

University of Southern California
School of Dentistry

USC DENTAL CLINIC

CLINIC MANUAL

The Offices of Clinical Affairs and Clinical Relations have prepared the information in this manual for students, clinical faculty, and staff. This manual contains policies, procedures and guidelines by which the USCSD Dental Clinics are coordinated and administered.

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ADMITTING PROCEDURES

New patients to the USC Dental Clinic are directed to the Center for Diagnostic Sciences (Patient Admitting) on the west end of the first floor. Patients are seen by appointment (see page 7 for screening hours). The Admitting faculty does a preliminary oral screening to determine if the patient is able and willing to cooperate with the policies and procedures of the USC Dental Clinic. Once the patient has passed the preliminary oral screening, an assessment is performed to determine the degree of difficulty in the case in order to make assignment to the appropriate clinic and determine the patient's ability to afford treatment in the USC Dental Clinic.

Some patients have medical conditions that require further evaluation or treatment before dental services can be provided safely. These patients are referred to their primary care physician for consultation. Dental treatment is deferred until the results of the consultation are reviewed by the faculty. Some patients have medical conditions that may or may not require a physician's consultation, but that make referral for treatment in the Special Patient Care Clinic appropriate.

The admitting fee of \$80 includes evaluation of the medical profile, vital signs assessment, head and neck examination, cancer screening, oral examination, the necessary radiographs (X-rays), and a comprehensive treatment plan.

In cases where limited treatment patients are referred directly to a specialty clinic (usually by a private practitioner or HMO), the patient record is created by the specialty clinic and the consultation or examination fee is collected by the clinic treating the patient.

DENTAL EMERGENCY PROTOCOL

This protocol applies to all new patients and patients of record in the undergraduate and graduate (specialty) programs, dental hygiene, and Faculty Practice at the USC School of Dentistry (USCSD). The following policies and procedures have been established to provide 24-hour access to dental related questions and concerns.

All patients should be given phone numbers for use in the event of a dental emergency. This includes a pager number for the student doctor or resident, the Group Practice or Specialty Office phone number and the School of Dentistry's information number. The School can be reached 24hours a day, seven days a week by calling (213) 740-2800 or the toll-free number, 1 (888) USC-DENT (1-888-872-3368). The University Call Center handles after-hours calls.

During business hours:

Adult Patients of Record

The patient is questioned about the extent of the emergency and whether the patient has a pager number to reach the dental student/resident or faculty member in charge of his or her care. If the patient does have the student/resident or faculty member pager number then the patient proceeds directly to the office where he/she is assigned as a

comprehensive care, limited treatment, or emergency patient. The assigned clinic should treat the patient whenever possible. Should the assigned clinic not be available, the patient is directed to the Center for Urgent Care, Trauma and Sports Dentistry (Emergency).

Pediatric Patients of Record

Contact the Pediatric Dental Clinic at (213) 740-0412.

After business hours, holidays, and scheduled clinic closures:

Adult Patients of Record

1. The University Call Center questions the patient as to whether their emergency can wait until the next business day to be treated. If the response is yes, the patient is instructed to come to the Urgent Care Center the next day during the clinic's normal hours of operation.
2. If the emergency cannot wait until the next business day, the University Call Center will contact the dentist on call with the patient's phone number and the emergency that the patient is experiencing.
3. The dentist on call will assess the extent of the emergency and make the decision on how to proceed. If the patient needs to be treated immediately, the dentist on call will instruct the patient to proceed to the clinic's after-hour facility to meet the dentist that is treating the after-hour emergency.

Pediatric Patients of Record (*Children 13 years of age or younger*)

1. Long Beach Memorial Medical Center
Dial (562) 933-7243.
Wait for tone, then dial 18776.
Dial your telephone number (including area code).
Press the # key and hang up.
The call will be returned as quickly as possible.

Or

2. Children's Hospital, Los Angeles
Dial (323) 660-2450.
You will hear instructions for contacting the hospital operator (or dial "0").
Tell the hospital operator that you need the pediatric dentist on call.
Remain on the line while the dentist is paged or leave your number with the operator.
The dentist will talk to the caller.

Non-patients

1. If the caller's emergency cannot wait until the next business day, the caller is instructed to contact the Los Angeles Dental Society at (213) 380-7669 for the referral of a private dentist in his/her area or is instructed to proceed to the nearest hospital emergency room.

If the emergency can wait until the clinic's next business day, the caller should be advised that he or she can come to the School and be screened and treated for the emergency between the hours of 8:30 a.m. and 10:00 a.m. or from 1:00 p.m. to 2:30 p.m., Monday through Friday—with the exception of Tuesday mornings when the clinic is closed. The fee for an emergency visit ranges from \$62.00 to \$220.00. The emergency fee may include evaluation, radiographic diagnosis and treatment for or consultation of one single area. (Note: Additional charges may be required to treat the problem that caused the emergency.) The School of Dentistry accepts Denti-Cal, Delta Dental, cash, checks, Discover, Visa and MasterCard and will process all insurance claims for direct reimbursement to the patient for covered services.

SUPERVISION OF TREATMENT

All treatment within the School of Dentistry's clinics is to be supervised by faculty. Students or residents are **not permitted** to provide treatment after published clinic hours or in an unsupervised area of the clinic. Students who experience a problem with faculty coverage should direct their concern to their Clinic Director or the Office of the Associate Dean of Clinical Affairs.

CLINICAL OFFICES AND SERVICES

See pages 7, 8 and 9 for a complete listing of clinic offices, their location, phone numbers and hours of operation. It should be noted that changes in this information are disseminated through the *Update*.

Group Practices

The Group Practice Clinics are supported by administrative assistants and led by directors who are responsible for the day-to-day management of the practice, the treatment of patients assigned to their care, and for the education of doctoral dental and international students. Faculty from the Departments of Periodontology, Endodontics, and Restorative Dentistry supervise the treatment provided by students in the Group Practice Clinics. Please note that doctoral students in the specific specialty clinic provide orthodontic, endodontic, and pediatric dental treatment and oral and periodontal surgeries. The directors provide assistance and advice to students on a variety of problems relating to patient care, productivity and progress, and clinic policies and procedures.

Specialty Offices

Specialty Clinics also have directors who are responsible for the specialty treatment provided to patients referred to the specialty and for the education of advanced specialty students. In addition to the recognized specialties of Endodontics, Oral and Maxillofacial Surgery, Orthodontics, Pediatric Dentistry, Periodontology and Prosthodontics, there are some other clinics that may be referred to as specialty clinics due to the specialized nature of the services provided; e.g., Dental Hygiene, Oral Medicine, Special Patient Care, and Implant Dentistry.

Night Clinic

On Tuesday and Wednesday night, the Clinic is open for patient treatment. There are directors for each night who have the responsibility to see that things run smoothly and who deal with any problems that may arise.

Dispensaries

There are two dispensaries that provide equipment and supplies needed during patient treatment. The dispensaries are located on the first and second floor in the center section that divides the north and south sides of the clinic. The dispensaries stock disposable supplies, such as various waxes, prepackaged composite, endo kits, amalgam kits, etc. Denture shade guides and mold guides are also available in the clinic dispensaries.

Gold Room

The gold room processes requisitions for gold and other precious metals and denture teeth needed for patient treatment. It is also the location where students submit porcelain and metal work to be done by outside labs. If the gold window should be closed during regular hours, ask the second floor Dispensary staff in room 257 to call the Director of Inventory Management for assistance or check with the Clinical Affairs Office, room 237. **Under no circumstances should gold be purchased from the Dental Bookstore for patient treatment without prior permission from the Office of Finance, Planning and Human Resources.**

Equipment Repairs

All requests for equipment repair should be made via the *Request for Repairs* form. These forms are located throughout all clinical areas. Please fill out the form in its entirety and hang it in the designated area. Requests for equipment repair can also be reported to extension 0-0404.

Instrument Management System (IMS)

The Instrument Management System is the means by which the School assures that high quality instruments and supplies are uniformly available, properly sterilized, and in good working condition. Instruments may be checked out at both the first and second floor IMS areas in the center between the north and south sides of the clinic. On the first floor, IMS is located opposite the dispensary. On the second floor, it is located opposite the Patient Records office, room 247B. For policies and procedures relating to the use of IMS, see pages 30-32.

Laboratories

Pre-clinical labs are located on the third floor and clinical laboratories are located on the second floor. Advanced specialty students in prosthodontics, orthodontics, and pediatric dentistry have laboratory facilities adjacent to their specialty clinics.

CLINICAL OFFICE DIRECTORY

OFFICE	ROOM	PHONE
Advanced Education in General Dentistry (AEGD)	Oral Health Center University Village	1-8230
Advanced Specialty Office (Endo, Perio & Pros)	102	0-1545
Cashiers/Billing	151	0-1932
Center for Diagnostic Sciences (Patient Admitting)	127	0-8751
Center for Urgent Care, Trauma and Sports Dentistry	124D	0-1576
Clinic Accomplishment	267	0-4614
Clinical Affairs	237	0-1547
Clinical Finance	124A	0-7405
Clinical Relations	229	0-1969
Collections	151	0-4232
Computer Help Desk (https://uscsd03.usc.edu/HELPDESK)		1-5447
Dental Hygiene	107	0-1550, 0-6819
Dispensaries (1 st floor)	118	0-1566
(2 nd floor)	257	0-6927
(3 rd floor)	302	0-8274
Emergency – See “Center for Urgent Care, Trauma...”	124D	0-1576
Equipment Repair	LL 47D	0-0404
Facilities Management & Safety	LL 47D	0-3564, 0-1092
Faculty Practice (Oral Health Center)	University Village	0-2012
Gold Room	253-A	0-1541
Group Practice A Triad I	271	0-6485, 0-8139
Group Practice B Triad I	271	0-6485, 0-8139
Group Practice C Triad I	271	0-6485, 0-8139
Group Practice D Triad II	232	0-2678, 0-5006
Group Practice E Triad II	232	0-2678, 0-5006
Group Practice F Triad II	232	0-2678, 0-5006
Group Practice G Triad III	254	0-7403, 0-4517, 0-6529
Group Practice H Triad III	254	0-7403, 0-4517, 0-6529
Group Practice I Triad III	254	0-7403, 0-4517, 0-6529

CLINICAL OFFICE DIRECTORY

OFFICE	ROOM	PHONE
Group Practice Dental Assistants (2 nd Floor Clinic)	237	0-1547
Information Operators & Recorded Information	1 st floor lobby	0-2800
Toll-free number 1-888-USC-DENT (1-888-872-3368)		
Instrument Management System Center (IMS)	Office, room 239	0-7907
	1 st floor	0-7535
	2 nd floor	0-6589
Insurance		
Delta Dental Inquiries	126	0-3576
Denti-Cal Inquiries	246	1-5829
Inventory Management	227	0-7785
(Clinic Supplies, Shipping & Receiving)	LL 52	0-1003
Medical Affairs/Oral Diagnosis	235	0-7165
Oral Health Center	University Village	
Faculty Practice		0-2012
Advanced Education in General Dentistry (AEGD)		1-8230
Oral & Maxillofacial Surgery	149	0-1583
Orofacial Pain & Oral Medicine Clinics	127	0-3410
Oral Radiology	129	0-1579
Orthodontics	3 rd floor	0-0406
Paging	1 st floor lobby	0-2805
Patient Admitting – Center for Diagnostic Sciences	127	0-8751
Recorded Information		0-2800
Patient Information & Paging, 2 nd Floor	247	0-8755
Patient Records (2 nd floor)	247B	0-1546, 1-5821
(Basement)	LL 47A & B	1-5260
Pediatric Dentistry	LL G20	0-0412
Pre-Doctoral Implant Program	263A	1-6747, 1-6736
Quality Assurance	124A	0-1774
Special Patient Care Clinic	144	0-5094
Urgent Care, Trauma and Sports Dentistry, Center for	124D	0-1576
1 st Floor Patient Services	153	1-0813

**PERSONAL APPEARANCE
AND PERSONAL PROTECTIVE EQUIPMENT GUIDELINES
FOR PATIENT TREATMENT AND SIMULATION AREAS**

Personal appearance is an important aspect of communicating professionalism. Along with other forms of non-verbal communication, a professional appearance helps to develop patients' confidence. As partners in providing health care to patients, our faculty, staff, and students should communicate through their appearance that they are concerned about their patients' well being and that they take their professional responsibilities seriously.

In addition, the practice of dentistry requires that certain protective guidelines be followed for the protection and safety of both the patient and the practitioner. Toward these ends, the following guidelines have been established for personal appearance and safety in the USC School of Dentistry:

I. Personal Appearance

- A. Surgical scrubs are highly recommended. Scrubs are available through various class agents. When worn, **scrubs must be worn in complete sets.**
 - 1. Students are required to wear a clean gown that is approved by the school. This gown must be worn at all times in patient treatment areas and when engaged in simulated patient treatment. Surgical scrubs may be worn beneath the designated gown.
 - 2. An appropriate gown must be worn in all school laboratories.
 - 3. Faculty are required to wear a similar gown that is differentiated by color and name tags.
 - 4. In addition, **all faculty, students and staff MUST WEAR the dentistry photo ID badge AT ALL TIMES** while in the building.
- B. If not wearing scrubs, students and faculty are required to wear a collared shirt or blouse with pressed or stay pressed slacks, career length dresses or skirts. Closed-toed, street shoes must be worn with hose or socks.

The following clothing items are not permitted: jeans of any type, Bermuda or short shorts, tank tops, leggings, spandex pants, t-shirts, undershirts, low cut shirts or blouses, short or non-career length skirts or dresses, open-toed shoes, and athletic hats.

