for any clinic sessions that will be missed and/or the Academic Program Manager of your planned absence(s).

Unplanned excused absences

Please email the Assistant Dean for Admissions, Student Affairs and Services with a copy to the Office of CDM Student Services to report that you will be out, the reason for your absence and to also let us know if you plan to return to school the following day. You should also email the Course Director for any courses you will be missing, the Academic Program Manager for any rotations you will be missing and/or your Team Leader for any clinic sessions scheduled for that day. You must continue to email the Office of CDM Student Services daily to keep us updated if you will be out additional days and submit your SREA form together with backup documentation when you know the date you will return to school.

The student will be responsible for making up all missed rotations, all material presented in lectures, all laboratory projects, all written and practical examinations (including OSCEs) and must fulfill all didactic and clinical responsibilities as outlined in the individual course syllabi. Also, please review the attendance policy in the individual course syllabi.

Please do not schedule externships or interviews when you are scheduled for an examination or rotation.

Remember, it is your responsibility to reach out to our office for any unexcused absences to see if these fall under excused absences and/or to see how the unexcused absence will be managed. Also, please contact the Academic Program Manager directly to arrange makeup of any and all missed rotations, which will take place during optional clinic weeks.

Every student will be able to take **one (1) Personal Day/per Semester (three (3) Personal Days/Academic Year)** with **NO BACKUP DOCUMENTATION REQUIRED**, provided the day(s) are not taken when you are scheduled for a rotation, written examination, practical/competency examination, OSCE or taken directly before/after a school holiday, etc.

These absences will be managed through the Office of Admissions, Student Affairs and Services and designated as excused absences, provided they are requested through the online portal- select option- "personal". Personal days must be requested in advance or on the day of the absence- no later than 9:00am. **For any additional absences to the one (1) Personal Day/per semester, or in the event that you will be missing a written examination, a preclinical or clinical practical/competency examination, including an OSCE, or rotation, backup documentation WILL be required.** Again, it is the student's responsibility to notify all Course Directors, Team Leaders, and/or the Academic Program Manager, etc. affected by your absence(s).

- Please check your individual schedule before requesting a personal day, to be sure that you will not be missing a rotation or an exam.
- A personal day will be recorded as a full day. Half days cannot be requested.
- A personal day must be requested on or before the day in question and cannot be used retroactively.

COVID-19 Protocol (subject to change)

No student should come to school sick. If you are sick, please stay home and email the Assistant Dean for Admissions, Student Affairs and Services that you will not be reporting to school that day.

NSU has established requirements to protect the health and safety of all members of the community.

Predoctoral Students Vaccinated and Unvaccinated

1. If you are sick and have any type of symptoms, even the sniffles stay home.
2. Students must email the Assistant Dean for Admissions, Student Affairs and Services and will not return until you get an approval and further guidance.

For unvaccinated individuals

1. Get a COVID-19 PCR test at 3-5 days. If positive you must quarantine ten (10) days and be completely symptom free to return. If you are not getting the test, you must quarantine for ten (10) days and be completely symptoms free to return.
2. If you have a positive COVID test, please report immediately via email to: covidcase@nova.edu.
3. If your test is negative, you can return if you are symptom free for 24 hours.
4. If you have a direct exposure to someone who is COVID positive vaccinated or unvaccinated, you must self- quarantine for ten (10) days. We strongly recommend a PCR test at day 3-5 after exposure.
5. Do not return until you have an approval and further guidance.

For vaccinated individuals

1. If you are sick and have any type of symptoms, even the sniffles stay home.
2. Students must email the Assistant Dean for Admissions, Student Affairs and Services and will not return until you get an approval and further guidance.
3. If you have a direct exposure to someone who tests positive either vaccinated or unvaccinated you must report to covidcase@nova.edu.

Anyone with a Direct Exposure cannot return until we have the results of your COVID PCR Test 3-5 days after your exposure and approval from the Assistant Dean for Admissions, Student Affairs and Services or the Director of Infection Prevention Programs. All exposures must be reported to covidcase@nova.edu.

Asymptomatic and Symptomatic

1. Get a PCR Test at Day 3-5. If negative, you can return if symptom free for 24 hours.
2. If positive must follow the regular guidance and must quarantine for ten (10) days and be symptom free for 24 hours to return.
3. Students must email the Assistant Dean for Admissions, Student Affairs and Services and will not return until you get an approval and further guidance.

Travel Policy

Travel Guidance – Vaccinated - <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>.

1. No quarantine or test required after domestic travel. Self-monitor for symptoms.
2. After international flight, no quarantine required, but test 3-5 days after return. Self-monitor for symptoms.

In all scenarios, if symptoms develop, test and isolate.

Travel Guidance - Unvaccinated Domestic and International

1. Get tested with a viral test 1-3 days before your trip.
2. After you travel: Get tested with a PCR test 3-5 days after travel AND stay home and self-quarantine for a full 7 days after travel. Return on day 8 if no symptoms. If opt not to test, remain home 10 days.

Postgraduate Residents

NSU-CDM policy, approved by the dean and faculty, states that 100 percent attendance is required in class, laboratory sessions, and clinical sessions. Specific attendance policies in the postdoctoral programs may be included in the program's student manual. An approved absence must be signed by the Program Director and the Department chair prior to such absence.

AxiUm Lock Outs Policy Statement

1. Students, residents, and/or faculty may be locked out of axiUm for various reasons including but not limited to:
 - a. Not currently registered as CDM student
 - b. Non-compliance with required immunizations and trainings
 - c. Academic or disciplinary issues
 - d. Failure to return items to Dispensing and/or Instrument Return
 - e. Missing / unapproved notes and/or codes

No locked-out students, residents, and/or faculty are permitted to treat a patient or to have another provider check-out instruments and/or check-in patients.

If a student, resident and/or faculty is locked out of axiUm, the following procedure is designed to minimize the inconvenience to patients:

- a. Providers who do not know the reason they are locked out can go to QA (room 4328). Staff will ascertain the reason for the lockout and if appropriate, will immediately unlock the provider or refer the provider to the appropriate department to assure that patient care is not unnecessarily impacted.
 - b. If the provider is not permitted to treat patients at CDM, the PG Program Director/Team Leader and/or PMC will be notified in order to arrange for another clinician to treat the patient.
2. Patient records may be inaccessible due to various reasons including but not limited to:
- Patient Type
 - Financial issues
 - Risk Management
 - Inactive or Discontinued Patient Status
 - No elective treatment pending medical clearance
 - Unapproved notes, codes, forms, images, etc.

If the patient chart is locked, supervisors, PMCs, QA Advisors, and Faculty have access to the patient record to assist the student/resident in resolving the cause for chart lock, and if appropriate, temporarily unlock the chart in order to allow patient care to proceed.

Failure to comply with this policy

- a. Failure to comply with this policy can create significant liability for the University if a locked-out student/resident provides treatment to a patient without access to the patient's record.
- b. Students and residents may be subject to disciplinary action up to and including dismissal for failure to comply with this policy.
- c. Faculty may be subject to disciplinary action for failure to comply with this policy.

CLINIC OPERATIONS

Use of Dental Materials and Equipment

NSU-CDM utilizes an Instrument Management system whereby all instruments used for patient care are owned by the College of Dental Medicine.

Only materials and equipment kept in the dispensaries of NSU-CDM clinics and/or provided in student kits for the purpose of patient care, are to be used for patient treatment in the NSU-CDM clinics. Materials and equipment should not be transported by students from one clinic to another. Students are not permitted to check out instruments for anyone other than themselves. **That student is responsible for the return of the item(s)**, or payment for a replacement of any item not returned. Student will be locked out of axiUm until the item(s) is returned or paid for. All materials and equipment checked out must be returned to Instrument Return or Dispensing at the end of each clinic session. Under no circumstances, are instruments or equipment to be stored in lockers or removed from the premises. Students who fail to adhere to this policy will be subject to disciplinary action. Please refer to the Instrument Management program policy for detailed information.

Dispensing Window / Instrument Return

Predoctoral Davie Clinic

All instrument cassettes and handpieces for patient use are checked out from room 7169, first floor dental building. Dental materials and equipment not requiring sterilization are checked out from the dispensing window on the first floor of the dental building. All instruments and equipment requiring sterilization must be checked back into Instrument Return at the end of each clinic session, regardless of whether or not the instruments or equipment were used during that session. Students will receive an itemized receipt for all items returned. Students should review and retain the receipt as proof of return. If any items are missing, students will receive a warning email notification that they will be locked out of axiUm in 24-hours unless the item is located or returned.

If Instrument Return is unattended, a student is to utilize one of the bins to transport the instruments to the third-floor room 7352. Sterilization on the third floor does not provide receipts, therefore it is the student's responsibility to ensure all items are scanned back into axiUm.

Post Graduate Davie Clinic

Dental materials and equipment not requiring sterilization are located and checked out from within each postgraduate clinic. All instrument cassettes and handpieces for patient use are checked out from second floor dental building instrument dispensary window. All instruments and equipment requiring sterilization must be checked back into Instrument Return on the second floor at the end of each clinic session, regardless of whether or not the instruments or equipment were used during that session. Residents will receive an itemized receipt for all items returned. Residents should review and retain the receipt as proof of return. If any items are missing, students will receive a warning email notification that they will be locked out of axiUm in 24-hours unless the item is located or returned.

For the AEGD clinic A (3rd floor), the dental assistant transports the instruments to the Sterilization area on the third floor; clinic B (1st floor) utilizes predoctoral instrument check out and return process.

If Instrument Return is unattended, a student is to utilize one of the bins to transport the instruments to the third-floor room 7352. Sterilization on the third floor does not provide receipts, therefore it is the student's responsibility to ensure all items are scanned back into axiUm.

Faculty Practice

Dental assistants handle setup and breakdown of operatories and are responsible for transporting the used instruments to the third-floor sterilization area.

Offsite Clinics

The offsite clinics provide all necessary instruments and equipment for patient care and manage sterilization according to NSU-CDM Infection Prevention guidelines.

New Product Guidelines

Predoctoral Guidelines to Introduce a New Product into the Patient Clinic

1. Faculty or students who wish to introduce a new product to the clinic must complete a "New Product Form" (Appendix B), located in the Dispensary Area, and submit to the Associate Dean of Clinical Services and Clinic Director(s). This form will then be forwarded to the appropriate Department Chair based on the specific area of dentistry where it is anticipated to be used.
2. The Department Chair and the Associate Dean of Clinical Services will evaluate the product and confirm whether it is appropriate to use such product in the clinic.
3. Once approved all appropriate personnel will be notified.

