

# THE UNIVERSITY *of* NEW ENGLAND Dental Hygiene

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Quality Assurance  
Manual & Protocol  
2022-2023



UNIVERSITY OF NEW ENGLAND  
WESTBROOK COLLEGE  
OF HEALTH PROFESSIONS  
Department of Dental Hygiene

Dental Hygiene  
Quality Assurance Manual and Protocol

2022-2023

## **UNE/Dental Hygiene Quality Assurance Manual and Protocol**

The UNE Dental Hygiene Program desires to meet a standard of care that is defined by laws, regulations, professional ethics, and ideals. A good quality assurance policy or protocol provides the most direct means to assess standards of care. The University of New England Dental Hygiene Clinic Quality Assurance Program is designed to assess clinical delivery services by measuring, monitoring and evaluating with the aim for continued improvement. This process is part of The Dental Hygiene Program Evaluation.

The UNE Dental Hygiene Program uses evidenced-based guidelines, regulations, and standards to inform the Quality Assurance Policy and Protocol.

The Dental Hygiene Program is Accredited by the American Dental Association Commission on Dental Accreditation (CODA). This Protocol complies with Accreditation Standards for Dental Hygiene Education Programs Standard 6-2.

- 6-2** The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include:
- A. Standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
  - B. an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided;
  - C. mechanisms to determine the cause of treatment deficiencies;
  - D. patient review policies, procedure, outcomes and corrective measures.

### **Policy**

**The UNE Dental Hygiene Program is committed to providing the highest quality of care while educating dental hygiene students. Furthermore, the Dental Hygiene Program is faithful 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 assessed, fulfilled, upheld and documented for safe and excellent patient care.**

## **Protocol Areas for Reporting and Assessment**

### **1. Clinical Staffing**

- Dentist
- Dental Hygienist
- Clinical Supervisors
- Infection Control Manager

Faculty credentials are verified including CPR, licensure and authorities from the State of Maine Board of Dental Practice. Faculty are required to maintain a minimum of 30 continuing credit hours, biennially, for licensure. The program maintains and documents training for all faculty, e.g., HIPAA training. 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 is below 75%. Faculty is encouraged to develop areas of expertise. CVs/ Bio Sketches 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 or N95 respirator, 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 (PPE). Human Resources conducts evaluation on Brightspace with a minimum score of 80%. Employees must remediate if scoring below 80%. Students are trained and tested by Procedure for Assessing Competence or (PACs) as part of the curriculum and daily performance is recorded in TalEval, a web-based criterion-based grading platform.

### **3. Standard Precautions**

Standard Precautions are used for all patient care. They are based on a risk assessment and make use of common sense practices and personal protective equipment (PPE) use that protect healthcare providers from infection and prevents the spread of infection from patient to patient. Standard 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 standard precautions, blood and saliva (in dentistry) of all patients are considered potentially infectious for HIV, HBV, and other blood borne pathogens. Applied standard precautions means that the same infection control procedures for any given dental procedure must be used for all patients. Thus, the required infection prevention policies and procedures to be used for any given dental procedure are determined by the characteristics of the procedure. Therefore, standard precautions are procedure specific, not patient specific. Training includes hand hygiene, sharps safety, safe injection practices, and appropriate and accepted PPE utilization. Immunizations are best practice and required by UNE and maintained by the UNE Student Health Center according to CDC recommendations and the State of Maine regulations. The UNE Dental Hygiene clinic maintains cough hygiene posters in the public lobby.

**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 TalEval performance daily. The Program follows the CDC Guidelines, and conducts an annual infection prevention checklist for dental settings. Checklists remain on file.**

**<https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf>**

#### **4. Sterilization, Disinfection, Environmental Infection Prevention and Control**

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 (patient-care devices) used in patient care, including hand pieces and ultrasonic inserts. Procedures are monitored for effectiveness. 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 with an EPA-registered disinfectant following manufacturer's instructions for use and surfaces are barrier protected or wrapped if difficult to disinfect.

