



PYRAMID LAKE TRIBAL HEALTH CLINIC

DENTAL POLICIES AND PROCEDURES

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1. ADMINISTRATION

I. Purpose

The Dental Department is a department within the Health Clinic and adheres to Departmental specific and overall Health Clinic Policies and Procedures.

II. Policy

A. Hours of Operation – are consistent with Health Clinic hours of operation.

B. Staffing, to include:

1. Dentist(s)
2. Dental Assistant(s)
3. Dental Hygienist(s)
4. Tribal, Employees and Contractors

C. Ethical considerations – a founding factor in providing quality, professional and competent health care.

1. Code of Ethics – posted throughout the Clinic.
2. Patient Bill of Rights – posted throughout the Clinic.
3. Patient Confidentiality – that includes HIPAA and the Privacy Act.
4. Informed Consent – signed by the patient and included in the patient record.

D. Employee Dress Code

1. The Health Clinic dress code requires clean scrubs or casual dress.
2. Personal Protective Equipment (PPE) must be worn during patient care and changed between patients or more often as the situation dictates.
3. PPEs must be removed when leaving the clinical area.

E. Credentialing – dental providers comply with the Health Clinic's credentialing/privileging process.

F. Patient Records and Reports

1. The Dental Department shall utilize the IHS/Health Clinic Electronic Dental Record for patient records that includes:
 - a. Patient History
 - b. Patient Health

- c. Treatment Plan and Services
 - d. Documentation of consent for treatment and other patient records.
 - e. Documents for referrals and other patient information.
2. The Dental Department shall perform reporting required by Indian Health Service and the Health Clinic.

G. Imaging Equipment and Services

- 1. Compliance with Health Clinic Radiology Safety Requirements (i.e., use of lead aprons, dosimeter readings).
- 2. Routine medical equipment inspection and evaluation.
- 3. Compliance with equipment service schedule.
- 4. Indian Health Service Surveys and other assessments as approved by the Health Director.

H. Dental Laboratory Services

- 1. Are provided through a certified contracted laboratory services.
- 2. The Dental Department maintains a file of laboratory services.

I. Patient Complaints

- 1. The Pyramid Lake Health Clinic recognizes the patient as the foundation of the Health Clinic, and despite the Health Clinic's sincere endeavor to meet all of the needs of the Health Clinic's patients, concerns, complaints and issues arise that require complete and speedy investigation and resolve through a Complaint and Grievance Policy.

J. Patient Surveys

- 1. The Health Clinic, in order to improve the quality of patient care, conducts two Patient Satisfaction Surveys, annually.
- 2. The results of the surveys are reviewed by the Health Clinic Department and the Health Board for analysis and development of plans to address deficiencies

2. Dental Amalgam

I. Purpose

The Dental Department disposes of amalgam waste through an established system for the safety of patients and staff.

Amalgam waste is considered a hazardous waste and is not to be added to the waste stream as these substances can corrode and breakdown, contaminating the ground water.

II. Policy

A. Collection and Storage

1. Unused filling scraps are placed in a marked storage container.
2. Patient teeth and parts of teeth with filling remains are placed in the marked storage container.
3. Filling pieces from the suction unit are collected when the traps are cleaned and placed in the marked storage container.
4. Regarding waste past the Dental Department traps are collected through an separator in the water system and stored in the marked storage container.
5. The marked storage container is a container designed for filling waste, it is clearly marked, has a secure top and is stored in a secured place.

B. Disposal

1. The storage container is shipped to a disposal service.
2. Filling waste is not placed in bio-hazard or non-bio-hazard waste.

3. APPOINTMENT, SCHEDULING, PATIENT MANAGEMENT

I. Purpose

The Dental Department maintains an appointment system for the efficient and effective use of dental services and resources. The appointment system allows:

- Patients to be seen with minimal wait time.
- An appropriate scheduling of patients throughout dental day.
- Dental staff to prepare and set up in advance for each patient.
- Patient scheduling for follow-up visits and care.
- Allotted time for walk-ins and/or emergencies.

II. Policy

A. Appointments

1. Routine, non-urgent dental care will be provided by appointment, only.
2. Exam appointments will serve as the entry point into the dental appointment system.
3. Exam appointments will be given out until all available appointments are assigned.
4. All appointed patients will be reappointed following each visit until all planned treatment is completed; or until the patient exceeds the "broken" appointment limit.
5. Multiple appointments will not be given at one time.
6. The appointment book will be limited to three (3) weeks in advance.
7. If the three (3) week limit is exceeded, exam appointments will either be decreased in number or not given out for a short period of time to allow the appointment system to return to the three (3) week limit.
8. Patients are required to appear fifteen (15) minutes prior to their appointed time.
9. A short call list will be kept and patients called in the event of a last minute cancellation or no-show.

B. Exam Appointments

1. Exam appointments will be given out on a first-call, first-served basis, until all available appointments are gone.
2. The number of exam appointments will vary weekly depending on the number of vacancies available in the appointment book to keep it filled to a maximum of three (3) weeks in advance.
3. The three (3) week limit is set to cut down on the number of broken appointments to achieve compliance with Indian Health Service Dental Quality Assurance Guidelines and to allow for better management of employee leave and attendance.
4. Exams are required before any routine care will be provided to determine the patient's needs and to establish a treatment plan.

5. Exam appointments should be scheduled for one (1) hour and will include: exam, x-rays, and treatment plan.
6. Palliative treatment may be provided at the initial appointment, as necessary.

