

# THE UNIVERSITY of NEW ENGLAND

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Dental Hygiene  
Quality Assurance Manual and Protocol

2023-2024

## UNE/Dental Hygiene Quality Assurance Manual and Protocol

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

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

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

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

### Policy





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

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

## 5. Dental Unit Water Quality

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

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

**Step 2: Evaluate Exposure and Report to UNE Security (207) 602-2298**

- Report incident to faculty and source, if present.

The Post-Exposure Prophylaxis Clinical Consultation Center, which is U.S. CDC supported, has phone consultations available as well as information on its website for questions about appropriate medical treatment for occupational exposures: 1-888-448-4911.

## Digital Informational Resources

PEP Quick Guide:

<http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>

PEP Home Page:

<http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>

Poster with the PEP Hotline:

<https://www.cdc.gov/hai/pdfs/hiv/HIVPEPinfographicFINAL.pdf>

## References

1. CDC. Updated U.S. Public Guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis. MMWR 2001; 50, (No. RR11.). 2. Concentra. Most of the Information is provided verbatim free from Centers for Disease Control Review of the full text of referenced statutes and regulations may be necessary. KR 6/09.

3. University of Waterloo-Universal Precaution Guidelines.

[www.healthservices.uwaterloo.ca/occupational health/universal](http://www.healthservices.uwaterloo.ca/occupational%20health/universal).

4. Marshall University School of Medicine-JCESOM-Blood/Body Fluid Exposure

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## **7. Emergency and First Aid Equipment and Procedures**

The emergency first aid kit is located in a mobile cart in a central area on the clinic floor. It is labeled as



ADA Resources

<https://www.ada.org/en/resources/research/science-and-research-institute/oral-health-topics/x-rays-radiographs>

ADA Guide

[https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/oral-health-topics/dental\\_radiographic\\_examinations\\_2012.pdf?rev=b074dde4cb0b4cc5a2343feb3f89b66d&hash=AF0BCF8A12C4937B2921177FE650CC54](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/oral-health-topics/dental_radiographic_examinations_2012.pdf?rev=b074dde4cb0b4cc5a2343feb3f89b66d&hash=AF0BCF8A12C4937B2921177FE650CC54)

## 11. Patient Referral

All patients are recommended to see a dentist yearly for a dental exam. An additional referral is given to each patient in need of any specific oral finding to either a dentist or physician. The Dental Hygiene Clinic is not a comprehensive dental home.

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

## 12. Broken Instrument Policy and Procedure

The following will be the Dental Hygiene Department's procedure regarding a broken instrument

### **IF AN INSTRUMENT IS BROKEN IN A PATIENT'S MOUTH:**

- A. Calmly remove instrument fragment when possible and inform the instructor.
- B. Sterilize and save all parts of the instrument; take a radiograph of the area to confirm complete removal of the object.
- C. If the instrument fragment cannot be easily removed, notify the instructor and isolate the area with cotton rolls and calmly inform the patient not to swallow. Maintain isolation at all times and avoid use of the aspirator. Reattempt removal of

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referred for medical care. Reports are made on the Incident Report Form to be reviewed by the UNE Office of Safety and Security, the Program Director and the faculty for systems change if warranted.

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

The UNE Dental Hygiene Clinic is fully digitalized and maintains Electronic t(ITc (nd)J-0.004 t.a)5 (l)

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

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

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

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

\_\_\_ certificates

\_\_\_ audit reports up to date.

\_\_\_ 11.