II. Personal Grooming

- A. Good personal, and oral hygiene, including bathing, shampooing, and use of an effective deodorant is expected.
- B. Fingernails must be manicured and short to avoid interference with patient treatment.
- C. Students and faculty must keep hair, including facial hair, neatly trimmed and clean. Individuals with long hair must wear it up or tied back when treating patients and during laboratory procedures.

PERSONAL PROTECTIVE EQUIPMENT

Clinic/Laboratories

Students, residents, faculty, and staff must wear gloves, masks, and protective glasses with solid side shields or face shield (note a mask must be worn with the face shield) and the appropriate clinic gown at all times while treating, evaluating, or examining patients as well as when engaged in certain laboratory procedures.

Gowns

The clinic gowns worn by students and residents are available from the first and second floor dispensary. Faculty gowns are only available from the second floor dispensary. Pre-clinical gowns are available from the third floor dispensary and are to be worn in the labs only.

OSHA mandates that clinic gowns are not to be removed from the School or worn outside the building.

Clean faculty gowns may only be obtained by presenting a used gown. Departments that have a designated individual to pick up and return gowns are responsible for replacing any lost or missing gowns. When returning a used gown, be certain to hand it to a staff member (i.e., do not just leave it at the window). If for some reason you do not have a used gown to return (e.g., you left it at home), a \$32.00 deposit will need to be requested until the original gown is returned. The deposit and refund procedure is as follows:

Payment of \$32.00 is made at the Dental Business Office, room 212. The Dental Business Office will provide a receipt that is marked "faculty copy" which the faculty member retains for his/her records. The other copy, marked "business office" is given to staff at the gown window to obtain a replacement gown. If the original gown is returned within 15 days, the individual will receive a refund. Otherwise, the deposit is forfeited.

To obtain a refund of the \$32.00 deposit, the faculty member returns the original gown. The staff will sign the "business office" copy and give it to the faculty member. This copy is to be presented to the business office where the refund will be processed.

ALLERGIES/INTOLERANCE TO DENTAL ITEMS/PRODUCTS POLICY

If any faculty, staff or student has an allergy/intolerance to a dental product/material/item, the allergy needs to be documented by qualified medical personnel.

The allergy to a dental item needs to be in writing on the medical personnel's letterhead stating the medical person's name, medical qualifications (MD, NP, PA, etc....), address and phone number. The allergic individuals name needs to be placed on the document as well as the allergy producing item/product.

The written verification of the allergy/intolerance needs to be turned into the Director of Medical Emergencies - who then turns it in to the staff member who orders supplies for the school. The dental school will make a reasonable effort to find an alternative product to the allergy-producing item. In some cases, an acceptable alternative may not be available on the market.

For acceptable alternatives related to restorative materials, the Associate Dean of Clinical Affairs will be consulted as to what item(s) will be deemed appropriate as a substitute for restorative procedures.

If a faculty, staff or student has an allergy or sensitivity to latex, the allergic individual should be informed of latex products/materials that may be present in the dental building and/or satellite clinics.

The school strongly recommends that individuals with life threatening allergies wear an allergy identification bracelet or necklace.

Items in the dental building that may contain Latex

Dental Products/Items

Gloves
 Rubber Dam
 Prophylaxis cups
 Anesthetic carpules
 Nitrous Oxide masks
 Orthodontic rings
 Bite blocks
 Mixing bowls
 Liquid droppers
 Blood pressure cuffs
 Elastic bands
 Suction adapters
 Some masks
 Endo stoppers

Other Products

Stethoscopes
 Tourniquets
 Electrode pads
 Rubber aprons and sheets
 Intravenous ports
 Catheters and ventilator tubing
 Syringe stoppers
 Carpeting and adhesives
 Utility gloves
 Erasers and rubber bands
 Endotracheal tubes
 IV tubing
 Oral and nasal airways
 Respirators
 Expandable fabric
 Hot water bottles

Individuals should be aware that just because they have worn a latex glove and then develop itchy hands or contact dermatitis ---- does not necessarily mean that the individual has a latex allergy or sensitivity problem. Other chemicals used in the manufacturing of gloves can cause allergies/sensitivities. A medical exam by reputable medical personnel is critical to determine the true cause of the sensitivity or allergy.

Approved by the Safety and Asepsis Committee: 11/27/02

MISCELLANEOUS INFORMATION

Dentistry (white) Photo ID Badges

School of Dentistry photo ID badges are issued to all USCS D faculty, staff and students. **ID badges MUST be worn AT ALL TIMES in the building.** In addition to identifying personnel to patients, the badges have faculty/staff or student numbers and a bar code that is required to check out charts, gowns, dispensary supplies and instruments. Lost or damaged badges can be replaced by contacting staff in the following offices: Staff/faculty - see the staff person in the second floor Information Office, room 247. Students - see the supervisor in the IMS office, room 239.

University ID Cards

All USC students and paid faculty and staff are issued red identification cards by the University. The card has a magnetic strip and can be programmed for use as a discretionary card for purchases at University food services and as an Access Card for parking lot gates and entrance to the School of Dentistry. The card can also be activated for dentistry faculty and administrators to use, via card swipe, with axiUm, the School's computerized clinic management system. Volunteer (unpaid) faculty who need access to the building or who need to "authorize" student activity on the axiUm system may obtain a special (white) "Access Card" by contacting the administrative manager in their Division.

Building Access

All entrances to USCSD are accessible via "Access Card." All faculty, staff and students have 24/7 access to the School of Dentistry by swiping the University ID or Access Card in the card reader located at each door. The main entrance doors on 34th Street are open to the public Monday, Thursday and Friday 7:30 a.m. – 5:00 p.m. and Tuesday and Wednesday 7:30 a.m. – 7:30 p.m. The Access System records the user and time of use for security purposes. Volunteer (unpaid) faculty who need access to the building may obtain a special (white) "Access Card" by contacting the administrative manager in their Division.

Building Emergencies

All emergency related events (bomb threat, earthquake, fire, flood, bio-hazard, chemical spill, etc.) must be reported immediately to the appropriate University department and to the Director for Safety and Facilities Management, extension 0-1092. See page 38 in the *Safety and Infection Control Policies and Procedures* section for detailed information and phone numbers.

Update

The *Update* is published monthly and distributed to all faculty, students, and staff who work in the USC School of Dentistry. This is an important publication because it is used to keep the community up-to-date on current issues, policies, and procedural changes/updates in the Clinic. It is also used to provide information of interest such as clinic closures, changes in schedules, and other important matters in need of attention within the School. The *Update* is printed on yellow paper and distributed to student and faculty boxes as well as clinic offices.

Incident Reports

Forms are available in all clinic offices for use by students, faculty, and staff and are designed to communicate significant incidents, both positive and negative, to the clinic administration or the appropriate clinic director. These reports are used in the continuing effort to improve the patient treatment and educational environment in our clinic.

Injuries/Accidents

Injury Report Forms are available in the Office of Medical Affairs, room 235, or the Office of Clinical Affairs, room 237, and are to be completed whenever there is an accident in the clinic involving patients, students, faculty, staff, or visitors who are in clinic offices or treatment areas. Reports are to be submitted as soon as possible, but in all cases within 24 hours of the incident. (See pages 43-44 for a sample of the *Injury Report Form for Puncture Wounds* in the *Safety and Infection Control Policies and Procedures* section.)

Lost and Found

Check with Patient Information, located in the first floor lobby area at the west end of the school, and/or the second floor Information Office, room 247, to locate lost items. If not claimed, the items will be turned in to the Facilities Office, room 47D, on the lower level.

Paging

Our paging system is used to reach faculty and students who are working on the clinic floor. The individual trying to reach a student or faculty member calls extension 0-2805 and asks that the person be paged. The page asks that the individual pick up a certain line; e.g., "Dr. Jones, please dial 21." The individual being paged can pick up a white phone mounted on walls throughout the clinic, dial the number paged, and be connected with the party placing the call.

Phone messages are taken for students by the school's Information Operators. The messages taken for doctoral dental students are filed by student number in a box adjacent to the second floor patient lobby. It is important that students check this box on a regular basis (at least twice daily) as these messages may relate to appointments scheduled during the next clinic session.

PATIENT RELATED ISSUES**Patient Record/Chart Assignment**

New patients are assigned to clinics within the School as outlined in the *USCSD Patient Record Protocol*. Once assigned to a clinic, the clinic's director makes the assignment of the patient to an individual student/resident for the patient's care. Appropriate patient assignment and any reassignment is critical to the School in meeting our medical/legal responsibilities to our patients. For this reason, the improper transfer and/or assignment of patients will be dealt with as a serious violation of School policy. **Prior to any discussion with the patient, the group practice or clinic director of the assigned clinic—NO EXCEPTIONS, must approve the transfer of a patient to another student/resident. The assigned clinic is responsible for pursuing collection of any outstanding balance, prior to the transfer or inactivation of a record.**

Patient Information Brochure

A patient information brochure is published in English and Spanish. It is designed to provide patients with basic information about treatment in the USC Dental Clinic. In addition to being informational for those making inquiries or for new patients at the School, it may also be used for recruitment of patients. Copies are available for faculty, staff, or students wishing to have a few on hand for family, friends, or others who may ask about the School's services. They are available from the Information Operators in the first floor lobby area.

Patient Record Protocol

The *Patient Record Protocol* is distributed to all faculty, students, and staff working in the USC Dental Clinic. This document provides the required guidelines to be used for creation, contents, maintenance, and storage of patient records. Additional copies are available from the first floor Information Operators or Clinical Affairs.

Patient Relations

Good patient relations are vital to the success of any practice. Patients are encouraged to comment on the care and service received in our clinics (see *Patient Bill of Rights*, page 26) in order to provide us with information critical to our efforts to meet their needs and provide the best quality of care and service possible. Patient comment forms are available in all clinic offices to document patients' comments. From time to time, patients wish to speak with someone in authority regarding their concerns. In these situations, patients are to be referred to the office of their assigned clinic (the clinic responsible for managing their care) or to the Office of Clinical Relations, which is located in room 229.

HIPPA Privacy Rule

As health care providers we must be in compliance with federal regulations, known as the Health Insurance Portability and Accountability Act (HIPAA) privacy law, which generally prohibits the use and disclosure of health information without written permission from the patient. The regulations establish a federal right to privacy relating to an individual's health information, which is in addition to existing state laws. Congress passed HIPAA in 1996 and all entities covered by the regulations, including USC, are required to be in full compliance with the Privacy Rule as of April 14, 2003.

All USC faculty, staff, volunteers and students who are covered under the HIPAA privacy regulations are required to receive education about the privacy law. The USC Office of Compliance, in conjunction with a number of faculty and staff members, has developed an online education program to satisfy this federal mandate. The program can be accessed at www.usc.edu/compliance. The website education program is intended to educate university faculty, staff, volunteers and students about federal and state laws concerning privacy of health information. The course, along with the overview section is designed to answer questions regarding HIPAA background information and what is required for the Privacy Rule compliance.

The program is divided into 8 chapters with questions at the end of each chapter. The program takes approximately 90 minutes to complete. It does not have to be completed in one session, as a password is selected in order to allow you to log back in to continue until you have passed all sections. Once you successfully complete the program in its entirety, you will need to print out a certificate of completion. This certificate must be turned in to your Division Office, department supervisor or to the Office of Clinical Relations, room 229. **All USC School of Dentistry faculty, staff members, student workers, volunteers and students are required to complete the HIPAA training course**, with the exception of CCMB or other research faculty and staff who have no patient contact or access to patient health information.

As part of our compliance with the Privacy Rule, the USCSD Dental Clinic and all off-site clinics are required to give every patient a copy of the *University of Southern California Notice of Privacy Practices*. The notice describes, for patients, how medical/dental information may be used and disclosed and how they can get access to this information. The patient must sign the back page of the notice, acknowledging that they have received the notice. This acknowledgement is then entered into the patient record.

POLICY ON SCREENING STATE BOARD PATIENTS

The following rules are in effect for board candidates (students/residents, graduates, and formally appointed faculty of USC School of Dentistry) involved in screening patients at the School in preparation for the board licensing examinations.