C. Emergencies

1. Appointments are required for all dental care, except emergencies.
2. Emergencies include: toothache, chipped or broken teeth, lost filling or crown, knock-out tooth, abscess, bleeding, pain after tooth abstraction, and/or similar complaints.
3. Emergencies will be given preference over appointed patient(s).

D. Walk-Ins

1. The Dental Department will reserve a specified time for walk-ins for the treatment of urgent and emergent dental problems.
2. Urgent and emergent dental problems include, but not limited to: pain, infection or swelling, broken fillings, loose teeth, broken prostheses, and/or similar complaints.
3. Patients will be triaged by the Dental Assistant prior to any treatment.
4. Care will be directed towards the relief of patients' chief complain(s).
5. If other dental problems are noted during the emergency oral exam, the patient will be appraised of the problem(s) but will be required to use the regular appointment system for further care.
6. Walk-ins will not by-pass the regular appointment system to receive care.

E. Broken Appointments

1. An appointment is considered broken if the patient:
 - a. Fails to show for the appointment.
 - b. Appears more than fifteen (15) minutes late for a schedule appointment.
 - c. Calls to cancel an appointment with too little advanced notice to allow that appointment time to be reallocated to another patient.
2. A patient is not to exceed two (2) broken appointments per a six (6) month period.
3. A patient exceeding two (2) broken appointments in a six (6) month period will not be allowed to schedule any further appointments for a period of six (6) months.
 - a. The patient may be treated for emergencies.
 - b. Elective procedures, such as endodontics, will not be completed until after the six (6) month probationary period.
4. Dental staff will educate patients regarding the "Broken Appointment" policy and may require patients to sign an agreement form.

F.. Recall System - allows the Dental Department to follow-up on all patients to ensure the quality and longevity of services and helps to reinforce to the patient the need for routine care.

1. Recall decisions for routine care will be made by the Dentist based upon eruption patterns, caries experience, periodontal status, need for sealants, and other relevant factors; and included in the patient treatment plan.
2. Recall cards will be utilized at the completion of treatment.

F. Family Members

1. The presence at chair-side of family members of the patient is generally not encouraged.
2. The Dentist will decide if a parent or other non-patient may (or even must) be present.
3. The Dentist may refuse to work with a patient if the presence of another person is deemed disruptive to treatment or to patient management, or is thought to jeopardize safe and proper treatment or management.

4. CONTINUING EDUCATION

I. Purpose

The Dental Department maintains a standard for training and continuing education to assure quality care.

II. Policy

A. Continuing Education Units (CEU)

1. Dental staff will maintain the required continuing education units (CEUs) for the maintenance of licensure and certification, paid by the Health Clinic following financial system process.
2. Contracted employees are required to keep current CEUs for their licensure and certification as part of their contract and at their own expense.

B. Infection Control Training

1. Dental staff shall participate in Annual Infection Control Training.
2. Dental staff shall participate in Health Clinic in-service trainings to include: Blood Borne Pathogens, spills (blood, mercury), sterilization of instruments, respiratory program.

C. Radiology Certification

1. Dental staff shall participate in Annual Radiology Certification.
2. Dental staff shall participate in the Health Clinic Radiology meetings and in-service trainings.

D. Medical Emergencies

1. Dental Staff shall keep current CPR certifications.
2. Dental Staff shall participate in Health Clinic code/emergency drills and trainings.

5. ELECTRONIC DENTAL RECORDS (EDR)

I. Purpose

The Health Clinic utilized the Electronic Dental Records (EDR) for patient health records in compliance with IHS, federal, and state laws and requirements.

II. Policy

A. Electronic Health Record (EHR)

1. Manages all aspects of patient care electronically.
2. Has a full range of function for data retrieval and capture to support patient review, encounter, and follow-up.
3. Is a means of communication among physicians, nurses, and health professions for the care and treatment of patients.
4. Is a chronological documentation of health care and medical treatment given to a patient.
5. Includes handwritten and electronic documentation.
6. Is an accurate, prompt recording of observations, relevant information, patients progress, and results of treatment.
7. Allows access to patient care information, simultaneously at multiple locations.
8. Point of service data entry ensures that the record is always up to date for all users.

B. EHR Functions

1. Patient lookup and management of personalized patient lists.
2. Problem list management, family history, diagnosis, etc.
3. Provider order entry for laboratory, radiology, medication.
4. Results notification and retrieval.
5. Report retrieval.
6. Health maintenance and disease state management reminders.
7. Clinical encounter documentation.
8. Clinical decision support, order checks and clinical reminders.
9. Documentation of immunization, patient education, health and personal health history, etc.
10. Coding support, ICD and CPT.
11. Consult/referral generation and tracking.

E. Property and Custody of the Health Record

1. The health record is the physical property of the facility and IHS.

2. Information within the health record is the property of the patient.

F. Protected and Secured Health Records

1. Access to health records and health record file areas is limited to authorized personnel only.

6. EXAMINATION PROCEDURES

I. Purpose

The Dental Department provides a routine scope of care for the examination of patients.

II. Policy

A. New Patient – or a patient that has not an examination in over a year.

1. Examination.
2. Bitewing radiographs, FDA Guidelines.
3. Review of medical history.
4. Oral hygiene instructions.
5. Dental prophylaxis as needed.
6. Fluoride treatment as indicated by caries incidence.
7. Panorex if none is available or is over 5 years old, and the patient is 8 years of age or older.
8. Treatment plan for all services falling within current levels of care guidelines.
9. Follow-up appointments until all planned treatment is completed or until the broken appointment limit is exceeded.

