

DR GERALD NIZNICK COLLEGE OF DENTISTRY



**University  
of Manitoba** | Rady Faculty of  
Health Sciences

# CLINIC MANUAL

## 2025-2026

This clinic manual is current as of August 27, 2025. It is a document that is under constant review and revision. Your input is valued. Any major changes made subsequent to the above date will be circulated via general email and posted in the clinic one week prior to implementation of the change.

Prior to participating in any clinical activity, Dentistry and Dental Hygiene students must read the manual and attend the Clinic Updates lecture. Failure to do so will result in the student being inadmissible to provide patient care in the undergraduate clinics.

Please refer to UMLEARN and your respective course outlines for additional complete information.

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## INTRODUCTION

- The clinical experience is devoted to applying the basic dental sciences and pre-clinical techniques previously learned to the practice of clinical dentistry, with the ultimate goal to graduate competent dentists and hygienists and to improve both the general and oral health of the patient. Of necessity, there is a unique personal relationship between a student and their patient. This must be kept at the highest professional level. The moral integrity of a member of a healthcare profession must never be compromised. The personal habits and general demeanor for each student should be exemplary.
- The clinical practice of dentistry and dental hygiene will mark a dramatic change in one's educational experience. During your years as an undergraduate dental/hygiene student, much of your time in clinical practice will be spent in a unique student-faculty instructor-patient relationship. Such a relationship requires that you and your faculty instructors share in the responsibility for the clinical treatment of patients.
- In the clinic you will be able to integrate and bring forward into practice the knowledge and skills you have gained in the basic and dental sciences courses. You will start to develop and cultivate the characteristics and habits of a competent practitioner.
- Graduation from the College acknowledges that milestone stage of learning at which you have demonstrated that you are competent. Success in the future will depend on your ability to continue to learn and keep pace with the advances taking place in the profession – the process of "life-long learning".
- It is therefore essential that students gain a firm foundation in general dentistry and establish solid academic habits. Most of the habits you acquire here will remain with you all your professional life.
- Therefore, as healthcare professionals, you should give the utmost attention to the contents of this manual.

## A. STUDENT, FACULTY AND STAFF RESPONSIBILITIES, PROFESSIONALISM AND UNIVERSITY OF MANITOBA POLICIES AND PROCEDURES

### Professional Responsibilities – Clinic

As dental and dental hygiene students' progress through their learning and skills development, they earn the privilege to take part in patient care at the Dr. Gerald Niznick Dental College undergraduate and graduate clinics as well as within designated community clinics. The expectation is for students to appreciate and respect this privilege by consistently displaying professionalism in their interactions with staff, faculty, instructors, peers, while focusing on the delivery of outstanding dental care.

If a student is found to have breached their responsibility to provide patient centered care or conducted themselves in an unprofessional manner, this may result in a modified, reduced, or revoke of clinic privileges. Patient centered care is the expectation to participate fully in all clinical activities while demonstrating the knowledge, skills, and ability to treat patients in a safe manner. Examples of unprofessional conduct could include:

1. **Patient Abandonment** – Scheduled patient attends clinical appointment, and the student provider is late or does not show for the session. Student learners must set up their operatories prior to patient arrival and be mentally and physically prepared to provide patient care at the scheduled time. Students on rotations are responsible for patients scheduled in the assigned rotation clinic.
2. **Inappropriate Scheduling** – All scheduled patients must be entered into axiUm scheduler correctly and timely. If a patient cancels or a modification is made this must be corrected immediately in axiUm. It would also be inappropriate to schedule patients to hold clinical chairs.
3. **Patient Management** – Students are expected to communicate in a timely and effective manner with their patients. Students must provide their patients with information on how they can be contacted and monitor their student mailboxes to ensure they are responsive to patient questions and concerns.
4. **Communication with staff/instructors/faculty/peers** – communication styles must always reflect a positive and professional attitude.

The Associate Dean of Clinics may restrict, modify, or revoke clinic privileges at any time due to unprofessional conduct or where a student has displayed poor judgement in the delivery of dental care such that patient safety is a concern. This decision will be made in collaboration with the Associate Dean Academics, School of Dental Hygiene Director, Course Coordinators, and Department Heads as appropriate.

Concerns involving a student's clinical performance or patient safety, will be investigated and may result in academic consequences as per the University of Manitoba Discipline or Professional Unsuitability Policies. Where restrictions or modifications to clinic privileges impact participation in a clinical course, resulting in a failing grade, normal college progression rules will apply.

### Conduct with Patients

Students, faculty, and staff are expected to be considerate and courteous to patients and to one another at all times.

- **The patient must be treated as an individual upon whom the student is privileged to treat and should therefore always be addressed with courtesy and understanding.** Conversation with the patient and with peers, faculty, and support staff, in the presence of the patient, should serve to inspire confidence and be informative.
- **Courtesy and consideration for all patients is expected.** Students should train themselves to think and act clearly and to speak intelligently to the patient in simple terms. Under no circumstances should a student display a loss of temper or confidence before a patient.

### RESPECTFUL WORK AND ENVIRONMENT POLICY AND SEXUAL ASSAULT POLICY OF THE UNIVERSITY OF MANITOBA

The **University of Manitoba's Respectful Work and Environment Policy** promotes and supports a respectful work and learning environment at the University. The policy provides specific guidance for the University Community regarding expectations of respectful conduct and ensures compliance with *The Human Rights Code (Manitoba)* and *The Workplace Health and Safety Regulation (Manitoba)*.

The **University of Manitoba's Sexual Assault Policy** provides guidance, assistance and support to members of the University Community who have experienced Sexual Assault or who have received a disclosure of Sexual Assault. The Policy sets out a consistent process for responding to Sexual Assault.

**Patients who exhibit inappropriate behavior with a student, staff or faculty member will be requested by CSS to seek treatment outside the College.** Therefore, if you are uncomfortable with the actions/conversations of your patient, seek the guidance with your faculty team mentor immediately. Document the interaction and the specifics of the interaction in the electronic health record (patient contact notes). Specifics such as the behavior/conversations (ie. language) of your patient and the instructor, staff or classmate who witnessed the incident. All incidents of

inappropriate behavior/conversations (over the phone or in-person) must be referred to either the Associate Dean Clinics or the Clinical Operations Director.

**The University of Manitoba Respectful Work and Environment and Sexual Assault Policies and Procedures are available online at:**

<https://umanitoba.ca/governance/governing-documents>

[https://umanitoba.ca/governance/sites/governance/files/2021-06/Respectful%20Work%20and%20Learning%20Environment%20RWLE%20Policy%20-%202020\\_09\\_29.pdf](https://umanitoba.ca/governance/sites/governance/files/2021-06/Respectful%20Work%20and%20Learning%20Environment%20RWLE%20Policy%20-%202020_09_29.pdf)

[https://umanitoba.ca/governance/sites/governance/files/2022-10/Sexual%20Violence%20Policy%20-%202022\\_09\\_28.pdf](https://umanitoba.ca/governance/sites/governance/files/2022-10/Sexual%20Violence%20Policy%20-%202022_09_28.pdf)

[https://umanitoba.ca/governance/sites/governance/files/2021-06/Disclosures%20and%20Complaints%20Procedure%20-%202020\\_09\\_29.pdf](https://umanitoba.ca/governance/sites/governance/files/2021-06/Disclosures%20and%20Complaints%20Procedure%20-%202020_09_29.pdf)

### **RFHS: SPEAK UP REPORT AN INCIDENT**

Rady Faculty of Health Sciences (RFHS) is committed to ensuring safe, respectful, and supportive working and learning environments in which everyone is enabled and encouraged to excel.

Students have a few different options for how to move forward a concern:

- Submit a form (include your name or anonymous); concern lands at confidential intake, Office of Professionalism; concern is routed to the appropriate office that can specifically address the matter.
- If the concern is regarding **racism**, students can submit a or connect directly with the [Office of Anti-Racism](#) at [radvantiracism@umanitoba.ca](mailto:radvantiracism@umanitoba.ca), or view the [Disruption of All Forms of Racism Policy](#).
- If the concern is regarding **sexual violence**, students can fill out the form, or connect directly with the [Sexual Violence Resource Centre](#) at [svrc@umanitoba.ca](mailto:svrc@umanitoba.ca) or [204-474-6562](tel:204-474-6562), or view the [Sexual Violence Policy](#).

The RFHS is committed to providing an environment free of discrimination, harassment, and learner mistreatment. All members of our diverse community share responsibility for maintaining a positive learning environment and for taking appropriate steps to seek advice and/or address

learner mistreatment when it occurs. Feedback regarding performance can be shared openly without concern for ridicule or reprisal.

<https://umanitoba.ca/health-sciences/speak-up>

## **ACCESS AND PRIVACY POLICY OF THE OF THE UNIVERSITY OF MANITOBA**

The delivery of dentistry is a personal service and all matters pertaining to the patient must be treated in a confidential manner. During your training in the clinic and on rotations, you will have access to information of a personal nature. To divulge such information is a breach of professional conduct. The Dr. Gerald Niznick College of Dentistry supports and enforces provincial legislation through the University of Manitoba's policy on the Freedom of Information and Protection of Privacy Act (**FIPPA**) and Personal Health Information Act (**PHIA**) to protect our patients' personal information.

**University of Manitoba Access and Privacy Policy and Procedures are available online at:**

[Access and privacy | University of Manitoba \(umanitoba.ca\)](#)

**The University of Manitoba's PHIA Training and Pledge of Confidentiality Procedures is available online at:**

[PHIA training | Access and privacy | University of Manitoba \(umanitoba.ca\)](#)

## **MANDATORY CHECKS AND IMMUNIZATIONS**

It is mandatory that students in Dentistry and Dental Hygiene programs have the following processes up-to-date and satisfactorily completed each academic year:

- Adult and Child Abuse Registry Check
- Criminal Record Registry Check and Vulnerable Sector Screening
- Immunizations

**The Dean's Office will provide the process to have this completed yearly.**

## **B. GENERAL BUILDING INFORMATION AND POLICIES**

### **Building Access**

Regular Building Hours:

**Dr. Gerald Niznick College of Dentistry** – 790 Bannatyne Avenue  
Monday through Friday 7:00 AM to 4:30 PM

**Brodie Main Entrance** - 727 McDermot Avenue

Monday through Friday 7:00 AM to 5:00 PM

**Please Note: After-hours swipe card access is available through 780 Bannatyne and the Brodie Main Entrance.**

### **Wright Lab Computer Access**

The Wright Computer Lab requires card access to enter. Under no circumstances is the door to be propped open at any time. Card access will only be given to students, academic and support staff in the College. All students have been given card access on their ID Cards for D012.

### **Security Information**

The Dentistry Building and the Dental Clinic are not secure areas. Do not leave personal items (e.g., clothing, purses, keys, dental loupes, and laptop computers) unattended. Any items left unattended are at the risk of the owner.

The Dr. Gerald Niznick College of Dentistry and University of Manitoba accepts no responsibility for lost or stolen items. Lost or stolen items should be reported to **Security Service @ 204-789-3330**. Found items should be turned into **Security Services, (Room S105 Medical Services)**.

Please be aware of unfamiliar people or suspicious activities, report anything unusual to **Security Services (204-789-3330)**. **DO NOT** provide access to contractors or service personnel. Contractors and service personal have been instructed to report directly to **Physical Plant (S013 – 750 Bannatyne Avenue)** or **Security Services** to obtain access to an area in the University.

On Campus Emergency Contact Phone Numbers:

- 911 or 4-911 - University phones
- 555 – University phones
- #555 – Bell MTS / Rogers cell phones
- 204-474-9341 from all other phones
- Any emergency phone on campus

### **Safe Walk / Safe Ride Bannatyne Campus**

The **Safe Walk Program** was created by utilizing the theory that there is safety in numbers. Students, staff and visitors of the University community can request a Safe Walk 24 hours a day, 7 days a week. Security Services will accompany an individual from one university location to another university location, to their vehicle or to the bus stop on university property, within the boundaries of the Bannatyne Campus.

Requests for Safe Walks can be made by calling either the Fort Garry campus Security Services at 204-474-9312 or the Bannatyne Security Services at 204-789-3330 or by using the UM Safe App by selecting Safe Walk/Safe Ride. The Bannatyne Security Services office is located at S105 Medical Services.

The **Safe Ride Program** is a service provided to members of the University community as a safe and free alternative to walking alone after dark. The Safe Ride program will operate daily (Monday-Friday) until 12:00 am. For the Safe Ride, Security Services will pick up a student, faculty or staff member on campus and deliver that person to **their vehicle** within our Safe Ride boundaries, listed below. When the Safe Ride program is unavailable, students, faculty and staff can still utilize the services of our Safe Walk program, which operates 24 hours per day 7 days a week, within the boundaries of the Bannatyne Campus.

#### Safe Ride Service Boundaries:

- North to Logan Avenue
- South to Sargent Avenue
- West to McPhillips Street and Banning Street
- East to Isabel Avenue

**Request a Safe Ride by Calling 204-474-9312 Fort Gary Campus – 204-789-330 Bannatyne Campus - or by using the [UM Safe App](#) by selecting Safe Walk/Safe Ride**

When you call, you will be asked for the following information by Security Services:

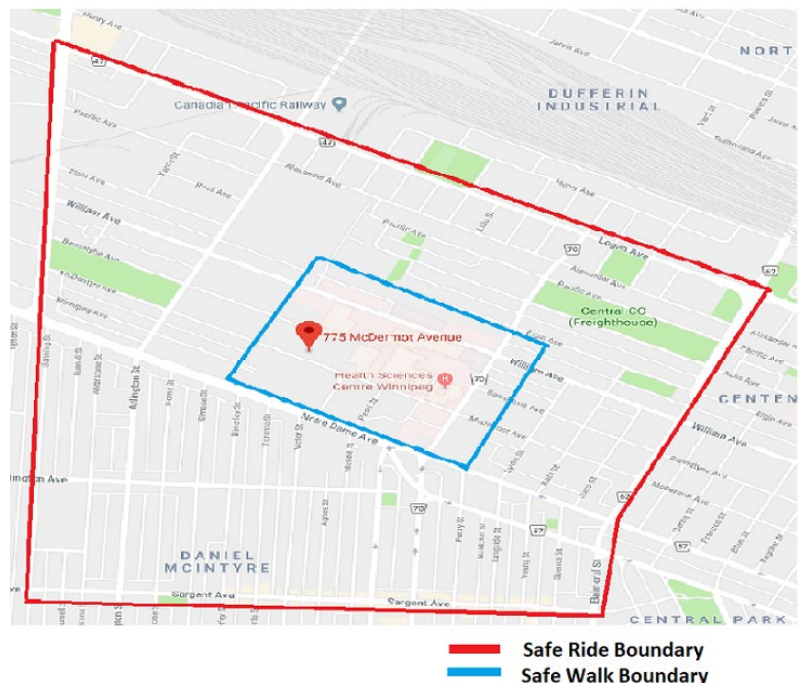
- Your first and last name
- Your pickup location
- Your destination (vehicle location)
- The number in your party
- The phone number you can be reached at

#### Rules of Use:

- Safe rides may be made for up to 3 people total at one time.
- Children, unless accompanied by a parent or guardian, will not be permitted.
- Food is not permitted in the vehicle.
- Alcohol (opened or unopened) is not permitted in the vehicle.
- Safe ride drivers will drive only to the planned destination.
- Carry-on items must fit in the rider's lap.

For more information, go to the campus security website:

<http://umanitoba.ca/campus/security/programs/safewalk.html>



## Working Alone Policy

The purpose of a Working Alone Policy has two parts:

1. Ensure that when students are working alone, **they can get help in an emergency**, and/or;
2. If a student is incapacitated and/or unable to call for help, **someone must come looking for them.**

Emergencies include but are not limited to physical injury due to workplace accidents, illness, or trauma; fire, flood, explosion, structural collapse, poisoning, intrusion/invasion by unauthorized or dangerous people, or any other event which threatens the safety and security of people, property or the environment.

### Procedure elements:

1. **Communication** – A worker must be able to gain assistance in case of emergency. Communication elements include:

- Phones (land lines **dial #555**, cell phones and emergency red phones)
- UM Safe App: by selecting WorkAlone
- If all else fails, pull the fire alarm.

### **ASKING FOR EMERGENCY HELP IS IMPORTANT, IT COULD MEAN YOUR SAFETY!**

2. **Planning** – It is recommended that students work in pairs when in the preclinical labs after hours (Saturday/Sunday/holidays, Monday to Friday). However, if a student must work alone someone should be aware. Planning elements are:

- **Check in** - with a supervisor, friend, relative or spouse. Contact **Security Services @ 204-789-3330 or register on the UM Safe App by selecting Start Work Alone. The app will send a push notification asking you to “check in” and to confirm that you are “ok” and to confirm that you are “ok.” The app will send another push notification at the next specified time.**
  - Let them know where you are going to be working (room #).
  - Let them know how long you expect to be working.
  - Tell them if you move locations.

- **Check-up** - with your supervisor, friend, relative or spouse.
  - At specific intervals (i.e., hourly) if you will be working alone for a long period of time.

If you miss your check-up time, your contact person should try contacting you and come looking for you if they cannot contact you.

- **Check out** - with your supervisor, friend, relative or spouse. Contact **Security Services @ 204-789-3330 or on the UM Safe App by selecting Start Work Alone end. The app will send a push notification asking you to “check in” and to confirm that you are “ok.” The app will send another push notification at the next specified time and when you are scheduled to end Work Alone.**

## Fire Alarm Protocol

**PLEASE SEE THE FIRE SAFETY PLAN 2024 FOR DENTISTRY BUILDING FOR INSTRUCTIONS ON ASSISTING PATIENTS, STAFF AND STUDENTS TO EXIT CLINIC SPLACES.**

**DENTAL STUDENTS MUST REMOVE THE DENTAL DAM FROM THEIR PATIENT'S MOUTH BEFORE EVACUATING THE CLINIC.**

Please note the placement of Fire Blankets mounted on the wall in the Main Clinic (Room D135) and the student preclinical labs (D220).

**IN THE CASE OF AN INTERMITTENT ALARM** (indicates occupants should be prepared to evacuate), the building **DOES NOT** need to be evacuated.

## Student Mailboxes

Student Mailboxes are assigned by the Dean's Office. Students will keep the same mailbox throughout their 4-year or 2-year program, Dentistry and Dental Hygiene, respectively. **Students are expected to check their mailbox daily.**

Please note:

- If a student's mailbox key breaks, the Dean's office or School of Dental Hygiene will replace the key.
- If a student loses their key, there is a **\$25.00** key replacement fee per key.
- If a lock is broken and needs repair, the Dean's office or School of Dental Hygiene will arrange to repair or replace it.

There is no master key for the mailboxes. All students have individual keys/locks for their mailboxes. At the end of the student's academic program, all student mailbox keys must be returned to the Dean's Office and the School of Dental Hygiene.

## Student Lockers

### Student Locker Assignment and Use

Lockers are the property of the Dr. Gerald Niznick College of Dentistry (College), University of Manitoba. Each full-time student enrolled in one of the College's professional dental programs is eligible to be assigned locker space. Students must be officially registered to obtain and maintain locker space. All locker assignments are made by the Dean's Office. Each student must sign the locker agreement form to indicate their knowledge and acceptance of the following locker procedures and regulations.

- Locker assignments are made for a period of time beginning with the first day of classes in the fall term and continuing through until the scheduled end of year student clearance period of the locker holder. At the conclusion of the locker assignment period all locks must be removed, all materials cleared from the lockers and all applicable keys returned. Students who withdraw from studies or whose

studies are terminated must remove locks, clear their lockers and return all applicable keys during the scheduled student clearance period following the withdrawal or termination. Locker spaces for spring/summer sessions are only provided to students enrolled in spring/summer courses.

