UNE/Dental Hygiene Quality Assurance Manual

Policy

UNE Dental Hygiene Program is committed to quality assurance and maintains a quality assurance program for risk management, the health and safety of patients, students, faculty and staff, and for the confidence that quality requirements will be fulfilled.

Areas for Reporting and Assessment

1. Clinical Staffing

Dentists
Dental Hygienist
Clinical Supervisor

Faculty credentials are verified. The program maintains and documents training for all faculty. Pedagogy and teaching methodology are covered; evaluation in the form of a quiz is given to faculty with a minimum score of 75%, remediation occurs if scoring below 75%. Faculty is encouraged to develop areas of expertise. CVs are collected and credentials are checked. The University offers faculty development. Faculty are encouraged to attend.

2. Personal Protective Equipment (PPE)

Dental health care workers must wear protective attire such as eyewear or a chin-length shield, disposable gloves, a disposable surgical quality mask, and protective clothing when performing procedures capable of causing splash, spatter, or other contact with body fluids, and / or mucous membranes. Protective attire must also be worn when touching items or surfaces that may be contaminated with these fluids, and during other activities that pose a risk of exposure to blood, saliva or tissue.

The university trains faculty in Personal Protective Equipment. Human Resources conducts evaluation on blackboard with a minimum score of 80%. Employees must remediate if scoring below 80%. Students are trained and tested by procedure for assessing competence (PACs) as part of the curriculum and daily performance.

3. Standard Precautions

Universal Precautions as defined by the Centers for Disease Control and Prevention (CDC) must be used in all patient care in dentistry. This term refers to a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other blood borne pathogens in health care settings. Under universal precautions, blood and saliva (in dentistry) of all patients are considered potentially infectious for HIV, HBV, and other blood borne pathogens. Applied universal precautions means that the same infection control procedures for any given dental procedure must be used for all patients. Thus, the required infection control
policies and procedures to be used for any given dental procedure are determined by the characteristics of the procedure. Therefore, universal precautions are procedure specific, not patient specific.

The university trains faculty in Standard Precautions. Human Resources conducts evaluation on blackboard with a minimum score of 80%. Employees must remediate if scoring below 80%. Students are trained and graded on performance daily.

4. Sterilization, Disinfection

The policy of the University of New England Westbrook College Campus Dental Hygiene Program is to sterilize, in a steam autoclave, all instruments, equipment and supplies used in patient care, including hand pieces and ultrasonics. Ultrasonic cleaners and dental washer/disinfector are used and monitored. Disposable items are used extensively to eliminate the use of chemical disinfectant for objects. Surfaces are disinfected and wrapped.

Spore tests are conducted weekly, heat sensitive tape is used on all external wrapping of every cassette, and heat sensitive indicators are wrapped inside each cassette. Indicators are used to monitor effectiveness daily. Reports are made weekly and compiled by semester for compliance. Failures are reported immediately to the director of the program.

The program designates clinical faculty/sterilization manager to oversee the sterilization center. Areas needed to improve are discussed by faculty and implemented immediately. CDC guidelines for infection control in dental-health care settings are followed. [http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/](http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/) CDC page updated March 28, 2016.


5. Exposure to Blood

Flow Chart Protocol for UNE dental hygiene program,
1. Determine if Percutaneous Exposure* has Occurred. A torn glove or a surface scratch is not an exposure.
2. Wash Site with Soap and Water
3. Fill out Incident Report
   With faculty assistance, report form is located in documentation room; if no exposure, document that fact.
4. Pretest Counseling Student, Faculty, or Staff and Source (If known) Under the supervision of the clinical supervisor or designee, complete consent and lab referral forms.
5. Referral of Student, Faculty, or Staff and Source (If Known) for Testing
   A. Student, faculty, staff or source may see their own private physician.
   B. Students may access testing through the campus Student Health Center.
   C. Faculty, staff or source may access testing at Brighton Campus, MMC. This is coordinated by
the front desk personnel. Students may also access Brighton Campus in the event the Student Health Center is closed.

D. If source known HIV infected, Post Exposure Prophylaxis Consultation within 24 hours or go to Brighton Campus of MMC or MMC Emergency Room.

6. Post Test Counseling:
   With the Program Director or Designee
   Retest 6 weeks, 3 and 6 Months
   Consultation with physician

The university trains faculty in Blood Borne Pathogens. Human Resources conducts evaluation on blackboard with a minimum score of 80%. Employees must remediate if scoring below 80%. Students are trained in standard precautions, which includes blood borne pathogens. Students are trained and assessed by PACs and daily performance.

6. Emergency and First Aid Equipment and Procedures
   The emergency first aid kit is located in a mobile cart in a central area on the clinic floor. It is labeled as such, near the center of the clinic for easy access during all clinical or laboratory sessions. A first aid kit is present in the lab.
   Two oxygen tanks and ambu-bags are located at both ends of the clinic floor.
   Barriers for use during CPR are located throughout the clinic, near the oxygen tanks and in central supply.
   A blanket is located in the mobile cart.
   There is a direct line phone on the clinic floor. Dial 911 in case of emergency. The phone is RED and is located near the main entrance and exit of the clinic.
   Procedures for specific medical emergencies are outlined in detail in the section of the UNE Dental Hygiene Policy and Procedure manual, labeled Medical Emergencies.
   All faculty and students must know and recognize that “Code Red” means a medical emergency is occurring and taking immediate action is required.