1. **Board candidates are not permitted to recruit or interview patients in the waiting room, physical diagnosis, emergency, radiology, or dental hygiene clinics.** Board candidates who have exhausted all resources, and are still having a problem finding a suitable patient for the board licensing examinations, should contact the Clinical Group Practice Directors or Attending Faculty members.
2. No outside board candidate may offer any form of treatment for patients within the confines of the USC School of Dentistry or have access to any facilities. If necessary, unauthorized individuals will be escorted from the building by the Department of Public Safety.
3. **Screening patients is limited to:**
 - **USC School of Dentistry graduates, who qualify to take the California State Board Examination, the Western Regional Board Examination or any other board examination, must show the appropriate proof of professional liability insurance, must register with the Department of Continuing Education, and must be assigned to a clinical faculty supervisor;**
 - **USC School of Dentistry senior students and residents;**
 - **Formally appointed faculty of the USC School of Dentistry who have registered with Continuing Education and can show proof of professional liability insurance.**
4. **Radiographs, documents or other information may not be removed from the chart** of any patient presently being treated at the USC School of Dentistry. Any violations will be reported to the appropriate testing agency and all screening privileges will be revoked.
5. The following guidelines apply to patients who are brought in by the board candidate for State Board screening purposes:
 - a. Each newly recruited patient must be registered with the School as a patient of record. **The registration fee for the screening protocol is waived and will be completed at no charge.**
 - b. **These patients are to be identified in the AxiUm system as a “board screening patient.”**
 - c. All patients are required to have a paper chart and an electronic chart including a medical history in AxiUm prior to the screening process. This record must also contain all completed and signed consent forms, as well as the other forms required in a patient record.
 - d. **Every prospective board patient must have the necessary examination, data collection and treatment plan authorized by USC School of Dentistry faculty.**

- e. Radiographs will be ordered and authorized by USC School of Dentistry faculty. There will be no fees charged for the necessary screening radiographs. Board candidates are responsible for taking the patient's radiographs **using double pack film** so that one set of x-rays taken can remain in the chart and the other set is sent to the California State Board.
 - f. USCSD **graduates** taking the board licensing examinations are **limited to performing the following procedures** on State Board patients if they are registered patients of the School and have paid the fee for the service being performed: **prophylaxis (\$45); diagnostic casts (No additional charge)**
6. **The School will not honor any financial arrangement made between the patient and/or prospective patient and the board candidate.**
 7. All **clinical and facility** policies apply, including personal appearance, HIPAA and OSHA guidelines, patient data and information, the appropriate faculty supervision and laboratory usage. **Any violation of clinic policies will result in screening privileges being revoked!**
 - a. Board candidates must conform to the School's Personal Appearance and Personal Protective Equipment Guidelines in order to be in the clinic.
 - b. Board candidates must wear their Continuing Education badge at all times and must wear the appropriate color clinic gown.
 - c. Patients are to be seen only during regular clinic hours when assigned supervising faculty are available.
 - d. Treatment must be entered in the progress/therapy notes in AxiUm and authorized by supervising faculty.
 8. Electronic patient records are to be complete with all pertinent data, information and authorized by the appropriate USCSD faculty. Charts are to be registered in the candidate's Group Practice or Specialty office and stored in the chart room.

Rev 3/2006

STANDARDS OF CARE

I. General Policies/Standards

A. Patient Care Principles

1. No patient will be denied treatment based upon race, color, religion, national origin, gender, sexual orientation, age, marital status, disability, or public assistance status.
2. The patient shall be treated in a courteous manner, with dignity and respect for the patient's right to confidentiality.
3. Patients presenting for admission to the clinic during the posted operating times for patient intake will be seen for screening as quickly as possible, with assignment and follow-up appointments scheduled as soon after the screening appointment as is practical.
4. If during the screening appointment the supervising dentist/faculty member determined that the person seeking care will not be accepted as a patient, that person will be immediately informed of the decision.
5. The patient shall have access to emergency, incremental, and comprehensive care as appropriate for the patient's presenting condition(s).
6. The patient (parent or legal guardian) shall receive an explanation of the results of the examination, alternative treatment options, sequence, and costs of treatment, and the option to pursue treatment elsewhere if dissatisfied with the planned treatment.
7. The patient shall be advised of the risks of the treatment planned, including risks of individual procedures and the consequences of no treatment.
8. The patient shall receive continuity of care and completion of treatment.
9. The patient shall receive care at the School during posted clinic hours or shall receive emergency consultation by phone or, if deemed necessary, treatment at a designated location after regular clinic hours.
10. Treatment shall be supervised by faculty and shall be consistent with the standards of care in the community and as prescribed in the Standards of Care document and monitored by the Quality Assurance Committee.
11. The patient shall be seen as close as possible to the previously agreed to appointment time and have on going treatment rendered in a timely manner.
12. Every patient will receive a copy of the Patient Bill of Rights at the time of admission.
13. The patient shall have access to a Patient Advocate should there be any questions or concerns related to the patient's treatment not previously addressed by those directly participating in the patient's care.
14. Patients whose treatment is discontinued will be notified in writing by the Office of Clinical Affairs or its designate and alternative treatment options will be suggested.
15. At the time of admission as a patient an individual patient record will be established. This record will contain diagnostic and therapeutic information

related to the patient's care and will be updated at every appointment according to the guidelines of the *USCSD Patient Record Protocol*.

16. Upon completion of treatment random examinations will be conducted to determine the completeness, timeliness, and appropriateness of care, the patient's level of satisfaction with care, and the completeness of the patient record. This information will be monitored by the QA Committee and corrections will be instituted as needed.

B. Infection and Hazardous Waste Control Standards

1. The *USC School of Dentistry Guidelines for Infection Control in the Dental Clinic* will be followed in all clinics of the dental school at all times.
2. Treatment will be provided with properly sterilized instruments.
3. Nitrous oxide/oxygen will be delivered from regularly inspected units that are equipped with scavengers and fail-safe mechanisms.
4. All new employees will receive instructions on the handling of blood borne pathogens and hazardous waste according to the Cal OSHA Bloodborne Pathogens Guide to Compliance of Title 8 of the California Code of Regulations, Section 5193.
5. Students will be instructed and required to pass a competency examination on infection control and biohazardous waste management prior to beginning patient care.
6. Hazardous chemicals will be labeled, stored, and dispensed according to the University of Southern California's Hazard Communication Plan (which is based on OSHA's hazardous Communication Standard).
7. Eyewash stations will be located throughout the building in close proximity to where hazardous chemicals will be in use.
8. The university's Fire/Life Safety personnel and the City of Los Angeles' Fire Department inspectors will conduct an annual fire safety inspection of the building
9. A needle-stick protocol is in place and records are maintained and reviewed regularly in order to assess and devise preventive programs.
10. The University Office of Radiation Safety completes annual checks of all radiation devices in the building.
11. Regular meetings of the Safety and Asepsis Committee are held to review and update protocols, review logs, and assess compliance with biohazardous waste and infection control procedures.

C. Examination Guidelines/Standards

1. Every patient will complete a health history questionnaire that is reviewed prior to the initiation of care and at each successive appointment when there are any changes, or at a minimum annually.
2. The names of and indications for all medications (prescription or OTC types) being used by the patient will be obtained and listed in the patient's record along with the dosage and frequency of use.

3. Vital signs are taken and recorded at every visit.
4. All positive findings of the health history, medication history, and vital signs are explored with resulting information recorded in the record.
5. If the patient has a positive history of a psychiatric condition or past chemical dependency, the behavioral faculty will provide an assessment interview and suggest modifications to the treatment plan.
6. When additional information about a patient's medical, psychological, or social history is necessary, the faculty will assist in developing a written or telephone professional consultation to clarify and/or add to the patient's history.
7. A summary of the patient's health conditions that may affect dental care and recommendations for treatment modifications will be placed in the appropriate place in the patient record. Those patients with significant histories that will require active monitoring will be referred for treatment in the Special Patient Care Clinic.
8. Each patient will undergo a head and neck examination with all findings described in the patient's record according to the *USCSD Clinic Manual*, (Section IV, Patient Record Protocol).
9. Patients with identified soft tissue or bony findings outside the normal limits will be referred for further diagnostic work-up in the Oral Medicine Clinic.
10. Patients with evidence of TM disorders or orofacial pain disorders including headache, neuropathy and all sensory, motor, and parafunctional disorders affecting the orofacial structures will be referred to the USCSD Orofacial Pain Clinic.
11. Appropriate radiographs will be ordered as needed to adequately diagnose the patient's condition based upon the presenting signs and symptoms.
12. The patient's previous history of dental care, including expectations for current care, will be reviewed with findings recorded by designating the Care Level for patient assignment.
13. An iatrosedative intervention will be completed for any patient scoring a 12 or above on the Corah Dental Anxiety Scale.

D. Radiologic Guidelines/Standards

1. All patients must be examined by faculty and written authorization (prescription) obtained before radiographs are made.
2. Radiographs are not to be taken solely for administrative purposes.
3. Universal barrier precautions and appropriate infection control must be consistently applied for all patients and operator providing radiographic services during both the exposure and darkroom procedures.
4. All radiographic examinations will be made with the lowest reasonably achievable dose that will yield the greatest diagnostic benefit to the patient as described by the USC School of Dentistry Radiology Clinic Guidelines, which can be found in *USCSD Clinic Manual* under *Safety and Infection Control Policies and Procedures*.

5. The patient will be protected with a lead apron and thyroid collar during radiographic exposure. Exceptions for the use of the thyroid collar will be made in unusual situations when the technique warrants otherwise.
6. All radiographic examinations will be subjected to a quality assurance evaluation for acceptability prior to clinical use.
7. All uses of original or duplicated radiographs within the School or transferred to other parties such as dentists, insurance carriers, or legal consultants will be in accordance with legal guidelines for use of radiographs.
8. All radiographs will receive prompt and accurate interpretation by the clinical faculty and student dentist. Appropriate consultations are obtained when necessary.

E. General Treatment Guidelines/Standards

1. Preparatory communication is utilized during each stage of data collection in order to inform the patient of impending procedures and to minimize anxiety.
2. A complete case presentation is provided to the patient (or guardian) that thoroughly explains the ideal and alternative treatment plans in non-technical and non-threatening language.
3. Strategies to maximize oral health and the patient's partnership in maintaining this state of health will be stressed.
4. Each comprehensive treatment plan will include preventive components and a maintenance program pursued in parallel with other definitive care.
5. Informed consent must be obtained from the patient (or guardian) prior to initiation of treatment.
6. Faculty approval/signatures are obtained prior to initiating care.
7. All treatment will be delivered under the supervision of USC School of Dentistry faculty.
8. Treatment will be provided as atraumatically as possible.
9. Medications will be prescribed as appropriate for the needs and presentation of each individual patient to address prophylactic, symptomatic, or treatment indications.
10. At each appointment all treatment provided will be recorded in the patient's record according to the *USCSD Patient Record Protocol* and will be countersigned by the student and the faculty supervisor.
11. Treatment is provided in conformity with ADA Oral Health Care Guidelines.
12. Upon completion of comprehensive care, the patient will be placed on a schedule developed to maintain his/her oral health.

II. Standards for the Pre-doctoral Disciplines

A. Endodontics

1. Endodontic treatment will be initiated only after the restorability of the tooth has been determined.
2. Rubber dam isolation will be routinely used for endodontic therapy.

3. Defective restorations and caries will be removed in teeth undergoing endodontic therapy.
4. A well-designed and placed access opening will advance proper instrumentation.
5. A properly configured root canal preparation will promote gutta percha obturation.
6. A post-treatment radiograph will show the root canals well filled and 0.5 to 1 mm from the apices.
7. The treated tooth is restored within a reasonable length of time following endodontic treatment.

B. Oral and Maxillofacial Surgery

1. The pre-operative work-up includes a thorough assessment of the patient's presenting complaint, past medical history, and clinical examination findings.
2. The diagnosis and treatment are discussed by student and faculty prior to initiating care.
3. Non-restorable, non-functional or diseased teeth will be removed with minimal trauma.
4. The preservation of form and function will be promoted in pre-prosthetic surgical procedures.
5. Adequate tissue will be excised during biopsy procedures and handled in a manner to preserve the pathologic specimen for microscopic examination.
6. Post-op instructions will be provided to the patient including home care directions, prescription(s), and follow-up protocols for management of complications.

C. Pathology

1. When a pathologic condition is detected, a differential diagnosis will be developed.
2. Treatment for oral pathoses will be determined on the basis of the differential diagnosis.
3. Definitive treatment will be based, to as great a degree as possible, on definitive diagnoses.
4. A biopsy will be performed when appropriate for definitive diagnosis.
5. Oral cytology, microbiologic testing, and other adjunctive procedures will be performed when appropriate for definitive diagnosis.
6. Oral Pathology laboratory reports will be prepared and available within two working days of specimen receipt except for specimens requiring special processing (i.e., decalcification).
7. All patients will be notified in a timely manner of their biopsy results.

D. Pediatric Dentistry

1. Treatment planning will emphasize preservation and/or replacement of the primary and permanent teeth through restorative procedures, space maintenance, and interceptive guidance where necessary.
2. Treatment will be optimized for function, esthetics, and the prevention of disease of the primary and permanent dentition.
3. Treatment will include the application of comprehensive preventive procedures and regular monitoring of their effectiveness for the patient and his/her family/guardian.
4. A recall plan that considers the oral disease risk of the patient will be developed.
5. Treatment will be provided utilizing non-pharmacological as well as pharmacological behavior management modalities when appropriate.
6. Specific Standards of Care can be found in the *Pediatric Dentistry Standards of Care* document.

E. Orthodontics

1. Diagnosis includes skeletal, dental, and facial criteria as well as functional and long-term stability considerations.
2. Treatment plan includes appropriate consideration and sequencing of multidisciplinary care.
3. Treatment plan is approved by the faculty and so noted in the chart.
4. All appropriate restorative needs have been completed prior to, and are maintained during treatment by, a general dentist or proper specialist.
5. All stages of treatment are directly supervised by the faculty and so noted in the chart.
6. Emphasis is placed on the maintenance of excellent oral hygiene.
7. Final records are taken and completion of treatment is certified.
8. Provision for regular periodic recalls is made including reevaluation of any periodontal and restorative needs.

F. Periodontology

1. A periodontal examination will be performed for every comprehensive care patient.
2. Diagnosis will be based on patient history radiographs and periodontal diagnostic instrumentation.
3. All findings will be noted in the patient record.
4. Emphasis will be placed on oral hygiene instructions and preventive counseling customized to meet the presenting condition of the patient.
5. Treatment planning, by appointment, will be thought out and sequenced, and will take into consideration restorative and prosthetic conditions, particularly if trauma from occlusion, overhanging restorations, or restorations that

interfere with proper plaque removal. Appropriate referrals will be made to the Advanced Periodontal Clinic.