B. Recall Examination

1. Review and update of medical history.
2. Examination.
3. Bitewing or PA x-rays as ordered by the treating Dentist to follow-up on the previous treatment plan.
4. Updated treatment plan.
5. Oral hygiene reinforcement as needed.
6. Dental prophylaxis as needed.
7. Follow-up appointments as needed to complete treatment.

7. FIRE, DISASTER, AND SYSTEM FAILURE PLAN(S)

I. Purpose

The Dental Department shall follow the Health Clinic Safety Plan(s) for Fire, Disaster, and Systems Failure for the protection of patients and dental staff.

II. Policy

A. Fire - **CODE RED** – Internal Disaster (fire, flood, roof collapse, other structural damage, etc.)

1. RACE – Person discovering the fire should keep calm and follow RACE (Rescue, Alarm, Confine, Evacuate)

Rescue persons in immediate danger or area of the fire.

Alarm by:

- Setting off alarm.
- Announcing page, loudly and clearly, “Attention all patients and staff, CODE RED, please evacuate building through the nearest safe door”. (Repeat 3 times.)

Confine fire by closing door(s), DO NOT LOCK DOORS.

Evacuate the building and meet in designated area (the front parking lot).

B. Disasters

1. Code Yellow – External Disaster - disruption of normal clinic operations that will require the Health Clinic staff to organize to address an external disaster (motor vehicle accident, multiple victims of an accident, natural disaster, etc.) while addressing current Health Clinic operations per Safety Policies.
 - a. Code Yellow is also utilized for a “lock down” procedure for an external threat.
2. Code Black – Internal Disaster (bomb threat or other disaster requiring evacuation).
 - a. Code Black may also be used for other emergency situations that require evacuation of the entire Clinic.
3. Code Purple – Internal Disaster (disorderly person, intoxicated, or otherwise threatening a staff member).
4. Evacuation Guidelines

- a. Close doors, DO NOT lock doors, turn off lights.
- b. Exit through the nearest door to the front parking lot island in a quick but safe manner.
- c. Accountability Leads report to the Security Officer an accounting of staff, patients, and visitors.

C. System Failures - The Health Clinic Utility Management Program (Safety Manual) provides for a safe, controlled, and comfortable environment and for the event of a failure of essential utilities where the severity or duration of the failure places patients, staff and visitors at risk.

1. The Maintenance Department oversees the management of the utilities during Clinic business hours, including after hours.
2. In the event of an emergency, the Maintenance Department will coordinate with the Clinic Office Manager, Health Director, and respective public or Tribal utility for repair.
3. The Health Director or designee will close the Clinic if a utility failure is severe and long in duration to place patients, staff and visitors at risk; notifying Tribal Administration.
4. Health Clinic systems:
 - Heating, Ventilation and Air Conditioning (HVAC) – Recommended indoor temperature is 76°F.
 - Domestic Water/Sewer System
 - Electrical
 - Natural Gas
 - Telephone/ Communication, Computer System

8. Infection Control

I. Purpose

The Dental Department follows the Health Clinic Infection Control Policies for the protection of patients and staff, as well as specific Dental Departmental policies specific to blood and saliva issues inherent in the delivery of dental care and services.

II. Policy

A. Immunizations are provided through the Health Clinic Employee Health Program for all Health Clinic staff with special emphasis for staff that has a direct infectious exposure.

B. Patient Medical History

1. The dental staff reviews the patient's medical history and provides updated information, taking note of medications, current and recurrent illnesses, unintentional weight loss, infections and history of hepatitis.

C. Personal Protective Equipment (PPE) provides protection from infectious materials and illness.

1. Gloves are worn at all times during patient care; changed between patients and/or procedures.
2. Disposable Gowns/Aprons (fluid resistant) are worn at all times, changed between patients.
 - a. Disposable gowns/aprons are disposed of per waste disposal guidelines for non-bio and bio-trash.
 - b. Gowns/aprons are not worn outside of the Dental Department.
3. Masks, Eyewear, Face Shields are worn during procedures that are likely to generate droplets/splashing of blood/body fluids, appropriate for the procedure.
 - a. Disposable items are disposed of per waste disposal guidelines for non-bio and bio-trash.
 - b. Reusable items (shields) are disinfected with a germicide, between patients.
4. Patient protective eyewear is disinfected after each patient.

D. Decontamination of Environmental Surfaces

1. At the completion of the patient procedure, all environmental surfaces (counter tops, equipment, etc.) that were contaminated with blood and/or saliva, will be disinfected with a germicide.
2. Dental staff will avoid contact with non-dental items (telephone, cabinets, etc.) during the treatment of patients; re-gloving as necessary.

E. Hands

1. Hands are washed thoroughly with antimicrobial hand wash solution:
 - a. At the beginning and end of each day.
 - b. Between patients.
 - c. Prior to gloving.
 - d. After touching inanimate objects likely to be contaminated by blood or saliva.
2. Precautions are taken to avoid hand injuries during procedures.
3. Torn, cut or punctured gloves are removed, hands are washed before re-gloving and patient care continues.

F. Sharp Instruments

1. Sharp items (needles, scalpel, blades, etc.) are handled with care during patient procedures and only used per patient.
2. Recapping of syringes shall be performed in a safe manner to include: a "swooping" method, a syringe holder, etc.; standard safe practices.
3. Sharps are disposed of in the sharps containers.
4. Hemostats or forceps may be used to handle sharp items.
5. Re-usable items will be placed in marked covered container(s) with germicide, stored appropriately, and sterilized.