Predoctoral Guidelines for Dental Product Directions for Use

1. All products in the predoctoral clinic will be utilized following the manufacturer's directions for use (DFU).
2. Oversight will be the responsibility of the department chairs and they should perform a review bi-monthly with the dispensing assistants as well as with their predoctoral directors and team leaders.
3. Any deviation from these guidelines may be deemed unprofessional conduct and reported to the appropriate authority.

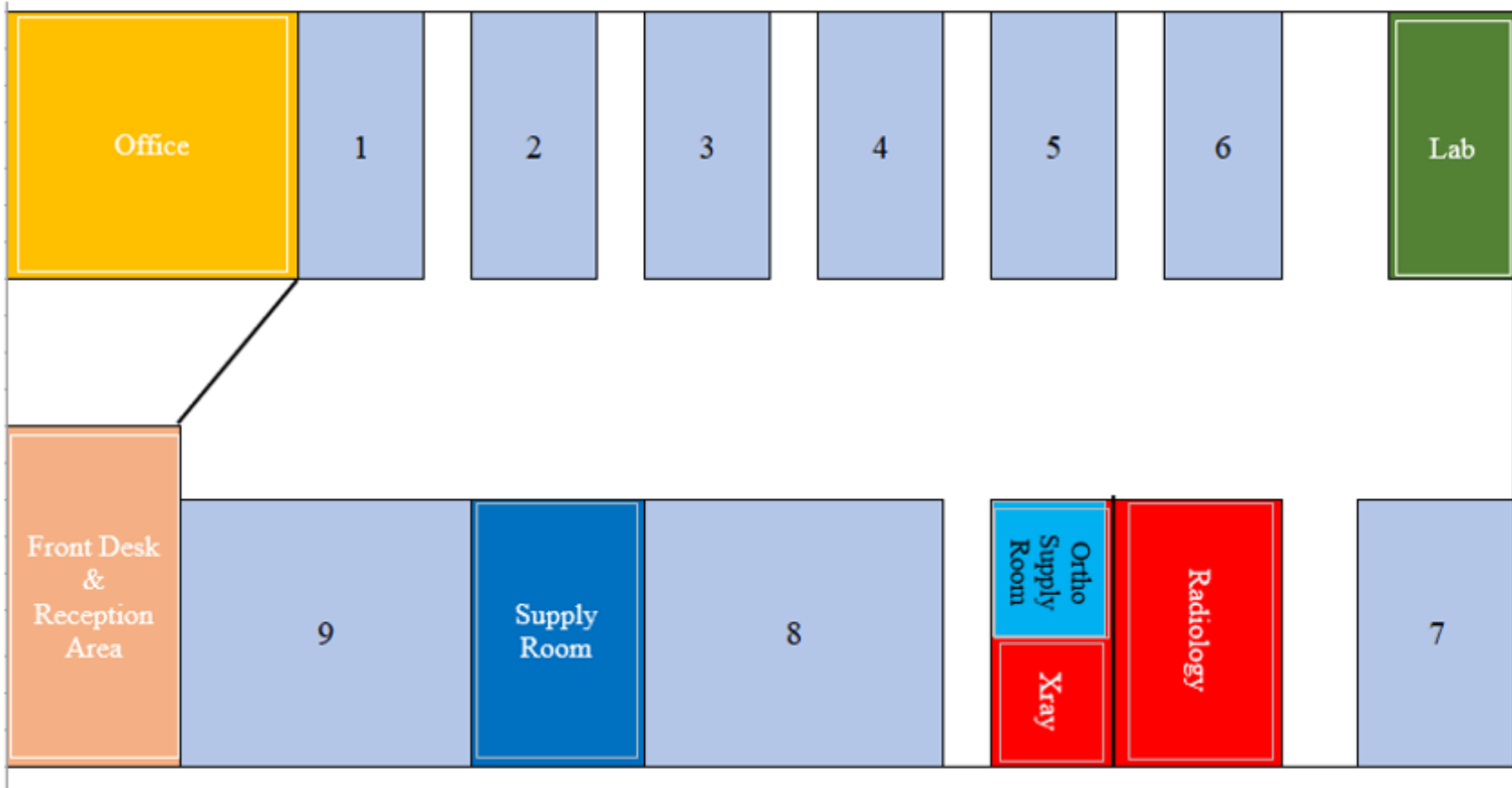
Predoctoral Clinic - 1st Floor Davie



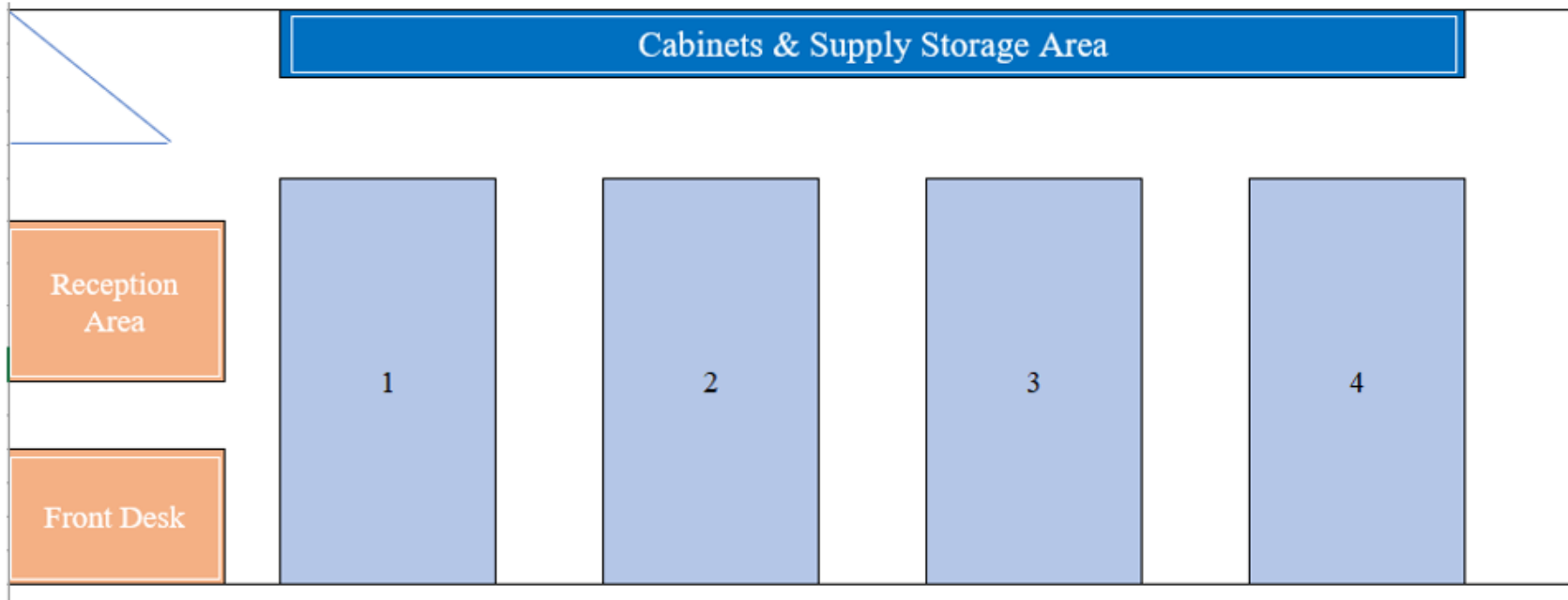
Postdoctoral Clinic - 2nd Floor Davie

	P		E		O						
28	R	27	20	N	19	12	R	11			
29	O	26	21	D	18	13	T	10	E	3	
30	S	25	22	O	17	14	H	9	N	2	
31	T	24	23		16	15	O	8	D	1	
	7229			7227			7225		O		
Xray Room									7223		
	7230			7226		7225A			7224		
32		43		Prost		Prost	4	O	7	Ortho	Ortho
33	P	42						R			
34	E	41		Endo		Endo	5	T	6	Ortho	Ortho
35	R	40						H			
								O			
								Ortho Resident Tx Plan Area			
36	I	39									
37	O	38									

Faculty Practice Clinic - 2nd Floor Davie



AEGD Clinic A - 3rd Floor Davie



Emergency Evacuation Procedures

Evacuation routes are posted on each floor. When the siren sounds, all personnel must evacuate the building – no exceptions.

No one is to return inside the building until the “all clear” is given by the Fire Marshall and/or appropriate administrator.

In the Event of a Fire if there is a fire alarm nearby pull the alarm. If not, call 911 from a NSU phone and report the fire.

**INSTRUMENT MANAGEMENT
POLICY**

Pre-Doctoral Instrument Management Policy

A. Sim Lab Instruments

At the beginning of D1 year, students are provided cassettes for use in the Sim Lab. These instruments are property of the College of Dental Medicine and are leased to pre-doctoral students during their pre-doctoral academic tenure. Upon receipt of these cassettes, students sign an acknowledgment of his/her/their receipt and are therefore responsible for the return of all instruments accounted for in their initial agreement inventory. It is incumbent upon the student to ensure they have received all items listed in this agreement. Once the agreement is signed, students are responsible for the return of all listed instruments immediately upon their departure from program.

The CDM understands that normal wear and tear of instruments may occur and will replace up to two (2) damaged Sim Lab instruments per academic year. Upon the 3rd instrument, students are responsible for the repair or replacement of the broken instrument. Should a student lose a hand instrument, or a cassette with its corresponding instruments, the student is responsible for replacing the lost items.

B. Clinic Instrument Return and Pick-up

Instruments, equipment, and materials borrowed for clinic must be returned to the designated drop-off location immediately after the patient appointment. Used instruments are never left in patient treatment areas. Under no circumstance may any student take a cassette, instruments or any CDM equipment outside of the building. Instruments may only be returned by the student who initially checked out the instrument. Students are not permitted to lend cassettes to other students. Students are responsible for all damaged and missing instruments checked out under his/her/their name regardless of whether they lent the cassette or instruments to another student. When dropping off used instruments, no visible blood or contaminant should be left on the instruments. Gross debridement of instruments and some instrument damage/wear and tear is expected. However, if a student repeatedly returns a broken instrument, five (5) or more during one (1) academic year, the student will be charged a fee for the replacement or repair for the 6th broken instrument and each instrument thereafter.

It is each students' responsibility to check their cassettes at the beginning of their session to confirm that no instruments are missing. Students have the first 15 minutes of clinic session to check all instruments. Should students need a reference of the instruments that are standard in each type of cassette, the standard inventory for each cassette may be accessed in axiUm. If an instrument is missing from a cassette the student must return the cassette, report the instrument missing, and check out another cassette. If the student does not adhere to this, the student will be responsible for the missing item. If a cassette is returned with an instrument missing, students will be charged a fee to replace the instrument. Staff will send students a charge letter explaining items they are missing and the cost of the item. The student has 48 hours to return the item and the charge will then be removed. If a student believes they have been mistakenly charged for a cassette or instrument that has been returned to instrument drop off, the student must bring their drop-off receipt back to drop off to reconcile the account.