6. A recall schedule will be established that considers the patient's unique periodontal needs.

G. Restorative Dentistry

1. Defective teeth shall be restored to correct anatomical form and effective function, ensuring the protection of the pulpal and periodontal tissues, and meeting the patient's requirements for comfort and esthetics.
2. Fixed partial dentures shall establish proper occlusion, ensure the protection of the pulpal and periodontal tissues, and restore form and function to satisfy the patient's health and psychosocial needs.
3. Replacement of missing dentition with removable complete and partial dentures shall include proper selection and design of prosthesis and abutments to ensure protection of the surrounding tissues, and shall restore form and function to satisfy the patient's health and psychosocial needs.
4. Patients shall be educated regarding the need for proper home maintenance of restorations and prosthetic appliances, and the need to return for future services.
5. Patients shall not be dismissed from their appointments without the placement of final or an appropriate provisional restoration that meets the patients' esthetic and functional needs.
6. All appropriate steps in the preparation and fabrication of any type of restorative procedure shall be evaluated by faculty and must meet the criteria for a passing grade. Any procedure that falls below this level must be corrected by the student or faculty member.

III. Standards for the Dental Hygiene Clinic

Standards for Clinical Dental Hygiene are published in the *USC Dental Hygiene Clinical* manual.

1. Every patient will receive a thorough assessment beginning with medical history, vital signs, dental history, risk assessment, and a complete clinical examination including extra/intraoral exam, dental and periodontal exam, radiographic findings, dental hygiene diagnosis, and treatment plan.
2. Appropriate consultation and referral to physician and or Group Practice will be made as needed to ensure safe and comprehensive patient care.
3. Patients who are accepted for treatment receive patient education in prevention of oral disease, nutritional counseling, periodontal instrumentation, fluoride treatment desensitization, and coronal polishing as indicated.
4. Patient treatment is provided as atraumatically as possible utilizing iatrosedation techniques, local anesthesia, and nitrous oxide sedation when necessary.

5. Patients receive individualized post-operative instructions that include home care directions and follow-up protocols for management of complications.
6. Treatment plans may require multiple appointments and periodontal reevaluation at the conclusion of treatment.
7. Referrals for all dental and periodontal needs are made to the Group Practices.
8. Emergency care is referred to the Urgent Care Center.
9. A recall schedule is established according to the patient's individual periodontal condition.

IV. Standards for the Advanced Specialty Clinics

- A.** Endodontic standards are published in the current *Appropriateness of Care and Quality Assurance Guidelines of the American Association of Endodontics*.
- B.** Oral and Maxillofacial Surgery standards can be found in the *Parameters of Care* document published by the American Association of Oral and Maxillofacial Surgeons.
- C.** Orthodontic standards are published in the current *Clinical Practice Guidelines for Orthodontics and Dentofacial Orthopedics* published by the American Association of Orthodontics.
- D.** Pediatric Dentistry standards can be found in the Department of *Pediatric Dentistry Standards of Care Document* that is modified from the Reference Manual of the American Academy of Pediatric Dentistry, 1999.
- E.** Periodontics standards can be found in the current *Parameters of Care* published by the American Academy of Periodontology.
- E.** Prosthodontic standards are published in the current *Parameters of Care* published by the American College of Prosthodontists.

(Radiologic Guidelines, only, were revised 9/05)

PATIENT BILL OF RIGHTS

The University of Southern California School of Dentistry strives to provide quality care and service for our patients. As an educational institution, we also provide training for future oral health care professionals who are supervised by our School of Dentistry faculty. Because you are our partner in this educational process, you have the following rights:

- **You have a right** to an appointment with your Student Doctor in a timely manner.
- **You have a right** to considerate, respectful, and confidential treatment.
- **You have a right** to have complete and current information about your condition.
- **You have a right** to know in advance the type and expected cost of treatment.
- **You have a right** to expect dental team members to use appropriate infection and sterilization controls.
- **You have a right** to an explanation of the prescribed treatment, treatment alternative, the options to refused treatment, the risk of no treatment, and expected outcomes of these treatments, and be told, in language you can understand, the advantages and disadvantages of each.
- **You have a right** to ask your Student Doctor to explain all the treatment options regardless of your dental insurance benefit coverage or cost.

06/01

GUIDELINES FOR INFECTION CONTROL

I. OPERATOR

1. **Treat all patients as if they are infectious.**
2. Wear clean clinic **gown** for all procedures. Gowns must not be taken from the building.
3. Keep **hair** short or restrained. Loose hair or garments must not come near or contact patient or instruments. Disposable **hair covers** are available.
4. Wear **mask, gloves, and protective eyewear**, with solid side shields, for all clinical procedures. Remember, gloves go on last.
5. Before putting on gloves, wash hands with soap and cool water for ten seconds, rinse and repeat. Wash hands again immediately after gloves are removed. If no visible soil evident on hands, one may wash hands with an alcohol based hand product that does not require water.
6. Use **over-gloves** or remove gloves when leaving the immediate treatment area, or when touching non-sterile or non-disinfected items (e.g. amalgamator, writing in a chart, etc...).

II. PATIENT

1. Patients should wear protective eyewear during all treatment procedures.
2. Pediatric patients will wear eyewear at the discretion of supervising faculty.

III. CUBICLE

Before Patient Treatment

1. Disinfect the following items by applying liberal amounts of approved **surface disinfectant**, wiping to remove debris, and reapplying the disinfectant, **leaving wet for five minutes**:
 - **operating light** (avoid using disinfectant on back reflector surface); handle, control and hose of **air-water syringe, saliva ejector, high-volume evacuator,**
 - **handpiece hoses,**
 - **holders** for above items,
 - **dental chair, dental unit surfaces, counter tops, sink faucets** and any other items that may be touched during treatment.

When possible, **spray into a towel** rather than onto surfaces to reduce airborne disinfectant. Never spray into electrical connections or controls.

2. Run water at full volume through **air-water syringe** for at least one minute.
3. Place disposable cover over **headrest**.
4. Place **disposable plastic wrap** over operating light handles and switch, dental chair controls, and operator chair adjustment lever. Also, cover computer screen, keyboard and mouse with appropriate plastic wrap/barrier.
5. Affix **clinic tan waste bag** for easy access, place paper barriers on **counter surfaces**, cover **bracket tray** with barrier provided. Place required items for patient treatment on surface. Only anticipated quantities should be visible.
6. **Sterile instruments** must be checked by instructor or designated staff and "SIP" recorded in the AxiUm chart. Instruments should be opened in front of patient.

During Treatment

1. Rinse **impressions** under gently running water immediately after removal from patient's mouth, spray with disinfectant, and place in zip-lock bag.
2. Use one-handed scoop technique for **recapping needles**, or use a self-sheathing needle.
3. If leaving the immediate treatment area is necessary, gloves must be removed or **overgloves** must be worn.

After Treatment

1. Discard **blades, needles, wires, emptied plastic syringes with needles attached** and **endodontic files** in sharps container. **Broken glass** from a test tube or beaker should be placed in the sharp container as well. **Foil wrapping** from the blades **should not be** disposed of in the sharp container.
2. Place all **pharmacy waste** (e.g., local anesthetic cartridges/carpules) **into** the **pharmacy waste container** that has a "For Incineration Only" label affixed to it.
3. Place contaminated disposable items (e.g., saliva ejector, high-volume evacuator tip, headrest cover, patient bib) in waste bag. Unused supplies exposed to aerosols must be disposed of or sterilized for reuse.
4. Prepare instruments, handpieces, bur block, etc. for **sterilization**. Remove gross debris, arrange instruments in proper order in cassette, and present to IMS instrument-return window.
5. Remove and dispose of plastic barriers.

6. Dispose of contaminated tan waste bag in large, red **biohazardous waste container**. Disposable gowns, unless visibly soiled with blood, should be disposed of in regular trash receptacles.

Any item that has visible blood on it or had blood in it needs to be disposed of in the red biohazardous waste container. Suction canisters need to be emptied into a sink and disposed into the biohazardous trash waste container.

7. **Disinfect** treatment area as outlined in III-1 above.
8. **Remove personal protective equipment**, disposing of gloves in biohazardous waste container, and wash hands.
9. If any one has expired local anesthetic cartridges/carpules, the expired pharmacy waste needs to be disposed of in a large red pharmacy waste container located in one of the school's dispensaries or oral surgery sterilization room.

Revised 09/05

LABORATORY INFECTION CONTROL POLICY

Impressions

- The patient should be asked to rinse with a disinfectant mouthrinse prior to making impressions.
- Sterilized or disposable impression trays are to be used.
- Appropriate personal protective equipment must be worn by students, faculty, and staff involved in making impressions.
- When the impression is removed from the patient's mouth, it is to be rinsed under gently running water and shaken gently into the sink to remove excess water prior to submission for faculty approval.
- The impression should be sprayed on both sides with an approved surface disinfectant and placed in a sealed plastic bag for ten minutes. During this time, the spatula and rubber bowl should be disinfected (left wet for 5 minutes with the approved surface disinfectant), rinsed, and dried.
- The impression should again be rinsed with water and gently dried with air.

Stone Models

- Personal protective equipment must be worn when pouring and trimming stone models.
- Reusable trays must be cleaned and presented to the Instrument Management System (IMS) for processing.

Prostheses and Appliances

- An additional ten minutes should be included in the patient appointment for disinfection of removable dentures and appliances.
- Dentures with no exposed metal parts are to be rinsed and placed in a fresh solution of Sodium Hypochlorite (one part household bleach to nine parts of water) for at least 10 minutes prior to manipulation (e.g., adjusting or polishing).
- Partial dentures or appliances with exposed metal parts should be rinsed, liberally sprayed with surface disinfectant, and put into a sealed plastic bag for ten minutes prior to manipulation.

A sterilized or disposable polishing wheel, unit-dosed polishing compound, and a plastic tray liner are to be checked out from the dispensary. Following polishing, any reusable items should be cleaned of excess debris and returned for disinfection and /or sterilization.

Reviewed 09/05

INSTRUMENT MANAGEMENT SYSTEM (IMS) POLICIES AND PROCEDURES

The Instrument Management System (IMS) provides handpieces; instruments in cassettes; restorative blocks with burs, diamonds and stone; endodontic blocks with files and reamers; impression trays. The purpose of the system is to insure that these items are properly maintained, sterilized, and of the quality required for patient care. Below is a description of policies and procedures instituted to achieve this goal and insure that providers have these instruments and supplies as needed for patient treatment.

Operating Hours

IMS is open during all clinic hours, except 4:45 – 5:45 p.m. on night clinic days. During peak periods, all dispensing and receiving windows are open for service. During the remainder of each clinic session, at least one receiving and dispensing window is open to accommodate providers' needs.

Checking Out Instruments

- I. Those individuals providing patient care in the USC Dental Clinic may check out instruments by presenting their dentistry photo ID badge at a dispensing window. Please note the locations listed below that are available for instrument dispensing.
 - Individuals working in the Group Practices should use the dispensing windows located on the second floor.
 - Endodontic, Prosthodontic, Periodontic and Pedodontic students/residents and students treating patients in the Urgent Care Center should use the dispensing window located on the first floor.
 - Dental Hygiene instruments are dispensed at the first floor IMS dispensing window.
 - Other clinics, not mentioned, either sterilize their own instruments or dispense instruments from a mobile cart made available during clinic sessions.
 - Individual burs, clamps and other instruments are available for check out. See list posted at IMS windows.

- **If there is a problem with any item checked out from IMS, students have 90 MINUTES from the item's check out time to return the UNUSED ITEM to the dispensing window at NO CHARGE.**

Returning Instruments

- I. Instruments are scanned when being checked in and a receipt is issued verifying the return of the instruments. **Instruments are not to be left at a receiving window without being accepted and processed into the computer by a member of the IMS staff.**
 - All personal perio cassettes must be picked up not later than 36 hours after being turned in for sterilization. If a student exceeds the 36-hour time limit, he/she will be placed on hold.

- II. To help insure appropriate efficiency and service to users of IMS, the following must be done prior to returning items:
 - **Instruments must be positioned in the cassettes according to the color rings on the handles that form straight and diagonal lines.** Instruments must be positioned in their designated direction and location. For additional information, please refer to the *Instrument Management System Procedural Set Up*.
 - **Instruments are to be WIPED CLEAN of cement, impression and restorative material. This is to be done immediately after use at chairside.**
 - Burs and endodontic files are to be returned in their numbered position in their block holders.
 - If a dull bur is found in the bur block, place it upside down when returning the block.

- III. Bags containing student owned instruments that are submitted for sterilization must be picked up from IMS no later than 24 hours after submission. (This applies to advanced specialty and dental hygiene students, only.)

Missing and/or Damaged Instruments and Supplies

Users will be charged for missing items. Evaluation of user responsibility for replacement of broken or damaged instruments/supplies will be made on an individual and fair basis.

- Staff at the receiving windows on both floors can only identify and inform users of damaged and/or missing items. They will not make a determination of replacement responsibility. This decision is made in the second floor sterilization area, by the IMS supervisor, located away from all receiving and dispensing windows.
- Every effort will be made to be fair and impartial regarding a user's responsibility for the replacement of a damaged instrument. A user can appeal a controversial decision by submitting a written explanation to the supervisor of IMS.

- If there is an instrument missing from a cassette, the cassette will not be accepted by IMS. The student must, immediately purchase the missing item from the Dental Bookstore, place it in the cassette and then return it to IMS.
- Users with items or supplies not checked in or out in a timely fashion are subject to being locked out of the system by IMS and/or the Dispensary

Reviewed 9/05

USCSD RADIOLOGY CLINIC GUIDELINES FOR INFECTION CONTROL

All patients are to be examined by a dental faculty member prior to radiographic examination. The purpose of this brief examination is to determine the radiographs required for diagnosis and to evaluate the health status of the patient. If the screening facility member determines the presence of a potentially infectious lesion, radiographs will be deferred until the lesion resolves or the patient has been evaluated in the Oral Medicine Clinic.