- All lockers are assigned, and locker space provided as is. Individuals are responsible to report any damage, loose bolts, hinges and other physical problems with a locker immediately to the Dean's Office. The College shall not be liable for theft, loss and/or damage to property or injury to persons that results from locker use. Any loss or damage should be reported to the Dean's Office immediately. No interior or exterior alterations or decorations may be added to the lockers. The user agrees not to mount any stickers, labels, appliqués or other materials through the use of adhesives, tape, magnets or other means to the exterior or interior surfaces of the locker. No interior or exterior structural modifications may be made to the lockers. The user agrees not to remove or damage the door, shelves or any part of the structure of the locker. Lockers should be in the same condition less normal wear and tear at the conclusion of the assignment period as they were at the time the assignment was made. The user further agrees to be responsible for keys and any damage caused to the locker during the assignment period, whether structural (removal or mutilation of shelves, door, floor, etc.) or visible defacing of the surfaces (graffiti and stickers) and will be charged repair/replacement costs.
- Individuals must take full responsibility for the items stored in lockers. Students are advised not to store valuable and irreplaceable personal property. All perishable food and beverages and all opened or repackaged non-perishable food and beverages must be removed from lockers daily. Only non-perishable foods and beverages in unopened original manufacturer- or distributor-sealed packaging and containers may be kept in lockers overnight. Storage of any items that are of illegal nature or would cause or be likely to cause a health hazard, security risk, physical danger or a nuisance to the environment or other members of University community is strictly prohibited.
- The locker is the property of the College of Dentistry. As such, the College may conduct a search of its physical property, including lockers. In the event of such searches the College will make a reasonable effort to provide prior notice if feasible. In case of situations arising from suspected unauthorized use, failure to remove locker contents during the assigned student clearance period, violation of the locker policies and regulations, or in emergency situations such as structural emergencies (i.e. broken water pipes or electrical line repairs) or if the safety and security of the University is in question, the College reserves the right of authority, without notifying users in advance, to open any locker. Contents from lockers emptied in these situations will be held for reclamation at no charge for a period of three weeks before being discarded. The College will not be responsible for any discarded items. The College reserves the right to relocate lockers provided that prior posted notice is given to locker users.

**Dentistry and Dentistry Hygiene Student - [infodent@umanitoba.ca](mailto:infodent@umanitoba.ca)**

## C. CLINIC REGULATIONS, POLICIES AND PROCEDURES

### PART 1 – STUDENT INFORMATION

#### Appearance and Dress Code

A healthcare provider is expected to project a neat, clean, professional image while working within the Dr. Gerald Niznick College of Dentistry and at all extramural, professionally related activities.

#### A. PROFESSIONAL SITUATION:

In professional, non-clinical/classroom situations within the College or extramural (e.g., professional offices, conferences, etc.) recommended acceptable attire and presentation includes:

**Acceptable:** Clean and well-groomed

Men: Shirt (good condition casual shirt) and pants. Closed shoes.

Women: Blouse/top with dress pants or skirt/dress of appropriate length.

**Unacceptable:**

Men and women: Torn jeans, sweatshirts/sweatpants, hoodies, baseball hats, inappropriate length of shorts, leggings, halter tops, tank tops, T-shirts, sandals, flip flops.

#### B. CLINICAL SITUATION:

In all clinics and clinic related areas as well as pre-clinical laboratories, students are expected to dress in a professional manner. All students must wear their scrub uniform and/or lab coat that is clean, neat and in a good state of repair.

**Acceptable** attire and presentation when in a clinical (patient care or simulation) area or situation includes:

#### Personal Hygiene:

- Generally clean and well groomed. Make-up to be worn in moderation.
- Good principles of personal hygiene, including control of body odours. Daily bathing and use of unscented deodorant are recommended. Colognes and perfumes are not permitted. The College is a scent-free environment.
- Hair should be clean, well-groomed, and worn in such a manner that it will not interfere with patient care or laboratory activity and presents a professional image. If hair is long, it must be tied back, secured, and off one's shoulders while treating a patient or in a preclinical simulation lab.
- Fingernails clean and trimmed, with nails not extending beyond finger-pad. Artificial nails or nail jewelry are prohibited. (Artificial nails are defined as any application of a product to the nail to include but not limited to acrylic, overlay, silk wraps but does not refer to nail polish).
- Facial Hair: clean shaven. Beards and moustaches to be neat and well groomed.
- Chewing gum is not permitted while in the Clinics.

### **Clothing:**

- Clinic: On a daily basis, a laundered pair of scrubs (scrub top and bottom) is required to be worn for **all** clinical sessions. On a daily basis, a laundered white lab coat must be worn when entering and leaving the clinic. The scrubs and the white lab coat are to be changed daily.
- Preclinical Labs: On a daily basis, a laundered pair of scrubs (scrub top and bottom) is required to be worn for preclinical sessions. On a daily basis, a short length preclinical lab coat must be worn when entering and leaving the preclinical labs. The scrubs are to be changed daily.
- Gloves, mask and protective eyewear worn at all times during patient treatment procedures.
- Those students who are not in clinic and need access to Clinics will be expected to enter wearing scrubs and a clean white lab coat - e.g., attending to the Dispensary window.
- Shoes must be clean and dedicated for clinic and preclinical use only; open toed shoes are not permitted in clinics or preclinical labs. Clinic shoes must not be worn outside the dental building and are to remain in the student locker.

**Breaches in the Clinic Dress Code will be dealt with by the [Associate Dean Clinics](#) and may result in the loss of clinic privileges.**

Faculty members and clinical instructors who are supervising clinic are expected to wear a laundered pair of scrubs, top and bottom.

**Students are expected to change into and out of scrubs at the College of Dentistry. Traveling to-and-from home to the College of Dentistry or to an off-site Clinic while wearing contaminated scrubs is a breach of infection control.**

### **[Cell Phone Use](#)**

#### **Cell Phone Use in the Classroom and Preclinical Labs**

Use of cell phones (e.g., making telephone calls, texting, or internet browsing) is prohibited during clinical teaching sessions in classrooms and preclinical labs. Cell phones are to be turned off or switched to 'silent' or 'vibrate' mode prior to entering the class or preclinical labs.

#### **Cell Phone Use in the Clinic**

Use of cell phones in the Clinic is prohibited. Ringing cell phones and resultant loud conversations are disruptive and disrespectful in a patient care environment. Although the College recognizes that, an effective student-patient relationship requires the use of cell phones for timely communication about appointments and dental care. **Students must walk outside the Clinic to talk on their cell phones.** The following principles for cell phone use should be followed:

- Cell phones must always be set to 'silent' or 'vibrate' mode in the Clinic.

- The process of patient care should not be disrupted to answer a cell phone call. Incoming calls should be allowed to go to voicemail and calls should be returned at a time when there is a break in patient care (i.e., do not deglove to answer an incoming call).
- **When calls are answered or returned, they should occur outside of the Clinic.**

Students who use their personal cell phones, telephones, computers and/or other electronic devices in the performance of their clinical duties are advised to use precautions to protect their identity such as blocking their phone number or e-mail address. Text messaging is not a secure, effective communication tool and should not be used for sharing information with patients.

### Long Distance Telephone Calls

Some of the patients assigned to you will live outside Winnipeg and a long-distance charge is associated with all telephone calls.

- **STUDENTS ARE ALLOWED TO PHONE THESE PATIENTS FROM THE COLLEGE USING THE TELEPHONES IN THE MAIN CLINIC AND IN THE WRIGHT COMPUTER LAB.**

Two phones in the Wright Computer Lab have long distance (LD) capabilities. Please use these phones if you are required to call a patient who has a long-distance phone number. There are no LD capabilities on the phone in the Senior Lab, however, the phone is available for emergency purposes.

- **STUDENTS ARE NOT ALLOWED TO CHARGE TELEPHONE CALLS FROM OUTSIDE THE COLLEGE TO A COLLEGE NUMBER.**
- ***ANY THIRD-PARTY CALL CHARGED TO THE COLLEGE WILL BE IDENTIFIED AND THE RESPONSIBLE STUDENT WILL BE CHARGED THE COST OF THE CALL PLUS A \$15.00 ADMINISTRATION FEE.***

### Social Media

Social media is a useful tool for communicating and developing contacts; however, students must be aware of what sort of web presence they are creating, and whether anything has been posted that could cast a negative view on their professionalism. Students should follow the [University of Manitoba Social Media Guidelines](#) from the Access and Privacy office. The College cannot guarantee the protection of personal and/or private information when social media access is granted by students.

## Student Messaging System

### INSTRUCTIONS FOR USE OF STUDENT MESSAGING SYSTEM

It is mandatory that all dental hygiene and dental students use the Call Pilot student phone messaging system and encourage their patients to use the system. ***The system is in place to protect student confidentiality and for ease of patient communication.*** Therefore, it is vital that students provide their patients with information regarding how to use the phone messaging system.

Your voice mailbox number will be assigned to you by Clinic Administration. The 4-digit mailbox number provided will be your number until you graduate.

Once you obtain your **4-digit MAILBOX NUMBER**, you will need to call **204-474-6555** and **press the \* key**. You will be asked to enter your **ID (4-digit MAILBOX NUMBER)** followed by the **# sign**. You will then be asked to enter your **PIN**. For first time users, enter **"789123"**. You will then be prompted to change your **PIN**. The new **PIN** you enter must be at least **6-digits**. You will need to remember this **PIN** as you will need to enter it every time you have a message waiting.

Once logged in, **press "4"** to access your setup options. Follow the prompts to record your personal greeting. Please be sure to include your name in your greeting. Once you have completed the above steps, your mailbox is ready to use.

### HOW TO USE THE SYSTEM

Patients are to leave you a message by:

**Calling 204-480-1339** - This is a direct line to the student messaging system. Callers will be asked to enter the student's ID number (4-digit MAILBOX NUMBER) followed by the **# sign**. Callers will hear your personal greeting and be able to leave you a voice message.

After a patient leaves a message on your voice mailbox, the Cisco Unity Connection system sends a voice message to your cell phone informing that you have a new voicemail on your Call Pilot system.

When you answer the initial call or when you call 204-474-6555 (**Remember to press the \* key** immediately after dialing 474-6555) to retrieve the message, you will hear: **"Hello. Cisco Unity Connect has received a message for \_\_\_\_\_."** You will be prompted to enter your **ID** (4-digit MAILBOX NUMBER) and your personal **PIN** to hear your message.

For assistance with the messaging system, please contact Clinic Administration at 204-977-5616.

## PART 2 – GENERAL CLINIC INFORMATION

### Dental Application Support Ticketing System Process

- Send a ticket to [dentIT@umanitoba.ca](mailto:dentIT@umanitoba.ca)
- Include in the subject line: **Dental Application Support Request**
- Provide the following information:
  - **Student/Staff Name**
  - **Location – Main Clinic, Perio Clinic, etc.**
  - **Unit # (if applicable)**
  - **Application you are using**
  - **Issue details** – please provide as much information as possible (i.e., fees are not populating for 01101A, ie. Signature pad is not capturing signature)
- Should you have a patient in the chair and require immediate assistance, please see Dispensary 204-977-5695 and they will submit an **emergency** request on your behalf.

### Absence Policy for Main Clinic

On days when a student will be absent from Clinic, including days of unexpected illness in the morning, the student is required to report the absence to the College. The students should provide notice of and reason for absences, along with date and time of absences, and contact their patients and reschedule their patients as necessary.

Dent 1-3 Students must email [absent@umanitoba.ca](mailto:absent@umanitoba.ca).

Dent 4 Students must email [dental-d4-absent@lists.umanitoba.ca](mailto:dental-d4-absent@lists.umanitoba.ca).

Dental Hygiene 2 & 3 must contact the School of Dental Hygiene or as instructed by your Course Coordinator.

For further information, please see your course outline and the College Attendance Policy.

### Absence Policy for Oral Surgery Rotation

If students are on an Oral Surgery Rotation and they will be absent from the Clinic, the student is required to report the absence to CSS Administration and find another student to provide coverage for their rotation. Students must email the Rotation Coordinator at [PCCCSS@umanitoba.ca](mailto:PCCCSS@umanitoba.ca) reporting the absence as well as the replacement student for their OS rotation as soon as possible.

### Absence Policy for CCOH Rotation

Students are required to attend CCOH rotations unless previous permission has been granted. If students are on a CCOH Rotation and they will be absent from the Clinic, **the student is required to report the absence to CCOH.** For further information, please see your CCOH package.

### Student Clinic Supervision

It is illegal for students to treat patients in any school facility without the supervision of a dentist. All clinical faculty and staff must be physically present in the Clinic at the scheduled time to begin supervising patient care. Clinical faculty members and staff are required to maintain supervision

until all patients are safely dismissed from the Clinic. Please note that any breach of this rule pertaining to students treating patients without supervision will result in disciplinary action.

If faculty and/or staff are unable to be present at the beginning of a clinical period, they must contact the appropriate person to ensure that alternate coverage is provided.

In addition, students and supervising clinical faculty are responsible to ensure that:

- the patient is properly booked into axiUm for a clinic appointment,
- all actions are recorded, and decisions are shared with the patient,
- appropriate computer chart entries have been made.

### Hours of Operation

For every clinic session, please ensure you dismiss the patient at such a time to allow yourself to vacate the clinic by 12:15 pm and 5:30 respectively. Remember, if you do not turn in your instruments for reprocessing (sterilization) by 5:00 pm there is a strong likelihood that you will not have your instruments sterilized in time for the following morning's session, and you may not be able to see your patient. Acceptable times for dismissing your patient are at 11:15 AM and 4:15 PM.

**1) Clinic Administration (D126)**

|                   |                   |
|-------------------|-------------------|
| Monday – Thursday | 8:30 AM - 5:00 PM |
| Friday            | 8:30 AM - 4:00 PM |

**2) Reception Desk (D123)**

|                   |                   |
|-------------------|-------------------|
| Monday – Thursday | 8:30 AM - 5:00 PM |
| Friday            | 8:30 AM - 4:00 PM |

**3) Clinic Hours (CLOSED Monday-Thursday 12:30-1:00)**

|                   |                                       |
|-------------------|---------------------------------------|
| Monday – Thursday | 8:00 AM - 12:00 PM, 1:00 PM - 5:00 PM |
| Friday            | 9:00 AM - 12:00 PM, 1:00 PM - 4:00 PM |

**5) Dispensary**

|                   |                   |
|-------------------|-------------------|
| Monday – Thursday | 8:00 AM - 5:00 PM |
| Friday            | 8:00 AM - 4:00 PM |

**6) Medical Device Reprocessing (MDR) Room**

|                   |                   |
|-------------------|-------------------|
| Monday – Thursday | 7:30 AM - 6:00 PM |
| Friday            | 7:30 AM – 5:30 PM |

**7) Radiology**

|                 |                   |
|-----------------|-------------------|
| Monday – Friday | 8:30 AM - 4:30 PM |
|-----------------|-------------------|

**NOTE:**

- a. If burs in a Bur Block used in an AM session are needed for a PM session, the bur block must be returned to the MDR no later than 12:00 PM to be reprocessed for the PM session.
- b. If instruments/handpieces have been used in a PM session and are needed for an AM session the next day, they must be returned to the MDR Room by 5:00 PM of the present day to be reprocessed for the next day AM session.
- c. For lost instruments, please see MDR staff immediately.
- d. For broken instruments, please see Dental Stores staff immediately for replacement.
- e. All instrument trays identification is to be completed by MDR staff.

**Late – Main Clinic Procedure**

**IF A STUDENT FAILS TO DISMISS THEIR PATIENTS IN A TIMELY MANNER, THE STUDENT WILL BE CONSIDERED LATE. After a student has not met the clinic and MDR closure deadline of three times, the matter will be forwarded to the Associate Dean Clinics.** The result will be a loss of Clinic privileges to the student. The length of that loss will be determined by the **Associate Dean Clinics**.

**IF A STUDENT IS LATE,** notify a Clinic Floor Dental Assistant. The Dental Assistant will assist the student with their trays and instruments and communicate directly with MDR and CSS Reception staff. The student is responsible for staying with their patient and ensuring they have a suitable ride home from their late appointment.

**Clinic Procedures**

**A. Dispensary Instruments and Items**

Items are available for student use for clinical sessions. Dispensary staff will record borrowed items and all borrowed items must be returned to the Dispensary SOUTH window at the end of the clinical session.

Failure to return Dispensary borrowed items will result in the student being charged replacement fees of the item. Students will receive written updates of outstanding unreturned items periodically from Dispensary staff. Replacement fees will be charged to the student axiUm account at the end of Term I and Term II. Students are responsible for their individual account upon receipt of their account invoice. All students must have a zero-account balance at the end of the year Clearance Procedures.

**Supplies required from Dispensary** must be obtained between **8:00 AM - 11:45 AM and 1:00 PM - 4:45 PM**.

**Dispensary windows are closed each evening at 5:00 PM.** Supplies/equipment will not be taken in after this time.

All equipment and supplies returned to the Dispensary **must be appropriately cleaned and disinfected**.

### **Impression Trays – D1- D4 and DH2-DH3 Students**

All rimlock and edentulous impression trays can be signed out by students to facilitate impressions for patients and/or courses. Students are to return the impression tray(s) to the Dispensary Window (South) in a sterilization bag, indicator and stamped with the student name/provider number. If the impression tray(s) is deemed not cleaned appropriately, the Dental Assistant will reject the tray and ask the student to reclean it. Unreturned tray(s) will be charged to the student axiUm account.

### **B. Dispensary: Local Anesthetic**

**GP3/GP4/D2 Clinic:** students can receive up to 2 carpules of 4% Prilocaine or 2% Xylocaine 1:100,000 epi for each patient per clinical session.

If a student requires additional local anesthetic or 4% Articaine 1:200,000 epinephrine, a direct verbal order from the supervising dental clinical instructor must be given to the Dispensary staff (Dental assistants)

**Pediatric Dental Clinic:** students can receive 1 carpule of 2% Xylocaine 1:100,000 epinephrine for each patient per clinical session.

If a student requires additional local anesthetic or 4% Articaine 1:200,000 epinephrine, a direct verbal order from the supervising dental clinical instructor must be given to the Dispensary staff (Dental Assistants).

### **C. Issuance of Gold for Undergraduate Students**

This is issued to students through **Dental Stores (D028)**.

Hours for issuing and weighing gold 8:30-4:00 Monday-Thursday and 8:30-3:30 Friday.

**When the Core/Crown/Bridge has been cast and ready for cementation, you must return with the cast and the button to **Dental Stores (D028)**. Both the casting and the button will be weighed at that time.**

**Under no circumstances are students to cement a crown or CPC until the casting is weighed, returned the button, and a lab bill has been generated. Failure to do so may result in the student being held financially responsible for the unaccounted gold and other disciplinary actions.** Students are assessed for discrepancies and gold deficiencies over 10% of the amount issued will be charged to the student and must be paid at the end of year Clearance Procedures.

**Use of personal gold for patient treatment is NOT allowed.**

#### **D. Loaner Handpieces**

Clinic and Preclinical Loaner handpieces are available for sign out at MDR.

If your clinic or preclinical handpiece requires repair, a loaner handpiece is available for sign out in MDR. The malfunctioning handpiece **must** be brought to MDR to obtain a loaner handpiece. If you do not follow this protocol and handpieces are lost, the College will not take responsibility for handpiece replacement. Students may be responsible to costs associated with the repair if the damage is a result of mishandling and misuse of their handpiece.

Do not leave any handpieces (loaner or student-owned) unattended at the Dispensary window or when returning handpieces to MDR. Clinic Loaner handpieces must be signed out and signed in by the student responsible.

When the handpiece is returned, an email will be sent to the student and arrangements must be made to return of the Loaner handpiece as soon as possible.

**Students are financially responsible for Loaner items that have been signed out to them and are not returned. The Cost to purchase replacement items will be charged to student axiUm accounts.**

#### **E. Loaner Loupes and Lights**

Loaner Loupes and lights are available for Dentistry and Dental Hygiene students to sign-out with Dr N. Boorberg. Please email or see Dr Boorberg for assistance with Loaner Loupes and/or lights. All student-owned Loupes and/or lights are sent out to repair. Repairs to loupes and/or lights will be returned to the student directly to their home address. Dr Boorberg will email the student to arrange return of the Loaner Loupes and/or lights.

**Students are financially responsible for Loaner items that have been signed out to them and are not returned. The cost to purchase replacement items plus applicable taxes will be charged to student axiUm accounts.**

We recommend that any prescription changes and/or changes to loupes are completed at the end of classes in Term I or II. The timeframe is approximately 4-5 weeks for changes (i.e., working distance, interpupillary distance, declination angle, prescription changes) to be completed. It is ideal to have these changes completed during a time in which the student does not require their loupes for clinic or preclinic. Please contact Dr Boorberg via email to make arrangements for dropping off your loupes with her ([Noriko.boorberg@umanitoba.ca](mailto:Noriko.boorberg@umanitoba.ca))

If students decide to purchase and wear additional loupes, other than the kit-issued Designs for Visions loupes, the working distance needs to be appropriate for safe patient-operator care. If the working distance is clinically or preclinically observed to be too short or too long, the team mentor/course coordinator/ and/or Associate Dean Clinics will advise the student

that the working distance must be corrected before they can be worn in clinic or preclinic.

#### **F. Clinic Cameras**

**Clinical Cameras are available (digital SLR and point and shoot) from the dispensary for students to document their patients' cases. At no time should a personal camera or camera equipped cell phone be used in the Clinic to document patient cases. The procedure for downloading photographs in MiPacs is available at:**

**[http://umanitoba.ca/faculties/dentistry/student\\_resources/index.html](http://umanitoba.ca/faculties/dentistry/student_resources/index.html).**

D3 and D4 students have been provided a camera Memory Card. After downloading your patient clinical photographs, the images must be deleted off the individual memory card.