G. Sterilization – shall follow the Health Clinic Infection Control Policies for the processing of instruments.

H. Instruments

1. Surgical and other instruments will be sterilized after each use; including both items that penetrate soft tissue or bone (forceps, scalpels, surgical bars, etc.) or items not intended to penetrate oral soft tissue (amalgam condenser, etc.).
2. Disposable instruments/items will be disposed in red-biohazard bags and will not be reused.
3. High-speed and low-speed hand pieces will be sterilized between patients.

I. Special Considerations

1. Protective eyewear, preferably has side shields.
2. A rubber dam is recommended to reduce bacterial aerosols.
3. Chair operating buttons should be used through a drape or foot control.
4. Ultrasonic scaling should be limited to minimize aerosol production.
5. When scaling and root planning, it should be done using hand instruments.
6. Staff members with open wound/lesions must have the area properly dressed.
7. Staff members should not see patients while ill.

J. Ill Patients

1. Ill patients will only be seen on an emergency basis.
2. Ill patients will be isolated as much as possible, other scheduled patients may be rescheduled or asked to wait.
3. Ill patients, when possible, will be seen at the end of the day.

K. Disposal of Waste Materials

1. Sharps and sharp items are disposed in the sharp containers, containers are not to be overfilled.
2. Waste materials are disposed of in non-bio and bio trash containers per waste policies.
3. Blood, suctioned fluids, and other liquid waste are disposed of through drain connected to a septic/sewer system.
4. Other solid waste contaminated with blood or other body fluids will be placed in sealed, red-biohazard bags, labeled and double bag as necessary.
5. Extracted teeth are:
 - a. Disposed of in red-biohazard bags, not disposed of in land fill.
 - b. Not sent to labs or other facilities.
 - c. May be returned to the patient, upon request. Bio-hazard standards would no longer apply.

L. Water System

1. Water is distilled water.
2. Water is treated with dentapure cartridge.
3. Cartridges are replaced every 365 days.
4. Cartridge is EPA registered and ADA compliant, non-allergenic iodinated resin beads.
5. Water lines are flushed for 2 minutes at the start of the day and for 30 seconds between patients.

M. Radiology

1. Before Exposing Radiographs

- Wash hands and glove up.
- Practice unit-dose concept when setting-up for the type of x-rays that will be needed for the procedure.
- Check all surfaces/items are covered with FDA barriers (e.g., x-ray machine, film, control panel, sensor, cable).

2. Exposing Radiographs

- When exposing x-ray film/sensor/panoramic radiographs touch as few surfaces as possible.
- As x-ray film/sensor is complete use a disposal gauze to remove blood or excess saliva from the x-ray film/sensor.

3. After Exposing Radiographs

- Follow manufacture's instructions to clean and disinfect sensor, PSP, and film holders.
- Wear gloves, remove the contaminated barrier from cable and sensor or PSP and place on a paper towel.
- Remove lead apron thyroid collar from patient.
- Disinfect the cable and lead apron.
- Sterilize heat-tolerant items, clean and disinfect clinical contact surfaces and devices that cannot be heat sterilized.
- Dispose of waste in proper containers.

4. Panoramic Radiographs

- Wear gloves, dispose of bite stick or remove barrier from bite stick and sterilize.
- Remove barriers and replace (e.g., chin rest, head positioning guides, hand grips).

5. *References: Guidelines for Infection Control in a Dental Health Care Setting – 2003, Center for Disease Control and Prevention, and From Policy to Practice: OSAP's Guide to the Guidelines (CDC).*

M. Orientation and In-Service

1. New staff shall orientation to include Dental Departmental, Safety, and Infection Control Policies.
2. Annual in-service training to include Safety and Infection Control Policies.
3. Annual radiology in-service and competency review.

9. MEDICAL EMERGENCIES

I. Purpose

The Dental Department shall follow the Health Clinic Safety Policies regarding medical emergencies for the safety of patients.

II. Policy

A. Dental Department staff shall maintain current CPR certificates.

B. Dental Department staff shall follow the Health Clinic's Code Blue procedure.

CODE BLUE – Internal Disaster (a victim in perceived respiratory, cardiac arrest, and/or other medical emergency).

1. The first responder (first one on the scene) identifies the situation, attempts to determine responsiveness of the patient by shaking him.
2. The first responder yells for help, and the helper (or if no one is available, the first responder) calls out on the Clinic intercom "**CODE BLUE**" and the location of the Code Blue. Say (3) three times.
3. The first responder then begins to follow lifesaving measures until medical personnel arrive. Assessing the airway, breathing, the circulation using basic life support techniques.
4. The first responder (or other responder) immediately activates the 9-1-1 emergency system with the following information:
 - a. Location of emergency
 - b. Telephone number from which the call is being made
 - c. The incident (heart attack, etc.)
 - d. How many persons need help
 - e. Conditions of the victim(s)
 - f. Any other information requested
5. As soon as medical personnel arrive, they assume full authority of the scene and will direct others regarding emergency crash cart, patient gurney, automatic external defibrillator, medical supplies, and so forth.
6. Medical Records staff will be responsible for immediately removing other patients from the area, maintaining communications by manning the telephone line and retrieving the patient record (if it is a patient) to immediately notify the responding medical personnel about allergies and other required information.

7. The Health Clinic Pharmacist will act as the recorder of the scene. If the Pharmacist is unavailable, the medical person in charge will direct another Clinic staff member to be the recorder.
8. The medical person in charge of the scene will direct unnecessary Clinic personnel to return to their work stations and await further instructions. Clinic personnel should not leave the facility until their supervisor approves.
9. The Medical Director or medical person in charge is responsible for:
 - All documentation of the incident
 - Follow up on the victim
 - Posting of an After Action Report to include recommendations on improving the response to future Code Blue incidents
 - Announce when the situation has been controlled or the patient evacuated, over the intercom **“Code Blue, All Clear”**.