C. Use and Misappropriation

While in possession of CDM-owned instruments, students agree to maintain instruments. Maintenance includes, but is not limited to: Removing all debris, including cement, resin, composite, bodily fluids, prior to submission to sterilization. Students agree to utilize CDM-owned instruments for clinical use only or, for Sim Lab instruments, for Sim Lab only. All clinical instruments, used or unused, must be returned to sterilization at the end of each clinic session. Students may only borrow instruments for use immediately prior to a session. Students may not borrow instruments in advance of the session required. Students may not keep university-owned instruments in their personal possession outside of their clinical session. Instruments may not be stored in student lockers, cars, homes, or any other location outside of the immediate vicinity of the clinic in which the student is working.

Students who misappropriate CDM equipment, material, instrument and/or supplies will be locked out from axiUm, instrument dispensing and subject to disciplinary action. Misappropriation includes, but is not limited to:

- Exchanging non-CDM instruments for CDM owned instruments.
- Using CDM clinic supplies for non-clinical use.
- Using CDM clinic instruments for non-clinic use.
- Using CDM Sim Lab instruments for clinic use.
- Damaging CDM equipment or instruments and failing to return or report the damage.
- Taking any CDM clinical instrument or equipment outside of the CDM building

Student Name: _____

Student NID: _____

I have read and understand and will adhere to this policy.

Student Signature: _____

Date: _____

Post-Doctoral Instrument Management Policy

A. Clinic Instrument Return and Pick-up

Instruments, handpieces, equipment, and materials borrowed for clinic must be returned to the designated drop-off location immediately after the patient appointment. Used instruments and handpieces are never left in patient treatment areas. Under no circumstance may any student take a cassette, instruments, handpieces or any CDM equipment outside of the building. Instruments may only be returned by the student who initially checked out the instrument. Residents are not permitted to lend cassettes or handpieces to other residents. Residents are responsible for all damaged and missing instruments checked out under his/her/their name regardless of whether they lent the cassette, handpiece or instruments to another student

When dropping off used instruments, no visible blood or contaminant should be left on the instruments. Gross debridement of instruments and some instrument damage/wear and tear is expected. However, if a student repeatedly returns a broken instrument, five (5) or more during one (1) academic year, the student will be charged a fee for the replacement or repair for the 6th broken instrument and each instrument thereafter.

It is each residents' responsibility to check their cassettes at the beginning of their session to confirm that no instruments are missing. Residents have the first 15 minutes of clinic session to check all instruments. Should residents need a reference of the instruments that are standard in each type of cassette, the standard inventory for each cassette may be accessed in Axium. If an instrument is missing from a cassette the student must return the cassette, report the instrument missing, and check out another cassette. If the student does not adhere to this, the student will be responsible for the missing item. If a cassette is returned with an instrument missing, residents will be charged a fee to replace the instrument. Staff will send residents a charge letter explaining items they are missing and the cost of the item. The student has 48 hours to return the item and the charge will then be removed. If a student believes they have been mistakenly charged for a cassette or instrument that has been returned to instrument drop off, the student must bring their drop-off receipt back to drop off to reconcile the account.

B. Use and Misappropriation

While in possession of CDM-owned instruments, residents agree to maintain instruments. Maintenance includes, but is not limited to: Removing all debris, including cement, resin, composite, bodily fluids, prior to submission to sterilization. Residents agree to utilize CDM-owned instruments for clinical use only or, for Sim Lab instruments, for Sim Lab only. All clinical instruments, used or unused, must be returned to sterilization at the end of each clinic session. Residents may only borrow instruments for use immediately prior to a session. Residents may not borrow instruments in advance of the session required. Residents may not keep university-owned instruments in their personal possession outside of their clinical session. Instruments may not be stored in student lockers, cars, homes, or any other location outside of the immediate vicinity of the clinic in which the student is working.

Residents who misappropriate CDM equipment, material, instrument and/or supplies will be locked out from axiUm, instrument dispensing and subject to disciplinary action. Misappropriation includes, but is not limited to:

- Exchanging non-CDM instruments for CDM owned instruments.
- Using CDM clinic supplies for non-clinical use.
- Using CDM clinic instruments for non-clinic use.
- Using CDM Sim Lab instruments for clinic use.
- Damaging CDM equipment or instruments and failing to return or report the damage.
- Taking any CDM clinical instrument or equipment outside of the CDM building.

Resident Name: _____

Resident NID: _____

I have read and understand and will adhere to this policy.

Resident Signature: _____

Date: _____

INFECTION PREVENTION

Bloodborne Pathogens

The Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030 defines bloodborne pathogens as infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV), tuberculosis (TB), and human immunodeficiency virus (HIV).

Routes of Infection:

Inhalation

Transmission of aerosols occurs by dissemination of either airborne droplets or by dust particles containing the infectious agent. Infectious organisms transmitted in this manner can be dispersed by air currents which can then be inhaled. Therefore, proper air handling and ventilation systems are required to prevent airborne transmission.

Ingestion

Infectious organisms can be ingested when they come into contact with the mouth via splashes or sprays to the face. Therefore, the OSHA requirement of no food or drink in a clinical area or laboratory is based on the premise of ingestion through food or drink contamination.

Direct Inoculation/Parenteral Exposure

Direct inoculation occurs from contact with an object contaminated with an infectious organism such as an accidental puncture from contaminated needles, broken glass or other sharps. Laboratory exposures have been reduced since glassware has been replaced with plastic substitutes.

Mucous Membrane Contact

Infectious organisms can be spread if large droplets or splashes of infected blood or bloody bodily fluids come into contact with mucous membranes or open sore or cut. Mucous membranes are found in the eyes, nose, or mouth.

Roles and Responsibilities

NSU shall ensure compliance with the OSHA regulations regarding bloodborne pathogens and the establishment of the Bloodborne Pathogens Exposure Control program.

The Environmental Health & Safety (EHS) office shall be responsible for:

- Implementation of the exposure control program.
- Maintain, review and update the program at least annually and whenever necessary to include new or modified tasks and procedures.

- Provide initial and annual training to all faculty, employees and students who are at risk of exposure.
- Maintain all documentation of training.
- Ensure that NSU-CDM provides and maintains all necessary Personal Protective Equipment (PPE), and engineering control.

NSU's Employee Health and Wellness Clinic and Student Medical Center shall:

- Provide medical support to include administration of the Hepatitis B vaccine and medical triage for exposures.

NSU-CDM shall be responsible for:

- Identifying individuals who are at risk of exposure.
- Ensuring that employees and students complete the required training.
- Providing PPE and engineering controls to eliminate or reduce exposure.
- Maintaining a current Bloodborne Pathogens Exposure Control policy.
- Ensuring "Universal Precautions" are followed.

Employees, faculty and students shall:

- Complete the provided training and understand the risks associated with their job responsibilities.
- Consider seriously the offer of hepatitis B vaccination.
- Follow the appropriate practices and procedures established for the work environment to limit or prevent exposures and adopt the principle of "Universal Precautions".
- Report any exposures/incidents to supervisory personnel and undertake the necessary medical evaluation and treatment.

Sterilization and Disinfection

Sterilization/Infection Control Department: responsible for the sterilization of all instruments and dental related items.

Sterilization of instruments, burs, handpieces, etc. is **MANDATORY** and is **STRICTLY ENFORCED**.

Fort Lauderdale (Davie) Main Location Sterilization:

Location: Room #7352 on the third floor of the Dental School
Hours: Monday-Friday 7:00am – 9:30pm
Phone #: 954-262-7352 or ext. 27352

OMFS Clinic at Broward Health Medical Center Sterilization:

Location: Across from operatory #3
Hours: Same as clinic
Phone #: 954-355-5703

NSU Dental Clinic at Cypress Creek Sterilization:

Location: Situated in the back of the clinic
Hours: Monday-Friday 9:00am – 5:00pm
Phone #: 954-262-7531 or ext. 27531

Pediatric Dental Clinic at Kids in Distress Sterilization:

Location: Sterilization room on PG side of clinic
Hours: Monday-Friday 9:00am – 5:00pm
Phone #: 954-567-5650

Craniofacial and Special Needs Pediatric Dental Clinic at JDM Sterilization:

Location: Sterilization room across from lab
Hours: Monday-Friday 9:00am – 5:00pm
Phone #: 954-262-2189

Mailman Segal Pediatric Dental Clinic

Location: Within the operatory
Hours: Same as clinic
Phone #: 954-262-1884

All instruments and handpieces used for patient care must be cleaned and sterilized after each patient treatment session.

All reusable instruments and equipment used for patient care at the Davie clinics are barcoded for tracking purposes. At the offsite clinics, dental assistants are responsible tracking and monitoring the sterilization process.

Instruments

All instruments are placed in an enzymatic solution, ultrasonic cleaner and/or sanitation washer prior to being placed in sterilization pouches (*date stamped and integrators placed in pouch*) and autoclaved. Daily and weekly biological indicators/spore testing are performed on all necessary equipment and solutions to ensure that the equipment is functioning correctly and effectively sterilizing all instruments.

Handpieces

All handpieces **MUST** be wiped clean of external debris, oiled, bagged, labeled and sterilized after each patient. The sterilization department **IS NOT** responsible for lost or stolen handpieces that are not labeled properly.

Burs

Place all burs back into their appropriate bur block, close the bur block and secure with a rubber band before handing them in to the sterilization department. This helps minimize the risk of damage and lost burs during the sterilization process.

Cassettes

Return all instruments to their appropriate cassettes. Students are responsible for making sure that any visible debris is properly removed from all instruments prior to handing them in for sterilization. The sterilization staff will not accept instruments or equipment that is visibly soiled. Wipe off all excess material from instruments, e.g., cement from spatulas. Check that all amalgam carriers are empty of excess amalgam. Remove all non-instruments such as: gauze, suture needles, materials, carpules, etc. from the cassette, as these items are to be disposed of properly, not sterilized. Check to make sure all colored rings match. Close any internal clamps and secure both knobs on the outside of the cassette to ensure the cassette remains closed at all times. Instrument kits/cassettes are NOT opened by sterilization staff once they are submitted for sterilization.

