PIT RIVER HEALTH SERVICE, INC.
DENTAL DEPARTMENT POLICY

Approved: April 7, 2022

Health Board Chairperson | Date

Chief Executive Officer | Date

5/12/22

Contents

SECTION 1: AUTHORIZATION AND SCOPE

This policy is enacted under the authority of the Pit River Health Service (PRHS) Board of Directors, in their capacity as the governing body of the health clinic. This policy identifies the standard processes for the Dental Department at PRHS.

This manual is to be reviewed and approved by the Pit River Health Service Board of Directors on an annual basis. Prior to the Board's review, the Dental Director will update the manual for completeness and accuracy.

SECTION 2: PURPOSE AND PHILOSOPHY

1.0 PURPOSE

This Dental manual is provided for the following purposes:

1. To standardize our practices so that all employees will be consistent in the performance of all procedures;

2. To enable established employees to re-familiarize themselves with any procedure they need to review;

3. To enable a new employee to quickly become familiar with the general procedures of this office;

4. To eliminate misunderstanding about office procedures by outlining these procedures in writing;

5. To make available written instructions to new employees, and to help reinforce verbal instruction assuring better Quality Control for the Dental Department.

Each employee is required to read this manual thoroughly by the third week of his or her employment, and to sign.

Staff must recognize that these are general operational guidelines and exceptions will occasionally need to be made. Unexpected occurrences, office emergencies, staff illness, etc., may sometimes necessitate changes in schedules and/or procedures.

2.0 CHANGES/REVISIONS

The Manual will be updated periodically to stay up to date with the Laws, State Board policies, standards of care, community needs, and IHS regulations. There will be a annual review to keep this document current. Employees are expected to assist in making changes when needed in the Manual and actual practice, and adding any details that were previously overlooked. However, no employee has the

authority to change any procedures outlined herein without the consent of the Dental Director. The annual review will provide the opportunity to include helpful suggestions provided by the staff.

No employee has the authority to change procedures outlined herein without the consent of the Dental Director. Any employee is encouraged to make helpful suggestions which could improve the quality or safety of our working environment. These suggestions will be reviewed for implementation by the dental director and approved annually by the appropriate parties.

3.0 GENERAL PHILOSOPHY

It is the general philosophy of the PRHS Dental Clinic to:

1. Provide prompt, up-to-date dental services to the enrolled Pit River Tribal members and other eligible patients with the highest quality of care possible.

2. Establish good rapport with the patients.

3. Provide continuous dental care for the patient population and help them to maintain good dental health throughout their lives.

4. Ensure access to programs to promote staff development and professional growth, and to allow the staff to broaden their professional skills. Thus, our services can be as broad as possible and include all aspects of dental care.

5. Work in conjunction, and in harmony, with community leaders and the private practitioners in the area.

6. Maintain in accordance with the policies of the local, state and national dental societies and the state and federal health care agencies.

7. Create and maintain outreach programs to spread dental education and related dental public health programs.

8. Provide all care in the safest environment possible.

SECTION 3: GENERAL POLICY AND PROCEDURES

1.0 CLINIC SCHEDULE

1. Hours of operation shall be Monday through Friday, 8:00 A.M. to 5:00 P.M. Lunch will be from 12:00 noon until 1:00 P.M.
2. Review of schedules and charts and planning the day's work flow shall occur between 8:00 and 8:10 A.M. and 1:00 and 1:10 PM. Staff screening for potential

infection disease will be conducted during this time.

3. Patient treatment will begin at 8:10 A.M. and 1:10PM

1.1 CLINIC OPENING PROCEDURES

Upon arrival, the dental assistants will attend to the following tasks:

1. Turn on all electrical switches for equipment.
2. Fill the autoclave with distilled water as needed.
3. Log in to the operatory computers.
4. Set up the Sterilization Room as listed in 7.0 Dental Sterilization Policy.
5. Sterilize any instruments that were left from the previous day.
6. Prepare the operatories for patients.
7. Turn on Hepa filters in each operatory.

1.2 CLINIC CLOSING PROCEDURES

Before leaving for the evening the dental assistants will attend to the following tasks;

1. Ensure that all power switches on equipment have been turned off.
2. The last instruments of the day need to be removed from the operatory and disinfected.
3. Ensure that all secondary patient records have been returned to the reception area for proper storage.
4. Ensure that the storage room is properly locked.
5. Log off of all operatory computers.

2.0 WORK ETHICS AND TEAMWORK

1. Punctuality is expected. Tardiness is not conducive to good teamwork.

2. Cooperation among all staff is expected. Teamwork is vital to the successful accomplishment of goals and objectives.

3. Professionalism must be adhered to at all times.

4. Any employee who is unable to work in harmony with the other staff members will likely generate grievances. Should such grievances be unresolved or recur frequently, the offending employee may be asked to seek employment elsewhere.

5. In the event of absence due to illness or other unforeseen circumstances, the staff person should notify the Dental Director, or his designee, as soon as possible. Absences without proper notification or justification may be considered grounds for disciplinary action, including possible dismissal.

6. Any staff member having symptoms of a potentially infectious disease will call in to their supervisor, and will not report to work. If an employee begins to show symptoms during a work shift, report to supervisor for further directions.

2.01 Staffing Requirements

Generally accepted staffing requirements for the clinic:

One full time receptionist

Each general dentist needs 2 dental assistants/registered dental assistants –the clinic usually employs 2 staff dentists to serve the population and keep wait times to a minimum

The Registered Dental Hygienist will be assigned an additional Dental assistant during periods of time identified by CDC as being recommended and required. Wait times need to be monitored, an additional RDH maybe indicated on a part time basis

A sterile tech to assist in room turn over, and sterilization when the numbers of dental assistants are not sufficient.

One Orthodontist for the monthly Orthodontic program.

3.0 SCOPE OF TREATMENT

Patients will be identified during the intake process. The dental department will use two identifiers to confirm the identity of patients at the window and on the phone as needed. Common patient identifiers will be name and date of birth. Patients which are known to the clinic, and staff will not be asked their DOB.

Dental care at PRHS will have a disease prevention/health maintenance focus. A personalized plan of home care will be developed for, and instructed to, each patient. Topical and systemic fluoride use will be offered and encouraged. Instructions in proper tooth brushing, flossing and other preventive methods will be provided by dental staff to those patients who come to the clinic, and by CHR Outreach staff for those patients who are homebound.

These preventive measures will be followed by the removal of dental decay and restoration of damaged structures.

Major reconstruction will be prioritized for those patients who have demonstrated their desire and intention to maintain optimal oral health, consistent appointment history for restorative and preventive visits.

A guiding principle is that maintenance of oral health is the PATIENT'S responsibility. Instruction in skills development, eradication of dental decay and restoration is the dental team's responsibility. The various responsibilities will be carried out in several categories, as follows.

Informed consent and discussion of treatment decisions will be part of the care provided. If options exist they will be discussed and documented in the patients notes and chart. All patients, care givers, guardians, conservators will be required to consent to the proposed treatment plan. Changes to the treatment plan will need to be documented in the chart by the provider if the changes are minor such as a change in surface of an already proposed filling. If procedures not included on the current treatment plan are added, a new signature will be obtained.

3.01Pain management

Emergency walk in service is available at 8 AM and 1PM. Identification and management of pain will be triaged by the attending dentist. Patients will be screened by the information they fill out on a patient pain profile form. This will become a part of the patient's permanent record. Only true emergencies will be seen on a walk in basis as time allows. The dentist will determine what the appropriate treatment for each situation will be.

Narcotics are not routinely prescribed in the dental clinic. Ibuprofen and Tylenol are routinely used for dental pain and are the best alternative. If a patient has circumstances where these cannot be used, consultation with the patients physician maybe done to have alternative medications prescribed.

Antibiotics and NSAIDS are available on site and routinely dispensed to patients immediately at their emergency appointments. Some possible treatments provided depending on the situation could be, medications, open and drain, extraction, Silver Diamine Flouride(SDF) and others as the dentist diagnoses.