If questionable health history or positive clinical findings are present, the radiographic examination may be deferred, or the screening faculty may request radiographs as required.

It must be emphasized that it is impossible to identify all infectious patients using clinical and historical data. **All patients must be treated as potentially infectious.** Standard/universal precautions and other appropriate infection control procedures must be consistently applied for all patients.

It is the responsibility of the operator to clean the x-ray unit and cubicle immediately following use. Disinfectant sprays are available in each cubicle. Remember that used film packets are potentially infectious and should be discarded in tan bags. Do not leave empty film packets on counter tops or in developer boxes.

Personal Protection

Gloves are to be worn for all radiology clinic procedures. Gloves must be worn when touching blood-soiled items, body fluids, secretions or surfaces contaminated with them.

Clean clinic attire must be worn for all clinic procedures. Clinic gowns should not be worn outside the clinic and should be changed at least daily or more frequently when visibly soiled

Hand Washing: Hands must be washed before gloving, using an antimicrobial soap. Hands should be washed with mild soap when gloves are removed.

Gloves: Care should be taken to avoid puncture during procedures. If gloves are torn or punctured they must be removed immediately, hands thoroughly washed and re-gloved before completion of the procedure. Gloves should be removed and hands washed prior to leaving the radiology clinic area. The rationale for hand washing after gloves have been worn is that under gloved conditions, normal flora rapidly multiply; moreover, gloves may become unknowingly perforated allowing entrance of bacteria under the glove.

Surface Disinfection and Cross-Contamination

Place all unnecessary items (supplies, equipment, and charts) outside the work area. The countertop work area in the cubicle is to be draped with a plastic-backed towel, the x-ray head with a plastic cover and the control panel covered with a clear adhesive barrier prior to use. Minimize surfaces touched by contaminated hands and personnel traffic during procedures.

All "touch or splash" surfaces must be disinfected with an EPA registered disinfectant. Alcohol is NOT acceptable for surface disinfection.

Disposable Items

Mask, gloves and a paper cup, together with sufficient radiographic film, cotton rolls, and bitewing tabs to complete a single patient, should be secured prior to the procedure. Contaminated film is placed in the paper cup during the radiographic procedure. When the procedure is completed, the surface of the film packet is wiped dry with a paper towel, placed in an envelope (labeled with the patient's name, operator's name, date and number of films) and submitted for processing. All contaminated disposable items (including film packets) should be placed in the red biohazard container for disposal.

Instruments

Film Holders: Film holding instruments should be scrubbed free of debris, dried thoroughly, placed in bags or a student cassette, and labeled and sterilized (Rinn XCP kits must be autoclaved) prior to use.

Panoramic Bite Guides: Panoramic bite guides are to be covered by protective barriers for each patient. Should the bite guide become contaminated, it is placed in a holding solutions overnight prior to additional use.

Equipment Asepsis

As indicated previously, the work area of the countertop in the cubicle is to be draped with a plastic-backed towel and the control panel covered with a clear adhesive barrier prior to use. It is important to remember that the x-ray tube head and control panel contains mechanical and electrical components, which must be protected from excess moisture; however, this does not preclude disinfection of the x-ray unit following each patient procedure.

The recommended procedure for disinfection of the dental radiographic operator is by mechanical removal of organic debris from surfaces using an approved disinfectant. Moisten a paper towel with disinfectant. Starting with the least contaminated surfaces, wipe down areas of possible contamination. Wipe the surface dry with a paper towel, then, re-clean the surface with a second disinfectant moistened towel and wipe dry with a fresh paper towel. NOTE: When disinfecting the tube head and control panel, the surface is wiped dry following the second application of disinfectant to protect the unit from excess moisture. All other environmental surfaces should be allowed to dry by evaporation. The surfaces should be disinfected following a sequence of least contaminated to most contaminated and should include any surfaces not draped.

Lead Apron: The lead apron should be wiped clean with disinfectant and returned to hanging rod (**DO NOT FOLD!**)

Chair: Any surface touched during the procedure should be disinfected, including headrest, adjustment levers, and chair arms.

X-ray Unit: Care should be exercised in disinfection of the x-ray unit to avoid excess moisture leaking into the inner surface of the machine. Any surface touched during the procedure should be disinfected.

Reviewed 09/05

IONIZING RADIATION POLICY

Facility and Equipment Safety

1. All radiographic units in the School of Dentistry, satellite facilities, and mobile clinics have been installed to meet the codes of the State of California and the County of Los Angeles. Units are inspected at least annually by the University's Radiation Protection Department and the County of Los Angeles.
2. All cubicles where radiographic units are installed have appropriately shielded walls.
3. Dead-man type exposure buttons located behind protective wall barriers are used.
4. All X-ray units meet specific regulations for aluminum filtration.
5. A properly shielded patient viewing window is provided in each cubicle where radiographs are exposed.
6. Rare earth screen-film combinations are used for extraoral radiographs.
7. Fast X-ray film Ekta-speed-plus, or appropriate digital sensing devices, are used for intraoral radiographs.
8. Quality assurance of darkroom procedures is done twice weekly.
9. The darkroom is arranged to provide protection from white light exposure (light leaks).
10. Exposure alignment devices are used to minimize retakes.

Personnel Safety

1. Lead aprons are used for all patients, and thyroid collars are used for all procedures where use will not interfere with radiographic image, when radiographs are being exposed.
2. Film badge monitors are worn by faculty and staff who are frequently in the vicinity of X-ray units. These badges are checked quarterly. Records are kept on

file in the USCSD Department of Radiology and with the University Radiation Protection Office.

3. The primary beam is always aligned away from the cubicle entrance.
4. Exposure techniques and film criteria are posted for reference by operators.
5. Students expose radiographs under supervision of faculty and or staff.
6. Under no circumstances do students, faculty, or staff hold films in a patient's mouth during exposure.
7. A prescription signed by a dentist is required before making radiographs.
8. Personal protective equipment and infection control barriers must be used in the X-ray cubicles and in the darkroom.
9. Films are reviewed by clinical faculty and staff for diagnostic quality.
10. An oral examination and a review of the past medical and dental histories are required prior to authorizing radiographs.
11. Radiographs are not made solely for administrative or teaching purposes.

Reviewed 09/05

HAZARDOUS WASTE POLICY

Biohazardous Waste

Tan waste bags, marked with the word "Waste," are to be used for the disposal of biohazardous waste at chairside. Any disposable item that has been in a patient's mouth must be disposed of in these tan bags. Any items visibly soiled with blood must also be disposed of in these bags. At the completion of treatment, the tan "waste" bag must be disposed of in the large red biohazard containers. Gloves, whether used or unused, must be disposed of as biohazardous waste. All tan waste bags, empty or full, need to be disposed of in the red biohazardous waste container.

Sharps, including needles, disposable syringes, scalpel blades, endodontic files, broken burs are to be placed in the sharps containers provided. Under no circumstances should sharps be placed in the regular trash or in "waste" bags or red biohazard containers. If sharps containers become full before regularly scheduled pick up, call extension 0-3564 or 0-0404 for a replacement.

Anesthetic cartridges/carpules or other pharmaceutical agents are to be deposited into the pharmacy waste containers provided. If a container is full before the regularly scheduled pick up or if the baffle is broken, call extension 0-3564 or 0-0404 for a replacement.

Specially trained custodians will collect biohazardous waste from the clinics and store it in leak proof containers in the special biohazardous collection unit outside the northeast corner of the Dental School. It will be held there until picked up for incineration. The collection unit is to remain locked at all times when it is unattended.

If in doubt about disposal of biohazardous waste, contact the Director of Facilities Management, extension 0-1092.

Chemical Waste

Hazardous chemicals (refer to the Material Safety Data Sheet [MSDS] file) must not be put down drains or into trash. If in doubt, contact the Director of Facilities Management, extension 0-1092, or the Campus Safety Office, extension 0-6448.

The School's main MSDS catalog is located in room 47D with the Director of Facilities Management.

Harvey Vaposterile Solution and used X-ray chemicals are to be collected in their original containers with the label marked "used" and held for regularly scheduled pick-up.

Reviewed 09/05

AMALGAM POLICY

Mercury has long been recognized as a hazardous material. Mercury can enter the body by inhalation, ingestion or through the skin. For the safety of people who work with mercury in the USCSD, the following policy has been instituted. Strict adherence to this policy is mandatory.

1. The "no-touch" technique must be used. Latex or vinyl gloves must be worn whenever there is the possibility of amalgam touching the skin. If amalgam does touch the skin, the area must immediately be washed with soap and water.
2. Only precapsulated amalgam should be used. This minimizes the handling of mercury and ensures optimum mercury/alloy ratios.
3. Amalgam must not be heated or stored near a heat source. Heating will release mercury into the air. Instruments used in the placement of amalgam restorations must be carefully cleaned prior to sterilization.
4. When removing old restorations, high-speed evacuation and copious amounts of water must be used. Removal should be in the largest pieces possible.
5. Any amalgam remaining after restorative procedures should be kept in an unbreakable collection container specifically designed for this purpose. **Under no circumstances should this hazardous material be put into the regular trash.**

When collection containers are full, the Facilities Department should replace them. Call extension 0-3564 or 0-0404 for this service.

6. Amalgam recovered from suction line traps should be handled as in #5 above.
7. In the unlikely event of a mercury spill (e.g. broken untitrated capsule, mercury from a blood pressure cuff) cover the spill to reduce evaporation potential. Call extension 0-3564, 0-0404 or 0-1092 to report the spill.

Reviewed 09/05

COLLECTION AND STORAGE OF EXTRACTED TEETH POLICY

All extracted teeth and oral tissue associated with extracted teeth are considered infectious and are classified as “*biohazardous*.” All individuals who handle, collect, transport, and manipulate extracted teeth and oral tissue **must** adhere to universal/standard precautions at all times.

When collecting teeth, store them in a well-constructed glass or plastic jar with a secure lid (to prevent leakage) in a 1:10 household bleach-water solution. A biohazard label/symbol (OSHA 1991, OSHA 2001 CPL) needs to be affixed to the outside of the collection jar. Also label the jar as “tooth collection jar.”

The water and bleach solution will disinfect the exterior of a tooth but not the interior pulp tissue (Tate 1991, Pantera 1988).

Ideally, the use of teeth that **do not** contain amalgam is preferred in an educational setting because non amalgam containing teeth can be safely autoclaved. **Extracted teeth containing amalgam must never be heat sterilized because of the potential health hazard from mercury vaporization and exposure!!**

Before the teeth can be used in the educational setting, all extraneous soft and hard tissue needs to be removed. Once the teeth are “clean” and dried, they are ready for sterilization. To dry the “clean” teeth, place them on paper towels and remove excess moisture.

Extracted teeth **without amalgam** will be sterilized and maintained in the following manner:

1. Place the clean and dried teeth in a sterilization instrument bag obtained from the third floor dispensary.
2. Write your name and 4 digit student number on the outside of the sterilization bag in pencil.
3. Turn in the sealed bag(s) to the second floor central sterilization “Receiving Window” area and be sure to pick them up at the designated time.
4. Store sterilized teeth in a different, well-constructed glass or plastic jar with a tight lid in a 1:10 household bleach – water solution. Label the outside of the jar “sterilized teeth”. KEEP TEETH MOIST AT ALL TIMES. If a tooth becomes desiccated for an extended period, it becomes brittle and could fracture at a most inopportune time.

If extracted teeth containing amalgam are to be used, immersion in a 10% formalin solution for 2 weeks should be effective in disinfecting both internal and external structures of the teeth (Tate 1991). Label the well-constructed jar with tight lid “**10% Formalin solution – extracted amalgam teeth.**” Please be aware that formalin is a chemical that can cause cancer, birth defects and reproductive harm --- always adhere to universal/standard precautions when handling extracted teeth.

Approved by the Safety and Asepsis Committee March 2003

CHEMICAL SPILLS

In the event of a chemical spill:

1. Ensure the safety of personnel and patients.
2. Extinguish all open flames.
3. Contain the spill. Vermiculite (kitty litter) is available in dispensaries, the Facilities Office, the basement, second floor IMS, Orthodontic Clinic, and research laboratories on the fourth floor. In addition, the Campus Safety Office maintains an emergency response cabinet in the east end of the fourth floor.
4. If the spill is deemed hazardous, evacuate the area and call Campus Safety at extension 0-6448. This emergency number is located on the vermiculite bags. The Director for Safety and Facilities Management, extension 0-1092, should also be notified as soon as possible.

EMERGENCY/CATASTROPHIC EVENT PROCEDURES

In case of Dental Building evacuation:

“Go immediately to **Lot V** (behind Dentistry bldg.) or **Lot M** (behind Student Health Center)

DO NOT USE ELEVATORS DURING AN EMERGENCY EVACUATION, USE THE STAIRWELL.

KEY EMERGENCY PHONE NUMBERS:

- Dept. of Public Safety (213) 740-4321 (Bomb Threat, Security)
- Environmental Health (213) 740-6448 (Bio-Hazard, Chemical Spills)
- University Facilities Mgmt. (213) 740-6833 (Power-outage, Elevators, Flooding)
- Campus Status (213) 740-9233 (Emergency Alert Information)
- L. A. Public Health Dept. (213) 974-1234

EMERGENCY RESPONSE KIT

It is recommended that all faculty, staff & students have a Personal Emergency Kit to keep in their respective work area. This kit should include:

- Personal medication, extra eyeglasses, granola bar, water and non-perishable food items
- Portable AM/FM radio (spare batteries)
- A whistle
- Flashlight (spare batteries)
- Money (coins, preferable, for incidentals)
- Cell phone & list of essential phone numbers including out-of-state family phone numbers

PROTOCOL FOR ASPIRATED/SWALLOWED FOREIGN DENTAL OBJECTS

Avoid aspiration or swallowing by taking all available precautions (e.g., placement of throat pack, rubber dam, and or positioning of dental chair).