Disposable Items and Sharps

Items that are not appropriate to reuse such as: used patient bibs, suction tips, bracket table covers, gauze must be either disposed or

Instrument Check Out and Drop Off

Davie Campus:

1. **Checked-Out** - For first floor Predoctoral clinic and AEGD clinic B only - sterilized instruments, cassettes, hand pieces, burs, etc. must be checked-out from Dispensing on the first-floor room 7169. **Hours:** Monday, Tuesday, Wednesday, Thursday, 8:00am - 5:30pm (to accommodate for night clinic). Friday 8:00am-4:30pm.
2. **Drop-Off** - For first floor Predoctoral clinic and AEGD clinic B only – contaminated or unused instruments, cassettes, hand pieces, burs, etc. are to be returned to Instrument Return inside the Predoctoral Clinic Operatory #6. **Hours:** Monday, Tuesday, Wednesday, Thursday, 9:00am - 8:00pm (to accommodate for night clinic). Friday 9:00am-5:30pm.
3. **Checked-Out** - For second floor Post Graduate clinic and AEGD clinic A – Clean instruments must be checked out from 2nd floor Instrument Dispensing. **Hours:** Monday - Friday 8:00am - 5:30pm.
4. **Drop-Off** - For second floor Post Graduate clinic only contaminated or unused instrument are dropped-off at 2nd floor Instrument Dispensing. **Hours:** Monday - Friday 8:00am - 5:30pm. For AEGD clinic A, the residents will place all contaminated and unused instruments are the designated cart within their clinic. The cart will be transported to the 3rd floor Sterilization Area in room 7352 for processing.
5. For all clinics, immediately after dental treatment is completed and before returning to Instrument Return it is the students / residents' responsibility to:
 - Ensure instruments are cleaned chairside to remove any cement or material left on instruments

- Ensure all corresponding instruments are complete, not damaged and returned to their respective cassettes.
 - Report any instrument that is damaged or missing to the attending staff at Drop Off.
6. Instruments must be returned to Instrument Return immediately after patient dismissal.
 7. An itemized receipt will be provided to the student / residents upon return to Instrument Return locations. It is the student's responsibility to confirm all items returned are listed on the receipt to prevent being locked out of axiUm. **DO NOT leave any items unattended at the window or on the counter.**

Cypress Creek Campus / KID Campus/Joe DiMaggio Clinic:

1. Pick up sterilized instruments, cassettes, handpieces, burs, etc. from the dispensing location on the clinic floor. **Hours:** Monday-Friday 8:00am -5:00pm
2. Immediately after dental treatment is completed and before returning to Sterilization it is the student's responsibility to:
 - Ensure instruments are cleaned chairside to remove any cement or material left on instruments
 - Ensure all corresponding instruments are complete, not damaged and returned to their respective cassettes.
 - Report any instrument that is damaged or missing to the attending staff at Drop Off.

Dental Chairs and Units

After every patient treatment session, dental care providers **must** clean and disinfect their units, including counters, chair, light handles, hoses, etc. with an approved surface disinfectant/decontaminant cleaner, available in all clinical areas. Students, staff and faculty must follow manufacturer's instructions.

Prior to seating patients, barriers are required on all areas to minimize cross contamination, including x-ray unit heads, light handles, hoses, exposure buttons, headrests, tables and etc. These barriers are single use and **must** be disposed of properly after each patient. Dental care providers **must** use new disposable items, such as air/water syringe tips, saliva ejectors, and high-speed suction tips for each patient. Disposable items and barriers are available in the dispensing areas.

Laboratory Materials

All impressions and other laboratory materials **must** be rinsed of blood and saliva under water, placed in a head rest cover and sprayed with an appropriate disinfectant and allowed to be in contact for the appropriate amount of time as determined by the manufacturer before transporting to the support lab or commercial lab. Each operator **must** use a sterile rag wheel and fresh pumice for each patient.

Radiographs

Plastic barriers **must** be used on all radiographs to minimize the risk of cross-contamination. These barriers **must** be removed after exposure, at which time the film packet can be placed into a clean disposable cup. Once all radiographs are taken, the operator **must** remove their gloves, wash their hands appropriately, and remove the lead apron/collar from the patient. The films can now be handled and processed without contaminating either the operator or the processing machine.

The digital radiography units **must** have barriers placed on all surfaces and barriers **must** be used to cover the sensors and phosphate plates during exposure. The barriers **must** be discarded after each patient.

Personal Protective Equipment (PPE)

All dental care providers, students, employees, faculty, and adjuncts involved in direct patient care are expected to follow universal and standard precautions and comply with Nova Southeastern University NSU-CDMs' Infection Prevention guidelines for all patients treated within the clinics.

Gowns

All dental care providers, students, employees, faculty and adjuncts involved with direct patient contact, **must** wear protective, long-sleeved, cuffed OSHA approved gowns. Proper gowns are provided for every patient encounter and **cannot** be worn outside of the clinical/lab areas. If gown becomes visibly soiled during patient treatment, properly remove and discard; a new gown **must** be used.

Masks

All dental care providers **must** wear face masks (with their noses covered) while performing intra-oral procedures, as well as, in the laboratory during procedures that create dust or aerosol. Masks **must** be changed after each patient and during lengthy appointments (after one hour of wear). Masks should be in place prior to washing hands and putting on gloves.

Eye Protection

Providers **must** wear protective eyewear with solid side-shields during all patient treatment. Protective glasses must also be worn during any laboratory/technique procedure. Patients **must** wear protective glasses during dental treatment. All eyewear needs to be placed prior to washing hands and putting on gloves. All eyewear should be washed with antimicrobial soap available in all clinics and disinfected after each procedure.

Face Shield

Providers **must** wear protective face shield during all aerosol procedures. All face shields should be washed with antimicrobial soap available in all clinics and disinfected after each procedure.

Gloves / Hand Washing

Dental care providers must wear non-latex gloves when performing intraoral and laboratory procedures involving human materials and while they clean up after completing patient treatment. Before placing gloves, hands must be washed with antimicrobial soap provided, in accordance with the standards set forth by the CDC, for at least 20 seconds. After removal of gloves, hands must be washed again, for 20 seconds, using antimicrobial soap provided. Jewelry should be kept to a minimum to prevent harboring of bacteria. Gloves that rip or tear during patient treatment should be removed; hands must be washed, for a minimum of 20 seconds, with antimicrobial soap provided and new gloves put on.

While gloved, dental care providers should not touch items such as pens, pencils, x-ray mounts, or any other materials. Barriers and over gloves are provided and are to be used between these items and gloved hands. Gowns and/or gloves are NOT permitted outside the clinic/lab areas.

Sharps / Biohazardous Waste

Items such as needles, scalpel blades, burs, anesthetic cartridges, broken instruments, retainer bands, orthodontic wires/brackets, suture needles and any other metal or glass objects that could perforate a bag, must be placed carefully into the rigid sharps' container located in each operator. When sharps containers are $\frac{3}{4}$ full, the student, employee, faculty or adjunct should inform the Sterilization/Infection Prevention Department 954-262-7352. The container will be sealed and exchanged for an empty one.

Red hazardous waste bags are located in each operator. Any item saturated with blood/saliva needs to be placed in the red bag. Housekeeping is responsible for removal of all red bags from the clinic area. Students should report to the Sterilization/Infection Prevention Department if their bag has not been removed from the clinic area.

Needles and Recapping

NEVER recap a needle using two hands. Minimize the risk of accidental exposures using the scoop technique or needle recapper.



Eyewash Stations

Eyewash Stations are located throughout the building. These eyewash stations are labeled and are checked monthly to insure proper working order.

Fort Lauderdale (Davie) Main Location:

1st Floor:

- X-ray room sinks located in the front/east side of the clinic and in the rear/south side of the clinic
- Support Lab sink, room 7163
- Radiology sink, room 7161
- Oral Surgery Clinic sink

2nd Floor:

- PG Clinic X-ray room sink between Periodontology and Prosthodontics Department
- PG Support Lab sink, room 7220 and room 7218
- Faculty Practice Sterilization room sink
- Sim Lab sink, room 7207 - front of room to the left of the window; back of room to the right of the First Aid Kit and back of room to the left of the First Aid Kit
- Porcelain Lab sink, room 7201

3rd Floor:

- Research Lab sink, room 7356 - right side of entrance; front sink in office and back sink in office
- Sterilization/Infection Prevention sink, room 7353 - clean side
- Sterilization/Infection Prevention sink, room 7352 - dirty Side
- Research Lab sink, room 7380B
- Research Lab II sink, room 7381
- Aged Clinic sink, room 4344

NSU Dental Clinic at Cypress Creek:

- Sink in the kitchen and sink in Sterilization

Pediatric Dental Clinic at Kids in Distress:

- Sink in sterilization room-dirty side
- Sink in lab

Craniofacial and Special Needs Pediatric Dental Clinic at Joe DiMaggio:

- Sink in sterilization

Mailman Segal Pediatric Dental Clinic:

- Sink in the lab

OMFS Clinic at Broward Health Medical Center:

- Sink in the lab

First Aid Kit Locations

Fort Lauderdale (Davie) Main Location

There are thirteen (13) First Aid Kits mounted throughout the Dental Building.

1st Floor:

- In Radiology on the wall by the door in Oral Diagnosis 7160
- Inside Student Clinic located on the east wall located on east wall near main entrance.

2nd Floor:

- Faculty Practice on the wall in the middle of the hallway.
- Simulation Lab Room 7207 on the south wall.
- PG Orthodontic clinic
- Room 7225 on the right-hand side wall.
- Room 7223 on the right-hand side wall by the glass door.
- PG Prosthodontics clinic - Room 7229 on the right-hand side wall.
- PG Periodontics clinic - Room 7230 on the inside of the right side of the wall next to the door.

3rd Floor:

- Sterilization Room 7353 – clean side
- Sterilization Room 7352 – dirty side
- Faculty Lounge Room 7354
- Operative Clinic Room 4344

NSU Dental Clinic at Cypress Creek:

- On the wall outside of the lab.

Pediatric Dental Clinic at Kids in Distress:

- Under the AED in the sterilization room-clean side.

Craniofacial and Special Needs Pediatric Dental Clinic at Joe DiMaggio:

- In the open cabinet in sterilization.

Mailman Segal Pediatric Dental Clinic:

- In the open cabinet in sterilization.

OMFS Clinic at Broward Health Medical Center:

- In the open cabinet in sterilization.

Chemical Spill Response Stations

Manufacturer's instructions must be followed.