**Spore tests are conducted weekly and type 5 Integrators are used daily in each sterilization load. Cassettes are packaged in self-sealing sterilization pouches that have both internal and external indicators printed directly on the pouches. 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 Infection Control Manager (ICM) 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/> CDC page updated March 28, 2016.**

The dental hygiene program employs an annual infection prevention checklist published for safe-care practices. Publication Date March 2016.

<https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf>

## 5. Dental Unit Water Quality

The Program uses manufactures directions to maintain safe self-contained waterlines in A-Dec dental units.

- A. The clinic uses a “Maintain, Monitor and Shock” system to sustain ongoing self-contained waterline care.
- B. The clinic uses water that meets EPA regulatory standards for drinking water ( $\leq$  500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water.
- C. The clinic follows the dental unit manufacturer’s recommendations for monitoring water quality and the recommended waterline treatment product.
- D. A once a month test frequency is implemented with a three month reduced frequency if the clinic meets EPA regulatory standards.

Monthly reports are filed until three consecutive positive reports are reviewed, then a reduced frequency schedule for testing is implemented with documentation.

<https://www.epa.gov/dwstandardsregulations> Updated May 22, 2017.

## 6. Exposure to Blood

Flow Chart Protocol for UNE Dental Hygiene Program,

- A. Determine if Percutaneous Exposure has occurred. A torn glove or a surface scratch is not an exposure.
- B. Wash Site with Soap and Water.
- C. Fill out Incident Report.
- D. With faculty assistance, report form is located in documentation room; if no exposure, document that fact.
- E. 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.
- F. Referral of Student, Faculty, or Staff and Source (If Known) for Testing
  - Student, faculty, staff or source may see their own private physician.
  - Students may access testing through the campus Student Health Center.
  - 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.

- If source known HIV infected, Post Exposure Prophylaxis Consultation within 24 hours go to Brighton Campus of MMC or MMC Emergency Room.
- G. Post Test Counseling:
- Consultation with physician
  - Retest 6 weeks, 3 and 6 Months

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. Protocols are published in the Program's Policy and Procedures Manual. Students are trained and assessed by PACs and TalEval daily performance. [https://www.une.edu/sites/default/files/blood\\_borne\\_pathogens\\_exposure\\_control\\_plan.pdf](https://www.une.edu/sites/default/files/blood_borne_pathogens_exposure_control_plan.pdf)

<https://www.une.edu/sites/default/files/2022-08/Fall%202022-2023%20PPM.pdf>

## 7. 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 DH materials/simulation lab. Two oxygen tanks and Ambu-bags are located on the clinic floor.

Hands only CPR BLS is used in the clinic.

A blanket is located in the mobile cart.

There is a direct line phone on the clinic floor. Dial 911 in case of emergency. One phone is RED and is located near the main entrance and exit of the clinic and a mobile phone is located in the central cross alley in 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, as well as, being posted adjacent to the emergency kit.

**All faculty and students must know and recognize that "Code Red" means a medical emergency is occurring and taking immediate action is required.**

<https://www.une.edu/sites/default/files/2022-08/Fall%202022-2023%20PPM.pdf>

All faculty and students are trained in CPR BLS and UNE Dental Hygiene protocol for response to medical emergency. Students train in simulation. Faculty participate in training at faculty training sessions through simulation of protocol and are quizzed on Brightspace. 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. External review occurs on an annual basis and the results of those reviews are keep on file.

## **8. 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, a web-based assessment mechanism, and including student self-assessment.

<https://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf>

## **9. 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. Evidence-based care is provided to all regardless of social or cultural background. Competencies for entry into dental hygiene are outlined in the Dental Hygiene Program Policy and Procedures Manual.