If aspiration/swallowing is suspected:

1. Stop the procedure immediately and do not resume until aspiration has definitely been ruled out.
2. Ask the patient not to swallow.
3. Thoroughly examine the oral cavity.
4. Position the patient to minimize potential for aspiration.
5. If item is not found, examine its surrounding area, the patient's clothing, and the dental chair.
6. If the object is visible, retrieve it.
7. If the patient is showing signs of respiratory or cardiac distress, activate the "Dr. STAT" system.

If after following steps 1 – 5 above the object is not recovered, immediately go with the patient to the office of Medical Affairs, room 235 or Clinical Affairs, room 237. Get the necessary paperwork, and then escort the patient to the Student Health Center for a medical examination. (If the event occurs after hours, inform the Night Clinic Supervisor, get the necessary paperwork from the Graduate Prosthodontic Laboratory and go to Good Samaritan Hospital).

Inform the medical personnel of the size, shape, and composition of the object. Take a duplicate object (e.g., crown, scalar, bur changer, etc.) if possible, to show to medical personnel.

In cooperation with the Student Health Center, the Director of Emergency Response will monitor the patient's condition in one week intervals (or as otherwise determined by the physician) until swallowed or aspirated object is no longer radiographically visible or is returned by the patient.

Document as per instructions below.

Partial/Complete Airway Obstruction

Initiate the medical emergency system. Refer to the MEDICAL EMERGENCY procedure posted in the cubicle.

If the object is dislodged from a partial or completely obstructed airway, examine the oral cavity for damage from the object.

Report the incident to the Office of Clinical Affairs.

If indicated, escort the patient to the Health Center for examination for possible damage to the throat.

Documentation

Report the incident to the Director of Medical Emergency Response, extension 0-7165 or the Office of Clinical Affairs, extension 0-1547.

In all cases, documentation of the incident must appear in the patient's therapy record and should include:

- Date and time of the incident,
- The object involved,
- Circumstances surrounding the incident,
- Procedure being performed,
- Intervention techniques used,
- Details of object recovery, and
- Results of the oral examination for trauma resulting from the object.

Additional documentation, if appropriate, should include:

- Copies of radiographic reports,
- A copy of the physician's notation of removal/expulsion of the object, and
- A copy of the physician's notation of initial and follow-up care.

Reviewed 9/05

CONTAMINATED PUNCTURE WOUND POLICY

If a student or employee of the Dental School sustains an accidental injury from a contaminated needle, instrument or from a bite that breaks the skin, the following procedure must be followed:

1. The wound is to be washed with soap and water immediately, and the supervising faculty must be notified.
2. The source patient, or his or her parent/guardian, should be asked if they know their HIV and hepatitis status. If they do not know their status, they may be asked **once** if they agree to be tested. Source patients who consent to testing will be tested for HIV antibody, HBV surface antigen when indicated, HCV antibody, and VDRL (syphilis) test.
3. The injured person and the source patient (if consent has been obtained) should go at once to room 235 or room 237. A Contaminated Puncture Wound form must be completed prior to authorization for treatment. This documents the injury and becomes a part of the School's permanent records. USC employees **must** complete a "Supervisor's Report of Injury" form and an "Employee's Claim for Workers' Comp. Benefits" form – these forms are available in the Human Resource Office, room 213, during normal business hours.
4.
 - A. The person sustaining the injury must take the authorization for treatment to the Student Health Center within **one hour**. The receptionist should be told that a contaminated puncture wound has occurred. They have an established protocol for handling this type of accident. USC employees must take a **signed** "Supervisor's Report of Injury" and signed "Employee's Claim for Workers' Comp." form to the Student Health Center.
 - B. Their policy includes drawing blood to test for hepatitis B surface antibody (if appropriate), hepatitis C antibody, and HIV antibody and VDRL test.
 - C. If the attending physician at the Student Health Center believes it is warranted, gamma globulin and tetanus vaccine will be administered. Depending on circumstances of the injury, postexposure prophylactic drugs may be prescribed. If postexposure drugs are prescribed, an internal requisition will be needed for an individual to purchase the medication(s) from the USC pharmacy. A requisition can be obtained from room 235 or room 237. The internal requisition will need to be signed prior to the individual picking up the medication(s).
 - D. Results of the injured person's tests will be given only to that individual. Results of the source patient's tests will be shared only with that source patient (or parent/guardian). The injured person will only be told the source patient's lab results if the source patient has consented to release the information to the injured party.
 - E. One month, 3 months and 6 months after exposure, the person sustaining the injury should return to the Student Health Center to be tested again. It is thought that

- seroconversion to HIV or hepatitis should occur during that period in the unlikely event that it could have been transmitted by the injury. All students will need to pick up a payment authorization form from room 235 or room 237 prior to all follow up visits at the Student Health Center.
4. If a contaminated puncture wound occurs after hours, the following procedure should be followed:
 - A. Complete steps 1 and 2 above.
 - B. Go to the Graduate Prosthodontic resident lab located in room 114, and get the paperwork for treatment at the Good Samaritan Hospital. The forms include a payment authorization, an incident report, and a map. USC employees will find the appropriate Workers' Comp forms.
 - C. Students, patients, faculty and staff go immediately to the Good Samaritan Hospital.
 - D. Report the next morning to room 235 or room 237 to complete the documentation for our records.

Updated 09/05

Injury Report Form -- Puncture Wound

Please check one: Faculty/Staff _____ Student _____ Dental Asst./School _____ Other _____

Name: _____ USC ID # _____

Address: _____
Street City State Zip Code

Phone:(____) _____ Date of Birth: _____ SSN: _____

Date and Time of accident: _____AM/PM Date Reporting: _____

Details of the Accident:

- A. Did the exposure involve: Blood Saliva Mucos Other (Specify: _____)
 No blood/body fluids Unknown
- B. Were you?: self exposed exposed by another (Specify Who: _____)
- C. Part of the body exposed: Finger/Thumb Hand Face (Specify the part _____)
 Arm Other (Specify: _____)
- D. Please mark on the diagram with an "X" where the exposure occurred:

A diagram of hands, etc. appears in this space.

(turn the page please)

Office Use Only: AUTHORIZATION FORM GIVEN TO INDIVIDUAL:

Date/Initials - 1st test	Date/Initials - 2nd test	Date/Initials - 3rd test
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Form needs to be filed in room 235

Type of exposure: Needle injury: Syringe Scalpel Other: _____
 Puncture by an instrument: Bur Gracey Endo file Other: _____
 Splash: Fluid involved: _____

F. Description of procedure in progress when accident occurred: _____

G. Attending Faculty: _____ Did you inform her/him: YES NO

H. Personal safety equipment being utilized (check all that apply): Single Gloved Goggles
 Double Gloved Mask Face Shield Gown Other (Specify: _____)

I. Circumstances contributing to this exposure (check all that apply)
 New procedure Concern about patient’s infection/illness Concern about the procedure
 Rushing procedure Pressure from the environment Location of set-up Distracted
 Other (Specify _____) Unknown

J. What do you believe may have helped to prevent this injury? More instruction
 More time Less pressure More assistance More experience Better concentration
 Better personal safety equipment Other: _____

K. Have you completed the series of Hepatitis “B” vaccine (three or more doses)? YES NO
 If incomplete: 1st dose 2nd dose 3rd dose Already immune
 Have you had a quantitative titer testing after the series? YES NO (RESULT: _____)
 Have you ever been tested for Hepatitis “C”? YES NO (RESULT _____) UNKNOWN

Source patient information:

Name: _____ SSN: _____

Phone Number: _____ USC Chart Number: _____

L. Did you inform the source patient of the injury? YES NO
 Do you want him/her tested? YES NO

M. Reported by: _____
 (YOUR SIGNATURE HERE)

POLICY ON SUBMISSION OF BIOPSY MATERIALS

The Department of Oral and Maxillofacial Pathology, in consonance with policies of the American Dental Association, strongly recommend that:

1. Any pathologic tissue removed from a patient must be sent to an oral pathology laboratory for examination and written diagnosis. Exceptions to this include the following:
 - Extracted teeth,
 - Gingiva from pocket reduction surgery, and
 - Bone removed during implant placement procedures.
2. Biopsy is to be performed in preference to oral cytology or oral CDx procedure for ALL mucosal abnormalities for which a clinical diagnosis of high confidence cannot be established.
3. Biopsy must be performed if an abnormality, clinically diagnosed but not previously biopsied, fails to respond to appropriate treatment or recurs.
4. Microscopic examination should be performed on any tissue surgically removed from periapical lesions, extraction sockets, or found at the apices of extracted teeth.

Biopsy vials and instructions for handling the biopsy specimen are located in the Clinic Dispensaries, Oral Surgery and Advanced Specialty Clinic.

Remember that biopsy is the single most reliable test. Even the very best clinical diagnosis is not as accurate as a well made biopsy interpreted by a skilled oral and maxillofacial pathologist.

Reviewed 09/05

EMPLOYEE NITROUS OXIDE EXPOSURE POLICY

Chronic exposure to nitrous oxide has been associated with spontaneous abortion and neurological effects. Because of this, certain protective measures have been taken for employees who may be exposed on a regular basis.

1. Training is provided at least annually for all clinical employees. This training includes information about nitrous oxide and other chemical hazards.
2. Female employees are urged to refrain from assisting or administering nitrous oxide if they are pregnant or believe they might be.
3. All nitrous oxide units are equipped with scavenging devices.
4. Nitrous oxide equipment is checked periodically for leaks.
5. Nitrous oxide monitoring is to be conducted periodically by having the Director of Facilities contact Risk Management for this service.

Reviewed 5/06

POLICY ON BASIC LIFE SUPPORT

It is the policy of the University of Southern California School of Dentistry that all students, faculty and staff who are involved with patient care in the School be certified in Basic Life Support (BLS) for Healthcare Providers. While this certification is required for renewal of licenses for personnel who are licensed in the State of California, it is the opinion of the Safety and Asepsis Committee that others who provide care should be certified as well.

BLS training is provided as part of the curriculum every two years for students. The School provides faculty and staff with BLS at no cost.

06/02

AED (AUTOMATIC EXTERNAL DEFIBRILLATOR) POLICY

The following document prescribes the policy for use of the AED. It is the desire of this policy to assist in improving the quality of life for employees, patients, students and guests of USCSD. It is the intent of this policy to give all faculty, staff and students general guidance in response to an incident of sudden cardiac arrest (SCA). The document is not intended to cover all circumstances involved in such emergencies.

Providers:

All University of Southern California School of Dentistry faculty, staff and students who have **current** (not expired) **American Heart Association (AHA) for BLS** (basic life support) for **Healthcare Providers cards on record** with the school may operate/use the AED (semi-automatic external defibrillator) during a medical emergency. The guidelines set forth by the AHA for use of an AED will be used/followed by USCSD.

The AED policy is in addition to the “Dr. STAT” medical emergency protocol already established by the Safety and Asepsis Committee. The AED will **not** be **needed** for all medical emergencies.

Location:

An AED will be housed/stored in room 247 – the second floor information office. A sign (8.5 x 11 inches) will be affixed to the front of the door to room 247 indicating the location of the AED. A second AED is located in the Oral Surgery Clinic, room 146.

Inspection:

The battery in the second floor AED will be visually checked by the second floor information office staff member on a daily basis. The battery in the AED located in Oral Surgery will be checked by staff members in that office. The staff members are to call extension 0-7165 or 0-1547 to report a malfunction of the equipment.

Medical Director for AED use:

Bach Trong Le, MD, DDS (Oral Surgery Department)

Reviewed by Safety and Asepsis Committee 9/05

MEDICAL EMERGENCIES - “DR. STAT” MEDICAL EMERGENCY SYSTEM

MEDICAL EMERGENCIES

ACTIVATING THE “DR. STAT” MEDICAL EMERGENCY SYSTEM

RESCUER #1

- Stays with the patient
- Assigns Rescuer #2
- Checks the patient for **A**irway, **B**reathing, **C**irculation
- Starts **CPR** if indicated
- Monitors **B/P** and **Pulse**

RESCUER #2

- Assigns Rescuer #3
- Calls/Dials **01572** to activate “**DR. STAT**” here in the School
- Notifies person on the other end of the phone of the **Cubicle and Clinic Area**

The **ACLS/“DR. STAT”** team will arrive. The team consisted of students and faculty who have been trained to handle emergencies.