#### **G. Requests for Radiographs for Course Requirements**

Please email Radiology department at [Oral\\_Radiology@umanitoba.ca](mailto:Oral_Radiology@umanitoba.ca) if you wish to obtain radiographs for course presentations. Provide the chart number, the date of image and image series and type of image. All images will be emailed to students and the Radiology department requires 2 weeks' notice to process radiographic image student requests.

### **Cleanliness, Maintenance and Positioning of Unit**

- Place cassettes into saved bags after patient care for transport to MDR.
- Handpieces: must be cleaned and oiled with the ICare maintenance unit in the clinic after every clinic session.
- Failure to adhere will result in clinical breaches and repercussions.

### **Supplies and Equipment at the Units**

Advise a dental assistant or dispensary staff if your unit is missing equipment or supplies. Do not take items from other units. A Supermobile unit with extra supplies is available in each bay.

Please demonstrate care for equipment in clinics and the preclinical labs.

### **Admitting and Dismissing Patients**

**Assure yourself that all items of equipment and unit are cleaned and disinfected.** Students should only bring necessary items into the clinic. The closet is reserved for patient items.

#### **On Admitting Patients**

- Assist the patient to and from the waiting room if the patient is elderly or has any mobility issues.
- If the patient has an outstanding balance on their account, ensure this is settled before bringing the patient into the Main Clinic.
- Ensure the patient has paid for the remaining balance of all prosthetic treatment prior to bringing the patient into the Main Clinic for final delivery.
- Two College-owned wheelchairs are available for patient use if required. Please sign-out in

CSS (D126).

- Ensure that the overhead light and the rheostat cord will not hinder or result in injury to the patient during seating or upon leaving the chair.
- Assist the patient in removing and hanging outdoor clothing and handbags and other bags. These items must be kept in the closet in each unit.
- Seat the patient and adjust the chair. Offer tissues to the patient before commencing patient care. Place bib and protective eyewear. Failure to provide eye protection may result in suspension of clinic privileges. **Do not place** any dental instruments and/or supplies on the patient's bib and/or on the patient's torso. The bracket table and mobile unit serve as an area for these items.
- For treatment plans, discuss and review the reasons and options for the contemplated plan of treatment, cost and method of payment, the length of appointments (up to three hours), and the approximate number of appointments. Obtain patient's consent in axiUm.
- Be as honest and forthright as possible in answering any questions the patient asks regarding treatment. Do not hesitate in consulting a Clinical Instructor when necessary.
- Students, academic staff, and support staff are not allowed to bring food or beverages into the clinic.

#### **On Dismissing the Patient**

- Explain any possible post-operative sequelae (if any).
- Inform the patient regarding the fee amount for an appointment, preferably before each appointment. **PATIENTS ARE REQUIRED TO MAKE PAYMENT IN FULL AFTER EACH APPOINTMENT.**
- Allow patients to recover adequately upon returning the chair to sitting position.
- Complete procedure codes in axiUm and have instructor swipe procedure codes completed for that session.
- Schedule and confirm the time/date of the next appointment verbally. Provide patients with a reminder call 24 hours prior to the appointment.
- Return patient's personal belongings. Assist them with their outdoor clothing.
- Assist patients from the chair, ensuring the overhead light and rheostat cord are moved away from the patient's path of exit.
- Ensure that patients have your first and last names and phone number in case of emergency or need to cancel appointments.
- Ensure that you always have patients' phone numbers with you and if cancellation is necessary, give the patient the same consideration that you expect.
- Ensure that the record keeping is detailed, complete, and accurate as the electronic health record is a medical legal document and must record what is anticipated and what was done. It is the student's responsibility to receive approval of treatment plan and treatment with the instructor's swipe acting as this approval.

**Take patient to the Reception Desk for payment of fee (refer to the College Fee Policy).**

### Minors in Clinic

Due to the length of appointments, it is recommended that parents with children are discouraged from bringing their children to their appointment. An adult must always supervise children in the Waiting Room. Due to health and safety regulations, children cannot accompany their parents to the clinic area.

### Pediatric Management Problems in Main Clinic

- **There will be a limit of 5 "quiet" rooms per clinic session, which** can be reserved by the **Pediatric PCC.**
- Patient management problems arising during treatment in the Main Clinic requiring the patient to be moved to a quiet room will be dealt with as they arise.

### Service Animals in Clinic

Pets are not allowed in the Dental Clinic. The Clinic follows a strict guideline on Infection Control Protocols and no accommodation can be made for domestic pets of any kind. Service animals will be permitted if they are licensed / certified as working in the following capacity:

- guiding a person who is blind or visually impaired.
- alerting a person who is deaf or hearing impaired.
- pulling a wheelchair.
- alerting or protecting a person who is having a seizure.
- reminding a person to take their medication.
- calming or addressing other disability related needs of a person with mental health needs.

All other domestic animals will always need to remain in the waiting room with an accompanying person to supervise the animal. Students will escort patients to the clinic chair from the waiting room and back.

## PART 3 – ADDITIONAL CLINIC INFORMATION

### The Use of Lead Aprons

**CancerCare Manitoba and the MDA support the following assertion:**

“Except CBCT procedures, the use of a lead apron is not required for the patient during routine dental X-ray procedures if all other recommendations for limiting patient radiation exposure are respected, as the dose to the gonads will not be significantly affected by abdominal shielding; however, a lead apron may be used to aid in patient comfort regarding fears of radiation.” Safety Code 30 (3.2.1 (8))

Lead Aprons are no longer required to be used in conjunction with intraoral and extraoral imaging (Panoramic), with the exception of CBCTs in which a lead apron must be worn.

Lead Aprons have been removed from all intraoral imaging rooms in radiology and have been placed in Radiology. If your patient requests to wear a lead apron, please request the apron.

The Radiology clinic will use the shielding requirements for the following diagnostic imaging:

- **CBCT:** Lead apron with no thyroid collar
- **Panoramic:** no shielding required
- **Lateral and PA Ceph:** Use lead apron and thyroid collars when possible for children
- **Intraoral Radiographs:** Thyroid collar only

### Radiology Protocols & Policy for Radiographs

Students must plan the appropriate number of radiographs requested and complete the Radiology Request form prior to booking an axiUm appointment in Radiology. The licensed dentist/instructor supervising the student must approve both the number of planned radiographs and the Radiology request in axiUm. The radiology clinic staff will confirm that this has been completed by a licensed dentist. The radiology staff will complete the approval code in axiUm for the number of radiographs after completion of imaging.

### Radiology Image Re-takes

Dentistry students are encouraged to image their patients in accordance with the type of radiographic images planned and approved. Radiographic imaging and radiation exposure must follow the guiding principles outlined by the American Dental Association ALARA, "As Low As Reasonably Achievable." This principle can be applied in all phases of dental care including:

- determining and prescribing the need for and specific type of radiographs to take;
- using the best practices available during taking of images; and
- interpreting the images completely and accurately for diagnostic information.

American Dental Association 2018 "Safe Use of Radiographs in Dentistry". Access on June 20, 2022 at: [https://www.ada.org/-/media/project/ada-organization/ada/adaorg/files/resources/research/hpi/alara\\_poster\\_2018.pdf?rev=57eaaa0b1de74f1091effe134a289a47&hash=EF4A719AA46569B2DCE83ED243299C21](https://www.ada.org/-/media/project/ada-organization/ada/adaorg/files/resources/research/hpi/alara_poster_2018.pdf?rev=57eaaa0b1de74f1091effe134a289a47&hash=EF4A719AA46569B2DCE83ED243299C21)

If after imaging a patient for the prescribed radiograph, a radiographic image re-take is deemed necessary, the student can re-take the image in order to capture the necessary radiographic information. If after this re-take, the image is not accurate, the student **MUST ask for assistance** by any of the radiology clinic staff (i.e., Radiology Technician, Dental Assistants, clinical faculty, supervising dental/dental hygiene instructors, and/or Dr Mutalik (Oral Radiologist). Students will be audited by the Radiology clinic staff for the number of requested/prescribed radiographs and the number of images taken at the appointment and re-takes (i.e., Exposure Count).

Failure to abide by the above process will result in the student being mandated to attend remedial radiology sessions for additional training in radiographic imaging. Furthermore, students will be notified by the Associate Dean of Clinics that they are required to attend Radiology clinic in lieu of a regular Clinic session in order to safely image patients under the guidance of the Radiology Technician/and or Radiology Dental Assistant. Only upon completion of retraining in the Radiology

clinic, the Associate Dean of Clinic will reinstate the student to return to their regular rotations to take images on patients in clinic.

### **Radiology Image Audit**

Radiology clinic staff will conduct weekly radiology image audits on random clinical charts of active patients seen by Dentistry and Dental hygiene students (DH2, DH3, D2, D3, D4). The following radiology processes will be audited by radiology clinic staff:

- Radiology image requests and radiology images taken on patients are congruent with the total exposure count identified in axiUm
- Radiology image re-takes for the specific site/area are limited to a single re-take
- If daily appointment total Exposure counts are determined to be excessive and the above policy is not being followed, the student will be mandated to attend remedial radiology sessions for additional training in radiographic imaging. Furthermore, students will be notified by the Associate Dean of Clinics that they are required to attend Radiology clinic in lieu of a regular Clinic session in order to safely image patients under the guidance of the Radiology Technician/and or Radiology Dental Assistant. Only upon completion of retraining in the Radiology clinic, the Associate Dean of Clinic will reinstate the student to return to their regular rotations to take images on patients in clinic.

### **Endodontics**

Solution for irrigation of root canal is undiluted 5% sodium hypochlorite. You will be issued a container of diluted sodium hypochlorite.

### **Radiology Procedures for Endodontics**

Endodontic procedural images during patient care can be taken in the Main Clinic Radiology unit (unit 38 & 35).

### **D3 Students Endodontic Protocol**

Imaging during endodontic treatment can be challenging (ie. Working length, GP Fit), given the dental dam frame and/or endodontic files.

Given that this will be the first clinical experience for a dental learner to image their endodontic patients, it will be necessary for a dental assistant to assist the D3 student learner with their first clinical endodontic image.

Please report to Dispensary and let them know that you require a dental assistant to assist you with your endodontic radiograph. They will notify a dental assistant to meet you in the endodontic imaging rooms to assist you.

### **ENDO CBCTs**

If an CBCT is required for endodontic treatment and/or treatment planning, an Endodontist can only approve and swipe the CBCT request.

A CBCT radiology report must be completed with the endodontist who approved and swiped the CBCT. Please meet with the endodontist to completed the Radiology Report. Upon completing this, please email Dr S Mutalik ([Sunil.mutalik@umanitoba.ca](mailto:Sunil.mutalik@umanitoba.ca)) & Lorraine Reinfort ([Lorraine.Reinfort@umanitoba.ca](mailto:Lorraine.Reinfort@umanitoba.ca)) to set-up an appointment to review your radiology report.

### MDR Load Label Audits

A Dental Assistant from CSS will conduct weekly MDR Load label audits on random clinical charts of active patients seen by Dentistry and Dental Hygiene students (DH2, DH3, D1, D2, D3, D4) commencing September 7, 2023. The following processes will be audited:

- That MDR Load Label information (Date sterilized, sterilizer number, and sterilization load number) are all correctly entered in all clinical charts in the electronic health record for patient care appointments commencing this term.
- If load labels are not entered for each patient care appointment in the template note, this will be reported to the UM IPAC officer. The student will receive an Infection Control Breach from IPAC officer identifying the breach.

## PART 4: PATIENT SAFETY INFORMATION

### Patient Safety and Dental Dam Use

- **Patients Seated in an Operatory Must Always Be Wearing Protective Eyewear.**
- **The use of dental dam may be required when trying in or cemented castings.** Should it be impractical to use dental dam during this stage, the patient chair must be positioned in an upright position.
- **Always ligate and secure the dental dam clamp with floss.**
- When trying in an FPD or FPD framework, or using an implant screwdriver, always ligate the framework and/or screwdriver with floss.
- **It is mandatory to perform all phases of endodontic treatment under dental dam.** Procedural radiographs must be taken without removing the dental dam or frame. Patients are assisted to and from the X-ray room unit 38 & 35. Patients are not to be left in the X-ray chair alone at any time since other students may need the room.
- **Patients must not leave the clinic with dental dam in place.** Exceptions to this may include a trip to the washroom. The student must accompany the patient. Dental dam must be removed when a fire alarm sounds. Patients must not leave the building with dental dam in place.

## Protocol for Use of Nitrous Oxide in the College: Pediatric and Adult Patients

Nitrous Oxide use for a patient in the College must first be authorized by the supervising dentist, including Dr. **C. Cottick** and others may be allowed to supervise on the authorization of Dr. **Cottick**. The nitrous equipment is stored in the Oral Surgery Clinic.

The equipment must be signed out between 8:30 AM and 3:00 PM Monday to Friday from the Dental Assistant in Oral Surgery. The student is responsible for returning all sign-out equipment and ensuring that they are familiar with the disinfection and reprocessing the nasal hood (if applicable). Any lost or damaged items will be charged to the student axiUm account.

The following electronic forms are to be completed in axiUm under the patient's EHR for patients treated with nitrous oxide:

- 1) Informed consent to treatment with nitrous oxide and oxygen sedation.
- 2) Medical questionnaire and authorization for N<sub>2</sub>O/O<sub>2</sub> sedation.
- 3) Record of treatment with N<sub>2</sub>O/O<sub>2</sub> sedation.

For Pediatric Patients, the following electronic forms are to be completed in axiUm under the patient's EHR for patients to be treated with nitrous oxide:

One of the forms is in axiUm. The "Informed Consent to Treatment with Nitrous Oxide and Oxygen Sedation" form. You can find it by having your patient selected: EHR | Forms | + sign | Form pull-down menu | N<sub>2</sub>O\_O<sub>2</sub>

The **student is responsible for all of the following:**

- Checking the N<sub>2</sub>O unit **PRIOR** to use. Ensuring both nitrous and oxygen are turned off and drained after procedure.
- Replacing used empty tanks at the END of the procedure.
- Leaving equipment cleaned and in good working order.
- Guidelines for tank replacement are as follows:
  - N<sub>2</sub>O tanks must have a minimum of 640 lbs. /sq. In.
  - O<sub>2</sub> tanks (full = 2,000 lbs.) must have a minimum of 1,000 lbs. /sq. in for each hour of anticipated use.

Tanks that do not meet the above minimum requirements must be removed from the unit and placed in the used tank section in Oral Surgery.

- Clean, package and sterilize the reusable nosepiece/liner or dispose of disposable nosepieces.

The responsibility of the Oral Surgery **Dental Assistant** providing access to the equipment include:

- Ensuring that the student checks/changes the tanks as appropriate.
- Ensuring that the equipment is returned clean, complete and in working order.

The responsibility of the Oral Surgery Dental Assistant and Dental Stores includes:

- Contacting Medigas to order nitrous tanks and pick up the used/empty tanks on the direction of Dr. Cottick.
- Ordering replacement nosepieces and other nitrous machine parts as required by the direction of Dr. Cottick.

**THERE ARE NO DIRECT FEES FOR NITROUS USAGE FOR DENTAL SCHOOL PATIENTS. A RECORD IN CLINIC ADMINISTRATION WILL BE KEPT AND PERIODIC CHARGES FOR NITROUS EXPERIENCE FOR DENTAL SCHOOL STUDENT APPLIED TO THE PROCTOR FUND.**

- **Dr. Chris Cottick** is responsible for periodic maintenance of the equipment.
- If there are any problems with the equipment or it appears that some parts need to be repaired or replaced, please advise **Dr. C. Cottick**.

### **Taking Patients' Blood Pressure**

(Adapted from JADA, Vol. 135, May 2004)

In order to appropriately manage their patients' dental care, our dental students must be knowledgeable about hypertension, its detection, treatment, and potential impact upon dental procedures contemplated. It is of utmost importance to take a patient's thorough medical history, including a review of all prescription and non-prescription medications taken by the patient. A situation where a patient presents with undetected or poorly controlled hypertension must be reported to the patient and treatment must be sought.

### **BLOOD PRESSURE CLASSIFICATION FOR ADULTS**

| <b>BLOOD PRESSURE CLASSIFICATION</b> | <b>SYSTOLIC BP (mm Hg)</b> | <b>DIASTOLIC BP (mm Hg)</b> |
|--------------------------------------|----------------------------|-----------------------------|
| Normal                               | <120                       | and <80                     |
| Prehypertension                      | 120 – 139                  | or 80 - 89                  |
| Stage 1 hypertension                 | 140 – 159                  | or 90 - 99                  |
| Stage 2 hypertension                 | >159                       | or >99                      |

Elevated BP, especially markedly elevated BP, as may be an occurrence during a dental visit, increases patient's risk of experiencing cardiovascular conditions such as angina, myocardial infarction and a cerebrovascular accident. As such, BP readings should be taken.

- A. For ALL new patients**
- B. For ALL urgent care patients**
- C. At each recall appointment**
- D. For patients with hypertension, at each visit in which local anesthetic is delivered or in which significant dental procedures are accomplished (e.g., scaling and root planning without local anesthetic).**

As well, **patients at risk for high BP include:**

Patients with:

- Diabetes
- High Cholesterol
- Renal disease
- Sleep apnea

As well those:

- Taking steroidal medications
- Tobacco users
- Alcoholics

While patients with Stage 1 hypertension are generally good candidates for dental treatment, **those with BP consistent with Stage 2 hypertension should have all elective treatment deferred and be seen by their physician.**

In the case of patients in need of urgent care, while there are no clear guidelines as to when not to treat, it is commonly accepted that **those people with SBP of higher than 180 mmHg or a DBP of over 110 mm Hg should be treated conservatively and referred for medical consultation.**

Limiting epinephrine is widely seen as being advisable in those patients with hypertension. It is accepted that two to three carpules of anesthetic with 1:100,000 epinephrine (or, to a maximum of 0.04 mg of epinephrine) is considered safe in adult ambulatory patients with all but the most severe CVD.

**Proper procedures and techniques for accurately taking a BP are described elsewhere.**

### **Bleaching Package**

Home Bleaching/whitening Treatment provided by students to patients at the College are a service that must be supervised by a dentist and need to be part of the patient's history. Therefore, students must enter the appropriate treatment code: 97121 (Mx Arch), 97122 (Md Arch), 97123 (Both Arches) and 97120. Refills are provided only when the patient is present and when these services are rendered. It is the responsibility of the student to enter treatment history on axiUm and collect appropriate fees for the kit(s)/refill(s). Upon entering the code in axiUm and payment of the fees by the patient, the student is to report to **Dental Stores (D028)** to order the Bleaching Kit for your patient. Upon arrival, Dental Stores will email the student to pick-up the bleaching kit and/or refills for your patient for delivery.

Students are responsible for fabricating the bleaching tray(s) for your patient. Please pick up the bleaching tray material from Dental Stores.

### **Minor's Consent to Treatment**

In terms of consent to perform actual treatment, authority to consent is dependent on the factual capacity of the individual. For consent to be valid, it must be voluntary given (informed) by a person

with the mental and legal capacity to consent. These rules are no different for a minor or adult. A sixteen-year-old will generally be assumed to have the capacity to accept or decline treatment regardless of the agreement approved by the parents. They can prevent their parents from accessing the personal health information in their records if done expressly. The law is the same throughout the country in managing patients under 18, it is important to distinguish between the capacity to consent to a contract and capacity to consent to a medical/dental procedure.

The younger the age of the patient, there is more uncertainty about capacity to make treatment decisions that requires some judgment. This is no different from judgments that must be made for elderly or patients with mental disabilities. Caution should be taken when elective, cosmetic or dentally unnecessary treatment is being performed to ensure real consent has been achieved and funding determined.

In terms of capacity to contract for fees, minors (those under 18) cannot be bound to contracts unless it relates to livelihood (food, shelter) or emergency (injury, accident). Other contracts made by a minor are voidable at the discretion of the minor. This is why for those under 18, parents or guardians need to be involved and agree to fees for the proposed services unless the dental treatment is clearly necessary.

In most situations where the parent or a guardian is involved and may have a responsibility for the care or payment, information should be provided to them with the consent of the minor before treatment is provided. It avoids conflicts and shows appropriate respect for the role of the patient and the parent.

### **Intoxicated &/or Impaired Persons**

#### **PROCEDURE:**

Intoxicated and impaired individuals will not be treated in the dental clinic.

If you have concerns regarding an intoxicated or impaired patient presenting at the clinic, speak directly to the Clinic Dental Faculty Floor Lead, the Associate Dean Clinics, or Clinical Operations Director.