Fort Lauderdale (Davie) Main Location:

1st Floor - Near the Dispensing Department by the back exit on the first floor

2nd Floor:

- Outside the rear entrance hallway in Faculty Practice
- On the opposite wall of the Postgraduate Clinic main entrance next to the water fountain

3rd Floor Dental Building

- Inside the Faculty Lounge

3rd Floor Ziff Building

- Wall adjacent to restrooms

NSU Dental Clinic at Cypress Creek:

- In Sterilization

Pediatric Dental Clinic at Kids in Distress:

- Mounted on wall in lab

Craniofacial and Special Needs Pediatric Dental Clinic at Joe DiMaggio:

- In the open cabinet in sterilization

Mailman Segal Pediatric Dental Clinic:

- In the open cabinet in sterilization

OMFS Clinic at Broward Health Medical Center:

- In the open cabinet in sterilization

MSDS Sheets

Fort Lauderdale (Davie) Main Location:

- 1st Floor - near the back exit by the Dispensing Department
- 2nd Floor - opposite wall of the Postgraduate Clinic main entrance next to the water fountain
- 3rd Floor - Faculty Lounge Room 7354
- Information can also be assessed at www.MSDSonline.com

NSU Dental Clinic at Cypress Creek:

- In the sterilization area.

Pediatric Dental Clinic at Kids in Distress:

- On the wall in the kitchen.
- In the cabinet under the computer in sterilization-clean side.

Craniofacial and Special Needs Pediatric Dental Clinic at Joe DiMaggio:

- Mounted on the wall in the lab.

Mailman Segal Pediatric Dental Clinic:

- In the open cabinet in sterilization.

OMFS Clinic at Broward Health Medical Center:

- In the open cabinet in sterilization.

Immunizations / Health Forms Requirements

Students:

Nova Southeastern University Health Professions Division (NSU-HPD) requires all incoming students to comply with the requirements as specified in the HPD section of the Student Handbook.

Students who are not in compliance may be suspended from all clinical activities.

Employees:

NSU-CDM encourages all employees, faculty, adjuncts and appropriate support staff to be immunized against infectious diseases in an effort to minimize the risk to patients and dental personnel. Faculty and staff who are already vaccinated or elect not to be vaccinated must indicate so in writing. The Hepatitis B vaccine is available at no charge to all clinical personnel through the Employee Health & Wellness Clinic. Phone #: 954-262-VIPS (8477).

If titer testing is indicated, all costs associated with the test is the responsibility of the employee's insurance and/or the employee themselves.

BLS Certification

All students, employees, faculty, adjuncts and personnel with patient care responsibilities must have current BLS (Basic Life Support) and AED (Automated External Defibrillator) certification to work in the clinics. These training programs are held regularly in the college. There is no additional charge to students and/or clinical personnel for the certification course. Individuals who are not BLS and AED certified will not be allowed to work in the clinic until they present proof of their certification.

Training

All clinical personnel will receive training regarding infection prevention techniques and procedures immediately upon employment. Environmental Health and Safety Awareness Training, modules are completed by students in the D1 curriculum. Annual updates are **mandatory** of all students, employees, faculty, and adjuncts. Updates are to consist of PowerPoint presentations on Canvas, lectures, demonstrations, and videotapes. Additional training sessions are scheduled on an "as needed" basis.

OSHA

NSU follows the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030 which is available for review at www.OSHA.gov.

Policy Compliance

All clinical personnel are mandated to adhere to the guidelines as stated in this manual. Failure to comply with any of these policies will result in immediate disciplinary action.

Post-Exposure Policy & Procedure

Original Date: 01/13/00 Effective Date: 01/13/00

Revision Date: 07/01/09; 6/23/10, 8/6/10, 12/12/12, 5/14/13, 7/15/15, 9/11/18

Purpose: The purpose of this policy and procedure is to delineate individual responsibilities in the event of a significant exposure to blood and/or body fluids to a Nova Southeastern University (NSU) employee or non-NSU employee (see definitions).

Policy: It is the policy of NSU to monitor all blood and/or body fluid exposures for proper medical treatment and follow-up, to take appropriate corrective actions to prevent recurrences, and to maintain documentation for compliance with Federal, State and local laws.

I. Definitions

A. Significant Exposure

1. Exposure to blood and/or body fluids through needle stick, instruments, or sharps.
2. Exposure of mucous membranes to visible blood or body fluids, to which Universal Precautions apply according to the Centers for Disease Control and Prevention, including but not limited to the following body fluids:
 - a. Blood
 - b. Semen
 - c. Vaginal secretions
 - d. Cerebrospinal fluid (CSF)
 - e. Synovial fluid
 - f. Pleural fluid
 - g. Peritoneal fluid
 - h. Pericardial fluid
 - i. Amniotic fluid
 - j. Laboratory specimens that contain HIV
3. Exposure of skin to visible blood or body fluids, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area.

B. Source

The person of origin for the blood and/or body fluid as outlined in I .A. above.

C. Employee

An individual who has been assigned a NSU employee number and receives a University payroll check.

D. Non-NSU Employee

This individual may be a student, agency employee, contract worker, Broward College Student, North Broward Hospital District medical resident, or Palmetto General Hospital medical resident. This person does not have a NSU employee number and does not receive a payroll check from the University. Non-employees also include (but are not limited to) patients / visitors.

II. Responsibilities**A. Employee and/or Supervisor****Procedure during work hours:**

1. Clean exposed areas immediately.
2. Notify Supervisor for the respective clinic, after faculty has been notified, to assess the situation.
3. Report incident to infection control on their respective floors (Davie dental only) or clinic. We have binders with paperwork that needs to be filled out. A sterilization staff member will then call the Infection Prevention Supervisor 954-262-7306 or 954-770-1179. The Infection Prevention Office is located on the third floor Sterilization Room 7352.
4. Complete the Employee Exposure Incident Form, with the assistance of the supervisor and sign as directed to verify accuracy of information. Supervising faculty must sign this form as well.
5. Complete the First Report of Injury and accompanying forms which are available in binders located in Sterilization on each floor at Davie - offsite clinics have one binder which is located in Sterilization - and sign as directed to verify accuracy of information. These forms can also be downloaded from the Risk Management website at <http://www.nova.edu/risk/forms/workers-comp.pdf>, if otherwise unavailable.
6. For employee incidents only, email the First Report of Injury and accompanying forms including the Employee Exposure Incident Form to risk@nsu.nova.edu and contact the Office of Risk Management via telephone at 954-262-5404 to confirm receipt of completed forms.
7. Immediately present with all completed forms to: Main campus location – employee must go to NSU Employee Wellness Center (third floor of Ziff Clinic).

8. Pre-HIV test counseling of the exposed employee will be provided once it is established that a significant body substance exposure has occurred.
9. NSU employees must make the decision regarding post-exposure medical evaluation and testing, e.g., consent to test for Human Immunodeficiency Virus and consent for Chemoprophylaxis for Prevention of HIV Infection After Potential Occupational/Educational Exposure to HIV.
10. In the event that the individual decides not to proceed with the Chemoprophylaxis for Prevention of HIV Infection he or she shall sign the declination section of the consent form.
11. In the event that the individual decides not to proceed with the post-exposure evaluation, he or she shall sign the Employee Waiver of Post-Exposure Evaluation form.
12. Employees are responsible for following-up on related exposure laboratory tests and immunizations as directed and counseled by the NSU physician.
13. Employees receive copies of Protocol A, B or C, NSU post-exposure protocol and counseling and education informational handouts.

Procedure after work hours:

1. Follow steps 1-6
2. The employee will be referred to one of the approved clinic sites listed below by the Infection Control Coordinator for after-hours exposures. Ph#954-770-1179.
 - Broward Health Medical Center: 954-355-4400
 - Westside Regional Medical Center: 954- 473-6600
 - Concentra South Florida locations
 - US Healthworks locations

Follow up procedure:

1. For follow-up on your worker's compensation benefit, contact Risk Management Specialist for Workers Compensation 954-262-5404 or the worker's compensation adjuster assigned to your claim.
2. For follow-up concerning clinical evaluations and the necessary laboratory tests consult Davie - Family Medicine 954-262-4100.
3. In the event that you receive bills related to this incident, please contact the Worker's Compensation Risk Management Specialist, 954-262-5404 or the worker's compensation adjuster assigned to your claim.

B. Non-NSU Employees

1. Upon exposure, the procedure needs to immediately cease, and faculty should assess the incident. Report incident immediately to the supervisor where the exposure occurred.
2. Complete the Non-NSU Employee Exposure Incident Report with the assistance of the supervisor and sign as directed to verify accuracy of information.
3. In addition, agency employees and/or contract workers should also report the incident immediately to their employer. It is the agency or contract employer's responsibility to report the incident to the state.
4. The non-NSU employee shall report for medical assessment and treatment as directed by employer and/or school. If directed by employer and/or school, to seek medical assessment and treatment at NSU Health Care Center, the non-NSU employee will participate in counseling session with the NSU physician.
5. Non-NSU employees must make the decision regarding post-exposure medical evaluation and testing, e.g., consent to test for Human Immunodeficiency Virus and consent for Chemoprophylaxis for Prevention of HIV Infection After Potential Occupational/Educational Exposure to HIV.
6. In the event that the individual decides not to proceed with the Chemoprophylaxis for Prevention of HIV Infection he or she shall sign the declination section of the consent form.
7. In the event that the individual decides not to proceed with the post-exposure evaluation, he or she shall sign the Student/Non-NSU Employee Waiver of Post-Exposure Evaluation form.
8. Non-NSU employees are responsible for the follow-up of related exposure labs and immunizations as directed by designated medical personnel.
9. All bills for non-NSU employees will be the responsibility of the non- NSU employee.

C. NSU Students

1. Immediately stop the procedure being performed at the time of the exposure and have faculty assess the incident. Report incident immediately to the clinic supervisor for the clinic in which the exposure occurred. Faculty/student needs to discuss the event to the source patient for consent to bloodwork. Assure the patient that this is at "no cost" to them.
2. The clinic supervisor must report the incident to the Infection Control Coordinator at (954) 262-7353. The incident report forms (Appendix C) that need to be completed are found in the sterilization area in each clinic. Student and faculty must sign the completed incident report. After all paperwork is completed and source patient has been counseled, then the patient will be escorted to the proper clinic by the student for follow-up bloodwork/treatment.

3. Students who are rotating in the Broward area are asked to report to the Davie facility or site of rotation that has an Exposure Management Protocol for on-site treatment in the event of an exposure.
4. Students who have an exposure after normal medical clinic business hours or are rotating at sites outside of the Dade or Broward area are to report to their local emergency room for evaluation.
5. All NSU students within the Health Professions Division are required to obtain and maintain health insurance. The student has exclusive responsibility for his or her own medical bills. Barring insurance coverage issues, encourage the student to continue care at site of original treatment for continuity of care.
6. EXCEPTION FOR INITIAL EXPOSURE PROTOCOL VISIT AT A NSU HEALTH CARE CENTER ONLY: If the initial post-exposure protocol (Protocol A) is performed at a NSU Health Center and the NSU physician is not the primary care provider under the student's health insurance, or the student does not have the required health insurance, the cost of the initial exposure protocol visit at a NSU Health Center, laboratory tests and 3 day supply of medications shall be the responsibility of the NSU academic college the student attends.
7. All subsequent follow-up visits shall be with the NSU student's primary care physician, and the student has exclusive responsibility for his or her own medical bills.