RESCUER #3

- Assigns Rescuer #4
- Calls extension **04321** ONLY if directed to do so by a “**DR. STAT**” team member, and states that an ambulance is required
- Describes the nature of the emergency
- Holds the phone line open with **DPS** until told to hang up

RESCUER #4

- Gets the **Oxygen and Emergency Kit**
- DO NOT break seal on the emergency kit unless instructed to do so by a “**DR. STAT**” team member

EMERGENCY KIT AND OXYGEN LOCATIONS

LOWER LEVEL		
Pediatric Dentistry Clinic		Room 24
GROUND FLOOR		
Advanced Specialty Office		Room 102
Dental Hygiene Office		Room 107
Dispensary		Room 118
Faculty Practice		Room 124
Radiology Office		Room 129
Special Patients Clinic		Room 144
Oral Surgery		Room 146
Endodontics (Oxygen Only)		Room 111
SECOND FLOOR		
Group Practice Office		Room 254
Information Desk		Room 247
Central Sterilization (IMS)		Room 238/239
Dispensary		Room 257
THIRD FLOOR		
Dispensary		Room 302
Advanced Orthodontic Clinic		Room 318
FOURTH FLOOR		
Staff Office		Room 4342

MEDICAL EMERGENCY SUPPLIES POLICY

Medical Emergency Kits:

Contents:

- A. The Safety and Asepsis Committee's - ad hoc drug committee, must approve the contents of the emergency kit. If someone wishes to add a medication or item, it must be put in writing and submitted to the Chair of the Safety and Asepsis Com. The ad hoc committee members will meet and discuss the medication or item in question and vote on accepting or declining the item.
- B. Current approved contents: Albuteral Inhaler, Preloaded EPI syringe, (EPI Ampoule) Adrenaline, Ammonia inhalant, Benadryl ampoule, glucose tablets and/or glucose in a tube, a bottle of Nitroglycerin, tourniquet, 3cc syringe 21g, band aids, B/P cuff, stethoscope (previous two items listed exempt for after-hour care room due to cuff and stethoscope on the wall), CPR mouth shield, masks, and gloves.

Monitoring:

- A. The kits should be checked on a monthly basis by the appointed personnel selected/designated by the Associate Dean of Clinical Affairs and immediately after use to ensure that the contents are available if needed.
- B. The kits should be secured with a breakaway lock.
- C. The monthly monitoring should be recorded in a bound book with the expiration dates of each medication listed as well as a check mark for the additional listed items in "Contents, letter B". If during the monthly check, the lock is intact and no drugs have expired, the kit may be left unopened. The expiration dates and check mark for the kit content will still need to be recorded for the month.
- D. The monthly monitoring bound book should be kept on site in the office of the Director of the Medical Emergency Response Team.

Use:

- A. The kit should be available during medical emergencies, but opened only when directed by a member of the Medical Emergency Response Team member or trained faculty member.
- B. If a kit is used prior to the monthly check, an individual who responded to the emergency should notify the appropriate personnel that a medication or item has been used and needs to be replaced. Call extension 0-7165 to report if item(s) were used and need to be replaced.

Location:

- A. Each clinic phone should list the location of the medical emergency kit(s), and each treatment cubicle should have a posted sign indicating the location(s) of medical emergency supplies.
- B. A sign, approximately 8.5 x 11.5 inches should be posted on the door, wall, or hanging from the ceiling, indicating the close proximity of the kit.
- C. The kit should be located in an area that will be easily accessible by dental school personnel and students.

Oxygen Tanks**Monitoring:**

- A. The oxygen tanks used for medical emergencies should be checked by the designated Materials Handler in the Shipping & Receiving Office on a monthly basis and after use, to ensure that the tank has an adequate supply of oxygen remaining. If an inadequate amount is present, the tank needs to be exchanged for a new one.
- B. The monitoring should be recorded in a book and maintained on site in the office of the Materials Handler.
- C. The current Materials Handler can be reached at extension 0-1003, fax 0-8136.

Use:

- D. The tank should be available during a medical emergency, but used only when directed by a member of the Medical Emergency Response Team or trained faculty/staff/student.
- E. Each tank should be equipped with at least one of the following: nasal cannula, mask, positive pressure valve mask, and continuous flow and/or positive pressure delivery system availability.

Location:

- A. The location of the oxygen tank(s) should be posted by each clinic phone and in each treatment cubicle.
- B. A sign, approximately 8.5 x 11.5 inches should be posted on the door, wall or hanging from the ceiling, indicating the close proximity of the tank.
- C. The oxygen tank should be located in an area that will be easily accessible by dental school personnel and students.

Policy Reviewed by the Safety and Asepsis Committee 9/05; Oxygen Tanks information updated 5/06

BLOOD PRESSURE READINGS

TYPE	MEDICAL STATUS	BLOOD PRESSURE	MANAGEMENT CONSIDERATIONS
I	Normal, healthy	$\frac{S}{D} \geq \frac{140}{90}$	None
II	Mild to moderate Systemic disease	$\frac{S}{D} = \frac{141 \text{ to } 160}{91 \text{ to } 95}$	Repeat B.P. X 3 at 5 to 10 minute intervals. Ok to treat. Advise patient. Refer.
III	Systemic disease. May disable (limit activity). Not incapacitating.	III A: $\frac{S}{D} = \frac{161 \text{ to } 180}{96 \text{ to } 105}$ <hr/> III B: $\frac{S}{D} = \frac{181 \text{ to } 200}{106 \text{ to } 115}$	Repeat B.P. X3 at 5 to 10 minute intervals. Emergency dental treatment only. Refer for consult. <hr/> Repeat B.P. as above. Emergency dental treatment of <u>prescription only</u> . Refer <u>immediately</u> to M.D. or hospital E.R.
IV	Severe disease. Incapacitating A threat to life	$\frac{S}{D} \geq \frac{201}{116}$	Repeat. Refer <u>immediately</u> to Hospital E.R. or M.D. with help.

03/03

BLOODBORNE PATHOGEN PREVENTION AND PROTECTION POLICY

BACKGROUND:

The University of Southern California (the "University") School of Dentistry (the "School") recognizes that bloodborne pathogens pose serious health concerns to our patients, faculty, students and staff. The School is committed to educational programs and institutional policies that will respond appropriately and effectively to these significant health risks.

In order to respond to the various issues surrounding bloodborne pathogens with sensitivity, flexibility, compassion, and with the best current medical, scientific and legal information available, it is the policy of the School to review, evaluate and respond on an individual case-by-case basis to any instance of infected personnel who participate in academic or clinical programs. The School will address the subject of bloodborne pathogens with overall concern for the rights and interests of patients, faculty, students and staff.

All actions taken pursuant to this Policy shall be taken in conjunction with University policies and procedures, and current California and federal law, applicable to the individual involved. For example, actions taken pursuant to this Policy in regard to School employees shall be taken in conjunction with University policies and procedures, and current California and federal law, applicable to employees.

APPLICABILITY:

This policy applies to School Personnel, as defined below.

DEFINITIONS:

Bloodborne pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus ("HBV") and human immunodeficiency virus ("HIV").

Exposure prone procedures means procedures which include digital palpation of a needle tip in a body cavity or the simultaneous presence of a healthcare worker's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site. Performance of exposure prone procedures presents a recognized risk of percutaneous injury to the healthcare worker, and if such an injury occurs, the healthcare worker's blood is likely to contact the patient's body cavity, subcutaneous tissues, and/or mucous membranes.

Infected individual means any Personnel (as defined below) who is infected with a bloodborne pathogen.

Personnel means School faculty (including full-time, part-time, volunteer and visiting faculty), students (including undergraduate, graduate or post-graduate), and other staff members as determined by the School, who are involved with patient care or otherwise provide services in the clinical setting.

PROCEDURE:**A. PREVENTION**

1. The School currently requires that all students faculty and staff who provide patient care receive the HBV vaccine or demonstrate immunity to HBV before they begin training or teaching at the School. For ethical, professional and moral reasons, it is recommended that all faculty, students and staff who provide patient care and who are training or teaching at the School undergo voluntary testing for HIV on a regular basis.
2. Personnel are required to comply with all safety and infection control precautions, including universal precautions, as set forth in the School's policy titled Guidelines for Infection Control. Personnel who willfully violate School infection control policies shall be subject to disciplinary action per School policy.
3. The School requests that Personnel who are involved in patient contact and who test positive for a bloodborne pathogen disclose this information to the Director of Safety and Facilities Management.
4. Personnel who know they are infected with a bloodborne pathogen, or who have a reasonable belief that they are infected with a bloodborne pathogen, must cease performing exposure prone procedures pending completion of the Committee's review and evaluation, as set forth below.

B. PRACTICE EVALUATION AND ASSESSMENT OF RISK

1. When notified that an individual is infected with a bloodborne pathogen, the Director of Safety and Facilities Management shall notify the Dean. In the case of HIV or HBV infection, within five business days of the report of infection, the Dean or his or her designee shall select a Committee ("Committee") to undertake an individual review and evaluation of the infected individual's practice at the School, the nature of the disease, the risk of transmission of the disease to others, and to recommend the circumstances, if any, that infected individual may be permitted to continue to perform exposure prone procedures or other patient care procedures at the School. The Committee review shall be on a blind basis unless the infected individual provides written consent to allow his or her identity to be revealed to the Committee.
2. For infections other than HIV or HBV, within (five) business days of the report of infection, the Dean or his or her designee in his or her discretion may convene a Committee to undertake such a review and evaluation, based on an assessment of the general nature of the infection. The Dean shall seek guidance from medical experts and legal counsel as necessary in making this determination.
3. The committee should include at least five members who do not know the identity of the infected individual, and should include experts who present a balanced

- perspective. The Committee should include (1) an infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission (or other bloodborne pathogen at issue), (2) a faculty member with expertise in the procedures performed by the infected person, (3) a dentist, (4) a physician, (5) legal counsel, and (6) any other individuals who may be chosen for their expertise, concern for, or involvement in the activities of the School.
4. The Committee shall meet as soon as reasonably practicable, but no later than (five) business days after the Committee members have been selected.
 5. The Committee should be guided by applicable California and federal laws, objective medical and scientific evidence, relevant medical, scientific and legal literature, the recommendations of the Centers for Disease Control and Prevention, the U.S. Public Health Service, The American Dental Association, the American Association of Dental Schools, other professional associations, the expressed desires and opinions, of the individual with the infection, the policies and procedures of the University, the School's commitment to the protection of both the public health and the individual's interests.
 6. The Committee shall consider the individual's practice at the School, and the nature of the disease. The Committee shall evaluate whether a direct threat to the health or safety of others is present by considering the following: (1) the nature of the risk (how the disease is transmitted), (2) the duration of the risk (how long is the carrier infectious), (3) the severity of the risk (what is the potential harm to third parties), and (4) the probabilities the disease will be transmitted and will cause varying degrees of harm. The Committee shall then evaluate reasonable accommodations to reduce the risk to the health or safety of others, and shall recommend the circumstances, if any, that the infected individual may be permitted to continue to perform exposure prone procedures and other patient care procedures at the School.
 7. The School will attempt to reasonably accommodate infected individuals who pose a direct threat to the health or safety of others, so that they may continue their activities at the School. In the case of students, this may mean that the student will continue his or her clinical practice at a location other than the School, where the individual will not pose a direct threat to the health or safety of others, and in this way complete his or her degree objective. In the case of faculty, this may mean that certain activities, which pose a direct threat to the health or safety of others, may be precluded, and other reasonable accommodations made. In the case of staff, certain job duties or assignments may be altered, and other assignments given in their place. If a direct threat to the health or safety of others cannot be eliminated with reasonable accommodations, career or educational opportunities external to the School may be proposed.
 8. The committee shall issue its evaluation and recommendations to the Dean in writing, within 10 business days of its first meeting. The Dean shall consider the Committee's

- evaluation and recommendations, and shall issue a determination, either approving or modifying the Committee's recommendations.
9. Within (five) business days after the Committee has completed its written evaluation and recommendations, the Dean's determination will be discussed informally with the infected individual. If the infected individual challenges the dean's determination, the dean will convene a formal hearing within (five) working days. Members attending the formal hearing will be the Director of Safety and Facilities Management and other Committee members as approved jointly by the infected individual and the Dean.
 10. Within five business days after the formal hearing, the infected individual may appeal the Dean's determination to the Director of Risk Management of the University.
 11. No otherwise qualified individual will be prohibited from participating in any School program or activity as a result of his or her infection, unless the individual's participation in the program or activity poses a direct threat to the health or safety of others, and the threat cannot be eliminated with reasonable accommodation.
 12. The School shall consult legal counsel as necessary before taking any action to alter to restrict an infected individual's activities at the School based on the individual's infection.

C. CONFIDENTIALITY

1. The School shall ensure that the privacy rights of all infected individuals are respected. All medical information provided to the School regarding an infected individual will be kept strictly confidential.

04/00

FINANCIAL MATTERS

Fee Schedule

The *USC School of Dentistry Fee Schedule* is used by faculty and student providers to determine the cost of the treatment plan for patients seeking treatment in the School of Dentistry or the Oral Health Center. There are separate *Fee Schedules* for Doctoral Dental, Advanced Specialties, Advanced Pediatric Dentistry and Faculty Practice. The *Fee Schedules* are organized by discipline, based on the Code of Dental Procedures and Nomenclature 2005 (CDT5) of the American Dental Association. Fee schedules can be found on your computer desk top and can be printed should you desire a hard copy.

As policy, we do not quote specific fees, to potential patients, over the telephone, as we have not examined these patients and providing fee information may result in misleading information. The cost of our services is dependant on the provider (doctoral dental student and/or advanced specialty resident) and the type of procedure recommended.

Fee Collection

It is the policy of USC School of Dentistry that any fee for a dental procedure be paid prior to the procedure being started. All students and residents are required to present or have their patient present payment slip, for full payment of the procedure being rendered, to the Cashier's department, located on the 1st Floor. When starting a crown, bridge or denture procedure, 2/3 payment must be collected the day the procedure is started with the balance being paid in full on or prior to the delivery date of the crown, bridge or denture. Please note that if the patient has a balance, that is 90 days or older, that patient's chart will have a financial lock and no further treatment can be rendered until the balance is paid.

Payment Methods

USC School of Dentistry accepts many forms of payment for our patients:

- Cash
- Visa, Master Card and Discover
- Personal Check
- Business Check
- Money Orders
- Insurance Payments

For personal checks as well as business checks, or if someone other than the patient is paying for treatment using a check, the following identifying information must appear on the check: name, address, telephone number. We will also need to see the patient's current driver's license or official identification.