## **D. EQUIPMENT – CARE AND MAINTENANCE**

### **Equipment**

The general appearance of the operatory and the manner and care of the operation of the unit provides the patient with a direct reflection of the student, the College and the Profession. Therefore, thoughtful preparation and proper care of equipment is essential. Breakdown and malfunction of equipment can cause loss of time and inconvenience for both students and patients.

We will continue to use the ticketing system for **Dental Equipment Technology Support**. This system includes requests for technical, electrical, mechanical, select radiograph and computerized devices but excludes any emergency repairs that may arise. Please do not hand in equipment to the **College Equipment & Maintenance Technician**. Please follow the process outlined below.

## Dental Technology Support Ticketing System Process

- Send a ticket to [dentequiptech@umanitoba.ca](mailto:dentequiptech@umanitoba.ca)
- Include in the subject line: **Equipment Technology Support Request**
- Provide the following information:
  - **Student/Staff Name**
  - **Location – Main Clinic, Brass Lab, Hart Lab, Senior Lab, Other Department**
  - **Unit # or serial # of the equipment**
  - **Repair Request Details (please provide as much detail as possible)** What is wrong with the unit or piece of equipment. NOT WORKING is not sufficient. Please specify exactly what is wrong.
- Should you have a patient in the chair and require immediate assistance, please contact one of the Dental Assistants in Dispensary at 204-977-5695 and they will submit an **emergency** request on your behalf.

**Students and instructors are not permitted to bring their own supplies into the Clinic** - they must use the supplies and instruments provided by the College and part of the student dental or dental hygiene kit.

**For Dentistry and Dental Hygiene student**, clinic unit assignments are according to the Main Clinic Scheduler in axiUm. Please refer to the axiUm chair map for chair assignments per discipline.

Students attending Externship Programs in Pediatric Dentistry (i.e., S.M.I.L.E. Program) are to bring their packaged and processed high-speed and slow-speed handpieces to the assigned locations. ☺

**Dental and dental hygiene students will be assigned clinic space according to the discipline in which they will be working during any particular session.** Therefore, students will be depending on each other to leave the area clean, stocked with supplies and functioning.

**It is the students' responsibility to advise Dispensary Staff when supplies run low at their assigned unit in the Main Clinic.**

**Space in the Student Clinicians' Laboratory is assigned and shared.** Please advise the staff in **Dental Stores (D028)** when supplies are required.

***If a student is identified as causing willful breakage or damage by carelessness, they WILL be charged the cost of replacement/repair. Security cameras are in place in the Brass and Hart preclinical labs and the Senior Clinicians' Laboratories to provide students and the University an element of security and protection.***

## Student CSS Clearance Policy: Mid-Year and End of Academic Year

As a Requirement for Graduation and promotion to each year, Dentistry and Dental Hygiene students are responsible for completing the CSS Mid-Year and End of Year Clearance for their respective year. The dates for the end of year clearance are outlined by the Dean's Office schedule. The Mid-year clearance dates will be communicated to the students by Clinic Support Services. The End of year Clearance typically occur after the end of Final Exams and/or last day of Clinic for each respective year. It is the expectation that students do not book travel until after the last day of Clearance.

Students will be notified via email the first week of April all Clearance documents and sign-up times. All dentistry and dental hygiene students will be required to obtain signatures from faculty and support staff on the Clearance Form. Students must attend all outlined clearance activities within the prescribed dates, unless special permission for exceptional circumstances is granted by the Associate Dean Clinics. Failure to attend any of the Clearance appointments will result in a no show, with the appointment that can only be rescheduled by contacting the Associate Dean of Clinics directly. Failure to attend a lab cleaning session will result in a separate Cleaning Fee applied to the student axiUm account.

Appointments with the individual units during Clearance cannot be rescheduled during the Clearance week. If a student is late (>5 minutes), fails to show up for their appointment, and/or is not prepared for the appointment, they will be rescheduled after the Clearance Week to complete their appointment.

Students are financially responsible for items that have been signed out to them and not returned. Students are responsible for attendance and completion of all end of year clearance procedures according to their Clearance Form. Students will be invoiced for any college-owned items as well as items purchased from Dental Stores. Students will receive an invoice at the end of Term I, and at the end of Term II. Student clinic axiUm accounts with outstanding balances must be settled in full with the **Patient Care Coordinators** prior to meeting with the **Managing Director, CSS**. Students will be charged in axiUm for any missing kit items plus applicable taxes. Student grades will not be released until clearance sheets are signed-off by the **Associate Dean Clinics** and returned to **Clinic Administration office, D126**

## E. LABORATORY PROCEDURES AND STANDARDS

### Student Clinicians' Laboratory Hours (D223)

- Access to the Student Clinicians' Lab is restricted to staff, faculty and D3 and D4 students. The laboratory door is operated by a card access.
- Hours of Operation: Daily 6:30 am- 10:00 p.m.

- The lab must be vacated on Fridays by 5:00 p.m. to facilitate the custodial services cleaning schedule.
- Please report any problems or irregularities to the staff in **Dental Stores (D028)**.

### Lab Procedures

**A LAB COAT, CLOSED TOED FOOTWEAR AND PROTECTIVE EYEWEAR MUST BE WORN AT ALL TIMES IN ALL STUDENT LABORATORIES. FAILURE TO DO SO MAY RESULT IN SUSPENSION OF LAB PRIVILEGES.**

- It is recommended that students working late at night in the lab work in pairs. If casting is to be done, students must arrange to have someone assist them.  
Custodial service in the laboratories is limited. Dental students are expected to clean after themselves. Empty the waste drawer of the bench at which you are working. Turn off water taps, Bunsen burners and other equipment. Ensure that **the gas is turned off. Replace the bench paper as needed.**
- PLEASE REPORT ALL MALFUNCTIONING ITEMS OR EQUIPMENT IMMEDIATELY by sending a ticket to [DENTEQUIPTECH@umanitoba.ca](mailto:DENTEQUIPTECH@umanitoba.ca). Failure to report malfunctioning items or equipment may result in unnecessary delays in repairs.
- All counter tops in work area are always to be kept clean. All personal equipment and supplies are to be removed from the lab when students leave the lab.
- Each class will be responsible for the designated equipment assigned to them at the beginning of the school year. The class will have to replace any equipment that has not been returned.

**A lab monitor schedule indicates the time and location of laboratory facilities, which are to be cleaned by student clinicians on a rotating basis.** Each day one student will be assigned the responsibility for cleaning the wet labs and another student will be responsible for cleaning the remainder of the Student Clinicians' Laboratory. **In preparation for each workday, the laboratory is to be cleaned by 8:00 AM.** The specific tasks associated with each assignment are:

### Senior Clinicians' Wet Lab Duties

- **Wipe/clean and put in their proper place, the following:**
  - Vibrator
  - Kettle
  - Scales
  - Polish box
  - Vacu-vestor
  - Micro-etcher
  - Model trimmer
- **Empty and clean the pumice trays in the polish box.**
- **Clean the sink, countertop, and replace bench paper.**
- **Assure the hammers, dustpan, brooms and scraper are hanging in proper places.**

## Remainder of the Laboratory Duties

### A. Casting Room

- Clean the sink and countertop. Wipe/clean the exterior of the burnout furnaces.

### B. Polish Bay

- Clean the sink and countertop.
- Wipe/clean the: ultrasonic cleaner high-speed lathe low speed lathe vacuum intake station vac VLC units
- Brush/wipe pindex machine.

### C. Main Lab

- Return materials/supplies to their shelves.
- Brush/wipe/clean countertop and top of service area between counters.

### D. Year End

- At the end of the school year, all dental and dental hygiene students will be assigned a specific area to clean.

**\*No students will be signed out of lab until their assigned area is cleaned.**

**Failure to properly fulfill the rotating and specific assignment for laboratory maintenance may result in withdrawal from lectures, laboratories and/or clinics until the tasks are completed.**

Such withdrawal does not serve as an excuse from completing responsibilities assigned from those lectures, labs and clinics. In addition, students who are negligent in maintenance may result in the loss of after-hours access to the labs for the entire class.

Failure to maintain cleanliness in the Senior Clinicians' lab may result in loss of privileges to the lab for the entire class.

## Student Responsibility in Senior Lab

The lab is used by D3 and D4 dental students. As such, they are responsible for lab monitors and the cleanliness of the lab.

- 1) **As there are no assigned workstations in the lab, students share all spots.** Because of this, when you are finished you must ensure that the bench top and surrounding areas are clean and free of personal and patient care items. Do not leave casts, articulators or work pans behind. Any personal items left in the lab will be placed in the blue lost and found basket on top of the supply shelf. Personal items, articulators and instruments have gone missing from the lab in the past. The College will not be held responsible for any missing items (which includes dispensed gold, dispensed denture teeth, articulators, instruments, etc.).

- 2) **A clean workstation** means the following:
  - a) Melted wax and other debris removed
  - b) Bench top is clean and fresh paper is placed down
  - c) Refuse is properly disposed of in the garbage
  - d) Operator chair is properly positioned under the bench and the light turned off
- 3) **The weekly student monitor is responsible for ensuring the lab is clean and tidy by 8:00 AM.**  
The entire class risks the lab being shut down if there is non-compliance with tidiness.
- 4) **PLASTER MUST NOT BE PUT IN SINKS OR DOWN THE DRAIN** – scrape any unused plaster from mixing bowls and spatulas into the trash.
- 5) **DO NOT PUT WAX IN SINKS OR DOWN THE DRAIN - PLACE IN TRASH.**

**Important Notes:**

- 1) Students must report any mechanical issues with a workstation, dremel, sta-vacs, model trimmers or any other equipment **immediately** by emailing [DENTEQUIPTech@umanitoba.ca](mailto:DENTEQUIPTech@umanitoba.ca).
- 2) Shortages in materials and supplies should be reported to **Dental Stores (D028)** so items can be restocked as needed.
- 3) General questions or concerns should be directed to Dr. N. Boorberg (via email).

**Every student using the laboratory facilities, student clinicians' lab or otherwise, is responsible for cleaning up after themselves.**

**Preclinical Lab Procedures and Standards (BRASS, HART, WET LABS)**

**FOOD AND DRINK ARE NOT ALLOWED IN ANY PRECLINIC OR CLINIC AT ANY TIME**

**Brass Lab D218**

- Always work after hours in the preclinical lab with a partner, if possible.
- Always cover your work area with newsprint.
- Clean your work area after each lab session counters, mannequin, hoses and especially make sure to use plastic scrapper (each workspace should have one in the top drawer) and remove the wax from the floor around your work area.
- Ensure that the mannequin head is left assembled properly.
- DO NOT LEAVE any items on the counters. Staff will be monitoring and will remove all items.
- Please email [DENTEQUIPTech@umanitoba.ca](mailto:DENTEQUIPTech@umanitoba.ca) if you encounter any problems with equipment.
- All supplies required for after hours will be stored in the cupboards at the back of the lab for each respective year
- Monitors will be assigned weekly from each class. It is their duty to ensure that all students clean their personal workspace and the equipment and workspace in the Wet Lab, after each class. Staff will be monitoring and failure to keep the lab clean and orderly will result in classes losing the privilege of coming into the labs after hours.
- The monitoring schedule will be posted inside the lab door.

- CHEMICAL SPILL KIT is located on the counter behind the instructor's station.
- FIRST AID KIT is on the wall behind the instructor's station.
- WHMIS BINDER is in the black holder on the wall behind the instructor's station.
- EYE WASH STATION is outside the lab in the hallway beside instructor's station.
- FIRE EXTINGUISHER is by the phone on the back-north wall.
- NEWSPRINT AND FACEMASKS are found in the middle drawer on the south wall counter.
- CLEANING SUPPLIES are found in the bottom cupboard on the south wall counter.
- TELEPHONE is on the north wall by the back door.

#### **Hart Lab D-220**

- Always work after hours in the lab with a partner, if possible.
- Always cover your work area with newsprint.
- Clean your work area after each lab session counters, cupboard, and hoses and especially make sure to use plastic scrapper and remove the wax from the floor around your work area.
- Ensure that the mannequin head is left assembled properly.
- DO NOT LEAVE any items on the counters. Staff will be monitoring and will remove all items.
- Please email [DENTEQUIPTech@umanitoba.ca](mailto:DENTEQUIPTech@umanitoba.ca) if you encounter any problems with equipment.
- All supplies required for after-hours will be stored in the cupboards at the back of the Brass lab.
- Monitors will be assigned weekly from each class. It is their duty to ensure that all students clean their personal workspace and the equipment and workspace in the Wet Lab, after each class. Staff will be monitoring and failure to keep the lab clean and orderly will result in classes losing the privilege of coming into the labs after hours.
- The monitoring schedule will be posted outside the lab door.
- CHEMICAL SPILL KIT is located on top of the cupboard behind the instructor's station.
- FIRST AID KIT is on the wall by the north sink on the side counter.
- WHMIS BINDER is in the black holder on the wall (on the side counter) by the north sink.
- EYE WASH STATION is on the wall by the hallway entrance door.
- FIRE EXTINGUISHER is on the wall by the hallway entrance door.
- NEWSPRINT AND FACEMASKS are found in the middle drawer on the side counter.
- CLEANING SUPPLIES are found in the bottom drawer on the side counter.
- TELEPHONE is on the north wall by the back door in the Brass Lab.

#### **Wet Lab between Hart and Brass Lab**

- Cover your work area with newsprint to make clean-up easier.
- Students are responsible to clean up after themselves, ensuring to wipe counters and clean equipment. Each piece of equipment is labeled and has instructions on how to clean.
- Lab monitors will check daily before their class starts to ensure that the lab is cleaned and after each class to ensure that the class has cleaned up. Directions are posted in the lab with the procedure taken if it is found not in an acceptable condition. Staff will be monitoring the lab on a regular basis and will inform students if not left in an acceptable condition.

- Failure for a class to clean the lab may result in losing after hour access to the labs.
- The Lost and Found Items box is on the trolley in the Wet Lab. All student items found in the Brass/Hart preclinical labs will be placed in this box.

CLEANING SUPPLIES ARE FOUND UNDER THE SINK BESIDE THE DOORWAY TO THE BRASS LAB.

## F. PATIENT CARE

A person is eligible to be College patient if their required dental treatment is suitable for teaching purposes. Some patients are unacceptable due to their time restrictions and/or the complexity of their case for undergraduate teaching. The College member assigned to screening will determine patient suitability. However, if circumstances arise that require a patient's dismissal, the student responsible must contact their Team Mentor and the **Associate Dean Clinics**.

### Communicating with Newly Assigned Patients (Suggested Script):

Hello, my name is (first name only). I am a dentistry /dental hygiene student at the University of Manitoba. May I please speak to Mr. /Mrs. /Ms.?

When the person comes on the line, repeat "Hello. My name is first name only. I am a dental student from the University of Manitoba. You have been assigned to me to look after your dental care. I understand that at your Screening appointment, it was determined that you may have the need for (state the nature of the work to be performed – not the individual tooth, just the nature of the work such as "crowns, dentures, fillings, a cleaning). I would like to make an appointment with you to get to know you and develop a treatment plan so that your care can be started.

At our first one or two appointments, I will examine you, probably take x-rays, and develop the care plan/treatment plan specifically tailored to your needs. Our appointments will last about three hours as was discussed during your Screening appointment, and we will try to schedule appointments every week. Once your treatment plan has been determined/developed, we will be able to provide you at that time with a fairly accurate fee for your dental treatment. Your first appointment is expected to cost about **\$100.00**, and please remember that we require payment in full after each appointment. May I book next (state the day, date, and time) for your visit?

(If the patient starts to ask about treatment details, say, "Although an initial patient screening has been done, it was performed just to determine your potential needs. It is very difficult to discuss specifics of your treatment without me seeing you. Once I have examined your teeth and tissues, and carefully diagnosed your condition, my instructor and I will develop and discuss with your treatment needs and options and the fees that are associated with those various options.")

On ending your conversation, please thank them for becoming a part of our dental program and remind them of their obligation to give at least 24 hours' notice if they cannot make the appointment. Please let them know that for you to successfully complete your training, their continued and regular attendance in clinic is critical. **Ask them if this is the best number for you to**

contact them. Please leave them with your telephone mailbox number in case they need to contact you (See page 11, Student Messaging System).

**It is of utmost importance that when you are away or are planning to be away from the College, or are scheduled to participate in a rotation, that you notify the appropriate person that you will be away. It is your professional responsibility to notify the course coordinator or support staff member in charge of the Clinic you are going to be absent.**

### Screening and Treatment Planning Patients

**Screening** is a College driven administrative procedure to determine if a potential patient is suitable to become part of our program. If accepted, the patient is assigned to the appropriate level of student.

- **When a D3 or D4 student chooses to bring in a friend or relative for treatment**, the student should consult with the **Clinical Operations Director** to determine eligibility. The student will also need approval from their team mentor.
- **Patient demographics should be submitted online via the New Patient Application form.**
- When necessary, a Medical Consult **MUST** be generated by the supervising **faculty** or **faculty Clinic Administration**.
- **Patients are classified at the screening session according to suitability for treatment by a D2, D3 or D4 student and/or DH2 or DH3 student.**
- **Once a patient has been assigned to a student, the student must complete the DIAGNOSIS AND TREATMENT PLANNING form, including all necessary consultations, and obtain informed consent with the completed form BEFORE proceeding with any definitive treatment.**
- **Generally, all the patient requirements will be attended to by ONE dental student or another member of the team (Dentistry 2, 3 or 4 students and Dental Hygiene 2 or 3 students). EXCEPTIONS TO THIS REQUIRE APPROVAL AND TRANSFER BY THE Associate Dean Clinical and/or Team Mentors PRIOR TO BOOKING THE PATIENT FOR TREATMENT.**

On completion of the Diagnosis and Comprehensive Treatment Plan, which includes the fee estimate, the student, the instructor and the patient must sign the electronic CTP. All planned treatment must be entered into axiUm.

ONCE A COMPREHENSIVE TREATMENT PLAN (CTP) HAS BEEN CREATED AND APPROVED, NO DEVIATION FROM THAT CTP IS PERMITTED WITHOUT THE SIGNING INSTRUCTOR'S APPROVAL and a TREATMENT PLAN UPDATE must be completed and signed by the patient if there are changes to the original **TREATMENT PLAN**. Please note, there is no fee for a **Treatment Plan Update** if there are unexpected changes to the treatment plan.

**\*\*ENSURE THAT YOUR PATIENT UNDERSTANDS THAT THIS IS AN ESTIMATE OF COSTS FOR TREATMENT. CHANGES MAY BE NECESSARY AS TREATMENT PROCEEDS AND THEY WILL BE GIVEN REVISED COSTS AS REQUIRED\*\***

## Patient Lists

- An active patient list can be obtained in axiUm by going to: **Info Manager**  
Select: **Patients** tab and under Category select: **Patient List**.  
Click on: **Pre-Defined** button  
Select: either **Alpha or Chart # sort** **Student Patient List**.  
Press: **Search**.  
Press: **Select All** and **print** on designated printer.
- Each student in Dentistry 2, 3 or 4 dentistry has been grouped with a Dental Hygiene 2 or 3 student in order to facilitate patient transfers within the group.
- Depending on class size some students may have two sets of partners. Please check the list carefully. An assigned patient may have a Dentistry 2, 3 or 4 and Dental Hygiene 2 or 3 student listed.

**One student will be the Primary Provider (student) for each patient.** However, a dental hygiene student may be co-assigned as the perio provider. The primary provider can designate any of the treatment (with the exception of Endo and Crown and Bridge for Dentistry 3) to any of the other students in the group (e.g., Class I amalgam on #16 to Dentistry 2). **These transfers must be arranged through the Team Mentor to the Patient Care Coordinator Lead in CSS.**

**Transfer of all other patients or assignments outside of the team requires authorization from the Team Mentors and the Patient Care Coordinator Lead.** Failure to do this may result in no student credit for unassigned procedures. Transfer of patients on the clinic floor is not permitted. Therefore, only treat patients that are properly assigned.

## Timely Treatment

- **Treatment for patients must proceed in an appropriate sequence as determined by the Comprehensive Treatment Plan and in a timely fashion.** Students who do not see a patient for 30 days will be required to meet with the Team mentor or PCC with the chart for appropriate action.
- **You can obtain a list of patients within your patient pool who have overdue conditions by going to Personal Planner module in axiUm and performing a search in the “OVERDUE PATIENTS” file.**

## Medical History Check

The patient's Medical History **MUST** be checked by the student at the beginning of **EACH APPOINTMENT** and be noted as the first entry on the **Electronic Health Record (N/C MED HIST)**. Significant changes are **ALSO** to be recorded in the Med History in the EHR.

### N.B. Pediatric School Bus Program

At each appointment, students are to enter **“Medical History Update-Unavailable”** in the patient's chart since children attend the Clinic without a parent or guardian. Also, just a reminder to forward a letter to parents/guardians to emphasize the fact that they are responsible for informing the College of any changes to their children's medical history.

## Medical History Updates

- If there has been a change in a patient's medical history (*e.g., change in medications*), this must be recorded in the patient's Medical History form in axiUm under the patient's EHR. All medical history changes are reviewed and approved by the faculty instructor.

### Whenever a new Treatment Plan or Treatment Plan Update is done:

- Enter the Comprehensive Treatment Plan or Treatment Plan update into axiUm before the patient is seen in Clinic for any dental treatment. At the beginning of the next clinical appointment have the instructor approve/swipe the Treatment Plan in axiUm and then proceed with treatment.
- **Whenever treatment planned procedures are altered (ex. change from FVC #26 to ACC #26 or #15 MO amalgam to #15 MOD Amalgam), change the existing treatment plan in axiUm and have patient sign and instructor swipe the change.**
  - It is essential that any such changes be made in the way described to ensure that students receive credit for work performed and that Treatment Plans are kept current.
  - axiUm treatment plan should reflect the current planned treatment.

### Definitions: The Comprehensive Examination: Diagnosis and Treatment Planning

## Comprehensive Examination and Treatment Plan

The **Comprehensive Examination Treatment Plan** (axiUm code 01201) is a supervised student procedure whereby students are responsible for all aspects of patient examination, including providing a **diagnosis** of conditions and disorders based upon all clinical findings, and formulating a **treatment plan**, which addresses, in a systematic manner, and as agreed upon by the patient, findings of the patient examination.

Following completion of definitive treatment, the patient may be placed on a recurring schedule of examination and periodontal maintenance therapy.

### OUTCOMES FOR ALL PHASES OF TREATMENT MUST BE RECORDED IN AXIUM.

#### Comprehensive Treatment Plan Updates are required when:

- there is a major change in a treatment plan (e.g., operative->endo, operative->C & B, or addition of C & B or Removable Prostho to a Treatment Plan)
- or*
- 1 year after completion of dental treatment (not including perio or endo recalls).

The **DIAGNOSIS AND TREATMENT PLANNING Form** should be used in the following manner:

## Charting

All charting of restorative procedures must use actual surfaces (i.e., MODV). This is to be used in all areas of the chart.

All consultations necessary for a Comprehensive Treatment Plan are noted using the axiUm "Consultation form" If an RPD is required, the design will be noted on the **REMOVABLE PROSTHODONTIC TREATMENT form**. It is important to also chart existing prostheses in the chart.

### **Treatment Plan Changes**

If a treatment plan needs to be revised due to unforeseen treatment or personal circumstances. This needs to be reflected within the axiUm treatment plan. A new treatment plan/the existing planned copied and altered inclusive of these changes and this should be signed by patient with a swipe from the Instructor.

**STANDARD RECALL EXAM (axiUm code 01202)** - to be used if current treatment plan has expired (over one-year-old).

**LIMITED TREATMENT PLAN (ensure office code states Limited Treatment)** – to be used when the patient has been referred for a specific treatment and will be returning to their own dentist for comprehensive dental care.

### **Common Errors by Dental Students:**

#### **Treatment plans:**

- Treatment plans not fully completed.
- Steps left out of the treatment plan or incorrectly Phased.
- Diagnosis not correct – must refer to the condition/diagnosis and not to individual teeth.
- Informed consent and treatment plan not signed by patient.
- Treatment options and costs not fully disclosed.

#### **Clinic procedures not properly followed:**

- Students begin definitive treatment without having treatment plan completed and signed.
- Students not having procedures with fees associated swiped off **PRIOR** to dismissing patients – reception has no knowledge of what the patient balance is.
- Students not escorting patients to reception for payment, and patients leaving without paying their balances.

#### **Patient accepted for limited treatment:**

Patients that are accepted for limited treatment need informed consent reflecting their status at the Dental College. No treatment to be rendered beyond single limited planned treatment.

- 1) Protocol for Recall Patients in Dental Hygiene/Dentistry. All Pediatric Dentistry Patients (up to age 14 mixed dentition) seen by dental hygiene students will be placed on recall.
- 2) Any patients seen 1-2 years after the initial Comprehensive Exam are required to have a recall exam. Recall exams are conducted by D4 students on Recall rotation. Ask your D4 partner to do an examination for those patients who have gone 12 months or less than 2 years without a recall exam.

- 3) Any patients seen +2 years after initial Comprehensive Exam are required to be referred to Screening Clinic.

More than 2 years without a recall exam requires: Re-screening

Students must record their recommendation for recall on the Electronic Health Record planned in axiUm and on the Dental Hygiene disposition with the PCC Lead.

### Patients Accepted for Limited Treatment

Suitability of patients for **Limited Treatment** may be determined in the following situations:

A patient may be assigned as **LIMITED TREATMENT** by **Associate Dean Clinics** or **Patient Care Coordinator Lead**. Once assigned, the Medical and Dental Histories must be completed in axiUm. BOTH the **LIMITED TREATMENT** and the **CONSENT TO LIMITED TREATMENT forms** must be completed and signed before treatment is commenced.

Patients may be referred from Private Practice for Limited Treatment.

### Requests for New Patients – Dental Hygiene

When you require additional patients in any of the clinical disciplines, (except Pedo):

- See a **Patient Care Coordinator Lead** for new patient requests.
- Patients currently on your list must either have treatment in progress or completed **PRIOR** to requesting new assignments.
- Frequency of appointments and the timeliness of treatment will be monitored by the **Team Mentor** and **Patient Care Coordinators**.
- Students will receive notification of new patient assignments by an axiUm e-mail.

### Patient Cancellations

If a patient has more than two missed appointments without excuse or adequate **PRIOR** notification may be dismissed as a patient from the College. Students are asked to:

- Document reason for missed appointment in the contact notes as appropriate. Provide as much information as possible so that the reason for the missed appointment is clear.
- Enter all late cancellation, missed and late appointments on the Electronic Health Record.
- Have an Instructor swipe and approve the Electronic Health Record submission.
- Request dispositioning of patients by contacting the **Patient Care Coordinator Lead**.
- Whenever a patient fails to show, enter **Failed** on the patient's electronic record history in axiUm by right clicking on the appointment on the **Scheduler**.
- Always advise your Clinical Instructor of a short notice (less than 24 hours) cancelled patient or a late show for appointments. **It is unacceptable for a student booked into clinic to simply not attend. If a student is scheduled for clinic, attendance is mandatory. If the student does not have a patient, the student should either see an urgent care patient or assist a colleague.**

### Clearance of Charts (Treatment Completed)

Once treatment has been completed for any patient and all grades/changes have been entered, the chart should be cleared from your list. **DO NOT WAIT UNTIL THE END OF THE YEAR TO CLEAR ALL OF YOUR CHARTS.**

#### During the Academic Year

##### *Ensure axiUm history is current and accurate*

- Complete the “**PATIENT CLEARANCE**” portion on MS TEAMS in your individual file.
- Ensure that all fees have been collected.
- If there is an outstanding balance ensure that all applicable fees have been entered on axiUm, then see the **Patient Care Coordinator Leads** with the chart to discuss necessary action (i.e., statement, write-offs, etc...).

#### Final Clearance

- Complete the steps outlined above.
- For Dentistry and Dental Hygiene students, all charts will be reviewed by **Associate Dean Clinics** regarding treatment and by **Patient Care Coordinator Leads** for fees.

Pediatric Dentistry charts will be cleared by the respective Section Heads for review of treatment and **Associate Dean Clinics** for fee review.

### Incident Reports

In the event of an accident, the College’s **INCIDENT REPORT** form must be completed. Please see **Dispensary Staff or the Dental Assistant Team Lead** for completion of the Incident Report.

Whether it be a patient, student or faculty, any type of accidental event must be reported – this could be a slip or fall, cut, and a needle stick – the appropriate paperwork must be completed.

We have an ethical and legal obligation to inform our patients if unanticipated clinical incidents occur. Careful documentation in the patient record with a supporting incident report are both essential in such cases.

Campus Police (Phone 555) may be informed by **Clinic Reception staff** that an emergency has taken place and advised of the particulars of the incident if warranted. All incidents must be documented as soon as possible. Please see **Dispensary Staff** or the **Dental Assistant Team Lead** for completion of the **Incident Report**.

## G. CLINIC BOOKING SYSTEM

### axiUm Scheduler

Students will have a chair in clinic according to their rotation schedule. The chairs in Main Clinic have been assigned based on the risk category. Availability will be limited for high and moderate risk procedures.

D3 students are assigned a chair in the axiUm scheduler and book their own patients into the scheduler taking into consideration the risk category of the treatment. Each student is responsible for bringing in a suitable patient from their list of patients.

D4 students are assigned a chair in the axiUm scheduler and book their own patients into the scheduler taking into consideration the risk category of the treatment. Each student is responsible for bringing in a suitable patient from their list of patients.

Dental Hygiene students are assigned a chair in the axiUm scheduler and book their own patients into the scheduler. Each student is responsible for bringing in a suitable patient from their list of patients.

If for any reason, a student is unable to attend an assignment as scheduled, it is the responsibility of the student to report their absence. On days when a student will be absent from Clinic, including days of unexpected illness in the morning, the student is required to report the absence to the College. The students should provide notice of and reason for absence with date and time of absences and contact their patients and reschedule their patients as necessary.

Dent 1-3 Students must email [absent@umanitoba.ca](mailto:absent@umanitoba.ca)

Dent 4 Students must email [dental-d4-absent@lists.umanitoba.ca](mailto:dental-d4-absent@lists.umanitoba.ca).

Hygiene 2 & 3 must phone the School of Dental Hygiene or as instructed by your Course Coordinator. For further information, please see your course outline and the College Attendance Policy.

If you know you are going to be absent and have an Emergency or Oral Surgery rotation, it is the responsibility of the student to find another student to fill in for the rotation. Notify the Insurance and Rotations Coordinator.

After each completed appointment students are responsible to:

- a. Accompany the patient to Reception and make certain the patient understands they are to pay their account at that time.**
- b. Have the patient's next appointment entered in the Clinic Information System (axiUm).**
- c. Ensure accurate and complete entry of treatment and procedures during and after every appointment.**

### **Rotation Switches - NOT PERMITTED**

**These requests are unable to be accommodated given the complexity of the rotation schedule**  
Exceptions may be permitted under extenuating circumstances.

### **Overbooking – NOT PERMITTED**

**These requests are unable to be accommodated given the complexity of the clinic unit allocation.** Exceptions may be permitted under extenuating circumstances.

## **H. DOCUMENTS AND THE ELECTRONIC HEALTH RECORD**

**It is imperative that all students follow the clinic standardized pattern of documentation** so that the record may be understood by any future administration and providers.

**The patient's record must be accurate and complete:**

1. To provide a clear picture of the patient's medical and dental history and conditions to aid in present and future planning.
2. To address any patient-student or patient-College misunderstanding as to dental conditions, dental treatment, financial arrangements, informed consent, appointments, etc.
3. As a legal document, which may be required in the case of a medical-legal controversy.

**All documentation will be conducted electronically through axiUm.**

**All documentation and treatment plans must be signed by the patient digitally (electronically) in the forms and treatment plan tabs.** Duplicate copies can be printed out for the patient by a PCC.

**All entries in the EHR must be accurate and have the appropriate and corresponding instructor authorization swipe.**

**PATIENTS CANNOT BE TREATED WITHOUT HAVING THEIR ELECTRONIC RECORD OPENED ON SCREEN.** Each time a patient is seen, **complete documentation must be made in the Electronic Health Record**, including the date, the appropriate swipes of the student and the instructor and fee code and fee (if appropriate).

- **The patient's signature is required on the Comprehensive Treatment Plan** once it has been formulated, indicating an understanding of treatment options, treatment risks and costs for the treatment proposed.

When treating patients under the legal age of consent, the parent or guardian must sign the **Comprehensive Treatment Plan**; otherwise, treatment could be construed as inappropriate.

ALL PATIENT SERVICES MUST BE RECORDED IN THE ELECTRONIC HEALTH RECORD AT EACH APPOINTMENT. THE CORRECT FEE CODE MUST BE ENTERED BY THE STUDENT AND APPROVED BY AN INSTRUCTOR (SWIPE).

PATIENTS ARE RESPONSIBLE FOR PAYMENT THE DAY TREATMENT IS RENDERED. IT IS THE STUDENT'S RESPONSIBILITY TO ENSURE PATIENT COMPLIANCE TO THE COLLEGE FEE POLICY.

- This policy is strictly enforced.
- Ensure that the EHR daily treatment notes, fee codes and axiUm records match and are a complete and accurate reflection of treatment provided and fees charged.

STUDENTS MUST NEVER BE IN THE POSSESSION OF AN INSTRUCTOR'S APPROVAL CARD – INAPPROPRIATE STUDENT USE WILL BE SUBJECT TO DISCIPLINARY ACTION.

## I. CONSULTATIONS AND REFERRALS

### Medical Consultations

All medical consultations will be performed in the following manner.

- Clinical dental faculty instructors will determine if a medical consultation is necessary. Only dental faculty instructors can sign medical consult forms.
- Physician Consultations will always be in writing (generated by the student and Dental Clinical Instructor and signed by the patient). Make sure that the consult covers everything significant in the medical history and that the questions are specific. When consults are sent out and returned, they will be evaluated first by the **Associate Dean Clinics** to ensure that they are understandable and pertinent to dentistry or the specific dental procedure(s) noted in the consultation.
- Consultations by phone will be done in **exceptional** situations as determined by **Associate Dean Clinics** and are to be followed up in writing the same day.
- Students are **NOT ALLOWED** to proceed with treatment until the Medical Consult has been returned and permission has been given from **Associate Dean Clinics**.  
If in doubt about the patient's medical status, consult with the **Associate Dean Clinics**.
- If a patient requires prophylactic antibiotics, at each appointment, indicate on the Electronic Health Record that the patient has taken the proper type and amount of antibiotic (number of tablets and (milligrams/tablet)).
- Also note that the patient was advised to take the next dose at the appropriate time. The current recommendations from the Canadian Dental Association will normally be followed, unless otherwise indicated within the EHR medical consult section. If the patient has forgotten to take their prophylactic antibiotics and they have arrived at their dental or dental hygiene appointment, prophylactic antibiotics are available in the Oral Surgery Clinic.

**The protocol is as follows:**

- A full-time dental faculty member must review the medical history and document in the axiUm Electronic Health Record the prescription.
  - The student must proceed to the Oral Surgery clinic with the full-time dental faculty member who has prescribed the antibiotic and speak to the Oral Surgery Dental Assistant or the Dental Assistant Team Lead.
  - Oral Surgery Dental Assistant or the Dental Assistant Team Lead will confirm that the prescribed antibiotic regime has been completed in the Electronic Health Record and retrieve the requested Antibiotic.
  - The full-time dental faculty member to dispense the antibiotics (number of pills and confirm the dosage) in a plastic cup to the student and confirm the directions with the student.
- Scheduling of appointments should be a minimum of 10 days apart for these patients.

**a) Cardiac Conditions Associated with the Highest Risk of Adverse Outcome from Endocarditis for Which Prophylaxis with Dental Procedures Is Reasonable.**

**Prophylaxis required for HIGH-RISK groups only**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Prosthetic cardiac valve or material</b><br>Presence of cardiac prosthetic valve<br>Transcatheter implantation of prosthetic valves<br>Cardiac valve repair with devices including annuloplasty, rings or clips<br>Left ventricular assist devices or implantable heart                                                                                                                                                                                                                                                          |
| <b>Previous, relapse, or recurrent Infective Endocarditis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Congenital Heart Defects (CHD)</b><br>Unrepaired cyanotic congenital CHD, including palliative shunts & conduits<br><br>Completely repaired CHD with prosthetic material or device, whether placed by surgery or by transcatheter during the first 6 mo. after the procedure<br><br>Repaired CHD with residual defects at the site of, or adjacent to the site of a prosthetic patch or prosthetic device<br><br>Surgical or transcatheter pulmonary artery valve or conduit placement such as Melody valve and Contegra conduit |
| <b>Cardiac transplant patients who develop cardiac valvulopathy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

The following table highlights the dental procedures which require prophylactic antibiotic coverage:

| 2021 Guidelines: Endocarditis Prophylaxis Recommendations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dental Procedures Requiring Antibiotic Coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>All dental procedures that involve manipulation of gingival tissues or the periapical region of teeth or perforation of the oral mucosa</b></p> <ul style="list-style-type: none"> <li>Extractions</li> <li>Periodontal Procedures (scaling, root planning, probing, surgery, recall maintenance)</li> <li>Suture Removal</li> <li>Implant placement and reimplantation of avulsed teeth</li> <li>Endodontic instrumentation or surgery when beyond the apex</li> <li>Subgingival placement of antibiotic fibres or strips</li> <li>Intraligamentary local anesthetic injections</li> <li>Prophylactic cleaning of teeth or implants</li> <li>Biopsies</li> <li>Placement of Orthodontic bands</li> </ul> |
| Dental Procedures NOT Requiring Antibiotic Coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>Restorative dentistry without retraction cord (unless bleeding is anticipated)</li> <li>Local anesthetic injections through non-infected tissues (non-intraligamentary)</li> <li>Intracanal endodontic treatment</li> <li>Post placement and build-up</li> <li>Dental Dam placement</li> <li>Making of oral impressions</li> <li>Fluoride treatments</li> <li>Taking radiographs</li> <li>Placement of removable prosthodontic or orthodontic appliances</li> <li>Placement of orthodontic brackets</li> <li>Adjustments or orthodontic appliances</li> <li>Shedding of primary teeth</li> <li>Bleeding from trauma to the lips or oral mucosa</li> </ul>                |

**Reference:**

Wilson, WR, Gewitz M, Lockhart PB, Bolger AF, DeSimone DC, Kazi DS, Couper DJ, Beaton A, Kilmartin C, Miro JM, Sable C, Jackson MA, Baddour OM. American Heart Association Young Hearts Rheumatic Fever, Endocarditis and Kawasaki Disease, Committee of the Council on Lifelong Congenital Heart Disease and Heart Health in the Young; Council on Cardiovascular and Stroke Nursing; and the Council on Quality of Care and Outcomes. Prevention of Viridans Group Streptococcal Infective Endocarditis: A Scientific Statement From the American Heart Association. Circulation 2021; 143(20): e963-e978.

## **b) CDA Position on Dental Patients with Total Joint Replacement**

This information was created by the Canadian Dental Association for use by CDA member dentists. It should not be used as a replacement for professional dental or medical advice. If you have questions about this position statement, please consult your dentist or contact the Canadian Dental Association.

### **Preamble**

The issue of whether patients with orthopedic implants, primarily total hip and knee replacements, are prone to implant infection from routine dental procedures via hematogenous seeding of the implant from dental-procedure-related bacteremia has been a controversial topic for dentists, physicians and patients alike.

### **Background**

In 2012, the ADA and the AAOS released a co-developed evidence-based guideline on the Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures. The clinical practice guideline, with three recommendations, is based on a systematic review of the literature. (The complete review is available at [www.aaos.org/guidelines](http://www.aaos.org/guidelines).) The systematic review found no direct evidence that dental procedures cause orthopedic implant infections. This finding is consistent with the advice of a Working Party of the British Society for Antimicrobial Chemotherapy that patients with prosthetic joint implants (including total hip replacements) do not require antibiotic prophylaxis for dental treatment.

### **Position Statement**

Based on the current best available evidence, CDA guidance concerning the management of dental patients with orthopedic implants is:

- 1) Patients should not be exposed to the adverse effects of antibiotics when there is no evidence that such prophylaxis is of any benefit.
- 2) Routine antibiotic prophylaxis is not indicated for dental patients with total joint replacements, nor for patients with orthopedic pins, plates and screws.
- 3) Patients should be in optimal oral health **PRIOR** to having total joint replacement and should maintain good oral hygiene and oral health following surgery. Orofacial infections in all patients, including those with total joint prostheses, should be treated to eliminate the source of infection and prevent its spread.

CDA Board of Directors, Approved: November 2007, Revised: Jan 2018

Treatment plans are recorded as follows:

- Student correctly chooses the General Consultation Form tab in Electronic Health Record, thereon note the required discipline for consultation, completes the required fields and has the instructor swipe the approval of the electronic Consultation form.

### Protocol for Specialty Consultation

The protocol for consultation of undergraduate dental/dental hygiene patients in the Main Clinic is stated below.

- 1) The dental/dental hygiene student will discuss the need for a specialty consultation with their instructor.
- 2) If such a consultation is deemed necessary by the instructor, the student will complete the corresponding Consultation form on axiUm.

The reason for the consultation must be clearly stated using appropriate medical/dental terminology.

### Patients Assigned for Oral Surgery

Assignments for Oral Surgery and Oral Surgery Consults mean that it is the assigned student's responsibility to have the patient treated at the appropriate time. If your patient requires extractions, determine with an Oral Surgery Instructor by presenting to the Oral Surgery clinic and consulting with the Oral Surgery instructor the patient medical information and associated radiographs. The Oral Surgery instructor will advise the following:

- When the surgery should be done, and whether the patient requires any pre-surgical optimization (medications, blood work, etc.).
- By whom the surgery will be done (*i.e.*, D3, D4, Oral Surgery Resident, etc.) and arrange the Internal referral form to Oral surgery in axiUm. The Referral Form to the Oral Surgery Clinic should clearly indicate whether the patient has been advised to be treated in the undergraduate or graduate oral surgery clinics.
  - Indicate on the Electronic Health Record the date and time of the appointment.
  - The patient must be advised that a Consultation fee of \$93.00 will be charged if treated in the Graduate Oral Surgery Program. **All Graduate Oral Surgery fees must be paid prior to treatment.** If quoting fees for your patient, please remember to quote from the **OS GRADUATE FEE GUIDE.**

### Referral to Graduate Periodontics Clinic (Dental Hygiene Students)

Patients who are to be referred to the Graduate Periodontics Clinic from the Undergraduate Clinic must be referred via axiUm. We would like to suggest that instructors ensure that the following steps are taken in the referral process.

Patients who are assigned to Grad Perio may also be assigned to a dental student as well as a dental hygiene student. **All periodontal treatment for these patients should default to the Grad Perio provider. Exceptions will need approval from the Associate Dean Clinics.**

The dental hygiene must send a REFERRAL **Form** via axiUm.

- 1) The dental hygiene student requests perio consult from **Periodontist** in Main Clinic. The student should be prepared to describe reason for perio consult, site(s) involved, and stage in dental hygiene treatment.
- 2) The dental hygiene student completes the referral form indicating all required information and consulting dentist's recommendations.
- 3) The dental hygiene student has the form swiped in axiUm by the to the consulting periodontist **PRIOR** to the end of the clinic session.
- 4) The dental hygiene student provides the patient with information regarding the Graduate Periodontics Clinic.
- 5) The dental hygiene student enters the "Referral to Grad Perio" Code in axiUm.

### Referral to a Specialist: The Patient Is Beyond Scope of the College

Occasionally, the situation arises where a patient can no longer be treated in our clinics due to the difficulty of the case. In such instances, an external referral form will be filled out in axiUm and forward to the **Associate Dean Clinics**. The final disposition of the patient will be decided by the instructor, team mentor and the **Associate Dean Clinics**.

## J. URGENT CARE

All urgent care patients will be appointed by reception. Walk-in patients will be seen based on student availability.

Urgent care is carried out by an assigned patient in an assigned operatory. If a patient is in need of an extraction, the student will first check in the Oral Surgery Clinic for availability; if the patient cannot be accommodated in oral surgery, extractions may be done within the assigned operatory.

**If the student has difficulty in arranging to treat their own emergency patient, they should seek assistance from the Patient Care Coordinators.** Such appointments are to be scheduled only in cases of patients experiencing a true dental emergency.

**All students who have had a patient cancellation are to advise the Dental Faculty Floor Team Lead and Reception Desk staff and be available to treat emergencies.**

- Students will not be called from tests, lectures, preclinical labs or seminars to provide emergency treatment. These patients will be seen by the students assigned to urgent care.
- Students on their Oral Surgery rotation will leave that area to provide emergency care **ONLY** with the permission of the Oral Surgery instructor.
- Students on rotation (hospital or community) or absent from clinic for any other reason must arrange for coverage by a classmate. Return the Referral form to **Clinic Administration office, D126**.

### **Emergency Protocol for Pediatric Dental Patients**

A child who presents with oral pain, whether already accepted as a pediatric dental patient or not, will be seen on an emergency basis. The following guidelines should be observed.

Depending on patient co-operation and behavior, treatment will be carried out as follows:

- a) Patients with no behavioral problems - these children can be treated as routine patients and will be seen by the students assigned to urgent care rotation.
- b) Behavior management problems - if patients cannot be managed for some reason in the Emergency Clinic, the patient should be referred to the Children's Hospital Dental Department (phone 204-787-2516 Monday - Friday, 8:30 AM - 4:30 PM) using a College of Dentistry Referral Form.

### **After Hours Dental Emergency Protocol**

This protocol is established to assist **ACTIVE** College patients in receiving **EMERGENCY** dental treatment after normal working hours. This service is available only for emergency treatment and is not to be used for the patient's convenience.

#### **A) After-Hours Protocol for Students**

1. Give each of your patients your **FULL NAME** and **THE COLLEGE CONTACT TELEPHONE NUMBER**.
2. Ensure that **ALL** your patients are advised of the protocol to follow if a dental emergency arises.
3. **UNDERGRAD PATIENTS - IF CONTACTED** by a patient, the student will telephone **Dr. L. Lau's** pager (**204-935-1137**). **Dr. Lau** will contact the student requesting information regarding patient's dental problem. If it is determined that the patient must be seen, the student (or classmate who has agreed to provide interim responsibility).

**MUST** accompany/meet the patient at **Dr. Lau's** office.

**UNDERGRAD ORAL SURGERY PATIENTS - IF CONTACTED** by a patient, the student will telephone **PAGING** at the Health Sciences Centre (**204-787-2071**) and ask for the Oral Surgery Resident on Call. Student will advise the Oral Surgery resident of the patient issue and the resident will provide the student with direction with regards to managing the after-hours issue. The dentistry student is responsible to call the patient back with the recommended action to be taken. If it is deemed warranted that the patient needs to be seen by the Oral Surgery resident, the dentistry student **will meet the resident at HSC C3 Clinic with the patient.**

**B) After Hours Protocol for Adult Patients**

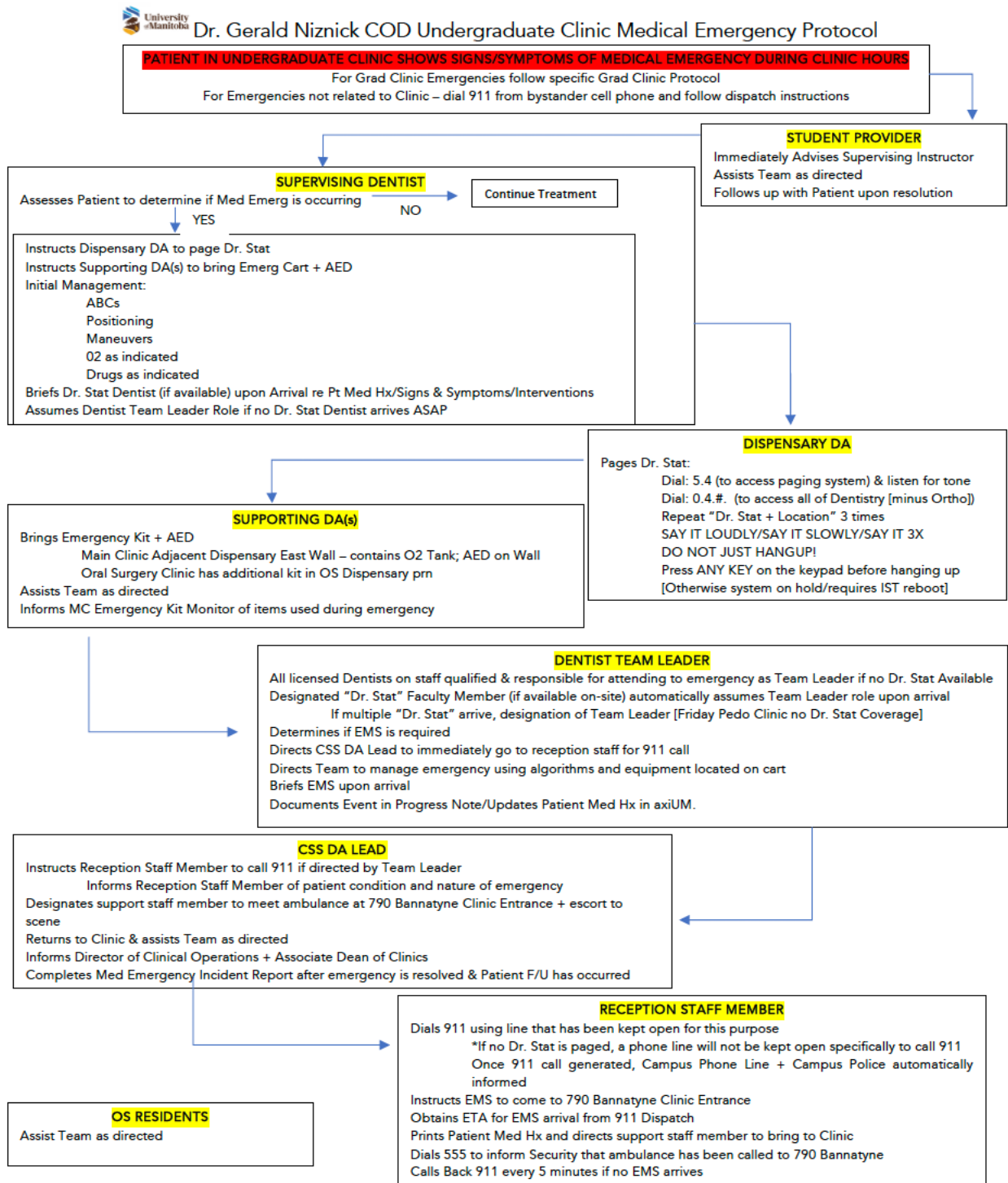
For any patient contacting you with the following symptoms: swelling, fever, bleeding and other symptoms that might be interpreted as life threatening, the patient should be referred to the nearest Hospital Emergency room.

**C) After Hours Protocol for Pediatric Dental Patients**

Students must ensure that the parent/guardians of all pediatric dental patients have the **Children's Hospital Emergency phone number (204-787-2306)** in case of emergencies.

## K. MEDICAL EMERGENCY PROTOCOL

### COD Undergrad Clinic Medical Emergency Protocol



Modified July 2025/Drs. Cottick, Pfeffer, Reeve, Boorberg

# Dr. Gerald Niznick COD Undergraduate Clinic Medical Emergency Protocol

## MEDICAL EMERGENCY TEAM ROLES

Student Provider – as assigned to Patient  
Supervising Dentist – as assigned to Student  
Dispensary DA  
Supporting DA(s)  
Reception Staff Member - PCC Lead (Marta Bhopalsingh)/PCCs/CSS Reception Staff as designated  
OS Residents  
Dr Stat Dentists – Drs Cottick, Pfeffer, OS Attendings  
CSS DA Lead – Kaitlin Bruce  
MC Emergency Kit Monitor – Sheila Holberg/Jenna McGavock  
Undergraduate Medical Emergency Protocol Officer (Undergraduate) – Dr Pfeffer

## MC EMERGENCY KIT MONITOR

Monthly inventory check: (Overseen by DCO)  
All MC emergency kit items  
All MC medications  
MC O2 Units  
MC AED  
Ordering/restocking for above through DCO

## COD AED LOCATIONS

Main Clinic – Adjacent Dispensary East Wall  
Oral Surgery Clinic – 1<sup>st</sup> Floor  
Graduate Periodontal Clinic – 3<sup>rd</sup> Floor  
Wall outside Grad Prostho Clinic - 2<sup>nd</sup> Floor  
Adjacent Dean's Office - 1<sup>st</sup> Floor

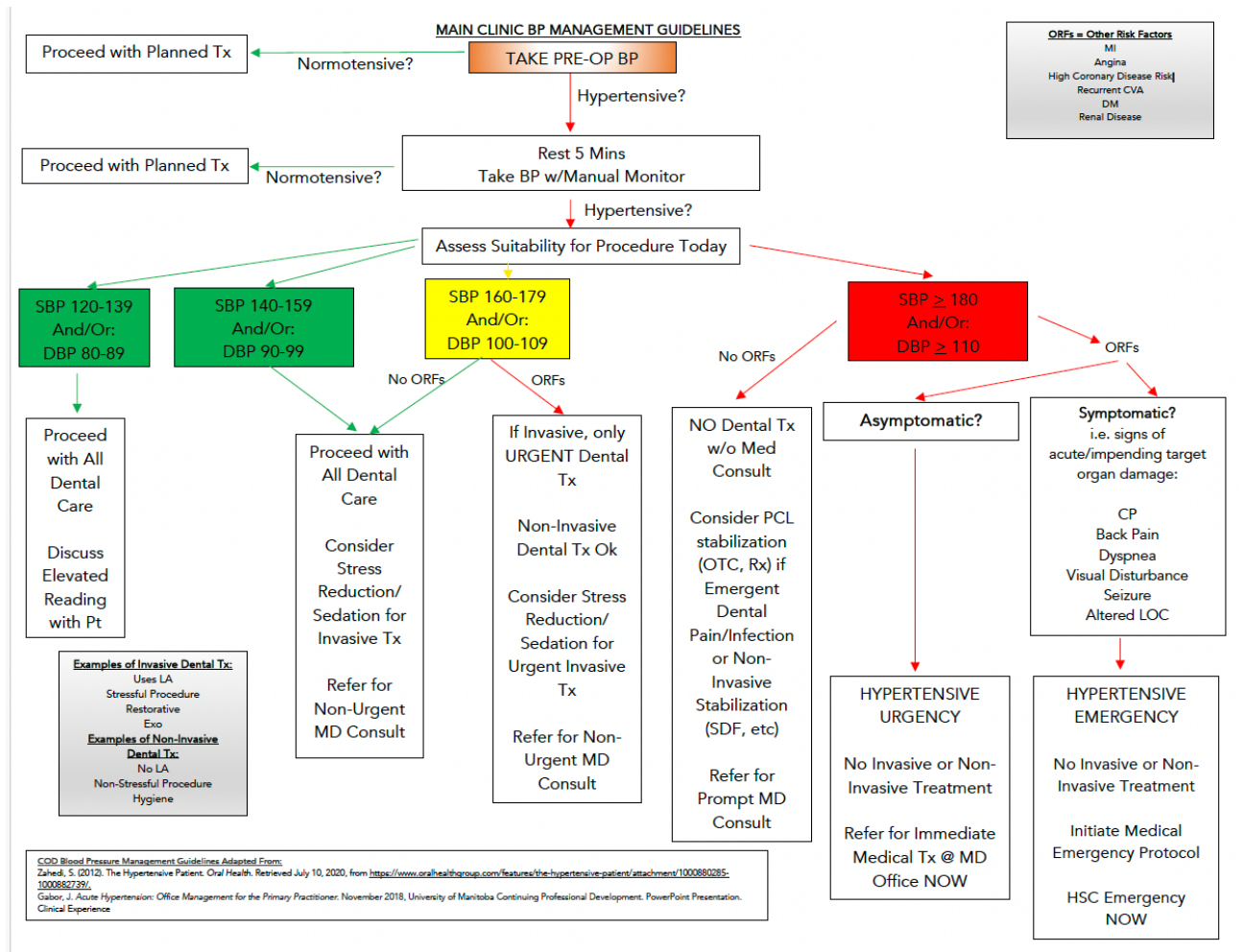
## UG MEDICAL EMERGENCY PROTOCOL OFFICER

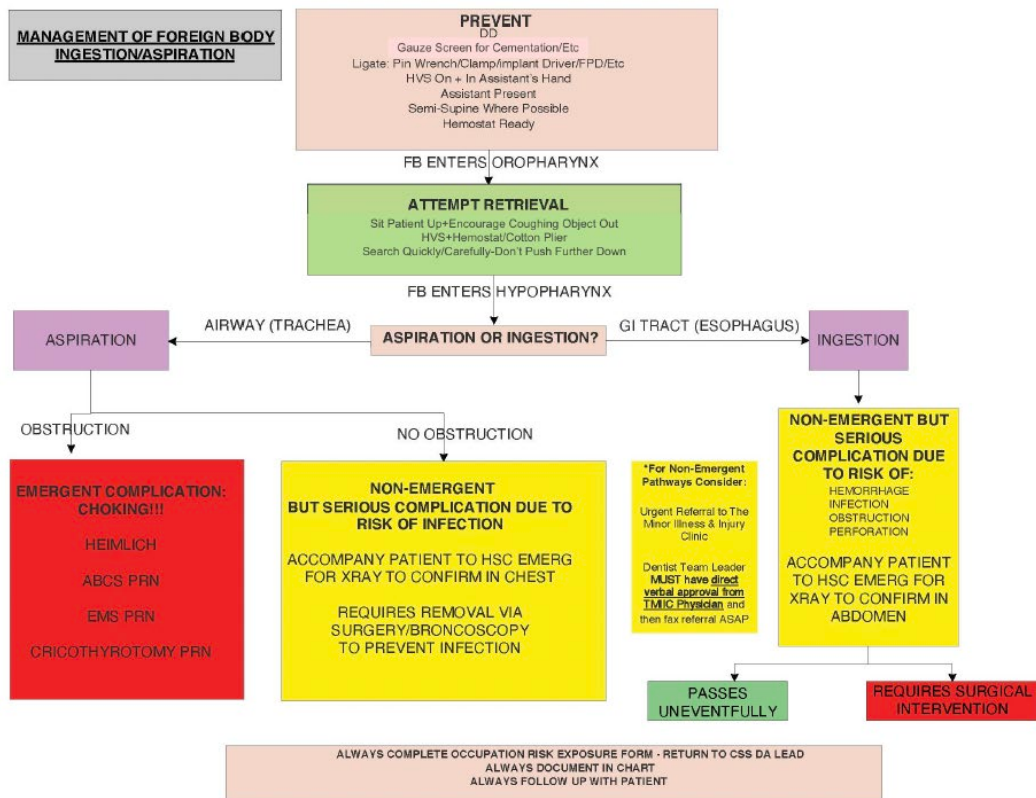
Yearly review & update of Protocol  
Trains support staff for medical emergency prep  
Oversees Main Clinic Kit algorithms

## Main Clinic Medical Emergency Cart Contents:

| <u>Allergy/Anaphylaxis/Asthma Section</u>           | <u>Seizure Section</u>                                          |
|-----------------------------------------------------|-----------------------------------------------------------------|
| Alcohol Preps                                       | 5mg/mL Midazolam 1ml Vials                                      |
| 18g X 1½ Blunt Fill Needles                         | Nasal Cannula                                                   |
| 18g X 1½ Blunt Fill Needles w/Filter                | Alcohol Preps                                                   |
| 21g X 1½ Needles                                    | 18g Blunt Fill Needle                                           |
| 3cc Luer Lock Syringes                              | 21g X 1½ Safety Glide Needle                                    |
| 25mg Diphenhydramine Tabs                           | 5cc Syringes                                                    |
| 50mg/mL Diphenhydramine 1 mL Vials                  | Vanish Point Syringe                                            |
| Epi Pen                                             | <u>IV Access Section</u>                                        |
| Epi Pen Jr                                          | D5W 5% Dextrose                                                 |
| 1mg/mL Epinephrine Amps                             | 0.9% NaCl                                                       |
| Gauze                                               | Clear Link IV Tubing                                            |
| Adult Spacer+Mask                                   | Adhesive Tape                                                   |
| Salbutamol Inhaler                                  | Alcohol Preps                                                   |
| Nasal Cannula                                       | Tourniquet                                                      |
| <u>First Aid Supplies Drawer</u>                    | Tegaderms                                                       |
| Alcohol Preps                                       | 22g IV Catheters                                                |
| Antibiotic Ointment                                 | 16g IV Catheters                                                |
| Cotton Tip Applicators                              | 5cc Luer Lock Syringe                                           |
| 1cc 29g X 1½ Safety-Lok Syringe                     | 3cc Luer Lock Syringe                                           |
| 2X2 Sterile Sponges                                 | 18g Blunt Fill Needles                                          |
| 3cc 21g X 1½ Syringe/Precision Glide Needle         | <u>Opioid Overdose/Pulse Oximeter/Syncope Drawer</u>            |
| Abdominal Compress                                  | 0.4mg/mL Naloxone 1mL Amp                                       |
| Assorted Band-Aids                                  | (Packaged w/5mL Syringe+Gauze Pad+Nasal Atomizer)               |
| Assorted Bandages                                   | 21g X 1½ Safety Glide Needle                                    |
| Clear Adhesive Tape                                 | 18g X 1½ Blunt Fill Needle w/Filter                             |
| Emergency Blanket                                   | 3cc 23g X 1 Vanish Point Syringe                                |
| Flashlight+AAA Batteries                            | Alcohol Wipes                                                   |
| Gauze Pad                                           | Nasal Cannula                                                   |
| Cold Compress                                       | Pulse Oximeter+AAA Batteries                                    |
| Hot Compress                                        | Ammonia Inhalants                                               |
| Iodine Swabs                                        | <u>Hypoglycemia Section</u>                                     |
| Scissors                                            | 4g Dex-4 Dextrose Tabs                                          |
| Tourniquets                                         | 1mg Glucagon IM Kit (Intranasal available in OS Clinic Cart pm) |
| Tweezers                                            | Glucometer+Cr2032 3V Batteries                                  |
| Waterproof Adhesive Tape                            | Test Strips                                                     |
| S, M, L, XL Gloves                                  | Alcohol Preps                                                   |
| <u>Cardiac Section</u>                              | Lancets                                                         |
| 0.4mg Nitroglycerin Spray                           | <u>Airway Section</u>                                           |
| 325mg ASA Tabs                                      | Airway Kit                                                      |
| 81mg ASA Tabs                                       | Pocket Mask                                                     |
| Nasal Cannula                                       | Adult Ambu Bag/Valve Mask                                       |
| <u>Oxygen Tank</u> (Second Tank found in OS Clinic) | Adult Nasal Cannulas                                            |
| <u>Automatic Blood Pressure Cuff+AA Batteries</u>   | Trach Needles                                                   |
| <u>Digital Thermometer +AA Batteries</u>            | XL Gloves                                                       |

## COD BP Management Guidelines





**\*\*\*URGENT REFERRAL FROM DR. GERALD NIZNICK COLLEGE OF DENTISTRY, AS DISCUSSED  
WITH TMIIC PHYSICIAN\*\*\***

**The Minor Illness & Injury Clinic**  
102-1001 Corydon Avenue  
Phone: 431-222-2273  
**Fax: 431-222-8322**

**Patient Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
**Age:** \_\_\_\_\_

**As previously discussed via phone with Dr. \_\_\_\_\_ @ TMIIC, please assess and  
provide treatment as necessary for:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PMHx:** \_\_\_\_\_

**Meds:** \_\_\_\_\_

**Allergies/Adverse Reactions:** \_\_\_\_\_

**Social History:** \_\_\_\_\_

**Description of Foreign Body Event and Patient Symptoms/Disposition:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cell Number of Referring Dentist:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you in advance for your management of this patient,**

**Referring Dentist:** \_\_\_\_\_

## The Prevention and Management of Ingested/Aspirated Dental Items

(From Hill, E.E and Rubel, B. A practical review of prevention and management of ingested/aspirated dental items. General Dentistry November/December 2008. P 691-693).

As most dental procedures are done with the patient partially or totally supine, there is a real risk that the patient may **ingest** a dental item. If such an incident should happen, it is entirely possible that the item will pass through the GI tract and be eliminated without harm. In some cases, though, if the item becomes lodged, surgical intervention may be required. Less commonly, an item is **aspirated** – a far more serious situation that could become life threatening.

Patient safety and accident prevention must be at the forefront of any dental procedure. The use of dental dam where possible is one way to help prevent item ingestion or aspiration. However, most incidents of these types occur during procedures where a dental dam could not reasonably be used. Wherever possible, items for placement, cementation (fixed restorations) and instruments used in their placement (implant screwdrivers) should be ligated with a length of floss to allow retrieval if displacement occurs. Another very simple preventive practice is the placement of a gauze screen to shield the patient's oropharynx. Ideally, the dentist or dental assistant should always maintain a watchful eye on any dental item that is placed in the mouth unsecured and have a hemostat or cotton forceps readily at hand.

When a dental item is lost in the mouth during treatment, first calmly ensure that the airway is not compromised and inform the patient of the situation. If the item cannot be located after a careful search of the mouth and area around the chair, it must be assumed that the object has been swallowed or aspirated, even if the patient can speak and breathe normally. If the patient is coughing, the item may be expelled; if not, a Heimlich maneuver may be necessary, and 911 emergency support should be summoned.

While 80-90% of ingested small foreign objects pass without incident, complications, including hemorrhage, obstructions and perforations can occur. When it is suspected that a foreign object has been consumed, immediate referral to a medical facility is necessary, regardless of the patient's appearance. The patient should be informed of the possible need for chest and/or abdominal radiographs. **PLEASE NOTE – ONCE SEATED, THE PATIENT SHOULD ALWAYS WEAR SUITABLE PROTECTIVE EYEWEAR.**

### Follow the Foreign Body Ingestion/Aspiration Algorithm to manage the patient

Notify immediately the Dental Faculty Floor Lead for the clinical session. The Dental Faculty Floor Lead will speak with either Drs J Pfeffer, D. Iwaszkiw, Cottick, Reeve or an Oral Surgeon, to determine if the patient should be sent to HSC for immediate care or else, referred to the Minor Injury and Illness Clinic for a chest/abdominal X-ray. If determined that the patient should be referred to the Minor Injury and Illness Clinic for imaging, **verbal approval via telephone from a TMIIC physician is needed prior to sending the patient. If approved by the physician**, the referring dentist/OMFS will complete the URGENT REFERRAL FROM THE DR GERALD NIZNICK COLLEGE OF DENTISTRY and have CSS fax the referral immediately to 431 222 8322. Provide the patient with the

clinic information (Address, Clinic hours & Phone Number) for the Minor Injury and Illness Clinic and advise them that they should report to the clinic for imaging.

**The Dental Faculty Floor Lead will communicate with the Dispensary Staff /Dental Assistant Team Lead, who will also complete the Incident Form.**

### **Percutaneous Injury Protocol: Significant Exposure**

**ALL PERSONEL THAT HAVE A PERCUTANEOUS EXPOSURE, and on the advice of the Occupational Health nurse, SHOULD HAVE BASELINE TESTING FOR HIV, HBV (IMMUNITY) AND HCV. If a significant exposure occurs during clinical patient care, stop your patient care and wash the injured area with soap and water.**

**NOTIFY THE SUPERVISING CLINICAL INSTRUCTOR WHO WILL THEN NOTIFY THE DENTAL FACULTY FLOOR LEAD. The Dental faculty Floor Lead will communicate with the Dispensary Staff/Dental Assistant Team Lead, who will then complete the Occupational Risk Exposure Form.**

- An Incident Report Form must be completed
- **The DA TEAM Lead (Kaitlin Bruce – [Kaitlin.Bruce@umanitoba.ca](mailto:Kaitlin.Bruce@umanitoba.ca) )**
- The DA Team Lead will determine if further action is needed (e.g., blood testing). The HSC lab closes at 4:45 p.m.
- If after 4:45 pm, students have the following options:
  - 1) have the right to proceed to HSC emergency for evaluation and to obtain PEP (Post-Exposure Prophylaxis).
  - 2) or if deemed a low-risk patient, the DA Team Lead will accompany you the next day to the lab for testing.

If required, the Dental Assistant Team Lead will contact the UM Occupational Health Nurse, to seek guidance regarding the significant exposure.

If deemed necessary, both the Source and the Exposed may need to obtain a blood test:

- a) The Dispensary dental assistant/Dental Assistant Team Lead will meet with the SOURCE to obtain written consent for blood test and complete the occupational exposure record and blood test requisition forms in a confidential and private manner. The HSC lab closes at 4:45 PM.
- c) The Source and the Exposed must sign the CONSENT forms.
- d) The Dispensary dental assistant/Dental Assistant Team Lead will meet with the Exposed and complete the Occupational Exposure Report.
- e) The Dispensary dental assistant/Dental Assistant Team Lead will accompany the Source and Exposed to the HSC lab.
- f) The Dental Assistant Lead will email the UM Occupational health nurse to provide all required information.

- g) The **Incident Report**, the **Exposure Record** forms and the **Occupational Sources Risk Assessment** will be kept in a locked cabinet with the **Dental Assistant Team Lead**.
- h) If the incident happens and occurs after the patient has left the clinic, **the Dental Assistant Team Lead** will collect all information regarding the incident, and if required, contact the Occupational health nurse, to determine if testing is required. If testing is deemed necessary, the DA Team Lead will contact the Source and the Exposed and make the necessary arrangements.

## L. SAFETY AND ASEPSIS PROCEDURES

### Management of Patients with Herpetic Lesions

- i. Confirm diagnosis with clinical dental instructors PRIOR to any treatment.
- ii. Specialty Clinic Staff will identify stage of lesion.

#### STAGE

##### *PRODROMAL STAGE*

- infectivity +
- patient is aware lesion will appear in a few hours

##### *VESICULAR STAGE*

- infectivity ++++
- most infectious stage
- small gray or white vesicles

##### *CRUSTING STAGE*

- infectivity ++
- less infectious than vesicular stage

##### *IMMEDIATE POST-LESION STAGE*

- infectivity +

#### TREATMENT\*

- no treatment restrictions.
- modify appointment schedule to avoid lesion in the vesicular stage.
- **treatment should be limited to relief of pain/infection.**
- **no elective treatment\*\***
- **treatment should be limited to procedures that don't produce aerosols or splatter.**
- **(no power instrumentation or polishing, care in removing dental dam).**
- no treatment restrictions.

\* All patients should be treated using normal barrier protections - gloves, mask, patient/operator glasses.

\*\* Exceptions depend on:

- Agreement between staff/student and patient.
- Nature of procedure.

It may be reasonable to perform some procedures under Dental Dam if aerosols are minimized and the patient is comfortable during treatment.

- Cover lesion with petroleum jelly **PRIOR** to treating patient.
- Ensure that the herpetic lesion is not a marker for any underlying systemic disorder that the patient understands to apply any medications that may be prescribed, that the patient understands how to avoid inoculation and cross- infections.

## Management of Ingestion and Aspiration Accidents

### A) Ingestion of Corrosives (Acids, Alkalis, Sodium Hypochlorite)

1.
  - a. Do not induce vomiting.
  - b. Ingest 200 - 300 ml of milk (water is second choice).
  - c. If available, 100 ml of 2.5% sodium thiosulphate.
2. Hospitalize for evaluation.

### B) Ingestion of Mercury

1.
  - a. Give 200 - 300 ml of milk and 2 egg whites.
  - b. Do not induce vomiting.
2. Transport to hospital.

### General Comments

Do not give anything by mouth if patient is comatose. Do not give emetics (or induce vomiting) if patient is:

- a. Comatose, convulsing, or if there is loss of gag reflex.
- b. pH of ingested substance is not close to physiologic (neutral), i.e., *strong acids and alkalis*.

The first void of vomitus should be kept for laboratory analysis. Refer to a physician as necessary.

### C) Aspiration of Metallic Objects

Determine if aspirated or ingested. Search for object. If it is not found, a chest radiograph is required. Do not give laxatives. If the radiopacity of the object is unknown, complete a test film with a dental radiograph first.

## M. HEALTH AND SAFETY POLICIES & PROCEDURES

### WHMIS

The University of Manitoba utilizes the Workplace Hazardous Material Information System (WHMIS) to ensure that all persons are informed about hazardous materials used on campus. Learner WHMIS certification certificates are kept on file with the Dean's Office.

### Chemical Spill Clean-Up Procedure - Main Clinic

- Also see MSDS D138

Eliminate all sources of ignition. Whenever there is a Chemical Spill in Main Clinic or other areas of the building, inform Clinic staff immediately.

#### ***Alcohol – Denatured (in torches and lab containers)***

- Eliminate all sources of ignition.
- Collect products for recovery or disposal.
- Ventilate enclosed spaces.
- Keep area from sparks/flame

#### ***Alcohol – Isopropyl in Units***

#### ***Alcohol***

- Eliminate all sources of ignition.
- Provide adequate ventilation.
- Use Chemical Spill Kit for clean-up and disposal.
- Use Chemical Spill Kit for clean-up and disposal.

#### ***Chloroform***

#### ***Monomer Liquid***

- Remove sources of ignition.
- Prevent skin contact. Do not breathe vapor.
- Use Chemical Spill Kit for clean-up and disposal.
- Wash area with water.

#### ***Hemodent***

#### ***I.R.M.***

- Use Chemical Spill Kit for clean-up and disposal.

#### ***Mercury***

- Do not touch the spill.
- Use acceptable mercury absorbent material. DO NOT INCINERATE.
- Use Chemical Spill Kit for clean-up and disposal.

#### ***Sodium Hypochlorite***

- Ventilate area. Flush with water and mop up.

## Eye Protection

To minimize the risk of eye injury during dental treatment the student must provide safety glasses to the patient, and they must be worn at all times for every visit. Patients may choose to wear their own prescription eyeglasses or sunglasses.

## Scent-Free Policy

Given that chemically sensitive individuals may react to different products with widely varying degrees of severity, it is very difficult to ensure a consistently comfortable and accommodating work environment under every conceivable set of circumstances.

Even so, it is the general consensus and the desire of the College to minimize to the extent possible the barriers and difficulties experienced in the workplace by both employees and patients subject to chemical/fragrance sensitivities.

The College of Dentistry requests that all clinics, offices and preclinical spaces used by the staff, students and Faculty remain free of chemical-based scented products.

## Bedbug Policy

Bed bugs appear reddish brown color size of apple seed and are rarely seen during the day. Bed bugs do not jump or fly, they crawl.

Bed bug infestations at the College of Dentistry are managed by custodians from Physical Plant that interface with exterminators. Physical plant staff are notified by Dental Assisting staff if a bed bug is noted after the patient has left, a bed bug is noted at any time not related to any patient, or if a bed bug fell off a patient during clinical treatment and was killed.

It is important to maintain the patient's dignity and retain a professional demeanor. If a patient self-identifies that they have bed bugs, arrangements need to be made to provide treatment in the closed-door clinical units, if possible. Speak to the Rotations Coordinator in CSS. If a patient is suspected to have bedbugs, use appropriate questioning with your patient at your clinical unit as to whether they live in an environment or have bedbugs in their current living space.

If a patient is suspected to have bedbugs, the recommended PPE for providing care to that patient and for disinfecting the unit needs to consist of contact precautions: wearing gloves, gown and booties (Booties available in Dispensary).

Patient's outerwear and purse, backpacks are to be placed in a new transparent plastic bag during the appointment without shaking them. The sealed bag of personal items should be placed in the treatment clinical unit closet. Please note, the student items (white long lab coat, loupes carrying case etc.) should only be placed in the Donn/Doff clinical unit closet.

During treatment if a bed bug is noticed on a patient or their belongings, use a large plastic bib for crown and bridge impressions/Endodontic procedures, for barrier for the operator.

At the end of the appointment, allow the patient to remove their personal items from the plastic bag and have the patient don coat in the treatment room, and discard the plastic bag with disposables in the treatment clinical unit. The plastic bag will be removed by Physical Plant staff directly to outside trash bin.

Students are to transport contaminated instruments, handpieces and equipment in recycled bags to MDR immediately after use. The dental unit is to be labelled "NEEDING REPAIR."

After Physical Plant staff have completed their process or fumigation has taken place, the clinic surfaces are disinfected as per usual including flushing the lines for 10 seconds and cleaning the high-volume suction trap.

If staff or students are to place clothing items in a clear or light-colored bag tied tightly and take the bag directly to washing machine. Place clothing items directly into the washing machine and the bag is disposed outside house. Clothes would need to be washed on the highest heat and dried on high heat for at least 30 minutes.

### Lice Policy

Similar to bed bugs, lice (*Pediculus humanus*) cannot hop or fly, they crawl. Lice are identified by seeing the nits (empty eggshell) on all body hair and they are wingless and 2-4mm long. At least one live louse indicates an infestation. After 4-6 weeks, the patient will experience itchiness. Lice will die if away from scalp and survive less than 2 days at room temperature and usually infect children 3-11 yrs. of age.

After treating a patient with lice, change plastic barrier on headrest as per usual and wipe down chair, disinfecting all surfaces as per usual.

If students are concerned, the recommendation is to use hot wash and hot air-drying cycles for clothes and bedding or store items in a plastic bag for 2 weeks. Soak combs and brushes in hot water for 10 minutes.

## N. COLLEGE FEE POLICY

### Fees are charged for all treatment provided

All patients are advised of this fact in writing in the Become a Patient form PRIOR to their acceptance. The College Fee Schedules are to be followed. Familiarize yourself with the College Fee Schedules which are accessible in axiUm under 'Links.' Be aware of all treatments, which have associated fees.

- **IT IS THE STUDENT'S RESPONSIBILITY TO PROVIDE EACH PATIENT WITH AN ESTIMATE OF THE COST OF TREATMENT** once a Comprehensive Treatment Plan has been finalized. Fee

presentation must be noted on the Treatment Planning Form and the cost estimate signed by the patient, student and the instructor. Please note that once the treatment plan has been approved and entered in axiUm an estimate can be printed. The Informed Consent form **must** also be completed as part of the informed consent process. **FOR THOSE PATIENTS WHO HAVE DENTAL BENEFITS (INSURANCE), THE TREATMENT PLAN MUST BE FINALIZED PRIOR TO THE PRE-AUTHORIZATION BEING SENT TO THE INSURANCE CARRIER.**

- Students must verify government insurance plan (CDCP, Social Assistance or NIHB) coverage with their Patient Care Coordinator prior to providing treatment. Patients on a government insurance plan (CDCP, Social Assistance or NIHB) must be notified once they have reached the maximum allowable for the year or of any treatment not authorized under their plan ( details on 3<sup>rd</sup> Party Government Insurance protocols are outlined below). Failure to follow protocols with Government Insurance may result in your clinic privileges being revoked. You will need to meet with the Associate Dean Clinics to have your privileges reinstated. If a patient chooses to move forward with the treatment, **any associated costs not covered by the government insurance would be the responsibility of the patient.** A **UG Fee Agreement form** must be signed by the patient prior to the treatment.
- When presenting the patient with the proposed treatment plan and the estimated cost, **advise the patient of the expectation and method of payment**, i.e., payment after each appointment, payment in advance, etc. The Payment Policy must be completely understood and accepted by the patient **before** any further treatment can proceed.
- The Instructor must approve any updates or changes to the treatment plan. The new estimate must be **understood and signed** by the patient.

**All procedure codes must be entered correctly into axiUm to meet medical-legal requirements and to provide patients with payment related details for provided treatment.**

- **At the Conclusion of Each Appointment**, review the patient's chart to ensure that all transactions have been entered correctly and approved in axiUm.
- **PRIOR** to leaving the operatory with the patient, the student must provide the patient with a complete explanation of procedures performed and the associated fees. This must be completed in the operatory to comply with University confidentiality policies.
- The student must review the amount due with the patient and plan the next appointment.
- The student then escorts the patient to the **Reception Desk staff** or their **Patient Care Coordinator** for payment. Payment can be made by cash, debit or credit (Visa, MasterCard) card.
- Patients are required to pay for treatment at the end of each appointment.
- **Reception Desk staff** or your **Patient Care Coordinator** will enter payment directly into axiUm, and a receipt will be issued to the patient.

- If at reception, an incorrect entry is found, have your patient pay the amount calculated to be correct. Arrange to meet with your **Patient Care Coordinator** to review the chart. It may be necessary to complete a correction card and have your supervising instructor approve and grade the procedure.
- All patient records are closely monitored by the **Patient Care Coordinators** and **PCC Leads** in the Clinic Administration office.
- **Treatment may be placed on HOLD, at the discretion of the Associate Dean Clinics, until payment is received.**
- Patients with planned fixed or removable prosthodontics, indirect restorations, pediatric and orthodontic appliances **are required to pay one half of the procedure fee and estimated lab fees PRIOR to the generation of lab costs. The remaining full balance must be paid prior to seating the patient on the day of delivery.**
- **Students must check patient account balances in axiUm after each appointment.**
- THERE SHOULD BE NO BALANCE OWING (with the exception noted above to those in-process treatments where we have collected half of the fees). To view details of your patient's account, select their name on the Rolodex, click TRANSACTION, and view all transactions in the GENERAL tab, Treatments must be approved by your instructor **PRIOR** to the end of the appointment. Unapproved treatment and work in progress will be closely monitored by the **Managing Director, CSS.**
- Any student proceeding with treatment without recording the appropriate treatment codes and fees in axiUm **WILL BE SUBJECT TO DISCIPLINARY ACTION.**
- If it is determined that the **student has not followed clinic policy concerning the collection of fees, they may be suspended from the Clinic at the discretion of the Associate Dean Clinics.** Ignorance of this regulation will not be considered as an excuse.
- Any exception to this policy is to be approved only by the **Associate Dean Clinics** or the **Managing Director, CSS. Students are required to review their patients' accounts on a weekly basis** (Info Manager Report -> Billing file ->select category: Patient Balances -> do search 'yes' use today's batch).
- Please remember that the accuracy of your patient's account and your grades are dependent on you selecting the appropriate codes in axiUm and the action (completed = C; in process = I).
- Please see the **Patient Care Coordinator** or **PCC Leads** if you have any questions or problems concerning your patient accounts.
- When a patient is unable to comply with College policy regarding payment for treatment, student must consult with the **Associate Dean Clinics** or **Managing Director, CSS.**

### Lab Bills

- Most laboratory fees are separate from the overall cost of the procedure, the lab fee generated

in axiUm is just an estimate. The final lab fees will be entered by the Financial Assistant in CSS. All patients receiving any treatments with a lab must be notified of the approximate fee for the lab fee/gold by the student. This estimated lab fee must be included as part of your treatment plan approved by your instructor and signed by your patient. Please ensure the patient knows that the fee on the treatment plan is an **ESTIMATE ONLY** and will be adjusted when the lab bill is received.