D. Infection Control Coordinator and/or Supervisor:

1. Assist in completing the First Report of Injury Form and the Student or Non-NSU Employee Exposure Incident Report or Employee Exposure Incident Report, where applicable. Assure that all information required is present and check that the correct form is completed. Be sure that all signatures are included.
2. Inform and fax the appropriate information for employees to the Risk Management Office –Workers' Compensation Risk Management Specialist 954-262-3814 or 954-262- 6860.
3. Initiate procedure to obtain Hepatitis and HIV tests on the source / patient of the blood or body fluid exposure. Inform source of NSU policy and request that he/she go with the student to the clinic for testing.
4. In the event that the patient refuses to consent for testing, the Infection control coordinator is to notify via telephone the NSU physician or the applicable Emergency Room physician.

E. Source/Patient

1. The source (patient) will be asked to report to the NSU Health Care Center for pre-HIV counseling and exposure protocol testing.
2. The source will be provided an HIV consent form. If the source is incapacitated, the family must be approached in order to obtain consent.

3. The cost of the exposure laboratory tests for the source/patient shall be billed to the NSU College of the NSU employee or of the NSU student.
4. The source/patient's refusal to consent to an HIV test, and all information concerning the performance of an HIV test and its result, shall be documented only in the medical record of the exposed employee and/or non-NSU employee/student, unless the source/patient gives consent to entering this information on their medical record.

F. NSU Health Care Centers

1. Obtain and review the First Report of Injury Form or Student/Non-Employee Exposure Incident Form.
2. If the exposed individual is determined to have a non-significant exposure to blood and/or body fluids, the Exposure Protocol A will be so marked, and the individual will sign the Exposure Protocol Record form and it will be witnessed by the physician.
3. For NSU employees and non-NSU employees having a significant exposure to blood and/or body fluids, the NSU physician will complete the Exposure Protocol Record. This form documents if exposure is significant or not significant, pre-test counseling and recommended immunizations, laboratory work and follow-up. A copy of the completed form is given to the exposed individual and the original remains in the exposure record. The medical records for each employee shall be preserved and maintained for at least the duration of employment plus thirty (30) years.
4. If an employee is determined to have a significant exposure to blood and/or bodily fluids, the NSU physician will notify the supervisor where exposure occurs to initiate the procedure to request consent on the source/patient of the blood and/or body fluid exposure if not already done so through the Infection Control Coordinator's office.

G. Broward Health Medical Center:

1. Report incident immediately to the person in charge of the department where the exposure or needle stick occurred. In addition, the Family Medicine Residency Director should be notified of the incident.
2. Complete the First Report of Injury Form and Student/Non-Employee Exposure Incident Report with the assistance of the supervisor and notify the Infection Control Coordinator and sign as directed to verify accuracy of information.
3. Broward Health Medical Center Residents exposed while at the hospital should report to Broward Health Medical Center Employee Health and if exposed while outside the hospital may report to a NSU Health Center on the Davie or North Miami Beach Campus for initial treatment and follow-up. The NSU Health Center(s) shall receive authorization from the Broward Health Worker's Compensation Department.

4. In the event that the NSU Health Center(s), or Broward Health Medical Center Employee Health Department are closed, the medical resident should immediately go to the Broward Health Medical Center Emergency Room.
5. All follow-up treatment and /or laboratory tests shall be performed at the Avenue, Fort Lauderdale, FL, 33316.

III. TRACKING OF INCIDENTS

A. Infection Control Coordinator:

1. Responsible for on-going surveillance and monitoring of exposures for identification of trends and patterns and compliance with established policy.
2. Will establish corrective action plans and development of monthly report for employees and students.
3. Post the OSHA 300 Exposure Log for employees.
4. Maintain copies of all exposure incidents for the appropriate time.
5. Provide monthly report of student exposure incidents to University Risk Manager, and to the University Director of Compliance.

B. Risk Management/ Workers Compensation

1. Responsible for the management of the workers' compensation cases of employees who had an exposure occurrence
2. Receives and maintains completed First Report of Injury Form for NSU employees.

CLINIC RULES (MUST NOT BE VIOLATED)	
1. Universal/Standard Precaution at all times	9. Only dental providers and patient in the operatory
2. Wash hands before and after wearing gloves	10. No open toe shoes (No croc with holes) No ballerina shoes (they do not cover the foot)
3. Gloves, mask (cover your nose), gown while treating patients (PPE)	11. No food or drink on clinic floor
4. No gloves while doing records or charts	12. Dental providers must keep hair away from face
5. Wear protective eyewear (clean eyewear)	13. Don't wear gown, mask and gloves outside clinic Area. No white jackets when chair side
6. Protective eyewear on patients (clean after each patient)	14. If casts are being used in the treatment area for prosthetic purposes, they must be appropriately disinfected before and after use in the clinic area.
7. Use barriers to cover surfaces which are difficult to decontaminate	15. Dispose all sharps (burs, endo files, needles, ortho wires, carpules, etc.) in sharps container
8. Clean and disinfect all surfaces between patients	16. Don't touch your body, rub your eyes, scratch your nose or adjust mask with gloves on

HANDWASHING TECHNIQUE (BEFORE PLACING GLOVES AND AFTER REMOVING GLOVES)

1. Wet hands and wrist. Apply soap.
2. Hands should be rubbed vigorously during washing for at least 20 seconds with special attention paid to the backs of hands, wrists, between the fingers and under the fingernails.
3. Rinse hands well.
4. Dry hands completely with paper towel.
5. Discard paper towel

WHEN TREATING YOUR PATIENT

1. Open sterilization pouches after your patient has been seated in the chair.
2. Remove the bib from your patient if he/she will be leaving the clinical floor.
3. First floor clinic - report any equipment that is not working properly IMMEDIATELY to Dispensing (ext. 27170). Second floor clinic – report to PG clinic Supervisor (ext. 21704). All offsite clinics will report to the respective clinic supervisor.

DISINFECTING IMPRESSIONS (DO NOT USE WIPES TO DISINFECTANT IMPRESSIONS)

1. Rinse impression thoroughly under running water to remove blood and saliva. Be sure to remove cotton rolls, dry angles, etc.
2. Thoroughly spray with disinfectant, place the impression on paper towels and let stand for 5 minutes (Cavicide). If using a different disinfectant, check the kill time on the bottle.
3. After the appropriate kill time has passed, thoroughly rinse the impression for several minutes, ensuring that no disinfectant is left to mix with the gypsum.

DISINFECTING/CLEANING THE OPERATORY

1. With gloves on, place all instruments in the cassette and discard all disposables and barriers. Remove any trash from the floor.
2. With gloves on, take cassette and other items that require sterilization to Instrument Return. After hours - you will be transporting the items to the 3 rd floor (main Sterilization), use provided bins located inside Instrument Return area.
3. Ensure all returned instruments are scanned upon submission to Instrument Return area.
4. Return to the operatory, put-on gloves and disinfect the countertops, delivery unit, all chairs and handles and equipment.
5. Raise chair to highest position and place patient light against headrest.

RADIATION USE POLICY

Radiation Use Policy (Revised, August 2021)

Available data show that ionizing radiation, if delivered in sufficient doses, has the potential of causing harmful biological effects. However, it is not clear that the relatively low radiation doses delivered in dental radiography present any risk; nor is it clear that these small doses are totally risk-free. Present evidence suggests that the dental practitioner should reasonably expect that the diagnostic benefit to the patient from radiographic examination will outweigh any potential risk provided that: 1) the procedure is clinically indicated and justified, 2) the technique is optimized to ensure high-quality diagnostic images, and 3) ALARA (As Low As Reasonably Achievable) principles are rigidly applied.¹

The NSU-CDM is committed to providing an optimal environment during the use of x-rays. Compliance with this policy will improve the risk-benefit ratio by maximizing the diagnostic yield from radiographic examinations and minimizing exposure to unnecessary radiation.

Administration

1. Radiographic equipment, facilities, practices, and procedures shall meet all requirements and regulations specified and/or recommended by the Federal Radiation Health and Safety Act of 1969, NCRP Handbook No. 145 *Radiation Protection in Dentistry* (2003), the FDA's *Performance Standards for Ionizing Radiation Emitting Products* (2020), the American Dental Association's *The use of dental radiographs: Update and recommendations* (2012), and the Florida Administrative Code, Chapter 64E-5-Revision 15, *Control of Radiation Hazard Regulations* (2016).
2. The Director of Radiology, Department of Diagnostic Sciences shall serve as the Radiation Protection Supervisor for the NSU-CDM and its satellite clinics.
3. The Radiation Protection Supervisor shall act as a representative of the Dean of the NSU-CDM and have the responsibility to recommend to the Dean the establishment, implementation, and monitoring of facility-wide guidelines and/or policies on radiographic practices.
4. The Radiation Protection Supervisor shall assure compliance of the College of Dental Medicine with established Federal, State and local regulations, standards and/or radiation protection programs.
5. The Radiation Protection Supervisor shall be advised of the purchasing and installation of all new x-ray equipment, the relocation or retirement of existing equipment, and the remodeling of existing radiographic facilities.
6. The Radiation Protection Supervisor shall assure compliance with Florida x-ray machine registration and survey regulations.

7. The Radiation Protection Supervisor shall conduct periodic continuing education programs for all staff operating x-ray generating and processing equipment and assure that each individual is thoroughly conversant with all materials regarding radiation hazards, safety practices, and State and Federal radiation rules and/or regulations.
8. The Radiation Protection Supervisor shall recommend the retention of a qualified expert, when necessary, to assist in the compliance of this policy.

Dose Limits

1. No individual operator shall be permitted to receive an occupational effective dose in excess of 50 mSv (5000mrem)/year. An individual's cumulative effective dose shall not exceed 20 mSv (2000mrem) averaged over defined periods of 5 years.²
2. Radiation exposure monitoring is not required unless the operator is likely to receive greater than 10% (500mrem) of the maximum allowable occupational dose in a calendar year.¹² An exception is that any operator of hand-held x-ray machines shall be monitored. The Radiation Protection Supervisor shall administer all operator exposure monitoring programs and practices.²
3. There shall be a Declared Pregnant Operator Policy monitored by the Radiation Protection Supervisor.
4. The mean non-occupational effective dose to frequently or continuously exposed members of the public shall not exceed 1 mSv/year.²
5. There are no dose limits to diagnostic exposure of a patient.