**Patient Care: Assessment, Diagnosis, Planning, Implementation, and Evaluation through a Web-based evaluation soft-ware, TalEval. ADEA Competencies for Entry into the Allied Dental Professions (As approved by the 2011 ADEA House of Delegates) Journal of Dental Education July 2011, 75 (7) 941-948.**

<https://onlinelibrary.wiley.com/doi/10.1002/j.0022-0337.2011.75.7.tb05132.x>

## **10. 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. An annual radiograph audit is conducted, compiled and reported to the program director and faculty. 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 devices 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 conducts an annual quality assurance check on full mouth series and bite-wing series to ensure diagnostic quality of the examination for quality improvement.

<https://www.fda.gov/media/84818/download>

## **11. 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.

## **12. 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:**

- A. Calmly remove instrument fragment when possible and inform the instructor.
- B. Sterilize and save all parts of the instrument; take a radiograph of the area to confirm complete removal of the object.
- C. 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 Perio retriever found in the emergency kit. Maintain isolation during the procedure. Take a radiograph to confirm complete removal.
- D. If an instrument is broken subgingivally and cannot be removed, take a radiograph of the area involved. Consultation with an oral surgeon may be advised.
- E. Complete an incident report and file with the assistant to the Director.
- F. Student, instructor, and/or supervising dentist will sign the incident report.

- G. File all parts of the instrument in a physical file, the radiograph and incident report in the patients Dentrix file.

**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 on the Incident Report Form to be reviewed by the UNE Office of Safety and Security, the Program Director and the faculty for systems change if warranted.**

### **13. Policy for Patient Records**

The UNE Dental Hygiene Clinic is fully digitalized and maintains Electronic Medical/Health Record. Copies of 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. Archived paper records must never leave the building and must be returned promptly to the front desk after clinical use. Personal Health information (PHI) must be protected by compliance with HIPAA.

**Patient privacy is of the utmost concern and protected by trained faculty, staff and students. Training at UNE in HIPAA compliance is required annually of faculty, staff and students. <https://www.hhs.gov/hipaa/index.html>**

### **14. 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. Reports are on file.**

### **15. Patient Surveys – Patient Satisfaction**

Patient surveys are conducted annually. A list of all patients is generated for the year. A random sample of 100 is obtained. A digital survey is emailed to the patient. Results are compiled annually and reported to faculty and staff.

**Results are compiled and reviewed by the program director, faculty and staff. After analysis, changes may be recommended.**

**University of New England Dental Hygiene Program  
Annual Check List for Quality Assurance**

Annual Date of Review \_\_\_\_\_

A check mark indicates that the quality Assurance measures have been met and where appropriate reports filed.

- 1. Clinical Staffing – clinicians have credentials including CPR.
- 2. PPE is worn.
- 3. Training for standard precautions completed students and faculty.
- 4. Sterilization, Disinfection, Environmental Infection Prevention and Control -
  - spore tests are conducted and reports made
  - CDC guidelines and infection prevention checklist completed.
- 5. Dental Unit Water Quality – reports and schedule of maintenance observed and on file.
- 6. Exposure to Blood protocol posted and available if exposure occurs.
- 7. Emergency and First Aid Equipment and Procedures – equipment checked and current – Faculty, students, and staff can pass random test – “Code Red” and can follow protocol.
  - CPR cards on file.
- 8. Clinical Performance – Clinical Course directors report success mid-term and final deficiencies to Director. Remedial plan set up if necessary.
- 9. Patient Care competencies are evaluated – TelEval used.
- 10. Radiographs and radiographic safety

- \_\_\_ equipment
  - \_\_\_ dosimeters
  - \_\_\_ certificates
  - \_\_\_ audit reports up to date.
- \_\_\_ 11. Patient referrals are checked through the chart audit.
- \_\_\_ 12. Broken Instrument Policy and Procedure is posted in PPM.
- \_\_\_ 13. Policy for Patient Records.
- \_\_\_ HIPAA compliance observed and reported to Compliance Office.
- \_\_\_ 14. Biannual Chart Audit report on file and shared with faculty filed with the office of the Director
- \_\_\_ 15. Patient Surveys – Patient Satisfaction reviewed with director, faculty, and staff.

Signatures of reviewers

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Faculty

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Program Director



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