Many times we are asked if a patient can pay for their treatment via a payment plan. Unfortunately, at this time, we are not able to offer a payment plan option. Patients wishing to make payments can send in or bring payments to the Cashier's department until sufficient credit accrues to pay for their treatment. The patient can also choose to use a credit card and make payments to the credit card company. In order to better serve our patient population, payment plans and other payment options are currently being considered for the future.

Cash Handling Policy

All cash payments (money/currency) for patient treatment, at USCSD must be made by the patient, at the Cashier's Office. **Under no circumstances are School personnel (students, faculty or staff), other than the cashier's or authorized Dental Business Office personnel, ever authorized to accept cash from patients.** In order to avoid any perception of inappropriate behavior, it is essential that this policy be strictly enforced and thus any individual, who accepts cash from a patient, or on behalf of a patient, will be subject to disciplinary action.

Payment Options for Members of the USC Family

Special payment options are available to USC students (non-Dental students) and staff.

USC Students (non-Dental students) may charge their dental treatment to their University student account (fee bill). USC students need to indicate that they wish to charge their student accounts when making payments to the Cashier. They will need to present their current student ID and sign a special form which gives the Cashier permission to access their University financial records and enter the charge on their fee bill. That form is available in the Cashier's office.

USC Staff that are covered under the Delta Dental plan offered by the University are covered 100% up to \$1500.00 per calendar year for most procedures (some exclusion apply and are discussed later in this section). Those University employees who are not covered by Delta Dental, or who have exceeded their calendar year maximum, or who are having treatment not fully covered by Delta Dental, or who are paying for another person's treatment, may wish to take advantage of the University's payroll deduction plan as a means of paying for dental treatment. Any USC employee interested in using this payment option needs to be referred to the Cashier's Department or Clinical Affairs for more detailed information.

Discounts

There may be some situations when a patient may receive a discount for treatment. If a situation arises that warrants a discount, a Financial Adjustment Authorization (FAA) must be filled out and signed by the appropriate Clinic Director. FAA forms are available through our AxiUm software. Your Group Practice or Specialty Clinic Administrative Assistant can assist you in obtaining the proper form. Please note: patients **who are using their insurance to pay for treatment may not receive a discount.** See **Page 57 for Discount Policy and Definitions**

STUDENT, STAFF & RETIRED USC FACULTY/STAFF DISCOUNT POLICY

Dentistry Students – Students who are currently enrolled in one of the degree and/or specialty certificate programs offered by the School of Dentistry

Discounts:

- 100% on work completed by a pre-doctoral or dental hygiene student
- 50% on work completed by an advanced specialty student

Exceptions:

- Students must pay for gold
- Students must pay for lab fees, if lab work is not done by a student
- Discount for implants applies only to the first \$6,000 of treatment

Immediate Family of Dentistry Students and Staff – For purposes of this policy, immediate family is limited to:

Grandmother, grandfather, mother, father, brothers, sisters, children and spouse

Discounts:

- 30% on work completed by pre-doctoral dental or dental hygiene students
- 30% on work completed by advanced specialty students

Exceptions:

- 25% on porcelain restorations
- No discounts: removable partial dentures, IV sedation or nitrous oxide
- No discount if using dental insurance to pay for treatment**
- Discount for implants applies only to the first \$6,000 of treatment

Dental School Staff – Benefits eligible employees, employed by the University and working in the School of Dentistry or in any of the offsite clinics.

Discounts:

- 30% on work completed by pre-doctoral dental or dental hygiene students
- 30% on work completed by advanced specialty students

Exceptions:

- 25% on porcelain restorations
- No discounts: removable partial dentures, IV sedation or nitrous oxide
- No discount if using dental insurance to pay for treatment**
- Discount for implants applies only to the first \$6,000 of treatment

USC Students (non-dental)

Discounts:

- 10% on work completed by pre-doctoral dental or dental hygiene students

Exceptions:

- No discount if using dental insurance**

USC Retired Faculty and Staff

No charge for screening if they present their retiree gold card issued by the Emeriti Center.

Exceptions:

- No discount if using dental insurance**

09/03

Refunds and Remakes

Clinic Directors are the only people who can authorize refunds or remakes. If a student or a Faculty member feels that a situation may warrant a refund or treatment without charge, they must discuss the situation with the appropriate Clinic Director. **It is important that no one, other than the appropriate personnel discuss the possibility of a refund or a remake with the patient.**

If a patient requests a refund for a credit on their account they need to be referred to the appropriate Administrative Assistant for a chart audit to verify that the refund is appropriate.

Insurance

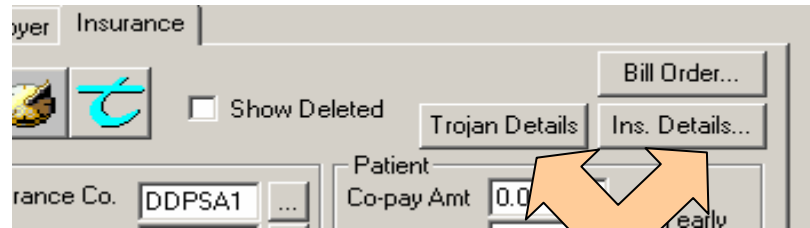
Dental insurance can aid a patient in affording their dental treatment but sometimes can complicate the fee collection process. It is important to provide accurate information to your patient regarding their payment responsibility when they have dental insurance. Additionally, it is extremely important to follow the procedures for pre-authorization of treatment and claim submission so that we can work together to maximize the patient's benefit.

General Guidelines

The student provider meets with their specific Administrative Assistant and/or a representative from the Billing Office:

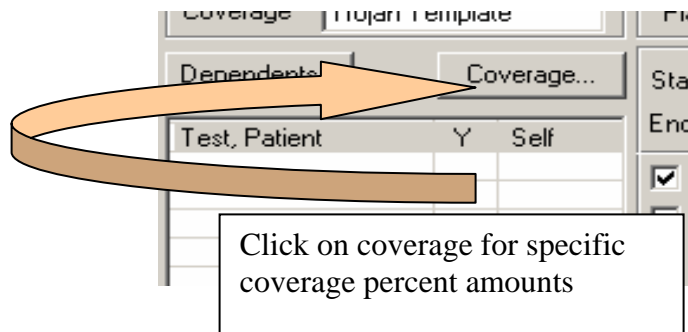
- With the patient at their first appointment for an evaluation of their coverage.
- When there is a question or problem with a patient's insurance coverage.
- To submit documents for pre-authorization of treatment.
 - ❖ A pre-authorization is a printed document from an insurance carrier that provides specific information regarding coverage or payments of a specific procedure. Please note that a pre-authorization does not guarantee payment of services. Payment from an insurance carrier is always subject to eligibility and yearly maximum limits.

Specifics about the patient's insurance can be found on the Insurance Information screen of our AxiUm program:



Click on either tab for info

OR



Click on coverage for specific coverage percent amounts

Fee Collection with Insurance Patients

Our fee collection policy requires that, if **we do not accept assignment of benefits** for a patient's insurance policy, they must pay for their treatment prior to the start of the procedure. Once their treatment is complete, the patient's claim will be submitted to the insurance carrier and any payment made by the carrier will be sent directly to the patient. See below for an explanation of assignment of benefits and when we do and when we do not accept the insurance assignment of benefits.

Non-Assignment of Benefits

USC School of Dentistry does not accept assignment for non-government, and out of state Delta Dental, such as: **Aetna, Blue Cross, MetLife, Delta Dental of Michigan, Cigna**, etc. In a case where a patient is covered by this type of carrier you must **collect the payment prior to the beginning of treatment**. Once the treatment is completed, the Billing Office will submit the claim for payment and the patient will be directly reimbursed for the procedure. If, at any time, you are unsure about the assignment of benefits, make sure you consult with your Administrative Assistant or a member of the Billing Office.

Assignment of Benefits

USC School of Dentistry accepts assignment for any **Delta Dental of California** plan (provided it is not an HMO). There are two specific populations covered by Delta Dental of California: University Employees and non-University employees.

- ❖ ***Employees of USC***, covered under Delta Dental of California have 100% coverage up to \$1500.00 per year maximum. However, **there are some exclusions:**
 1. Delta Dental will only pay out a total of \$1500.00 per calendar year. After Delta has paid out that amount, any further payment for treatment is the patient's responsibility.
 2. Delta Dental will only pay for 2 prophys per calendar year. If a patient requires more than two prophys in a calendar year, they will be responsible to make the payment.
 3. Any treatment that is considered esthetic such as: internal or external bleaching, veneers, composites that are placed when no decay present, composite or gold inlays etc. is not usually a covered benefit under this and most plans, the patient is responsible for payment.

If at anytime, you are unsure if a procedure is covered by Delta Dental, please consult with your Administrative Assistant or a member of the Billing Department.

- ❖ ***Non-employees of USC***

Those individuals that are covered by Delta Dental, but are not employees of the University have varying coverage. Their treatment is covered on a percent basis or a fee schedule and is different for every Plan that is administered by Delta Dental of California. Please use the following guidelines when treating this population of patients.

1. It is recommended that you submit a pre-authorization of treatment prior to beginning any major treatment.
2. You must collect only the patient's co-payment prior to beginning treatment, the Billing Office will submit a claim to Delta Dental for the remainder of the balance.
3. Remind the patient that we can only estimate the co-payment and they may be required to pay a balance once Delta Dental makes payment or they may receive a refund if they have over paid.
4. If you have any questions regarding how much to collect for the co-payment please consult with your Administrative Assistant.

TIPS TO USE WHEN TREATING PATIENTS WITH DENTAL INSURANCE:

- * If we do not accept assignment, be sure to collect in full prior to the start of your procedure.
- * If we do accept assignment, make sure you collect a co-payment if necessary.
- * Keep in mind that most plans pay on a percentage basis for procedures and not 100% (exception USC employees).

- * Esthetic treatment is not usually covered, if the patient has any questions, see your Administrative Assistant for assistance or to send a pre-authorization.
- * Most plans do not cover implants; see your Administrative Assistant for assistance or to send a pre-authorization.
- * Remember, authorization does not guarantee payment. Payment is always subject to patient eligibility, deductible and plan maximums at the time services are rendered.
- * If you have any questions about your patient's insurance coverage, please see your Administrative Assistant or a member of the Billing Team.

Denti-Cal (Government Sponsored)

USCSD accepts assignment for most government sponsored plans such **Denti-Cal**.

We are very fortunate at USCSD as we participate in a Denti-Cal Program known as University Special Projects. This program is open only to dental schools and enables us to pre-authorize a patient's treatment in-house, in a matter of a week or less, rather than sending a pre-authorization for treatment to Denti-Cal, a process that usually takes a minimum of six weeks.

What you need to know for your patients with Denti-Cal:

1. Your patient must bring their Denti-Cal card, known as a BIC card with a picture identification each month so that your Administrative Assistant can verify that your patient is eligible for benefits for that specific month.
2. A processing fee of \$1.00 is charged, for each appointment, to all Denti-Cal patients between the ages of 25 and 65.
3. Some Denti-Cal patients are required to pay a share of cost for their care. Your Administrative Assistant will be able to determine if your patient is among this group once eligibility is checked for the current month. They will also determine how much you need to collect for the appointment.
4. A Special Projects pre-authorization is necessary on almost all procedures, exceptions are: prophylaxis, exam and x-rays.
5. Radiographs are required for all pre-authorization requests.
6. If Denti-Cal denies a procedure and the patient is still desirous of the treatment, the payment for the treatment must be made prior to the beginning of that specific treatment.
7. **The School's clinic administration mandates that you not start a procedure until you have submitted the paperwork for the pre-authorization and receive approval from the Denti-Cal Billing Team.**

University Special Projects Guidelines

1. Special Project paperwork can be found at the 2nd floor paging desk and in the Denti-Cal Billing Office, Rm#246.
2. Students are responsible to have all paperwork completed and signed by a University consultant prior to turning in their request for pre-authorization. If paperwork is not complete, the procedure will be denied.

3. The paperwork includes:
 - * Pink procedure form marked with the intended procedure and if applicable:
Justification of Need of Prosthesis (DC-54) for all dentures and stay plates
Current periodontal charting for scaling and root planning
4. Requests for authorization usually take one week to process. The deadline to turn in requests for processing is Thursday at 4:15. Any charts that are turned in on Friday will be processed the following Friday. Unfortunately, we are not able to process *rush* requests, so please, plan your appointments accordingly.
5. Exception: Requests for amalgams and composites can be processed as needed. However, the Denti-Cal Billing Team thanks you in advance for some lead time for processing.
6. On Fridays, the Denti-Cal Billing Team will process your request by checking history and checking eligibility. Your request will either be approved or denied. Students and Administrative Assistants will receive a message via AxiUm notifying them that the request was processed and if it was approved or denied.

TIPS TO USE WHEN TREATING PATIENTS WITH DENTI-CAL:

- * Do not make your patient an appointment until you know if your treatment is approved or denied (with the exception of amalgams and composites).
- * You may submit for Special Project authorization for all treatment once your treatment plan is complete.
- * DO NOT start any treatment until you receive an approval, we cannot approve treatment once it is underway.
- * Make sure your patient is eligible. Patient eligibility changes from month to month.
- * There are procedures that are not covered under the Denti-Cal program; patients must pay for these procedures.
- * Remember, authorization does not guarantee payment. Payment is always subject to patient eligibility at the time services are rendered.
- * If you have any questions about Denti-Cal, please ask your Administrative Assistant or a member of the Denti-Cal Billing Team.