Criteria for Exposure

1. Radiographic examination of the patient shall not be routine, standardized, or solely for the purpose of training and/or demonstration. Professional judgment shall be used in concert with FDA-approved Guidelines for Prescribing Dental Radiographs to determine the type, frequency, and extent of radiographic examinations. Only radiographs with an expected positive diagnostic yield that would influence the diagnosis and/or management of the patient shall be prescribed.
2. No radiographic examination shall be made without a written prescription by a dentist faculty member. The prescription shall be made after consideration of the patient's medical and dental history, clinical examination, review of prior radiographs, and consideration of both the dental and the general health needs of the patient
3. There shall be a radiographic log for each prescription examination that includes: the date of the request, the prescribed radiographic examination, the (electronic) signature of the dentist faculty member authorizing the radiographic prescription, the date of the examination (if different from

the requesting date), the name of the operator making the radiographs, and the (electronic) signature of the dentist faculty member approving the examination.

4. Only dentists, students and legally qualified and credentialed allied personnel working under the supervision of a dentist faculty member shall be allowed to perform radiographic examinations.
5. For each new or referred patient, there shall be a good faith attempt to obtain existing, pertinent radiographs. If existing NSU-CDM radiographs are available, they shall be evaluated before new radiographs are made.
6. Administrative radiographs or radiographs made for third parties such as insurance claims or legal proceedings should be discouraged. However, diagnostic radiographs may be used for administrative purposes.
7. Students shall not be permitted to perform radiographic exposures of patients, other students, or volunteers solely for the purposes of their education or licensure. Students shall demonstrate technical proficiency in radiographic technique on manikins before they are permitted to expose patients to clinical radiographs.
8. Radiographs taken for research purposes shall obtain Institutional Review Board approval.

Examination Procedures

1. Dental x-ray machines shall comply with recommendations and requirements for kVp, mA, filtration, and focal-object distance.
2. Position indicating devices shall be open-ended devices with provision for attenuation of scattered radiation.
3. The beam, measured at the receptor should not exceed the dimensions of the receptor by more than 2% of the source-receptor distance.
4. Hand-held machine operators shall comply with a complete machine- specific training before using a hand-held unit and shall wear dose monitoring devices while working with the device^{6,13,14}.
5. Extraoral radiographs shall be restricted to the area in question and made with the beam collimated to the size of the receptor or smaller.
6. Receptor-holding devices should be used for intraoral radiographic techniques. Digital retention of intraoral films shall be avoided.
7. A technique chart should be posted at each x-ray workstation that indicates the exposure time required for the specific area of examination for each image receptor type used.

8. ANSI Speed Group E or faster or digital-imaging systems shall be used for intraoral radiography. Radiographic techniques for digital imaging shall be adjusted for the minimum patient dose required to produce a signal-to-noise ratio sufficient to provide image quality that meets the purpose of the examination.
9. All radiographic examinations shall be identified with the patient's name and number and the date exposed.
10. The use of leaded aprons shall not be required for intraoral examinations if all other recommendations of this Policy are rigorously followed.^{3,4} Thyroid shielding is required for children, pregnant women and adults when it will not interfere with the radiographic examination.¹¹ Shielding is not required for panoramic radiography but is required for maxillary CBCT studies.^{3,4} Leaded aprons shall be made available on a patient's request.
11. Occupationally exposed personnel shall not restrain uncooperative patients or hold the image receptor or tube head during exposure. Members of the public who restrain patients or hold image receptors during exposure shall be provided with protective shielding.
12. Interpretations of radiographic examinations shall be documented in the patient's record.

Radiation Protection

1. Dental facility design, x-ray equipment performance and operating procedures shall be such that no individual's occupational exposure exceeds recommended dose limits, and no individual member of the public effective dose exceeds 1 mSv annually.²
2. During each exposure, the operator must stand out of the primary beam and behind a protective barrier that permits observation of and communication with the patient. In the absence of a protective barrier, the operator must stand at least for intraoral 6-feet (for panoramic, 4-feet) from the patient and at the angle of 90-135 degrees to the primary beam. If the 2-meter distance cannot be maintained, the operator must be provided with a portable protective barrier. Under no circumstance operators should stay in the operatory-radiographic room when radiographic examination is performed. When the above measurements are followed, shielding it is not necessary. Ionizing Radiation Exposure of the Population of the United States established the dental average annual effective dose from ionizing radiation in dentistry is 7 μ Sv.⁹
3. It is recommended that workers that could receive an annual dose greater than 1000 μ Sv should wear personal dosimeters to monitor exposure levels. Pregnant dental personnel operating x-ray equipment should use radiation dosimeters.¹²
4. Once an operator declares pregnancy and decides to obtain a radiation dosimeter, she must contact the Director of Radiology. The Radiology Director will request information necessary to be sent to the company that will provide the radiation monitors.
5. The exposure control switch shall be positioned and immobilized behind the barrier and require continuous pressure throughout the exposure (dead-man type).

Quality Assurance

1. All x-ray installations shall have a radiation protection survey performed by the State of Florida.
2. Re-inspection shall be performed regularly at intervals not exceeding four-year.
3. Records of these surveys shall be maintained and be made available by the Radiation Protection Supervisor for a period of three-years.

This policy shall be enforced according to established University and NSU-CDM policies and procedures.

Patient Shielding in Dental Radiography

Although radiation doses from dental radiography are reported to be low¹, adhering to the ALARA principle (As Low As Reasonably Achievable) improves the risk-benefit ratio by maximizing the diagnostic yield from radiographic examinations and minimizing exposure to unnecessary radiation.

Intraoral Radiography

With present state-of-the-art technology and procedures, there is no reported significant gonadal exposure from dental radiographic examinations. A protective apron does not significantly reduce the radiation dose received from dental x-ray examinations and has not been shown to provide any appreciable biologic benefit.^{3,4} In Florida, there is no requirement for the use of leaded protective aprons during dental radiographic exposures including examination of the pregnant patient^{5,6}

The National Council on Radiation Protection and Measurements (NCRP)^{7,8,9} and the American Dental Association Council on Scientific Affairs¹⁰ provide guidance for prescriptive legislation for radiation hygiene and protection. The current recommendation on patient protection equipment is that the use of a leaded apron is not required.

The NSU-CDM is compliant with all recommendations of the NCRP and the Council of Scientific Affairs and, as such, the use of leaded apron is not required for intraoral examinations.

The thyroid gland, especially in children, may be sensitive to radiation-induced injury. During dental radiographic procedures, the x-ray beam may pass near and occasionally through the gland. The ADA strongly recommends the use of a leaded thyroid shield or collar in children and pregnant women, as these patients may be especially susceptible to radiation effects.

Thyroid shielding is required for children and for adults when it will not compromise the clinical goals of the examination.¹¹

Panoramic Radiography

Patient shielding for panoramic procedures does not provide any appreciable biologic benefit and may actually interfere with the examination.

The use of a leaded apron or thyroid collar is not required for panoramic radiography.³

Cephalometric Radiography

Thyroid collars will block anatomic landmarks used for analysis of skeletal maturity index (SMI).

Thyroid shielding is required during cephalometric radiography when SMI information is not needed, and cephalometric analysis is limited to structure above the second cervical vertebra. The use of a loaded apron is not required.

Cone Beam CT

It is neither possible nor desirable to use protective devices in all clinical situations, especially in cases in which the collar or apron may obstruct the area of interest.⁴

Protective aprons and thyroid collars are required with CBCT examinations when their use will not interfere with the examination.

Pregnant Patients

The effective dose to a fetus of a pregnant patient during dental; radiographic examination is quite small compared to that received from natural background sources.¹²

Dental radiography may be prescribed for pregnant patients with adherence to the FDA selection criteria guidelines,

To assure compliance with current recommendations and guidelines and to allay any concerns of our patients who have come to expect the apron and may request that it be used, the NSU- CDM and its satellite clinics makes available appropriate protective shielding for every radiographic workstation.

¹ Dental radiographs: Benefits and safety. Journal of American Dental Association September 2011; 142:1101.

² Recommendations of the International Commission on Radiological Protection, ICRP Report No. 37: 1-332.

³ D Rottke, L Grosseckler, K Sawada, P Poxleitner, D Schulze. Influence of lead apron shielding on absorbed doses from panoramic radiography. DentoMaxilloFacial Radiology, December 2013; 42 (10): 20130302.

- ⁴ Schulze RKW, Sazgar M, Karle H, De las Heras H. Influence of a commercial lead apron on patient skin dose delivered during oral and maxillofacial examinations under Cone Beam Computed Tomography (CBCT). *The Radiation Safety Journal Health Physics*. August 2017;113(2):129-134.
- ⁵ Kelaranta A, Ekholm M, Toroi P, Kortnesniemi M. Radiation exposure to fetus and breast from dental x-ray examinations: effect of lead shields. *A Journal of Head and Neck Imaging*. 2016;45(1): 20150095.
- ⁶ Florida Administrative Code, Control of Radiation Hazard Regulations, Chapter 64E-5.502. General Requirements, Administrative Controls.
- ⁷ Radiation Protection in Dentistry, NCRP Report No. 145, National Council on Radiation Protection and Measurements, December 2003.
- ⁸ Reference Levels and Achievable Doses in Medical and Dental Imaging: Recommendations for the United States, NCRP Report No. 172, National Council on Radiation Protection and Measurements, 2012.
- ⁹ Ionizing Radiation Exposure of the Population of the United States, NCRP Report No. 160, National Council on Radiation Protection and Measurements, 2009.
- ¹⁰ The use of dental radiographs: Update and recommendations, Council on Scientific Affairs. *JADA* 2012.
- ¹¹ Policy Statement on Thyroid Shielding During Diagnostic Medical and Dental Radiology. American Thyroid Association. 2013.
- ¹² Prenatal Radiation Exposure: Health Effects and Protective Guidance, NCRP Report No. 174, National Council on Radiation Protection and Measurements, 2013.
- ¹³ Makdissi J., Pawar RR., Johnson B., Chong BS. The effects of device positioning on the operator's radiation dose when using handheld portable x-ray devices. *Dentomaxillofac Radiol*. 2016; 45:20150245.doi:10.1259/dmfr.20150245.Epub2016 Jan 14.
- ¹⁴ Smith R, Tremblay R, Wardlaw GW. Evaluation of stray radiation to the operator for five handheld dental x-ray devices. *Dentomaxillofac Radiol*. 2019;48(5):20180301. doi:10.1259/dmfr.20180301.