- **A lab code will be assessed for all procedures where a lab is indicated** for your information and our record keeping.
- If a student performs the lab work (i.e., D3 Fixed Crown) and the patient requires a lab bill for insurance purposes, the Lab Technician will need to generate an internal lab bill for the crown which will take into account the total amount of gold utilized. In order to create the internal lab bill, the Lab Technician will require the total amount of gold used by the student to fabricate the crown. The final crown will need to be weighed by Dental Stores staff and communicated to the Lab Technician. If you need immediate help with the generation of a lab bill, email the Clinical Operations Director, who will coordinate the internal lab bill.
- External lab bills are delivered with the lab work from the external laboratories (Shaw Dental Laboratories and Dean's Dental Laboratories) to the College. The lab bills are directly scanned into the patient's axiUm account by the Dental Stores Staff and/or the Financial Assistant. This can be found in the attachment tab. **Clinic Administration staff** will ensure the necessary recording of lab bills for patient/financial records.
- Lab cases in the impression stage will not be sent out unless the patient has made the appropriate payment (approx. 50%). On delivery, it is incumbent upon the student to ensure payment in full is collected at that appointment.
- Lab cases will not be sent out without the appropriate signature of the Team mentor on the laboratory Form for each respective year. D3 students should obtain a signature from the course coordinator for their clinical cases. D4 students should obtain a signature from their prosthodontic team mentor and/or D4 Team mentors.
- If the patient decides to discontinue treatment, the lab fee is assessed, and the charges applied against the payment made on the account to cover costs of the lab work completed.

### **Patients with 3rd Party Dental Insurance**

- The Patient Chart will indicate if the patient has dental insurance or coverage by Social Assistance, NIHB &/or CDCP.
- Guidelines for treating patients on Social Assistance, NIHB & CDCP are included in the Patient Management Orientation.
- Students should familiarize themselves with the coverage and restrictions of these plans. Fee guides can be accessed in axiUm under the "Links" selection at the top left-hand corner.



**Government Insurance:** Social Assistance (EIA), NIHB (Non-Insured Health Benefits), CDCP, Cancer Care, Cleft Palate Program. **Red C** symbol will appear on right side of insurance box.

Patient Card - RADAbdul-Jabbar, Kareem (RAD018)

Chart IN  
Pt Type Virtual Patient-data only temp

RADAbdul-Jabbar, Kareem  
02/07/1950  
123 Smith St  
Winnipeg, MB  
R3Q2E2

\* Home # (204) 123-4567  
Work # (204) 123-4567  
Mobile # (204) 806-1510  
Other # (204) 123-4567  
Other Loc  
Time

Chart RAD018  
Area  
Status Active  
ID.  
Provider A2532  
Access Free

Insurance SAP   
Employer  
Subscriber # 123456  
Group  
Holder RADAbdul-Jabbar, Kareem  
Coverage

Patient's Physician  
Emergency Contact RADAbdul-James, Tris  
(204) 123-4567  
Relation Daughter  
Manager

Last Visit 09/06/2023  
Last Recall 26/06/2023  
Next Recall 22/08/2023  
Next Appt 11/08/2023  
Last Stmt. 07/07/2023

| Alert  | 4LM    | 1COLL  | 1ACCT | 5PM    |       | Current | > 30     | > 60 | > 90 | > 120   | Total |
|--------|--------|--------|-------|--------|-------|---------|----------|------|------|---------|-------|
| Office | 2DENA  | 5GPERC | PROSP | 5GPERS | LDTDX | 0.00    | 0.00     | 0.00 | 0.00 | 0.00    | 0.00  |
| Custom | FRENCH | EMVOTX |       |        |       | 0.00    | 0.00     | 0.00 | 0.00 | 0.00    | 0.00  |
| Custom |        |        |       |        |       | 0.00    | 0.00     | 0.00 | 0.00 | 0.00    | 0.00  |
|        |        |        |       |        |       | 0.00    | Next Fee | N/A  | 0.00 | Now Due | 0.00  |

| Type    | Date     | Time              | Clinic      | Provider | Provider Name   | Code            | Reason      | Wait List |
|---------|----------|-------------------|-------------|----------|-----------------|-----------------|-------------|-----------|
| Deleted | 27/03/23 | 02:00 p - 05:00 p | Main Clinic | A2306    | Dutton, Spencer | * All Session * | TESTTTTTTTT | No        |

**Private Insurance:** for example, Blue Cross, Canada Life, Manulife, Greenshield, etc. Initials appear to the right of the insurance box on the Patient Card.

Patient Card - RADAbdul-Jabbar, Copy of Kareem (883903)

Chart IN  
Pt Type Virtual Patient-data only temp

RADAbdul-Jabbar, Copy of Kareem  
123 Smith St  
Winnipeg, MB  
R3Q2E2

\* Home # (204) 123-4567  
Work #  
Mobile #  
Other #  
Other Loc  
Time

Chart 883903  
Area  
Status Active  
ID.  
Provider  
Access Restricted

Insurance BC  
Employer  
Subscriber # 1234  
Group 9300  
Holder RADAbdul-Jabbar, Copy of Kar  
Coverage Simple 0% Non-Ass.

Patient's Physician  
Emergency Contact RADAbdul-James, Tris  
(204) 123-4567  
Relation Daughter  
Manager

Last Visit N/A  
Last Recall N/A  
Next Recall N/A  
Next Appt N/A  
Last Stmt. N/A

| Alert  | 4LM | 1COLL  | 1ACCT | 5PM |  | Current | > 30     | > 60 | > 90 | > 120   | Total |
|--------|-----|--------|-------|-----|--|---------|----------|------|------|---------|-------|
| Office | N/A | EMVOTX |       |     |  | 0.00    | 0.00     | 0.00 | 0.00 | 0.00    | 0.00  |
| Custom |     |        |       |     |  | 0.00    | 0.00     | 0.00 | 0.00 | 0.00    | 0.00  |
| Custom |     |        |       |     |  | 0.00    | 0.00     | 0.00 | 0.00 | 0.00    | 0.00  |
|        |     |        |       |     |  | 0.00    | Next Fee | N/A  | 0.00 | Now Due | 0.00  |

| Type | Date | Time | Clinic | Provider | Provider Name | Code | Reason | Wait List |
|------|------|------|--------|----------|---------------|------|--------|-----------|
|------|------|------|--------|----------|---------------|------|--------|-----------|

To make insurance pre-authorization as efficient as possible, please ensure that the following occurs:

1. **COMPREHENSIVE TREATMENT PLAN** must be completed accurately. Please review to ensure all information is entered accurately in axiUm and ensure the Comprehensive Treatment Plan is approved (SWIPED) by your instructor in axiUm.

**PLEASE NOTE:** *Pre-existing conditions (i.e., bridges or crowns) must be indicated as E on the axiUm chart or the insurance company will request whether it is initial placement, and the pre-authorization process will be delayed.*

2. **INSURANCE INFORMATION** - Escort your patient to the Reception Area to ensure that their insurance information is complete and accurate and to advise the **Patient Care Coordinator** that a **PRE- AUTHORIZATION is REQUIRED**.
  - If a student knowingly provides treatment for a patient on 3rd party insurance without pre-authorization, academic credit for those procedures may be denied.
  - Failure to follow protocols with Government Insurance may result in your **clinic privileges being revoked**. You will need to meet with the Associate Dean Clinics to have your privileges reinstated.
  - If treatment has been started, the student is responsible for completing the treatment as well as the lab work.
  - The **Associate Dean Clinics** may authorize treatment to proceed **without** or **PRIOR** to authorization from the insurance company when no other suitable patients are available.

The **Patient Care Coordinator** and **Managing Director CSS** assess additional information requested by insurance companies. It is the responsibility of the student to retrieve essential information noted in the Electronic Health Record. *i.e., initial placement of crown, missing teeth, x-rays etc.* If not properly recorded, CSS will require the student to retrieve additional information from the patient directly.

*The **Patient Care Coordinator Leads** are available to meet with students to discuss problems concerning chart audits.*

### **Urgent Care Policy**

As a fundamental principle, anyone who presents with unmanageable pain, swelling or bleeding should be treated regardless of their ability to pay. This principle must be applied judiciously, and only in the case of a true "emergency" i.e., swelling, abscess, bleeding, inability to control pain with OTC medication. The clinical instructor of the session should make the determination as to the course and limitations of treatment, taking into consideration the informed consent of the patient. This policy would also apply to previous urgent care patients who have an outstanding balance, although every attempt must be made to collect from them **PRIOR** to being treated again. In any event, these patients are billed as per the treatment provided.

### **Pre-Payment for Urgent Care Appointments**

For telephone inquiries, prospective urgent care patients must be informed that the clinic is a reduced fee for service clinic. All patients must pay at the time of treatment. Generally, and as a guide for what it is likely to cost for the visit, the patient is informed that an initial examination for a specific problem is **at the current year's rate**. The fee **must** be paid **PRIOR** to seating the patient in the clinic.

**If patients are unable to pay, please inform them of the following options:**

#### **Mount Carmel Clinic**

886 Main Street

Monday, Wednesday, and Friday, 9:00 - 5:00; Tuesday and Thursday 9:00 - 8:00

Payment is on a sliding scale - must bring Revenue Canada Notice of Assessment (Tax form T451).

#### **S.M.I.L.E. plus Program**

Machray School Dental Clinic - Children to 17 years

Monday - Friday 8:30 - 4:30

Payment is on a sliding scale - must bring Revenue Canada Notice of Assessment (Tax form T451), or Citizenship and Immigration Allowance Resettlement Assistance Program.

### **Patients Arriving for Appointments with Outstanding Balances**

The patient's axiUm chart will be locked with a note to see CSS Administration for the assumed clearing of the account **PRIOR** to the appointment. If the patient is not prepared / able to pay the account in full, the student should see the **Managing Director, CSS** and/or **Patient Care Coordinator Leads** to discuss. No further treatment can resume unless the patient's balance is clear, or authorization has been given by the **Managing Director, CSS**.

### **Patients Unable/Unwilling to Make Required Payment at End of Appointment**

If, despite the student having done their due diligence in advising the patient of the required fees, or if treatment circumstances go beyond what a patient can pay at the end of the session, the student is responsible to document circumstances in the contact notes of the patient's axiUm chart. Student must also advise the **Patient Care Coordinator Leads** by axiUm email immediately following the appointment. The **Patient Care Coordinator Leads** will review patient's contact notes, history/circumstances, and as necessary, in consultation with the **Associate Dean Clinics / Clinical Operations Director and Managing Director** will advise student of appropriate action (e.g., suspension of treatment, etc.).

### **Payment Agreements / Arrangements**

Support staff or students cannot make alternative payment schedules. As per College Fee Policy in the Clinic Manual, patients are required to pay for treatment at each appointment. If a patient wishes to discuss how they will clear their account **PRIOR** to receiving further treatment, they **must be referred** to the **Managing Director, CSS**. Advance payments for planned or in process treatments not due are acceptable but not encouraged i.e., crowns and dentures. Payments for future treatments not yet planned are not accepted.

## Patient Care Funds: Request for Endowment Funds

In some patient care treatment plans, the dental fees associated with the prescribed treatment can at times be prohibitive for patients to continue with patient care, resulting in deferral of treatment until financially feasible. Of importance, D4 and D3 clinical requirements are dependent upon the completion of key clinical course requirements. Please note, patients who would be considered to receive such funds must meet the following guidelines:

- their clinical treatment will benefit the student in acquiring their D3, D4 and DH2/DH3 clinical requirements;
- the patient is of good attendance record and in financial need of assistance;
- the patient must be able to contribute financially to their treatment costs; and
- the team mentor and/or Associate Dean Clinics supports the request.

There are a number of endowed funds available for patient care in the D3, D4 and DH programs. Please see below:

- **Dr. Donald B. Proctor Memorial Fund** - established in memory of Dr. Proctor to support patient treatment needs that match the learning needs of students. Available to D3 and D4 students.
- **Scotiabank Clinical Education Fund in Dentistry** - established to help patients get the care they require and help students complete their clinical training. Available to D4 students only.
- **Winnipeg Dental Society Student Clinical Support Fund** - established to help support patient care and 4th year dentistry students complete their clinical training. Available to D4 students only.
- **Class of '92 Peter Cortens Dental Care Fund** - established in memory of Dr. Cortens to support patient treatment needs that match the learning needs of students. Available to D3 and D4 students.
- **University of Manitoba Dental Alumni Association Emergency Oral Health Care Trust Fund** - to fund emergency oral health care and minor necessary dental procedures to restore function for individuals who present to the College of Dentistry Emergency Clinic who are without the financial capacity for these services. See Terms of Reference for additional information.

If you have a patient case that has met the above criteria for one of the endowment funds, the student should present the patient case to their respective Team Mentor and/or Course Coordinators. The Team mentors and/or Course Coordinators will determine if the case is appropriate for funding and discuss the appropriate amount of financial support that might be reasonable. Once the student has presented and discussed the case, the student must complete the **online Patient Fund Form Request link** via the Microsoft Teams Power App. Students do not need

to select which of the endowment funds will be used, this is guided by the Associate Dean Clinics, as per the Terms of Reference for the funds. The only exception for this is the UMDAA Emergency Fund where students can follow the guidelines. **Students should not discuss or offer funds to their patients until their request for funds has been approved by Associate Dean Clinics.**

To submit a request for patient funds, please go to the [Patient Fund Form Request Link](#) and complete the online form. The student and the instructor will receive a confirmation email once the form is submitted to the Associate Dean Clinics for approval. Once approved or rejected by the Associate Dean Clinics, the student and the instructor will receive another notification email advising the status of your claim. **Approved forms** will be automatically submitted to the finance team for processing, **Rejected forms** needing additional information will require a **new** form to be completed and resubmitted.

### Oral Health Access Fund (OHAF)

The College of Dentistry has received limited, one-time funding for this academic year from Health Canada through the Oral Health Access Fund (OHAF). The purpose of this funding is to support student learning, to provide access to oral healthcare for patients without adequate means or facing systemic barriers, and to address the Dental College's need to attract & retain patients. Treatment procedures within Schedule A and B of the Canadian Dental Care Plan are eligible for coverage through this funding and must follow the selection criteria as outlined within the [CDCP Dental Benefits Guide](#).

The funding applies to target populations identified through community outreach and initial screening clinics. Target populations include CDCP patients who have 40% & 60% coverage (existing or new patients) and non-insured patients facing systemic barriers i.e., newcomers to Canada, low income and/or those experiencing housing insecurity. Should you identify a patient that may qualify for this funding, please follow this process prior to commencing treatment:

- HC Fund Request form to be completed in axiUm by the student to identify patients meeting the target population criteria and to capture pertinent information needed for Health Canada reporting.
- The student forwards the completed/approved HCFund Request form via running man to Associate Dean for review and approval.
- Approved HCFund Request forms are directed to CSS Finance by the Associate Dean; CSS Finance will add the HCFund Office Code to the patient chart.
- Declined HCFund Requests will be returned to the student with an explanation that student will need to communicate to the Patient.
- Once treatment is complete, the student will notify their PCC.
- The PCC will review the patient chart and notify CSS Finance to apply the HCFund adjustment code, and the account balance will be cleared.

It is important to note that patient demographic information is being collected for fund reporting/research purposes. Students must complete the form and follow this process as funds are limited and need to be accurately recorded and tracked in axiUm.

## Fee Code Inquiries

Patient inquiries regarding treatment fees are to be referred to their assigned student for discussion. If the patient does not have an active provider, the patient should be referred to the **Patient Care Coordinator Leads** or **Managing Director CSS**. Students requiring assistance in answering fee code inquiries can consult with the **Clinical Operations Director**.

**The Financial Assistant will process adjustments/waivers for major treatment with a COMPLETED ADJUSTMENT OR WAIVER form, signed by Associate Dean Clinics and/or Patient Management Administrator.**

- Reduction of endo fee to reflect payment of Pulpectomy fee as per Undergrad Fee Guide. If the endo is completed within 1 year.
- Re-do restorations completed within the previous year (under most circumstances).
- Denture repairs or adjustments on dentures less than 1-year-old.
- Denture relines within 6 months of delivery excluding immediate dentures.

If not clear about what is required, the **Financial Assistant** will refer to the **Associate Dean Clinics** for guidance/signature. **Associate Dean Clinics** will write the decision/override conditions on the appropriate form, including details regarding dates and amounts, and return the form to **Financial Assistant** for appropriate adjustment.

## Fee Adjustments

**Any requested fee adjustment must be initiated with a FEE WAIVER form on axiUm.** Please note that while you or an instructor may assume it is advisable to adjust or waive a fee, **THE ONLY PERSON AUTHORIZED TO ALTER FEES is the Associate Dean Clinics**. Students and instructors DO NOT have this authority.

It is appreciated that during your supervision of dental treatment at the Dr. Gerald Niznick College of Dentistry you may believe that certain treatment should be provided at no cost or at a reduced cost to a patient. If such a situation arises, you are required to document your recommendation including your reason(s) on the **FEE WAIVER form**. The patient should be advised that this recommendation will be forwarded to the attention of the **Associate Dean Clinics and/or Patient Management Administrator** for appropriate administration review. If the recommendation is approved, the patient will be informed by the student.

**Please see below example of a situation where a Fee Waiver would be required:**

- Operative treatment, which fails within one year is usually replaced, if possible, at no charge.

## Fee Corrections

If, when reviewing a patient's account, a student finds an error (or errors), the student will make note in the Electronic Health Record and inform the designated **Patient Care Coordinator** and have the patient pay the correct amount. A Correction Card will be submitted to the **Patient Care Coordinator Team Leads** if the coding is incorrect and as a result the fee is incorrect.

- If the fee is incorrect, please see your **Patient Care Coordinator** or **Reception Desk staff** and they **will** direct you accordingly.
- If they are not available, please see the **Associate Dean Clinics and/or Managing Director** for appropriate review and adjustment.

## OVER \$100.00 UNCOLLECTABLE ACCOUNTS / ACCOUNTS IN COLLECTION

The clinic's policy/procedure with respect to uncollectable accounts (over \$100.00) will be as follows:

### Policy:

Once collection efforts on outstanding accounts have been exhausted, accounts will be deemed "uncollectable," flagged as "inactive," and sent to a collection agency.

### Procedure:

After **Patient Care Coordinators** and **PCC Leads** have exhausted the standard collection steps, these accounts should be referred to the **Financial Assistant** who will flag as "1ACCTU" or "1COLLU" (Patient Alert) in axiUm. This code will automatically lock down the chart making it inaccessible. The patient account is flagged "inactive," and the patient is dismissed from the College.

**Patients cannot get further service once their account has been flagged "inactive" and they have been dismissed from the College.**

## UNDER \$100.00 UNCOLLECTABLE ACCOUNTS

The clinic's policy/procedure with respect to uncollectable, small balance (\$100.00 or less) accounts will be as follows:

### Policy:

Once collection efforts on outstanding accounts have been exhausted, accounts will be deemed "uncollectable" and written off for accounting purposes.

### Procedure:

After **Patient Care Coordinators** and **PCC Leads** have exhausted the standard collection steps, these accounts should be referred to the **Financial Assistant** who will flag as "1ACCTU" (Patient Alert) in axiUm. This code will automatically lock down the chart making it inaccessible, and accounts will be written off.

**WHEN A CHART LOCK ERROR MESSAGE APPEARS, AN ADMINISTRATOR MUST BE CONSULTED.**

**Patients cannot get further service until the account is paid in full or if the required care falls under the Urgent Care Policy.**

**UNDER \$50.00 CREDIT on IN-ACTIVE ACCOUNTS**

The clinic's policy/procedure with respect to small balance credits (\$50.00 or less) on inactive patient accounts will be as follows:

**Policy:**

Once a patient account is deemed "inactive" the small credit balance will be adjusted and the account balanced to zero.

**Procedure:**

**Accounts  $\leq$  \$50.00**

Once Clinic Administration has completed the monthly review of accounts, these accounts should be referred to the **Financial Assistant** who will flag the patient as inactive in axiUm. The account will be adjusted with the "CLRCRE" code (small balance credit clearing) with a contact note indicating the credit will be re-applied to the patient account when they return to the College for treatment. Refund cheques for small balances will only be issued upon request by the patient.