10. MISSION STATEMENT AND PRACTICE PHILOSOPHY

I. Purpose

The Dental Department has the Mission of providing the highest quality oral health care to the patients of the Pyramid Lake Tribal Health Clinic.

II. Policy

A. To accomplish the mission of providing the highest quality oral health care to the patients of the Pyramid Lake Tribal Health Clinic, the Dental Department's Practice Philosophy is:

1. Treat each and every patient with the highest quality care available.
2. See patients at appointed times.
3. Provide a professional, quite, and cordial atmosphere.
4. Develop a treatment plan that addresses the patient's needs, concerns, and limitations.
5. Give patients in pain high priority and act in their best interest to alleviate pain.
6. Work closely with Health Clinic staff to ensure comprehensive treatment.
7. Place an emphasis on PREVENTION and educate patients.

11. PAIN ASSESSMENT/MANAGEMENT**I. Purpose**

The Dental Department maintains pain assessment and management policies to assure patient's pain is identified, addressed and managed.

II. Policy**A. Pain Assessment**

1. Will be performed through Dentist/patient consultation taking into consideration the patient's complaint and present condition.
2. Pain is assessed through a standard scale (i.e., one to ten scale, happy to sad face, etc.).

B. Pain Management

1. Treatment plans for procedures that require pain medications (e.g. surgery).
2. Consultation with the Health Clinic Pharmacy.
3. Patient education regarding pain medications.

C. Pain Contract

1. Dentist will review patient chart for Pain Contract(s), past and present; information to be utilized to properly address patient procedure pain.
2. Dentist may consult with the Health Clinic Pharmacist.
3. The Dentist shall participate in Pain Management activities to include: policy review, development, and case management.

12. PATIENT EDUCATION

I. Purpose

The Dental Department promotes health education through an interactive process with the patients during their dental visits, through targeted groups (Head Start), and through the Health Clinic overall patient education programs.

II. Policy

A. Patient Education

1. Patients receive education during their treatment appointments that includes oral hygiene, specific health issues (Diabetes), expected outcomes of treatment and continued care, and a plan for future prevention.
2. Patients receive dental care items: tooth brush, tooth paste, dental floss, flossing tools, with instruction on their use.
3. Patients receive printed information on topics to include: fluoride, brushing, diabetes, foods, tobacco, etc.
4. Parent counseling for children and youth.

B. Target Groups

1. Diabetic Patients
2. Head Start

13. PATIENT REFERRALS

I. Purpose

The Dental Department will make appropriate referrals for care not provided or available through the Health Clinic Dental Department.

II. Policy

A. Patient Referrals will be made:

1. For patients presenting with emergencies when a Dentist is not available.
2. For patient care not available through the Dental Department.
3. For patients requesting another dental provider.

B. Referrals

1. Will be made to other area Tribal/IHS Dental Programs.
2. Emergencies will be referred to area ER facilities.
3. Private Dental provider referrals will be through the Health Clinic Patient Referred Care (PRC) Department.

C. Electronic Health Record (EHR) - all referrals will be entered into the patient's EHR.

D. Follow-Up – the Dental Department will follow-up on all referrals.

1. Providing follow-up care for emergencies and patients referred to private providers per treatment plans.
2. Providing patient records and x-rays through a patient request should a patient seek care through another Provider.

14. PATIENT TREATMENT PLAN

I. Purpose

The Dental Department develops treatment plans specific to each patient to assure continuity and quality of care.

II. Policy

A. Treatment Plan Components – each utilized as appropriate for the patient.

1. Exam and oral hygiene.
2. Treatment, temporary or definitive, addressing symptomatic problems or exigencies.
3. Periodontal scaling, prophylaxis, OHI reinforcement, with the intention of improving periodontal health to the optimum, short of surgical intervention.
4. Sealants.
5. Treatment of active caries with restorations, planned by quadrants when possible, allowing when necessary for patient choice of order, especially if additional symptomatic teeth are involved.
6. Extractions, especially when a healing period is necessary in preparation for prosthodontics.
7. Additional periodontal treatment measures (e.g. surgery).
8. Endodontic treatment.
9. Prosthetics.
10. Topical Fluoride.
11. Patient education (e.g. oral disease, children's health, etc.).

B. Other Considerations

1. The informed consent of the patient is obtained and incorporated into the EDR.
2. Treatment plan components do not address orthodontics, full mouth rehabilitation, etc.
3. Services may be combined (e.g. restoratives and sealants together, perio scaling and extractions, etc.).
4. Services for target groups may involve only one service (e.g. screenings, sealants for school children, etc.).
5. Alternative treatment plans and order of care are discussed with patients.

C. Anesthesia

1. Only local anesthesia: 2% Lidocaine, 4% Septocaine.
2. General anesthesia is not utilized.

15. PERIODONTAL TREATMENT PROGRAM

I. Purpose

The Dental Department provides a Periodontal Treatment Program that includes screening, treatment, and patient education.

II. Policy

A. Periodontal Screening

1. Patients over the age of 15 will be screening for periodontal disease using PSR or CPITN system. Two sextants of 3 or a single 4 recording indicate that a full mouth periodontal probing will be done.
2. A comprehensive periodontal probing should include probing of each tooth in six areas and recording on the probing form of the provider's choice.
3. During the probing appointment, a plaque, bleeding, and bleeding on probing index should also be completed.