3.1 EXAMINATION AND DIAGNOSIS

A complete and thorough intraoral and extraoral examination will be performed on every patient who presents for treatment, both at the initial visit and at periodic recall visits. Such examination will include;

1. A review of the patient's medical and dental histories.

2. Take and record the vital signs (Blood Pressure, and pulse). Patient screening for potentially infectious diseases will include a screening form, and patient temperature taken prior to visit.

3. Visual evaluation of the soft tissues, and visual and radiographic assessment of the hard tissues (bone and teeth).

4. The periodontal tissues and the temporomandibular joint will be evaluated.

5. Indian health templates will be used for charting exams.

6. A written and signed treatment plan will be done for all diagnosis.

7. Medical release forms will be initiated for any patients with medical history issues that are a concern to the treating dentist. Some common issues are: cardiac, blood thinner medications, Diabetes, Chronic lung or kidney disease.

8. A periodontal probing and scoring system will be used and recorded for all patients 16 years and older. A scan probing at exams will be used and documented for diagnosis of periodontal disease status. **3.1.2 Digital Imaging Procedure**

The following procedure describes the process of taking digital images;

1. The clean and disinfected operatory is prepared before the patient enters the room.
2. The digital sensor has a plastic cover placed over it and the appropriate sensor holders are set out.
3. The sensor is plugged into the computer and the reception of the sensor is checked in the program.
4. It is the usual and customary treatment to take a digital image during a dental exam. This enables the Dentist to visualize the entire tooth structure and make a high quality diagnosis of what treatment is needed.
5. The patient enters the room and sits down. The Dental Assistant in the correct PPE (personal protective equipment) dress begins the appointment with the health history review and vital signs.
6. Special time is taken to ask the patient about what their concerns are.
7. The Dentist responsible for the patient is contacted and the decision is made as to what radiographs should be taken.
8. The most common set of radiographs on new or overdue recall patients is a Full Mouth set which consists of a combination of 18 different views including bitewings and periapical radiographs. An FMX (Full Mouth radiographs) is taken every 5 years. See Radiographic guidelines for issues that affect frequency.

9. In between these 5 years for an FMX a set of 4 bitewings and 2 periapical radiographs are taken for an adult examination. Frequency guidelines determine how often in consultation with the Dentist.
10. When a patient presents with a specific tooth or teeth with a problem then a periapical and a bitewing radiograph is taken.
11. When doing a pedodontic examination the goal is to take 2 to 4 bitewings and 2 periapical radiographs if possible. Pedodontic examinations have the most variety of radiographs taken due to the varying size of children and ability of children to handle the sensor in their mouth to take the image.
12. The PRHS clinic uses the Dexis radiographic program which also loads into the Dentrix dental charting and records program. The digital sensor will automatically load the radiographs into the Dentrix chart for viewing by the Dentist and assisting staff automatically.
13. Special care is taken to have any attending parent or guardian to step out of the room when taking the image.
14. A protective apron with thyroid protection is placed over the patient prior to taking the digital image.
15. The setting/pulse for the correct patient type can be controlled on the radiograph machine.
16. The sensor is placed in the correct place in the mouth and the radiographic machine is lined up to take the correct angle of image.
17. The Dental Assistant then walks out of the room and triggers the image by pushing the machine's button on the outside wall from the room.
18. The new image is immediately available on the computer to the Dental Assistant taking the radiograph which gives the ability to retake the image for clarity if needed.
19. The Dentist then proceeds with using the digital image to enhance the diagnosis for the patient.
20. The Dexis program then stores the digital image in the electronic patient chart for future reference an is a permanent digital record.

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3.1.3
Refusal of Radiography

In the case when a dental patient refuses to let the dental assistant take the x-rays requested by the dentist, the dentist and patient will discuss the reasons pros and cons of radiographs.
It is recommended by the American Dental Association to require radiographs by age group and dental condition. (Recommendation for prescribing Radiographs - ADA. Listed as an exhibit to the radiographic procedure policy)
Radiographs are a critical tool in providing dental standard of care. The Dental Department has the right to request high quality dental care for our patients. A patient

who continues to refuse radiographs in spite of the dental need, may be dismissed as a patient of record.

3.2 PREVENTIVE MEASURES

Disease prevention will have six major components:

1. Nutrition counseling, dissemination of dietary information.
2. Fluoridation, applied topically or as systemic tablets or liquids, as well as recommendations about fluoridated toothpastes.
3. Oral hygiene instructions, with focus on the proper use of toothbrushes, floss and other periodontal aids.
4. Prophylaxis will be performed which includes; scaling and polishing the plaque and calculus from the teeth.
5. Sealants, to seal non-carious pits and fissures as a means of preventing the formation of caries.
6. Application of SDF to arrest decay to avoid more invasive treatment such as hospital dentistry for pediatric patients, to keep decay arrested while adult patients are working on a treatment plan, and to provide an alternative for non restorable teeth when the patient's goal is to retain asymptomatic teeth in cooperation with the dentist, for a longer period.

3.3 RESTORATIVE TREATMENT

Teeth that have been damaged by decay or trauma will be restored with materials and methods that meet the published standards of care listed by the American Dental Association (ADA) and Indian Health Service (IHS).

A treatment plan with teeth identified for treatment on a visual chart will be reviewed with the patient by the dentist and consent from the patient obtained. Changes in treatment plan during a visit will be reviewed with the patient at the time of the procedure. Example – decay is more extensive than originally planned requiring a larger filling. Decay not noted on xrays is discovered while working on an adjacent tooth and requires an additional restoration.

3.31 COSMETIC BLEACHING TREATMENT for Teeth

The attending Dentist will make sure that the patient is eligible for bleaching. All restorative treatment must be complete and hygiene recall up to date.

Pit River Native members will pay $60.00 per arch for bleaching tray and bleaching material

Out of State Native, California Native will pay $150.00 per arch for bleaching tray and bleaching materials.

Non Native patients will pay $250.00 for one arch or $400.00 for both arches for needed trays and bleach materials.

Additional bleach material will be provided at the current cost if the patient requests it and is still currently up to date to allow touch up bleaching.

Patients with existing trays, that no longer fit due to placement of a new crown or filling etc, will be charged $25.00 for a new tray without bleaching material.

Payment must be made in advance of impressions for bleaching procedure.

3.4 PERIODONTAL TREATMENT

The tissues that support the teeth will be treated by mechanical debridement (scaling) and root planning to eliminate the disease and restore the health of dental tissues so as to minimize the potential loss of sound teeth.

Referrals for periodontal surgery for non-native patients will be given to the patient for financial responsibility.

Referrals made for periodontal surgery for PRC eligible patients will be reviewed and determined by the PRC committee for payment authorization.

3.5 ENDODONTIC TREATMENT

Whenever appropriate, teeth whose pulps have become infected or irreversibly inflamed will be treated with root canal therapy in order to avoid the loss of said teeth.

Endodontic treatments provided at the clinic will be dependant on the staff dentist level of skill. Endodontic treatments are complex, create aerosols, and require multiple visits which are best served with continuous care with the same provider. We do not provide molar root canal services at the clinic. If these dental services are not available, a referral will be considered to an endodontic specialist.

3.6 ORAL SURGERY

Surgical procedures shall include biopsy of soft tissues, removal of teeth, repair of lacerations and wounds and other needed procedures that can be accomplished in accord with the skill levels of the treating dentist.

3.6.1 Oral Surgery Services

1. The Pit River Health Board has granted surgical services limited to the privileged services by each dental provider. The Dental Director is in charge of the specific privileging and peer review.

2. The necessity for an oral surgery procedure is determined first at the dental exam appointment when it is diagnosed by the attending Dentist and confirmed by radiographic evidence. The informed consent form is signed at the beginning of the oral surgery procedure appointment and the post procedural instructions(written and verbal) are given to the patient at that time.

3. A current health history update is required annually from all patients of record, and conditions are reviewed and updated if needed at every visit. Vital signs are also taken at the beginning of every appointment.

4. All dental procedures are documented in the Dentrix patient chart after the patient is dismissed from the appointment. The Dentrix program has the chart notes directly linked to the patient's I.D. along with all documents that are scanned in to the chart through the document center.