Protocol for Occupational Exposure in Pregnant Operators

In order to comply with ALARA principles for external sources of ionizing radiation, pregnant operators should understand the following radioprotection guidelines:

1. **Time:** Operators should reduce the amount of time in close proximity to radiation sources which will reduce the likelihood of exposure. Under no circumstance operators should stay in the operatory-radiographic room when radiographic examination is performed.
2. **Distance:** If an operator cannot reduce the time in the area where the examination is taking place, the distance from the source of radiation should be increased applying the Inverse Square Law. The intensity of the radiation is inversely proportional to the square of the distance.
3. **Location:** when operators are taking intra-oral examinations should stand at least 6 feet from the patient at the angle of 90-135 degrees to the central ray of the x-ray beam. When operators are taking Panoramic examinations should stand at least 4 feet away from the patient.
4. **Technique:** Operators should never hold the receptors, holding-receptor instruments or x-ray tube during radiographic examination.
5. **Shielding:** When the above measurements are followed, shielding it is not necessary. Data from NCRP (National Council in Radiation Protection and Measurements) Report #160, Ionizing Radiation Exposure of the Population of the United States established the dental average annual effective dose from ionizing radiation in dentistry is $7 \mu\text{Sv}$. NCRP. Report #174. Determined that background radiation dose receive during the 9 months of pregnancy is $2,250,000 \mu\text{Sv}$.

The NRC (Nuclear Regulatory Commission, 1999) established that if radiation worker receives an effective dose greater than $1000 \mu\text{Sv}$ annually from external sources of ionizing radiation or occupational intake of radioactive material, the occupational radiation program is required to have fetal assessment program. In these circumstances, operators are required to wear shielding and monitoring radiation badges.

6. **Monitoring Devices:** It is recommended that workers that could receive an annual dose greater than $1000 \mu\text{Sv}$ should wear personal dosimeters to monitor exposure levels. Pregnant dental personnel operating x-ray equipment should use radiation dosimeters.
7. **Request of Dosimeters:** Once an operator declares pregnancy and decides to obtain a radiation dosimeter, she must contact Dr. Hogge. Dr. Hogge will request information necessary to be sent to the company that will provide the radiation monitors.

Data based on:

National Council on Radiation Protection & Measurements. *Report No. 160 - Ionizing Radiation Exposure of the Population of the United States (2009)*

National Council on Radiation Protection & Measurements. *Report No. 174 - Preconception and Prenatal Radiation Exposure: Health Effects and Protective Guidance (2013)*

Oral Radiology Principles and Interpretation. White & Pharoah. Chapter 3. Pages 29-40. 2014

APPENDICES

Appendix A – Patient Pre-Screening Form for The Predoctoral Program

Each section must be initialed by the patient if they agree to terms presented.

<p>➤ <i>First visit to NSU-CDM will be for screening purposes only. A brief examination will be performed to evaluate the general needs and expectations of each patient. This may include evaluation of the head, neck, teeth, gums, and x-rays. NSU-CDM is looking for patients who will be good teaching cases for students training to be dentists.</i></p> <p style="text-align: center;"><i>The fee of \$35.00 for this service is non-refundable.</i></p>	<p><i>Candidate's Initials</i></p>
<p>➤ <i>Not all candidates will be accepted as patients of NSU-CDM. Candidates with complicated medical conditions, rigid time requirements and extremely difficult dental care needs will not be accepted in the student clinic. Other options may be available.</i></p>	<p><i>Candidate's Initials</i></p>
<p>➤ <i>If accepted as a patient in the student clinic, the first 1-3 appointments will be spent evaluating particular needs and writing a treatment plan(s). The estimated cost of treatment will be presented for consideration.</i></p> <p><i>A \$200.00 deposit will be required upon acceptance, which will be applied to the full cost of treatment.</i></p>	<p><i>Candidate's Initials</i></p>
<p>➤ <i>NSU-CDM is a teaching institution and requires that a periodic examination be given once per year and will be charged accordingly. This may lead to a change in the initial treatment plan and possibly a change in the fees.</i></p>	<p><i>Candidate's Initials</i></p>
<p><i>To become a patient in the student clinic candidate must:</i></p> <ul style="list-style-type: none"> ➤ <i>Be available for weekly appointments on the same day which will last 3 – 4 hours.</i> ➤ <i>Be on time for dental appointments.</i> ➤ <i>Not miss three (3) appointments. Patients missing 3 appointments or frequently late to a scheduled appointment may be dismissed from the program and will not be allowed to return to any clinic at NSU-CDM.</i> ➤ <i>Give at least 24-hour notice for canceling appointments.</i> ➤ <i>Be easily available by telephone (cell or work) Monday – Friday 8:00am – 5:00pm.</i> ➤ <i>Update telephone number, mailing address as needed with dental personnel.</i> ➤ <i>Pay for treatment on the day treatment is rendered or in advance.</i> ➤ <i>In order to provide continuity of care, NSU-CDM must be your only primary care provider. Patients accepted into the predoctoral clinic cannot seek treatment outside the CDM unless they are referred by their NSU-CDM treating student/faculty.</i> ➤ <i>Be respectful and courteous to students, staff members, residents, and faculty. Patients who are disrupted or disrespectful may be dismissed from the program and will not be allowed to return to any clinic at NSU-CDM.</i> 	<p><i>Candidate's Initials</i></p>

I understand I must comply with these terms and conditions in order to remain a patient at Nova Southeastern University – NSU-CDM.

Candidate's Name: _____ Date: _____

Candidate's Signature: _____

NSU – CDM STAFF USE ONLY

Chart # _____ Date: _____

- **Candidate qualifies for Student Clinic.**
- **Candidate does not qualify for Student Clinic.**

Appendix B – New Product Request Form

Student or faculty name: _____

Name of product: _____

Product use: _____

MSDS - (attach): _____

If this product would replace an existing one, please give details why.

Literature reviewed regarding product.

Appendix C – Student / Resident Post-Exposure Form



Student/Resident Post-Exposure Form

Student's Name: _____	NSU Email: _____
Program Enrolled In: _____	Graduating Year: _____
Student's Address: _____	
Student's Telephone #: _____	Alternate #: _____
Date of Exposure: _____	Time of Exposure: _____
Facility location where exposure occurred: _____	

1. Type of Exposure: <input type="checkbox"/> Percutaneous Injury (needle or sharps injury) <input type="checkbox"/> Mucous Membrane Exposure (eyes, nose, mouth, etc) <input type="checkbox"/> Non-Intact Skin Exposure/Skin Integrity Compromised <input type="checkbox"/> Bite Resulting in Blood Exposure Other: _____	2. Exposed Body Part: <input type="checkbox"/> Finger <input type="checkbox"/> Hand <input type="checkbox"/> Eye/Nose/Mouth <input type="checkbox"/> Arm/Forearm <input type="checkbox"/> Leg/Thigh Other: _____
3. Device: <input type="checkbox"/> Needle <input type="checkbox"/> Scalpel <input type="checkbox"/> Suture <input type="checkbox"/> Bur/Endo File <input type="checkbox"/> Instrument Other: _____	4. Route: <input type="checkbox"/> Needlestick/Puncture <input type="checkbox"/> Cut <input type="checkbox"/> Abrasion <input type="checkbox"/> Splash Other: _____

1. Description of the incident. Be as specific as possible: _____

2. Post-exposure medical consultation with Dr. to be performed at (Circle/specify which location):
 *Davie Student Med *NMB Student Med *Other: _____

Source/Patient Name: _____ Telephone #: _____

Mark all that apply:

Source/Patient could not be identified.

HIV	<input type="checkbox"/>	Unknown HIV status.
	<input type="checkbox"/>	HIV negative.
	<input type="checkbox"/>	Known to be HIV positive. If so, viral load: _____ CD4 count: _____

Hep	<input type="checkbox"/>	Unknown Hepatitis status.
	<input type="checkbox"/>	Hepatitis negative.
	<input type="checkbox"/>	Known to be Hepatitis B and/or C positive.

Student Signature: _____ Date: _____

Faculty Name Printed: _____ Signature: _____ Date: _____

Infection Control Name Printed: _____ Signature: _____ Date: _____

8/8/2014

Appendix D – Patient Registration Form

PATIENT REGISTRATION FORM

Today's Date: _____

Patient's Last Name: _____ First Name: _____ Middle Name: _____

Birth Date: ____/____/____ Gender: Male Female SSN: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Patient Portal (sign up with your email): _____

Race

American Indian Or Alaska Native Black or African American Hispanic Or Latino (All Races)
 Asian Multiracial Native Hawaiian or Other Pacific Islander
 White Patient declined to state

Ethnicity

Hispanic or Latino Not Hispanic or Latino Patient decline to state
 Unknown/Not Reported

Marital Status: Married Single Widowed Divorced Partner

Spouse/Partner's Name: _____

Visually Impaired Hearing Impaired Primary Language: _____

Parent / Guardian name if patient is a minor:

Last Name: _____ First Name: _____ Middle Name: _____

Address if different: _____ City: _____ State: _____ ZIP Code: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Do you have an Advanced Directive (Living Will)? Yes No (If yes, please provide a copy for your medical records)

PREFERRED PHARMACY INFORMATION

Pharmacy name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

I certify that the above information is my personal information and has not been fraudulently derived. I understand that it is my responsibility to notify NSU Medical Center of any changes to the above instructions.

Signature of Patient or Patient's Authorized Representative

Date

If signed by the Patient's Representative, please print name and describe relationship to patient or other authority to act:

Name

Relationship to Patient

Appendix F – Predoctoral Report Form

NSU- CDM

PREDOCTORAL REPORT FORM

DIDACTIC, CLINIC, CLINIC ROTATION, ORIENTATIONS, SEMINAR, AND LABORATORY COURSES

Student name _____ Course name and number _____
Date of report: _____ Course Director: _____
Course semester and year: _____ Course Director signature _____
Faculty name (print): _____
Faculty signature: _____

Please check any of the following areas that apply regarding this student and provide detail in space below:

- | | |
|---|---|
| <input type="checkbox"/> Follows instructions | <input type="checkbox"/> Communication skills |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Use of time |
| <input type="checkbox"/> Correct use of dental terminology | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Neatness and organization | <input type="checkbox"/> Safety/ Cross-Contamination |
| <input type="checkbox"/> Cheating/Unprofessional Conduct | <input type="checkbox"/> Timeliness in turning in assignments |
| <input type="checkbox"/> Quality or quantity of laboratory work | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Quality or quantity of didactic (classroom) work | _____ |
| <input type="checkbox"/> Quality or quantity of clinical work | _____ |

EXPLANATION OF AREAS CHECKED ABOVE:

RECOMMENDED ACTION:

Received by Department Chair: _____ Date _____

Reviewed with Student: _____ Date _____
Signature by student indicates acknowledgement of discussion with faculty and receipt of this report copy.
Signature by student does not indicate agreement or disagreement with this report.

Received by Associate Dean Academic Affairs: _____ Date _____

Approved

Date: October 5, 2021

*By: Dr. Rafael G. Castellon
Approved by the Associate Dean of Clinical Services*

Posted on axiUm Links and NSU-CDM website