B. Treatment

1. A general debridement may be done at the initial visit, removing supragingival calculus and plaque. Anesthesia need not be given when doing this except with hypersensitive patients.
2. Scaling and Root Planning (SRP) is defined as the subgingival removal of plaque and calculus using anesthesia.
 - a. Adequate time should be allowed to accomplish the procedure, either by quadrant or by halves.
 - b. SRP should not be delegated to anyone except a licensed hygienist.
3. After SRP therapy is completed, the Dentist will re-appoint the patient in 6-8 weeks.
 - a. Re-probing will occur.
 - b. Any residual pocket depths >6mm may indicate a need for surgical therapy.
 - c. The Dentist will may refer the patient for continued periodontal therapy.
 - d. Patients complete with SRP will be scheduled for 3-6 month maintenance visits.

C. Patient Education

1. Is a key to periodontal treatment.
2. Customized oral hygiene instructions will enable faster health and a successful outcome.

16. DENTAL PROGRAMS**I. Purpose**

The Dental Department not only provides individual patient care but provides services to targeted groups and the community.

II. Policy**A. Community Water Fluoridation****B. Targeted Groups**

1. Diabetic Patients, referred through the EHR by Health Clinic providers, nurses, and Diabetes Program staff, receiving:
 - a. Annual exams.
 - b. Development of treatment plan(s) for care.
 - c. Counseling on periodontal disease, prevention and remedy.
 - d. Assistance with referrals for dentures and other restorative needs, often, coordinating with the Diabetes Program.
2. Pre-natal Mothers, referred through the EHR.
3. Head Start – the Health Clinic and Dental Department coordinate annual screenings for Head Start Children.
 - a. A Health Questionnaire is completed.
 - b. Parents or legal guardians complete a consent form, prior to screening.
 - c. Follow-up treatment plans are developed as necessary.

C. Community and Tribal Involvement

1. The Dental Department, through the Health Clinic Director, interacts with the Health Clinic Health Board regarding patient/community education, Dental Department needs, patient services, etc.
2. Community education and information is provided through Health Fairs, newspaper articles and community events.

17. PROSTHODONTICS

I. Purpose

The Dental Department provides a Prosthodontics Program (partials, crowns or bridges) for restorative procedures and patient education for maintenance of the prosthetics and oral hygiene.

II. Policy

A. Prosthetics

1. Treatment plans are developed; it is important that patients not exceed the Broken Appointment Policy of two (2) missed appointments to assure continuity of care; may be placed on a deferred service list.
2. Periodontal services needed to bring the teeth involved in the prosthesis, both as abutments and as opposing occlusion, to CPITN level I or better, must be provided prior to the prosthesis. Teeth not meeting CPITN level I criteria are not eligible for prostheses.
3. Stainless steel crowns are not acceptable as permanent restorations on permanent teeth, they must be replaced with a cast crown.
4. Single-unit cast crowns, cusp-protected alloys and composite build-ups will be used.
5. Patients requiring fixed or removable partial prosthodontics may be required to undergo an oral hygiene program to reduce plaque indices to acceptable levels prior to receiving prosthetic services.
6. Fractured teeth should first be restored with pin and slot retained amalgams or composites.
7. Patients will be counseled regarding the prosthodontics treatment and process.

B. Lab

1. Patients are responsible for all lab fees, fully paid in advance, and paid by money order, ONLY.
2. Refunds to the patients after the lab work has begun may not receive any or all of the funds paid.

C. Elder Dental Program

1. Elders, 60+, are eligible for dentures, partials, crowns and/or bridges.
2. Elder must be an established Health Clinic patient and an enrolled member of a federally recognized tribe, or a documented descendant living or established within the Health Clinic service area.

18. QUALITY OF CARE EVALUATIONS

I. Purpose

The Dental Department Maintains periodic evaluations and reviews to assure the quality of patient care.

II. Policy

A. Measures of Care as assessed through the Health Clinic Health System Information Analysis that considers GPRA, MU, EHR, and other identified data and indicators.

1. Departmental Directors and the Health Clinic Director report findings to the Health Board that includes developed plans to address deficiencies, care gaps, and departmental needs.

B. Employee Evaluations are performed annually that may include employee merits and counseling for employee improvement.

C. Risk Management

1. Incident and accident reports follow the Health Clinic Safety and Infection Control Policies.
2. Patient complaints follow the Health Clinic Administrative Policies that are the responsibility of the Health Director.
3. Safety and Infection Control in-service trainings occur throughout the year.
4. Dental Department staff receive annual CPR training.
5. Dental Assistant maintains IHS radiology certification.
6. Dental staff complies with HIPAA, the Privacy Act, the Freedom of Information Act, and all other applicable confidentiality policies.

19. RADIOLOGY

I. Purpose

The Dental Department maintains a policy on radiology for the safety of patients and dental staff.

II. Policy

A. Indian Health Service, Environmental Health and Safety/Radiological Safety of the Health Program Guide criteria will be met and well as the internal Radiology Policies of the Health Clinic.

B. Patient x-rays are recorded in the patient's EDR record.

1. A full x-ray panel, including bitewings, periapicals, and panoramics, will be taken at the initial patient visit.
2. Additional x-rays will be taken as required throughout the patient treatment plan.

C. Only authorized Dental Department staff shall take dental x-rays: Dentist, Dental Assistant, and Dental Hygienist.

D. X-ray Equipment

1. Equipment: Intraoral and Panoramil
2. Equipment is calibrated every three (3) years or soon as necessary.
3. Non-functioning equipment will be tagged and taken out of service for repair or replacement.
4. Dental staff will receive annual in-service training.