All faculty and students are trained in CPR and UNE Dental hygiene protocol for response to medical emergency. Students train in simulation. Faculty does training at faculty training sessions through role paly of protocol and quizzes on Blackboard. Faculty must meet a standard of 75%. Students are assessed in a medical emergencies course and do simulation as part of readiness in Clinic II. Weekly inspections occur for eyewash stations. Monthly inspections occur for first aid kits, oxygen/ nitrous oxide, and fire extinguishers.

7. Clinical Performance
   The clinical course directors monitor student performance.

   Faculty use a variety of methods to evaluate competent performance such as: Procedure for Assessing Competence (PACs), internally validated clinical examinations and externally validated clinical examinations, mock licensure examinations, and graded clinical performance days through TalEval web based assessment mechanism.
8. Patient Care Competencies
The dental hygienist is a licensed preventive oral health professional who uses knowledge of
health and disease to prevent, identify, and manage oral disease. The dental hygiene process of
care applies principles from the biomedical, clinical, and social sciences to support optimal
health in individuals and communities. Care is provided to all regardless of social or cultural
background.

Patient Care: Assessment, Diagnosis, Planning, Implementation, and Evaluation through a
Web-based evaluation soft-ware, TalEval.

9. Radiographs and radiographic safety
Radiographs are acceptable and are of diagnostic quality. Appropriate number and type of
radiographs and all radiographic findings are documented in patient’s chart. Safety mechanisms
employed are:

X-ray machines are inspected by the state agency every 3 years and licensed annually, as
directed by state law. Records are maintained per law. Lead aprons are used to protect
patients. Triggers are behind safety walls and are of standard distance to protect the
clinician. ADA guidelines are followed regarding exposure of the patient. Dosimeters are
positioned outside of the operatory where the clinician would be stationed. Dosimeter
reports are reviewed monthly. Students are penalized in daily performance, if retakes are
taken without an instructor approval.

Faculty are licensed and students are trained to competency. Students are further assessed
in radiation safety. Dosimeter devises are available for students and faculty. The UNE
dental hygiene program follows the recommendations to reduce radiation exposure to the
patient and the operator. The dental hygiene program does an annual quality assurance
check on full mouth series and bite-wing series to ensure diagnostic quality of the
examination.

http://www.ada.org/en/~media/ADA/Member%20Center/FIles/Dental_Radiographic_Exa
minations_2012

10. Patient Referral
All patients are recommended to see a dentist yearly for a dental exam. An additional referral is
given to each patient in need of any specific oral finding to either a dentist or physician.

Patients sign an acknowledgement of recommendation at each appointment. Signatures are
checked as part of quality assurance chart audit. Issues that require referral are checked
and signed by the instructor and a paper copy is given to the patient. Patients acknowledge
by signature that the UNE dental hygiene clinic cannot serve as a dental home. This policy
assures that patients understand the need for a dental examination.

11. Broken Instrument Policy and Procedure
The following will be the Dental Hygiene Department’s procedure regarding a broken instrument

**IF AN INSTRUMENT IS BROKEN IN A PATIENT’S MOUTH:**
1. Calmly remove instrument fragment when possible and inform the instructor.
2. Sterilize and save all parts of the instrument; take a radiograph of the area to confirm complete removal of the object.
3. If the instrument fragment cannot be easily removed, notify the instructor and isolate the area with cotton rolls and calmly inform the patient not to swallow. Maintain isolation at all times and avoid use of the aspirator. Reattempt removal of the instrument fragment using Perioretiever found in the emergency kit. Maintain isolation during the procedure. Take a radiograph to confirm complete removal.
4. If an instrument is broken subgingivally and cannot be removed, take a double film radiograph of the area involved. (One copy will be kept in the patient’s permanent record and the other copy is for the secretary’s file.) Consultation with an oral surgeon may be advised.
5. Complete an incident report and file with the assistant to the Director.
6. Student, instructor, and/or supervising dentist will sign the incident report.
7. File all parts of the instrument, the radiograph and incident report to the secretary.

**Equipment is overseen and maintained by faculty and the sterilization manager.** Any defective instruments or equipment are removed immediately. The patient may be referred for medical care. Reports are made to the program director and reviewed by faculty for system change if warranted.

**12. Policy for Patient Records**

Patient records may be requested of staff at the front desk to facilitate quality patient preparation and patient care. Records are confidential and must be treated as such. Records must never leave the building and must be returned promptly to the front desk after use. Personal Information must be protected by compliance with HIPAA.

*Patient privacy is of the utmost concern and protected by trained faculty, staff and students. Training in HIPAA compliance is required annually.*

**13. Biannual Chart Audit**

At the end of each semester, a chart audit is performed. A random sample of 22 patient charts are examined and checked for proper documentation. A report is given to all faculty and staff with a plan of action to fix any deficiencies.

*Chart audits are conducted semi-annually. Results are reported to faculty and inform annual training of faculty in areas that are indicated for continued improvement.*

**14. Patient Surveys**
Patient surveys are done annually. A list of all patients is pulled for the year. A random sample of 100 is obtained. A paper survey is mailed to the patient. Results are compiled and reviewed by the program director, faculty and staff. After analysis, changes may be recommended.