5. Minor oral surgery is performed by the privileged Staff Dentist at the Pit River Health Service Dental Clinic. Highly complicated Oral Surgery procedures requiring a specialist Oral Surgeon is reviewed by the Dental Director and referred through the Privileged Referred Care Department (PRC).

6. The Dentist performing the oral surgery is in direct charge of the patient should a medical emergency arise. The basic action plan for medical emergencies is listed in the medical emergencies for the dental office in the Dental Department notebook.

3.6.1 Dental Anesthesia Care Services

Methods of anxiety and pain control

Local anesthesia, nitrous oxide, minimal sedation, . Local anesthesia and minimal sedation are the only types of anesthesia care services available at the Pit River Health Service. Other pain relievers include prescription or nonprescription anti-inflammatory drugs, acetaminophen (Tylenol), and anesthetics which are dispensed at the direction of the staff dentist.

Local Anesthesia

Local anesthesia is the starting point of pain control in the performance of most dental procedures. Prior to the use of local anesthetic, an application of topical anesthetic is applied to the injection site.

Definition : The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

This procedure is administered at the beginning of the dental appointment. This enables the dental professional to complete many procedures on the teeth and the surrounding tissues that would not be tolerated otherwise by the dental patient. Even though the use of local anesthetics is the foundation of pain control in dentistry and has a long record of safety, dentists are required to continually be aware of the maximum safe dosage limits for each patient.

General Dentists are trained and licensed and held to the state regulations regarding the knowledge of the correct administration of local anesthetics. Dental Hygienists are also licensed by the state to administer local anesthesia under the direct supervision of the attending dentist. Local anesthesia is the form of pain control that is performed daily at this Dental Clinic.

Minimal Sedation (Anxiolysis)

Definition: A drug induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Minimal sedation is most commonly achieved by the administration of an oral medication or nitrous oxide gas by the dentist in order to minimize the anxiety of a patient.

Oral medication is coordinated with the Medical Department as needed for the specific care of each patient. Patients must have an adult accompany them to any appointment with an oral medication. This adult will act as driver and to have a responsible party to release the patient to when the procedure is complete. Post op instructions will be given to the responsible party as well as the patient in this instance.

Nitrous Oxide

Nitrous oxide is a safe gas that can be administered to patients who are anxious or fearful of dental treatment. Dentists are trained in nitrous sedation. The use of nitrous will depend on the availability of a provider versed in pediatric usage.

Nitrous will be offered upon the dentists diagnosis of need, to pediatric patients up to age 18.

The dental department goal is to facilitate fewer referrals to pediatric specialists for patients that can accomplish treatment in our clinic. Nitrous can be a bridge to encourage simple treatments in house, and help young patients to mature into treatment without sedation assistance.

Patients under nitrous will be attended continuously by a dental licensed professional.)

3.7 ORTHODONTIC TREATMENT

Patients who have poorly developed arches and/or poorly arranged teeth that interfere with proper eating, or leads to poor self-esteem because of poor aesthetics, may have corrective treatment performed to improve their condition.

3.7.1 ORTHODONTIC ELIGIBILITY

1. Demonstrate need for orthodontic treatment and be under the age of 21.
2. In the service area Pit River Tribal members: direct care/no cost
3. Out of area Pit River Tribal members: $500 patient cost
4. If a patient begins treatment as a Pit River Tribal member and then moves out of service area at any time, it is the parents responsibility to let the finance / dental dept know and the fees required will be prorated over the standard 24 month Orthodontic contract.
5. In the service area CA Native American: $750 patient cost
6. If an In the service area CA Native American moves out of the service area during Orthodontic treatment, the fee will be increased to $1,000.00 It is the parents responsibility to notify dental and finance about the change of residence.
7. Out of state Native American: $1,000
8. Out of State Native patient who begins treatment in the service area and later moves out of the service area will have an increased fee of $1250.00. It is the parents responsibility to notify dental and finance as to the patients change in status.
9. Out of the service area California Native American: 1250.00 pt cost.
10. Any Native patient in the above payment categories, that has private dental insurance with Orthodontic coverage that pays at least the fee due to PRHS, will not have to pay in addition for treatment. If the Insurance is terminated or fails to pay the minimum due, the parent is responsible for the agreed amount.
11. Non-Native: Full cost (average estimate, up to $5,000.00)
12. Financial responsibility must be discussed and cleared with the financial department and a parent or guardian must agree to the payment arrangements.

13. 3 oral hygiene checks at a minimum with the dental director and/or the dental hygienist. Oral Hygiene checks will be done at every Ortho visit and sent home with the patient in written form. If a patient falls below the required compliance, it will be the Orthodontist's decision to consider discontinuing treatment to protect the patients oral health.
14. Patients must demonstrate reliability (past history of missed appointments will be reviewed)
15. Patient must not miss appointments while in orthodontic treatment ./ If a patient misses more than two months visits for Orthodontic treatment, and the Orthodontist has concerns about treatment continuity and progress, PRHS may remove the orthodontic appliances to protect the patients oral health.
16. All restorative treatment completed prior to beginning Orthodontic treatment.
17. History of receiving your regular dental care at PRHS. Patients must continue to have recall visits with the hygiene department, regular xrays and follow the recall frequency set by the attending DDS. If patient does not comply with this, the Orthodontist may chose to remove the orthodontic appliances before treatment is complete to protect the patients oral health. Recall frequencies will be every 3 months for cleaning for most Ortho patients. Xrays will be taken every 6 months and when needed by the Orthodontist to check tooth movement.
18. Orthodontic retreatment due to patient's loss of retainer or non compliance with wearing the retainer is not a covered benefit. The patient will not be allowed to access additional services for no charge through PRHS.
19. Retainers will be replaced at no charge, to help the patient maintain the new improved occlusion at the Orthodontist discretion. If this becomes excessive (more than 3 appliances) the patient will pay a retainer fee of 150.00 which is due at the time of service.
20.

3.8.1 Laser Treatment

Laser treatment will be preformed by dentists with approved privileges in soft tissue areas intraorally only.

Consent for treatment risks and benefits will be discussed by dentist with the patient or guardian. Written consent will be obtained.

Laser can be beneficial in orthodontic treatment to do minor gum tissue corrections for band placement, or cosmetic corrections. Laser treatment can promote faster healing, less pain and reduced need for local anesthetic.

All appropriate safety protocols will be implemented when laser is being used in the clinic:

Safety glasses will be worn by staff and patient to protect from damaging laser light.

Warning signs will be posted on operatory and staff alerted not to enter.

High speed evacuation of gasses and smoke will be used at all times. Care will be taken to avoid sparks.

3.8 IMPLANT TREATMENT

Implant treatment is a specialty service not provided currently at PRHS.

Referrals for Implant treatment for non-native patients will be given to the patient for financial responsibility.

Referrals made for Implant treatment for PRC eligible patients will be reviewed and determined by the PRC committee for payment authorization.

3.9 PROSTHODONTIC TREATMENT

Patients who have several missing teeth which results in inability to properly chew food, speak or otherwise function well, may have missing teeth replaced with an appropriate appliance (denture, bridge, etc.).

Dentures and Partials generally have a 5 year replacement requirement for insurance programs. Patients that are Native Americans, and who report loss of a partial or denture, may petition the health board for replacement appliances.

Bridgework is complex and due to infectious diseases and aerosols requires an advanced skill level as well as multiple appointments with a provider. Bridges will be done if a provider with advanced skills is available for an extended period of time and able to complete bridgework over multiple visits. A staff dentist on site is preferred for this type of service.

Crowns (single) and Bridges will be considered on a case by case basis by the dental director. These services will be prioritized for those patients who have demonstrated their desire and intention to maintain optimal oral health, consistent appointment history for restorative and preventive visits.

3.10 PEDIATRIC TREATMENT

1. Parents will be encouraged to bring their children who are between the ages of 6 months, or time of first tooth eruption, to 3 years for a dental visit for several reasons. PRHS Minor Patient policy requires a parent to accompany a child to dental visits. See guidelines for other details.

    a. To acclimatize the child to the dental office environment in a non-threatening manner.

    b. To gain the child's confidence and minimize any fears that could develop over time.

    c. To instruct the parent in how to clean the child's mouth (teeth, gums and tongue).

    d. To do an early assessment of eruption patterns.

    e. To check for early decalcification areas or other abnormalities so that intervention/prevention can be undertaken before more serious problems arise.

    f. To ensure that the child is receiving fluoride supplements.

    g. To determine the need for, and place, if necessary, fluoride varnish, glass ionomer restorative materials, SDF to control decay and mitigate the need for extensive and invasive hospital procedures.

2. Children under three years old when they have their first dental visit, and who have dental disease, will be referred to a pediatric dental specialist for treatment If deemed necessary by the attending dentist.

Children three years and over when they have their first dental visit, and who have dental disease, will be treated at the PRHS Clinic if the child is sufficiently cooperative. If the child is unmanageable, that child will also be referred to a pediatric dental specialist for treatment.

3. Pediatric Treatment Procedures - ages 3 - 18 years

Children 3 and older are encouraged to come for biannual checkups.

- Treatment of fillings, stainless steel crowns, pulpotomies will be done as needed if the child is cooperative.
- Extractions for Orthodontics can be performed at this clinic.
- Sealants are an important preventive measure we strive to apply to all children while in our care at the clinic.
- Fluoride will be prescribed in the form that best works for each individual patient. We have used tablets, drops, and rinses as well as Fluoride varnish applied twice a year at hygiene recall appointments. Teaching young patients how to care for their teeth and mouth are important parts of continuing care during ongoing bi-annual checkups.
- Recall may be more frequent – 3 or 4 months as diagnosed to prevent decay and give supportive health visits to pediatric patients.
- Every child will be evaluated for Orthodontic treatment, and sent for a consult with our Orthodontist if needed.
- Silver Diamine Fluoride is a conservative medicament, applied to arrest decay and will be used routinely (with consent) to mitigate progress of decay. Extensive treatments can sometimes be avoided with application of SDF. Decay can also be arrested while patients are working on a treatment plan that takes several visits to complete.

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4.Uncooperative pediatric patients:

If a patient has dental disease that we are unable to treat, due to mental, social, age or other limitations, the dentist and dental director will refer to an appropriate specialist. We have used surgical pediatric specialists that use General IV sedation, as well as Pedodontists who use oral and/or Nitrous Oxide sedation depending on the case. Every child's case is evaluated individually on specific needs and consultation with the parent's wishes.

4. TREATMENT OF MINOR CHILDREN

PRHS dental department follows the approved policy for treatment of minors. A parent or legal guardian must accompany any child and remain at the clinic during treatment. See policy for full details.

3.11 PRENATAL TREATMENT

1. Educate expectant parents on the effects of milk, formula, juice, and how they contribute to dental decay in the infant.

2. Provide prophylaxis treatment to remove the plaque and tartar in the mouth, thereby reducing the risk of periodontal disease. Periodontal disease has been shown to increase the risk of premature birth.

4.0 COMPLETED TREATMENT

To establish a mechanism to ensure continuity of care for all dental patient who receive a comprehensive examination.

At the time a patient receives a comprehensive examination a treatment plan is entered into Dentrix by the dental provider. This treatment plan will list the procedures that are planned for that patient in the electronic charting system. These procedures will be based upon established priorities, the dental provider's skills and available time and resources.

A dentist or hygienist, with dental diagnosis, may recall a Native American patient as frequently as he/she feels it is necessary to maintain oral health. Without regard to 3rd party payors. .

5.0 DENTAL LABORATORIES

The purpose is to establish procedures for using external dental laboratories and to establish guidelines for laboratory fees to be paid.

Use of Dental Laboratories

Dental laboratories are used to fabricate dental appliances that cannot be fabricated in the Facility Dental Clinic. These appliances require a laboratory prescription and all cases must adhere to infection control policy and procedure, HIPAA requirements, and PRC guide-lines. Because the dental laboratory is involved with the care of the patient, no HIPAA Business Associate Agreement is required. It is the responsibility of the dental laboratory to maintain confidentiality while the case is in the laboratory and during shipment back to the dental facility.

The Dental Director and Staff dentist will evaluate the quality of the dental laboratories work to ensure that the best services are provided. Should there be any concern, the dental director will determine when to change dental laboratory services.

Dental Laboratory Fees

Laboratory cases are cleared prior to scheduling by checking the patients current insurance status with the Intake Coordinator. This will determine the correct resources prior to initiating treatment.
Direct care only patients without any insurance will be charged the current approximate lab fees for applicable procedures.
PRC eligible patients are not charged lab fees.
Any patient with a 3rd party coverage(insurance) to apply to lab fees, would have no additional charge.

An ineligible patient or parent/guardian is responsible for all dental laboratory costs. Lab fees vary. An estimate will be given to the patient or parent/guardian at the examination appointment or at the time the need for the service is determined. This is an estimate only; ineligible patients will be responsible for unforeseen laboratory charges.

The estimated fee must be paid in advance by credit card, cash, certified check, or money order. Fees must be paid on or before the day of the dental appointment. If you arrive for your dental appointment and the lab fee has not been paid, the patient's appointment will be rescheduled to allow more time to pay the fee.
Lab fees are ONLY refundable before the case is sent to the lab. If the patient does not keep the appointment for the delivery of the device the lab fee will not be refunded. If the device must be remade, the patient is responsible for paying the additional laboratory fee.
Patients will be given lab fee schedule.

6.0 REFERRALS

The treatment needs of registered patients of PRHS will be done by the providers at the PRHS Clinic. However, the complexity of needed treatment, problems with patient management, or other situations may occasionally dictate the need to refer the patient to a specialist or other provider. Non native patients will receive referrals at time of visit. Native patient referrals will be sent to PRC for review and approval or denial of referral. Patients must meet the PRC eligibility requirements to obtain financial assistance from PRHS.

PRC PROGRAM

The Dental Director is updated on the policy and procedures of the PRC Dept as needed or when updates occur.

REFERRAL FOLLOW UP

Any notes from referred providers will be scanned into the electronic chart after being reviewed by PRHS referring provider. Any necessary treatment modifications or changes are to be noted in the chart.

7.0 REQUIRED MEDICAL HISTORY

PROCEDURE

All patients presenting to the Dental Clinic will be given a medical history to complete. New patients or those patients that have not been seen in the past 12 months will be required to complete and sign and date this form. A new form must be completed at least every 12 months.

As the patient enters the clinic, the receptionists will give them a blank form and instructions for completing the form. If the individual completing the form is unable to complete the form because of the nature of the question, they are instructed to leave it blank to be filled in on interview with the dental provider. Family members or staff members may assist patients with literacy, language or sight issues who cannot read or understand the form. The patient's or parent/guardian signature on the Medical History form indicates that all statements are true and gives consent for the dental provider to initiate screening, examination and diagnostic services. Informed consent including a full discussion of treatment needs, risks, benefits and alternative treatments will be obtained following the completion of the examination form.

When the patient is seated in the dental operatory, the dental assistant and later the dental provider will interview the individual or their guardian as to the questions on the form.
If there is inadequate information to determine appropriate precautions for dental treatment based on the responses or if there is a discrepancy in the replies to the dental provider's questions, further investigation is initiated. If necessary the medical chart is obtained.
Dental procedures will not be initiated until there are no questions remaining in the health history.

If medical alerts are found, precautions for those alerts are determined and documented in the Dentrix chart. Notation will also be made to the electronic clinical notes documented by the provider at each visit.

Patients for subsequent visits to the dental clinic, within one year of the initial completion of the medical history, are asked if there is any change in their health statues.
For the Electronic Dental Record (EDR) a completed and signed medical history form is scanned into the computer.

8.0 PATIENT RECORDS

Each patient presenting to PRHS for treatment will have a complete chart prepared to provide a continuous record of treatment rendered, recommendations, referrals, etc. The chart is complex and has components that must be attended by a variety of staff in a variety of departments. The Intake section provides registration and certification of eligibility status. The receptionist ensures that the patient's personal information is completely and accurately recorded and entered into the computer system. Provider's and support staff, record examination findings, diagnoses,

recommended treatment and a continuous narrative explanation of all treatment rendered.

The information contained in the patient record is confidential in nature and must be protected as such. Protection of the confidentiality and privacy of the contents of patient records is assured by the oath of confidentiality that each employee signs upon first being employed. Annual employee training in HIPAA is provided by PRHS.

8.2 ELECTRONIC DENTAL RECORDS

An interface has been installed that allows information to flow or be transferred from RPMS and Dentrix. RPMS will transfer each patient's demographics ONLY (name, address, birth date, SS# and etc.) in Dentrix. At this time, the only information that is transferred from Dentrix over to RPMS are the completed procedures done in the patient chart. The procedure code is sent for billing purposed from the work done in the Patient Chart. The Dentrix program use will in time rule out the need for retention of the secondary patient charts after the appropriate chart retention time listed at the end of this document.

PATIENT RECORD SECURITY

All staff of the Dental Department will sign and continue to follow confidentiality rules of PRHS. Any staff who shares patient information to anyone else outside of the dental department is subject to immediate discipline and/or termination for violating confidentiality.

All dental clinic employees have the ability to view the daily schedule, the Patient Chart and the Dexis radiographs, along with various practice management tasks. Dental providers and support staff also have additional responsibilities such as diagnosis, coding, procedure completion and clinical notes. Every user has a personal password for access into the program which is not shared by anyone else. The entire dental visit is documented in the Dentrix program.
Every dental operatory has a computer for the electronic Patient records. It is the responsibility of every dental clinic employee to make certain that all HIPAA regulations are followed to stop the potential for a dental patient to view other patient records. When a patient is seated in an operatory and throughout the appointment time the schedule with other patient names will be kept hidden. The patient/parent is allowed to view only those records pertaining to them.
Records are safequarded from other PRHS employees who do not need to know patient treatment details – for example housekeeping staff.
Records are safequarded from visitors or repair personnel from outside the clinic staff.

For example, when the appointment schedule is opened, the view setting needs to be on "Burney HIPAA," or F2. In the providers office, *Burney, or F1, may be used.

Example # 2 – computer screens are never to be left open in the treatment room without a staff member in the room.

8.3 SECONDARY RECORDS - PAPER CHARTS

The following protocol will help to avoid breach of confidentiality;

1. Charts must not be left lying in view of other patients.

2. Charts must be stored in a secure area, which is locked during periods of Clinic closure. *Under no circumstance should any patient record be left in the dental treatment area overnight*

3. The chart storage area is attended by the dental receptionist.

4. Access to patient charts will be limited to dental and medical staff on a by-request basis. Others who demonstrate a "need-to-know" request may gain access to patient records only after the request is reviewed by the Dental Director or his representatives.

5. The entire file of alphabetized records will be surveyed annually and records of patients who have expired, moved away from the area or otherwise not come in for treatment will be purged and stored in a separate location from the "active" charts.

Patient records will include approved abbreviations

8.4 RETENTION OF RECORDS POLICY

PRHS shall follow the recommended retention periods for dental records which are common to health care providers and have statutorily mandated retention periods, or are representative of documents amassed by providers which have no legal retention requirements. (See recommended record retention schedule of the California Healthcare Association. In the "Reference/Remarks" column of this schedule, the acronyms referenced are "C.C.R.," which is California Code of Regulations and "C.F.R.," which is Code of Federal Regulations.)

SECTION 4: HEALTH AND SAFETY

1.0 SAFETY FOR STAFF AND PATIENTS

Personal Protective Equipment

Personal Protective Equipment (PPE) refers to wearable equipment that is designed to protect staff from exposure to or contact with infectious agents. PPE that is appropriate for various types of patient interactions and effectively covers personal clothing and skin

likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) should be available.

These include gloves, face masks, protective eye wear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat). Examples of appropriate use of PPE for adherence to Standard Precautions include;

1. Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or OPIM.

2. Use of protective clothing to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.

3. Providers and staff will be fit tested annually for N95 masks. During infectious disease pandemics we will use N95 masks for aerosols.

4. Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids. Staff should be trained to select and put on appropriate PPE and remove PPE so that the chance for skin or clothing contamination is reduced. Hand hygiene is always the final step after removing and disposing of PPE. Training should also stress preventing further spread of contamination while wearing PPE by:
    a. Keeping hands away from face.
    b. Limiting surfaces touched.
    c. Removing PPE when leaving work areas.
    d. Performing hand hygiene.

Key Recommendations for PERSONAL PROTECTIVE EQUIPMENT (PPE) in Dental Settings;

Current CDC guidelines for donning and doffing PPE protocol will be followed for aerosol procedures.

- Gloves
    a. Wear ambidextrous gloves whenever there is potential for contact with blood, body fluids, mucous membranes, non-intact skin or contaminated equipment.
    b. Do not wear the same pair of gloves for the care of more than one patient.
    c. Do not wash gloves.
    d. Gloves cannot be reused.
    e. Perform hand hygiene immediately after removing gloves

f. Cleaning and disinfecting environmental surfaces – Staff will wear puncture and chemical resistant utility gloves.

- Protective Clothing
  a. Wear disposable fluid resistant gowns, jacket or lab coat worn for one day only or changed when visibly contaminated.
  b. Infectious Disease aerosol protocol includes only one use for disposable gowns per patient when providing care that includes aerosols.
  c. Wear protective clothing that covers skin and personal clothing during procedures or activities where contact with blood, saliva, or OPIM is anticipated.

- Face Protection
  Wear mouth, nose, and eye protection during procedures that are likely to generate splashes or spattering of blood or other body fluids. Wear protective eyewear or a face shield.

  Infectious Disease protocol includes N95 masks for staff involved in aerosol procedures.
  These masks are designed to be single use, and will be used in accordance with manufacturers intended guidelines.
  Exception to the above: Known shortages of N95 masks during Infectious Disease pandemics have included decontamination of masks with approved laboratories. Batelle is the decontamination service we will use when we do not have adequate supply of N95 masks for single use.

- Remove PPE before leaving the work area.

  Note: The application of Standard Precautions and guidance on appropriate selection and an example of putting on and removal of personal protective equipment is described in detail in the 2007 Guideline for Isolation Precautions (available at: http://www.cdc. gov/hicpac/pdf/isolation/Isolation2007.pdf).

- Laundry of PPE/ Towels or reusable fabrics will follow CDC guidelines for water temperature, time and documentation. We will use an outside approved service to maintain quality and consistency with our reusable fabric items.

Infectious Disease pandemic virus control - the clinic will use layers of protection to prevent the spread of infection to patients and staff. Pre screening of all patients will be done by phone call. Screening before entry to the health care facility will be conducted at the front entrance. Source control will be implemented to limit aerosols in the dental department to necessary dental care. Where other options are available, non aerosol procedures will be used. The clinic ventilation system will be maintained with the highest MERV filtration that our HVAC can accommodate. Hepa air cleaners will be used to filter the air as close to the creation of aerosols in each

dental operatory as possible. N95 masks will be used during all aerosol procedures by dental staff involved in those procedures.

A separate room not utilized for patient care shall be utilized as a dental laboratory.

2.0 AUTOCLAVING AND STERILIZATION OF INSTRUMENTS

Pit River Health Service has steam autoclaves for use in sterilizing reusable dental instruments.

Instruments are pre-soaked in a solution of enzymatic detergent and water for a minimum often (10) minutes in the ultrasonic cleaner.. All instruments are to be handled with appropriate precautions, to include proper eye and hand protection. Instruments are then bagged, autoclaved, and stamp dated.

Every Monday or first working day of the week that the clinic is open, a sterilization spore test is to be run. The spore strip is placed in the appropriate envelope with current sterilization information and the name of the testing employee clearly marked and mailed to vendor.

A complete description is located in section 7.0 Dental Sterilization Policy.

3.0 ENVIRONMENTAL HEALTH AND SAFETY

It is important that each staff person recognize that simply working in a health care environment poses certain threats to one's health and safety by virtue of the myriad chemicals, instruments and pieces of machinery that are used within the facility. Everyone must be acutely aware of the dangers and must always exercise caution in all activities to minimize exposure risks.

Most of the activities that staff undertake are governed by carefully structured policies and procedures generated by interested agencies, such as the Occupational Safety and Health Administration (OSHA), the Environmental Protection Agency (EPA), other inspection and certification agencies. Materials are tested and manufacturers issue Material Safety Data Sheets (MSDS) about their materials.

Dental societies, professional schools and several private entities offer regular continuing education classes/seminars/workshops related to EH & S and infection control. All dental staff is expected to attend at least one such class annually.

The EPA, OSHA, CDC, State Boards, Dental Societies, and others, have issued a variety of policies and operating guidelines designed to protect patients, providers and staff from health hazards. Those documents are incorporated herein by

reference and will not be duplicated herein. Only a few items will be mentioned herein as constituting PRHS policy.

Mercury used in silver amalgam alloy as a restorative material shall be used in the enclosed capsule form so as to minimize any leakage or spilling. Remnants (dregs) shall be placed in a closed container under liquid in a portable container to be stored in the Sterilization Room. Whenever a defective amalgam restoration needs to be removed and replaced proper procedures are followed to prevent unnecessary exposure to materials.
This clinic has installed an amalgam separator device for all dental waste water. This is according to state and federal requirements.

PRHS is an ambulatory clinic. As such, dental personnel are not trained in the techniques to move a patient who is unable to assist themselves into the dental operatory chair. This is to protect our staff from injury, as well as to protect the patient in the event of a failed transfer by staff. If a patient wants to have care in our facility, they would need to provide qualified individuals to assist them in the transfer without liability to PRHS.

3.1 RADIATION SAFETY

1. Required monitoring and necessary documentation shall be kept for radiation exposure and for monitoring the autoclaves. This information is to be kept at the Clinic involved, one at Burney, one log at X-L.

   The use of the following factors to provide optimum diagnostic quality of images with minimum of radiation exposure to the patient.

   a. Any person operating a dental X-ray machine shall show certification of completing a radiation safety examination sponsored by the State Board of Dental Examiners. A copy of the radiation safety certificate shall be kept on file in the employee's personnel file.

   b. The operator of the X-ray machine must be aware of, and implement, all applicable requirements of the California Radiation Control Regulations.

   c. Any apparent malfunction of the X-ray machine shall be reported to the dentist.

   d. All personnel involved with the exposure of dental radiographs must wear exposure dosimetry badges at all times while on duty. Said badges will be processed quarterly according to the guidelines of the supplying agency.

Locum Dentists are employed from time to time, and are not allowed to expose dental radiographs. The locum needs to sign a release that they will remain outside of the operatory in a safe area when xrays are being taken. No badge will be provided for this temporary situation.

e. Operators of X-ray machines must ensure adequate protection of other persons in the area and the patient being exposed. The patient must be protected by the appropriate lead apron. Others in the area must either be behind a protective barrier or at least six feet from the radiation source.

f. Operators must avoid holding either a patient, the film or film holder, or the X-ray head during the exposure of any radiograph.

Radiation Badges will be utilized and submitted to vendor.

3.2 CHEMICAL EXPOSURE SAFETY

In collaboration with the Facilities Manager the MSDS sheets that are supplied with all chemical containing materials when purchased from the supplier should be read by all staff. These sheets are to be filed in a binder for ready reference by anyone needing to review the safety data.

3.3 MICROORGANISM EXPOSURE SAFETY

BLOOD BORNE PATHOGENS

The Blood Borne Pathogens (BBP) policy in the Safety Manual is a guideline to protect staff and patients from the transmission of potentially disease causing organisms via body fluids. All staff will be oriented on the location of the policy and will be trained annually on the proper procedures of BBP.

HEPATITIS B

All staff will be offered the opportunity to receive Hepatitis B(HEP B) vaccinations at no cost to the employee. Proof of the employee's completion of the HEP B series will be required to provide to the Human Resource Department. If an employee should decline, a declination form must be completed and turned into Human Resources.

5.0 PHARMACEUTICALS

A limited supply of pharmaceuticals will be maintained for patient dispensing, while other medications will have scripts written to be phoned to pharmacies or written on prescription pads for patients. PRC protocol will be followed where applicable.

A licensed professional (DDS) will log medications, will create log sheets with batch, expiration and medication for patient notations. If the dentist needs to direct another professional such as RDA or RDH to help with medications, it will be under direct supervision of the dentist or dental director. This is in accordance with AAAHC guidelines. Medications will be labeled with the following information:
Drug name
Drug strength
Amount of volume if not apparent from the packaging
Expiration date
Name of person transferring the drugs

6.0.1 Recalled medications

When the clinic receives a recall notice the dental director will check to see if we have dispensed that medication lot number and compile a list of patients The director will direct staff as to who will make calls, or send out letters if the medications were taken and completed in the past.

If a patient is currently taking a recalled medication, they will be called immediately, and medications replaced. Any concerns of the patient will be addressed.

This information will be kept on file by the dental director and noted in the patients records that were impacted.

6.0 NEEDLE STICK PROTOCOL

The policy of PRHS is that any health care worker with a needle stick injury is considered to have a potential exposure to an infectious disease, especially Hepatitis B and HIV.

1. Procedure

    a. Every attempt will be made to avoid needle-stick injuries. All needles are to be disposed of in a puncture-resistant container. Needles are to be recapped using proper device or scoop technique. Uncapped syringes should not be used. Providers are to recap all needles themselves with one of the above methods . Support staff should not be recapping used needles.

    b. If a health care worker should receive a needle stick or sharps injury it must be documented and reported to the supervisor immediately. The employee health or Clinic nurse or physician should also be notified immediately in order to initiate testing and therapy.

c. The wound should be cleaned immediately with betadine and water. Further wound care will be directed by the physician as necessary.
d. If the health care worker has not yet received the hepatitis B vaccine series:
    i. A dose of HBIG is to be given immediately (0.06 mg/kg of body weight).
    ii. The hepatitis B vaccine series is to be started immediately.
e. If the health care worker has received the hepatitis B vaccine series:
    i. Draw hepatitis B vaccination screen
    ii. If adequate antibody level, no further treatment is necessary.
    iii. If antibody level is below the immune level give one dose of HBIG immediately and a booster of Hepatitis B vaccine.

f. All health care workers with a needle stick injury are at risk for exposure to HIV virus. The health care worker should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks of exposure. Such an illness, especially if characterized by fever, rash, or swollen lymph glands may be indications of recent HIV infection.

g. All health care workers with a needle stick injury should have a baseline HIV antibody test done. The test should be repeated at 6 weeks, 12 weeks, and 6 months. (This test can be done at the Health Department to protect the employee's confidentiality.)

h. If the employee refuses to have the test after the blood is drawn the specimen should be kept for 90 days during which time the employee may elect to be tested.

7.0 DENTAL STERILIZATION POLICY

The following procedures are performed by the Sterilization Technician or the dental employees covering these tasks in the absence of the employee. Appropriate PPE should be worn at all times.

STERILIZATION EQUIPMENT

The Dental Department has Midmark M-11 autoclaves (one located at the XL clinicOne ultrasonic machine is provided at the Burney and XL clinic.

SPORE TESTING PROCEDURE

Spore testing is documented by the results sent back from the Spore Check System which is done weekly. If the spores are destroyed during the sterilization process it is acknowledged that any other microorganisms are also destroyed and that the autoclave load is sterile. A report is sent back to us documenting the results and is kept in a binder.

When the spore test comes back with a positive result, all autoclave procedures are halted and a repairman is scheduled to arrive for repair immediately. Regular sterilization procedures are resumed after repairs are made. The procedures of reporting the problem, repair the autoclave, retrieve all instruments sterilized since the previous negative spore test, retest the autoclave, and re-sterilize the instruments involved are followed as per recommendation by the manufacturer.

STERILE PACKAGING

All sizes of sterilization envelopes have installed internal and external process indicators present. Each envelope contains the date of sterilization, the load identification, and the sterilizer used. The process indicators will change color when processed with steam and ethylene oxide. Our sterilizers both use steam in the sterilizing process. First thing to observe when opening the door and prior to instrument envelope removal from a completed sterilization cycle is the color of the indicators located on the corner of the envelope. The indicators will turn dark grey to black after the sterilization process is complete.

PROCEDURE FOR A FAILED ENVELOPE STERILIZATION INDICATOR

When a batch of sterilization envelopes does not show the indicator black, the color will show a lighter orange or brown color. In this case, the instruments are sent through another sterilization cycle with an additional spore test. The next load is checked to see if the temperature and pressure comes up to the optimum as recommended by the manufacturer. If the sterilizer continues to cycle incorrectly, all autoclave procedures are halted and a repairman is scheduled to arrive for repair as soon as immediately possible. Regular sterilization procedures are resumed after repairs are made.

STERILIZATION AFTER PATIENT CARE

1. Clean Operatories:
    - Dispose in the garbage can the plastic barriers and other non-blood soaked disposables.
    - Dispose in the biohazard marked can the bloody gauze, tooth pieces,
    - Dispose in the Sharps container: used needles, scalpels, suture needles, etc.
    - Used anesthetic carpules are disposed into pharmacy waste receptacle for pick up by the appropriate agency.
    - All instruments should be put in a basket or back into the cassettes to be carried into the sterilization room.

- All surfaces and equipment in the treatment area are wiped down with approved disinfectant according to the manufactures guidelines, to remove biologic debris from the procedure and aerosol.
- Spray disinfectant to all surfaces: counter tops, instrument tray, all suction hoses, rolling cabinet, patient chair, light switches, and x-ray tube.Follow the manufactures guidelines for contact time and let sit until dry. .

2. Sterilizing Instruments:
    - Instruments go back into the cassette or in a basket to transport to the sterilization room.
    - Burs and Endodontic files go into the small mesh holders to protect sharps.
    - Put instruments in the Ultrasonic cleaner/enzyme soak and set the timer for 10 minutes.
    - Rinse with water when done.
    - Open the cassettes to check for any remaining debris on the instruments. Do not hand scrub, but run through the ultrasonic again if necessary. Take special precaution not to touch the sharp instrument tips.
    - Allow to air dry.
    - Set cassette on its side for the water to drain and dry.
    - Add gauze and cotton swabs to the cassette close and lock.
    - Put into the sterilization bag and seal on the dotted line. Put loose instrument sets, handpieces, and x-ray holders in sterilization bags After instruments are confirmed sterile with color change indicators, remove and stamp all sterization bags with appropriate sterilizer indicator, date and load number. Save the sterile indicator strips for 30 days before disposal.
    - Arrange in the autoclave trays as advised by the autoclave manufacture instructions.
        - Monitor the sterile water level in the autoclave and add water prior to closing the door to begin the sterilization process.
        -

8.0 **DAILY START UP PROCEDURES**

1. First thing in the morning turn the compressor on and off at the end of the day.
2. Turn on all Hepa filters in operatories.
3. Set up the sterilization room.
    - Spray and wipe the countertops and equipment with Cavicide.
    - Set out fresh towels used beside the ultrasonic and autoclave for the day.

- Wash hands and unload the autoclave with sterile instruments from the day before onto the clean towel.
- Remove and rinse the instruments in the cold sterile and set to dry.
- Fill the ultrasonic and the soaking tub in the sink with warm water and Empower enzyme soak.
- Change the date on the stamp to show "day of" date.

4. Stock the operatories with disposable items such as bibs, bib holders, saliva ejectors, large and small suction tips, water syringe tips, 2x2 cotton, Qtips, and etc.
5. Fill water reservoirs on the dental chairs, waterline treatment. Check this daily.
6. Flush lines with dental vacuum line cleaner daily.
7. Perform weekly and monthly maintenance on autoclaves. Complete documentation in the maintenance log.
8. Spore test autoclaves on Mondays. Send spore strip to vendor.
9. Change traps on all of the dental chairs weekly.
10. Change the main trap on the compressor on the first of each month.
11. Keep the supply room, lab, and operatories neat and organized.
12. Use the proper PPE when working with contaminated items.

9.0 DENTAL STAFF MEETINGS

Weekly or daily huddles will be conducted to organize patient care. Patient treatment plans and health conditions will be discussed prior to arrival of the patient to increase appointment efficiency.

Formal dental staff meetings will be held at least once each month. These meetings are intended to clarify issues, improve overall performance and enhance the quality of care provided. The meetings will be held on a day that most or all staff are present. The agenda for said meetings will include topics submitted by all dental personnel.

The Dental Director will chair the staff meetings and notes will be recorded in order to produce official minutes of the meeting.

Informal staff meetings and training sessions may occur at unscheduled free time as needed in order to ensure the smooth operation of the dental program. The Dental Director will make a good faith effort to have these meetings at least once per week.

10.0 DENTAL DRESS CODE

To ensure all employees are appropriately attired to deliver professional services in a safe and efficient manner.

1. Chairside dental personnel shall wear a disposable patient care gown/jacket. . The gown must be either discarded daily.. Gowns must not be worn outside of patient care areas.
2. Medical scrubs, clean, casual dresses, slacks, shirts, etc. are acceptable; clothing such as jeans, sweatshirts, tank tops are not acceptable when working in patient care areas.
3. Clean, polished shoes, clinical shoes, or athletic shoes are acceptable. At no time may open toed shoes be worn in patient care areas or dental laboratory.
4. Finger nails should be smooth and not interfere with wearing gloves necessary for patient care. Rings or other jewelry must be smooth and not interfere with wearing gloves necessary for patient care.
5. Hair should be clean, groomed and kept neat.

11.0 STAFF DEVELOPMENT

Training of employees is an indispensable portion of the function of the clinic. Training ensures that consistent quality procedures are provided in the dental clinic and community.

Training will be used to develop and improve abilities necessary to protect patients, provide high quality dental care, ensure effective programs and promote team cohesiveness to fulfill the mission of the department. Training may be provided through in-services at the facility, external continuing education (CE) courses, online CE courses, agency sponsored conference calls, or other distance learning mechanisms.

The PRHS Dental Department encourages and helps to facilitate staff development in several ways:

1. Provide information about lectures, seminars, workshops, etc. that the various staff members can avail themselves.;

2. Provide on-site exchange of information, experiences, reading materials and seminars.

3. Pay enrollment fees and travel expenses for staff to attend off-site continuing education seminars, workshops, etc.

In-Service Training

This training will be arranged through the Dental Director. This training will be specific and will fulfill specific objectives such as orientation, safety, infection control, Occupational Safety and Health Administration (OSHA) requirements, Privacy Act/HIPAA, hazardous situations, record keeping, and other required topics. Outside

presenters will be obtained to provide training for those topics that cannot be provided by this facility.

Continuing Education

Continuing education (CE) will be provided annually as resources permit. If resources become limited, prioritization will be done by the Dental Director. Preference for external CE will be given to staff members who must obtain continuing education to maintain licensure and/or certification.

Employees are responsible for finding appropriate CE courses, determining if those CE courses fulfill State requirements, and requesting CE through the supervisor. Each licensed or certified dental staff member is responsible for completing adequate continuing education to maintain licensure or certification. Individual staff members are responsible for maintaining documentation of CE courses and reporting CE to the State licensing board as required.

Training needs will be determined by employee performance evaluations. Training requests must be submitted to and approved by the Dental Director. Each staff will identify long and short term training goals. Training priorities will be set by:

1. Improvement of skills necessary for job performance.
2. New techniques to be used in assigned clinical duties.
3. New clinical duties.
4. Acquiring skills that are identified as needs of the facility or department.

Additionally, the State Board of Dental Examiners requires licensed providers to certify attendance at accredited continuing education courses in order to qualify for re-licensure, as follows:

Dentists:	50 hours every two years
Hygienists	25 hours every two years
RDAs:	25 hours every two years

SECTION 6: DENTAL EDUCATION AND OUTREACH

1.0 EDUCATION AND OUTREACH

Efforts to fulfill these goals will be undertaken in several ways. These may include, but not necessarily be limited to:

1. Visits to local schools by dental staff to conduct in-class dental health education workshops.

2. Conduct oral health workshops in the PRHS community facilities.

3. Conduct in-service oral health presentations during some of the monthly general PRHS staff meetings.

4. Work in close conjunction with the Outreach Department's staff and teach the CHRs and the Outreach Coordinator how to present dental materials to the clients with whom they interact. By working with the CHRs and the Outreach Coordinator, they will become proficient in the following procedures, one training annually:

    a. Teaching proper personal oral hygiene to clients of all ages, including the use of floss and proper brushing.

    b. Teach parents about baby bottle tooth decay, its etiology, prevention, recognition.

    c. Encourage the use of mouth guards for children who participate in contact sports.

    d. Refer patients who sustain oral injuries to the Dental Clinic for assessment, treatment or referral as needed.

    e. Observe patients with various systemic diseases for evidence of developing oral problems, such as:

        i. Gingival hyperplasia in patients taking Dilantin

        ii. Gingival hyperplasia in patients with leukemia

        iii. Suspicious lesions in persons who smoke or use smokeless tobacco

    f. Refer prenatal expectant mothers to the Dental Clinic for evaluation and education.

    g. Encourage other family members to schedule appointments for examination and follow-up treatment when needed.

5. Pit River Health Service, Inc.'s Dental Clinic staff will cooperate with local school, health care providers and all governmental agencies in coordinating health promotion activities. Such promotional activities will include:

a. In-service at the Day Care Center.

b. Annual Community Health Fair.

c. Other special events

2.0 COMMUNITY DENTAL DISEASE PREVENTION

It is the philosophy of Pit River Health Service and its Dental Department that it is vitally important that we make every effort to educate the community, on oral disease prevention, in an attempt to decrease the prevalence of oral disease in our area. In accordance with this philosophy, it is the policy of Pit River Health Service that the dental department conduct, no less than three community based education presentations annually.

The community based education presentations should be targeted at audiences that are considered at high risk for oral disease, including but not limited to diabetics, the elderly, children, and those of low socioeconomic status.

The program may dispense oral hygiene care items such as toothbrushes, toothpaste, fluoride rinses, floss, or any other item that may be advisable for the maintenance oral health and/or prevention of oral disease.

The purpose of the PRHS Dental Department's outreach program is the dissemination of dental disease prevention/health promotion information to as broad a segment of the population in the PRHS service area as possible. We will accept and even promote opportunities to participate in any and all community events where we can extend the message of dental disease prevention and health promotion. We will do anything and everything possible to encourage and promote fluoridation of those of community water systems that are found to be deficient in fluoride. The goals include:

1. To ensure that all Native Americans in the service area are contacted and made aware of services provided by PRHS, Inc.

2. Encourage and support the use of fluoride in drinking water, dietary fluoride supplements, or school-based fluoride mouth rinse programs.

3. Provide dental education to the family on the importance of regular dental visits to ensure optimal dental health.

4. Educate the family to improve the general, overall oral health of both children and adults who are found to have poor oral health.

5. Assist with post-treatment compliance as needed.

6. Monitor medication compliance when a medication is prescribed for an oral disease.

SECTION 7: EMERGENCIES

1.0 IN-OFFICE MEDICAL EMERGENCIES

Emergency situations may arise within the Clinic at any time due to any one of a number of causes. Some may be life threatening, while others may not threaten the victim's life, but need immediate attention nonetheless. This section will address both types of emergencies.

1. **Non-life-threatening** emergencies may occur as injuries to staff, providers or patients. Lacerations, puncture wounds, falls, etc. may cause exposure to dangerous organisms from contaminated instruments. Chemicals or other debris may accidentally enter one's eyes, etc. Such non-life-threatening injuries will be treated by:

    a. Appropriate cleaning methods and immediate referral/routing to a medical provider for assessment and treatment. Said medical provider may be on-site or off-site.

    b. Completion of an Incident Report Form for delivery to Administration and placement in the staff person's personnel folder, if the victim is an employee, or patient's chart if the victim is a patient.

2. **Life-threatening** emergencies may arise from any one of a number of causes. It is beyond the scope of this manual to attempt to enumerate every situation and the list of appropriate responses to each situation. For purposes of this manual, the following general observations and requirements are listed.

    In the event that a dental patient presents to the Dental Clinic with a life-threatening condition dental staff will call 911 immediately.

    1. Every staff person must be currently certified as proficient in the administration of emergency first aid and cardiopulmonary resuscitation (CPR).
    2. Each staff person must be aware of the location of various emergency resuscitative paraphernalia (oxygen, ambu-bags, blood pressure monitoring equipment, emergency drug kit).

    3. Each staff person must be aware of various emergency telephone numbers and help to ensure that said numbers are posted on or at every telephone in the Dental Clinic environs. Useful telephone numbers are:

Paramedics:	911
Poison Control Center:	1-800-342-9293
Sheriff:	911 or 335-4511
Fire Department:	911 or 335-2212
Mayers Memorial Hospital:	336-5511 or 335-4775
Highway Patrol:	335-4581 or (530) 225-2700

4. Emergency and disaster drills will be conducted at regular unscheduled, intervals in order for staff to become proficient in responding when needed.

5. At least one drill will be conducted yearly.

6. Each drill will be followed by a critique with corrective actions duly noted in preparation for the next drill.

7. Each staff person must be prepared to serve in any role at any time.

8. The emergency drug kit should be inspected monthly to ensure that all contents are intact and not outdated.

9. Any staff person who first becomes aware that an emergency situation has arisen, or who suspects that an emergency situation exists, must immediately activate the standard CPR response and not wait for clarification from someone else. The discovering person must stay with the victim until relieved by someone of higher authority or with greater experience.

10. The receptionist will call 911 and give necessary instructions to the 911 response team. If appropriate the PRHS medical team will be contacted and medical emergency policies followed.

2.1 AFTER HOUR DENTAL EMERGENCIES

The Clinic does not offer after hour emergency services. If a patient experiences an emergency situation during the period when the Clinic is closed, the patient should call 911 immediately.

SECTION 8: PURCHASING AND PROCUREMENT

1.0 PROCESSING INVOICES FOR PAYMENT

The Fiscal Department processes payments for invoices from our vendors. In order to process the payments efficiently, they need the invoice or packing slip that accompanies the shipment, stapled to a copy of the purchase order.

A log is kept for all purchase orders generated within the Dental Department. Accurate entries into this log is imperative for purposes of budget reconciliation.

2.0 SUPPLY INVENTORY

Supplies used in the course of providing patient care will be stored in an organized fashion in the Dental Department supply closet and related department cabinets. A physical count of the supply inventory will be conducted each year on our around June 30th. The results of the count, along with average costs per unit will be provided to the Financial Director in the form of a computer spreadsheet.

It is also desirable to obtain the lowest possible prices for the highest quality supplies. This suggests a strategy of always asking vendors to quote GSA or VA Federal Supply Schedule prices for their products.

The Dental Director and Fiscal will approve purchase orders for supplies and the dentist's DEA will be used to order medications. All supplies and medications will be delivered to our Burney clinic and any discrepancies will be handled with the vendor(s) and follow-up reports will be provided to the Dental Director and Fiscal Department.

SECTION 9: REVIEW

The Board of Directors and Executive Director shall review this policy to ensure its consistency with Federal, state, and local regulations, as well as other PRHS policies. This review will also ensure the policy is practical and realistic for the day-to-day operations of PRHS.

LEGISLATIVE HISTORY

Prior review and revision were completed in January, 1990, September, 1990, March 1991, March 1993, April, 1994, January, 1995, September, 1996, December, 1998, February, 2003, June 3, 2014, and July 12, 2017, April 30, 2018, 6/27/2019, March 2021, July 2021. April 2022,