E. Lead Aprons

1. Will be used for ALL x-rays.
2. Adult and child lead aprons and guards will be used per size appropriateness.
3. Women between the ages of 12-50 will be screened for pregnancy and x-rays will only be taken after the Dentist has determined the advisability.
4. Dual lead aprons shall be used for pregnant women.
5. Aprons will be hung and stored on wall mounts to prevent folding and crimpling, so not to violate the integrity of lead barrier.
6. Aprons will be tested annually and replaced as necessary.

F. Dosimeter

1. Dental staff are required to wear dosimeters while in the Dental Department.
2. The dosimeters are read quarterly with a reporting to the Safety Committee.
3. Dosimeters with miss reads and/or damaged will be replaced.
4. Dosimeters with readings for health concerns will be reported to appropriate agencies and the employee will comply with On-The-Job-Injury Policies.

20. SAFETY

I. Purpose

The Dental Department maintains Safety Policies for the protection of patients and staff.

II. Policy

A. Personal Protective Equipment (PPE) not only provides protection from infectious materials and illness, but safety from the use of dental machinery, the unexpected, flying tooth and/or parts of teeth, etc.

1. Gloves

- a. Worn at all times during patient care, cleaning/sterilization, while performing lab duties and as needed for appropriate protection.
- b. Torn gloves are replaced immediately.

2. Gowns/Aprons

- a. Fluid resistant.
- b. Worn at all times during patient care, cleaning/sterilization, while performing lab duties and as needed for appropriate protection.

3. Masks, Eyewear, Face Shields

- a. Worn during procedures, not only for the protection of droplets/splashing of blood/body fluids, but for protection while utilizing dental equipment and for the protection from the unexpected flying tooth and/or parts of teeth, etc.
- a. Worn while working in the lab.
- b. Preferably with side shields.

B. Sharps - needles, glass, and sharp disposable objects will be handled with care and discarded in the sharps containers.

C. Orientation and Training

1. New employee will receive orientation instruction.
2. Annual Safety Training will be provided for all Dental staff.
3. Dental staff will participate in Health Clinic safety and infection control trainings.

D. Equipment – the Dental Department shall follow the Health Clinic policies regarding equipment to include:

1. New appliances and equipment will be tested prior to placing the item in service.
2. Equipment recalls will be documented, removed from service, replaced, and returned.
3. Equipment failures will be tagged, removed from service, and replaced or repaired.
4. An Adverse Incident Report will be completed.
5. Employee owned devices (e.g. space heaters) must follow Health Clinic Safety policies.
6. Dental appliances and equipment shall be properly maintained per Health Clinic policies and manufacture requirements.

E. Flammable Liquids are stored in a fire proof cabinet.

F. Hazard Communications (MSDS)

1. The Dental staff will participate in Health Clinic Hazard Communications training.
2. MSDS records are maintained in the Dental Department.
3. Updated for new and retiring items, reviewed annually.
4. All hazardous materials will be labeled and stored appropriately.

G. On the Job Injuries – shall follow the Health Clinic policies and Workmen’s Comp requirements.

H. Radiology – shall follow IHS and Health Clinic policies.

1. Dental Staff shall wear monitoring badges at all times.
2. Monitoring badges will be read at a minimum of quarterly by the Safety Officer.
3. Patients shall be properly draped with lead aprons and shielding.
4. Aprons and shielding shall be tested a minimum of quarterly, items with damage will be replaced.
5. Patients shall be altered to radiology concerns for pregnant women through signage and provider questioning.
6. Dental Staff taking x-rays shall stand behind a protective wall/shielding.
7. Dental Staff shall receive annual radiology training.
8. Dental Staff shall cooperate with IHS reviews and assessments.

I. Medical Emergencies

1. Dental staff shall be CPR certified.
2. Dental staff shall follow Health Clinic emergency codes and procedures.

J. Mercury - shall follow the amalgam policies.

K. Water

1. Water is provided through a self-contained system that does not utilize an outside water resource.
2. Patient water lines are flushed for 20 seconds between patients.

L. Hand Hygiene

1. Dental Staff shall follow the Health Clinic Hand Washing Policies.
2. Dental Staff shall maintain short smooth fingernails.
3. Jewelry and watches are discouraged.

M. Eye Wash Station

1. The Dental Department maintains an Eye Wash Station that is checked weekly, recorded on the posted log sheet.
2. Non-functioning stations are reported to Facility Maintenance for repair or replacement.
3. Dental staff participate in annual eye wash station in-service.

21. TREATMENT OF MINORS

I. Purpose

The Dental Department complies with the Health Clinic and IHS policies regarding the treatment of minors with specific attention to:

- Minor – any person under 18 years of age.
- Dental Emergency – any condition which would cause serious risk to the patient endangering the life or health of the patient if treatment were delayed to obtain consent from the parent or legal guardian.
- Emancipated Minor – any minor whose parents or guardian has surrendered the entire right to care, custody and earning of such child as well as a renunciation of parent duties. Emancipation may be expressed, implied or by court petition. The Health Clinic Medical Records Department will determine that patient's legal status.

II. Policy

A. Whenever possible the signed consent of the parent should be obtained, unsuccessful efforts should be documented in the patient record.

B. Before emergency services are performed, the health professional will make a reasonable attempt to inform the spouse, parent or legal guardian of any treatment.

C. Permission of an adult sibling of a minor may not substitute for the permission of the parent or legal guardian.

D. The treatment plan must be explained to the parent or legal guardian of all minors. This will be at the examination appointment for all new patients and before treatment for all walk-in patients.

E. A parent or guardian must be with the minor at the time of their initial examination. If the parent or guardian is not with the minor at the initial examination, no treatment will be rendered.

Dental Services

Diagnostic Services	
▪ Comprehensive Examinations	▪ Panoramic Radiographs
▪ Periapical Radiographs	

Preventive Services	
▪ Adult and Child Prophylaxis	▪ Preventive Sealants
▪ Fluoride Varnish Application	▪ Oral Hygiene, Dietary Instructions

Restorative Services	
▪ Composite Restorations	▪ Gold and Stainless Steel Crowns
▪ Ceramic Crowns	▪ Porcelain-Fused-To-Metal Crowns
▪ Amalgam	▪ Sedative Resortations

Endodontic Services	
▪ Pulp Testing	▪ Root Canal Therapy: anterior/posterior

Periodontal Services	
▪ Periodontal Screening and Recording	▪ Scaling and Root Planting
▪ Comprehensive Periodontal Probing	▪ Periodontal Maintenance Recalls
▪ General, Gross Debridements	

Removable Prosthodontic Services	
▪ Complete Dentures	▪ Denture Repairs
▪ Removable Partial Dentures	▪ Denture Relines and Rebases
▪ Flexible Removable Partial Dentures	

Fixed Prosthodontic Services	
▪ Fixed Bridgework	▪ Crown and Bridge Repairs
▪ Precision Attachments	

Surgical Services	
▪ Routine Extractions	▪ Alveoloplasty
▪ Surgical Extractions	▪ Excision of Oral Lesions

Other Services	
▪ Patient/Community Education	▪ Occlusal Adjustments
▪ Athletic Mouth Guards	▪ Behavioral Management
▪ TMJ Occlusal Nigh Guards	▪ Referrals

Dental Abbreviations

Amal	Silver Amalgam	PFM	Porcelain-Fused-To-Metal
ANUG	Acute Necrotizing Ulcerative Gingivitis	PLD	Partial Lower Denture
B	Buccal	PMD	Pain Management Discussed
B.A.	Broken Appointment	POI-GU	Post-Op Instructions Given/Understood
C.A.	Cancelled Appointment	PTC	Patient Treatment Complete
Ca(OH) ₂	Calcium Hydroxide	PUD	Partial Upper Denture
Carbo	Carbocaine 3%	quad	Quadrant
Dism	Dismissed: good/fair/poor condition	RBA	Risk/Benefits/Alternatives Discussed
Ext.	Extraction	RD	Rubber Dam
F	Fluoride ion, Fluoride	RPC	Root Planning and Curettage
F	Full Denture	RPD	Removable Partial Denture
F.	Facial	S.A.	Silver Amalgam
F/F	Full Upper Denture Over Full Lower Denture	S.I.	Sealant Intact
FGC	Full Gold Crown	SC/RP	Scale and Root Plans
FLD	Full Lower Denture	SR	Suture Removal
FMX	Full Mouth Extractions	t.b.	Tooth Brush
FMX	Full Mouth X-Ray	TCG	Tobacco Counseling Given
FUD	Full Upper Denture	ULQ	Upper Left Quadrant (dental)
g.i.	ionomer Glass Ionomer	URQ	Upper Right Quadrant (dental)
g.p.	Gutta Percha	vc	Vaso-Constrictor
ging	Gingival	WL	Working Length
IFLD	Immediate Full Lower Denture	X	Extraction
IFUD	Immediate Full Upper Denture	XC	Extraction for Caries
LA	Local Anesthetic	XD	Extraction for Orthodontics
Lido	Lidocaine	XP	Extraction for Periodontal Disease
ling	Lingual	XX	Extraction for Other Reasons
LLQ	Lower Right Quadrant (dental)		
LRQ	Lower Right Quadrant (dental)		
Mand	Mandibular		
max.	Maxillary		
Mepiv	Mepivcaine		
mg	Milligram		
mm	Millimeter		
N.V.	Next Visit		
NaOCL	Sodium Hypochlorite 5%		
NTI	No Treatment Indicated		
OHI	Oral Hygiene Instruction		
PA	Periapical		
PDU	Patient Demonstrated Understanding		
perc	Percussion		

REFERENCES

- Indian Health Service Oral Health Program Guide
- Indian Health Service Clinical Specialties Manual
- Indian Health Service Dental Program Goals
- Indian Health Service Contract Care
- Quality of Dental Care Manual – Pathology
- Indian Health Service Environmental Health and Safety/Radiological Safety – Oral Health Program Guide
- Pyramid Lake Tribal Health Clinic Policy and Procedure Manuals (Safety, Infection Control, etc.)
- MSDs for Hazardous Materials
- American Dental Association – Mercury Hygiene



Pyramid Lake Tribal Health Clinic

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DENTAL LAB FEE POLICY

Dental care plans that include lab costs for bridges, crowns, partial or full dentures, night guards and temporary prosthesis is the responsibility of the patient unless the patient qualifies as:

- ◆ An elder, 60 years and older.
- ◆ Registered Pyramid Lake Tribal Health Clinic diabetic patient (as funding is available).
- ◆ A patient with Medicaid coverage.
- ◆ A patient with Dental insurance coverage.

Patient responsible to pay for lab fees must pay in full by money order prior to the start of treatment. Pyramid Lake Tribal employees are allowed to pay through payroll deduction.

I, _____ (print name), have been informed by the Dental Staff and understand, I am responsible for dental lab fee(s) listed below:

Lab Service	Lab Fee
TOTAL: \$	

Patient Signature: _____ Date: _____

Dentist Print: _____ Dentist Sign: _____ Date: _____

Internal Use:

Health Board Approved 05/31/2022

Date Rcvd	MO #	Amount	Balance	NOTES: