

Code of Conduct Handbook

CHAPTER 1

PROFESSIONAL CONDUCT IN THE CLINIC

Salient features

- Professional behavior
- Dress code and appropriate clinic attire
- Oral health record entries
- Oral health record and storage
- Patient care and patient assignment
- Chair and chair-side/cubicle cleanliness

Language of communication

Introduction:

The goal of Vishnu Dental College is to promote a culture of professionalism and personal responsibility, and it is expected that all students will support and adhere to these policies.

Sanctions for noncompliance will depend on the frequency and severity of the breach. Possible sanctions include a verbal warning, written warning, a reduced grade in internal/competency assessments, or referral to the department head for disciplinary action. If a student wishes to appeal an imposed sanction, he/she can request direct referral of the case to the Principal.

It is difficult to cover all of the possible ethical decisions one may encounter during the course of clinical training. Therefore, students are encouraged to consult with a member of the department faculty in case of any questions regarding the correct course of action one should take in a given situation.

Background:

At the outset, the institution desires that all students and faculty treat patients with the utmost respect. The student should appreciate the importance of a patient in his/her course of study. Hence, students must be compassionate and courteous to the patient and not lose temper with them. It is important to realize that the patient coming to the dental hospital is helping you become a dentist.

It is the dentist's privilege to address the patient's complaint. The patient will be the most important person in your career.

1. All patient interactions must be conducted in designated patient care areas during clinical posting hours under faculty supervision. Patient interactions refer to any clinical activities other than what would be considered secretarial in nature. Faculty supervision means that the instructor has been informed about what the student is doing and has agreed to supervise the student. This policy applies to clinical care of assigned patients. Failure to comply constitutes a serious offence that will result in referral to the concerned faculty for disciplinary hearing.

2. Professional behavior is expected at all times when you are representing VDC & Hospital. This includes treating patients, classmates, faculty, and staff with courtesy and respect in terms of language and actions. Professional behavior also includes leaving your work area (e.g. Dental chair/cubicle, lab stations) clean and ready for use by the next person.

3. Your entries into the case sheets should be done under faculty guidance. It is imperative that these entries are correct and always signed off by the faculty immediately following the treatment. These signatures must be authentic, legible, and accurate. Forgery of signatures, fraudulent entries, or alterations of a dental record or any other clinic document is considered a serious offence. Patient consent must be obtained prior to commencing the treatment (preferably signed on the consent form and/or patient case sheet)

4. Appropriate clinic attire must be worn whenever you are involved in patient care activities. The personal appearance of students is an important contributory factor in the impressions made on patients, members of the public, health care professionals and others who have occasion to visit the hospital. Therefore, it is the policy of VDC to maintain guidelines on dress and grooming practices that foster a professional image.

Personal appearance is expected to reflect a professional image in the dental college. Dress and grooming should be appropriate for an individual's duty and meet acceptable standards of cleanliness and safety. Clothing should be in good condition, unwrinkled, well sized, and worn in a non-revealing manner. The clothing should be suitable for the clinical environment. Clean, neat, well maintained scrubs and clogs with socks (no open-toed footwear) are the only acceptable attire. In addition, a clean lab-coat must be worn in the laboratories. Protective eye wear must be worn for all clinical and laboratory procedures.

Jewelry, if worn, should be clean and safe and appropriate for the environment. Dangling jewelry worn by students who work in clinics is unsafe and carry infective material from the patient hence, should not be worn. Tattoos, if any, are to be covered by clothing if possible. Colognes, perfumes and aftershaves should be applied minimally if at all.

Bathing, clean fingernails, hair of appropriate length and colour, and good personal hygiene are required. Hair should be clean, neatly arranged, safe and appropriate for the employee's work assignment. In the clinics and laboratories, hair longer than collar length must be pulled back and secured. Hair sculptures (i.e. designs cut into hair) are not appropriate for the work place environment. Beards, moustaches and sideburns must be clean, neat and trimmed. Students personal hygiene and appearance will be rated as part of the clinical performance evaluation. Inadequacy in this area could adversely affect a student's grade.

In cases where dress or hygiene standards are not satisfied, faculty have authority to take appropriate actions, including warnings and denial of access to clinics and laboratories. Students who repeatedly do not comply with the dress code may lose clinic privileges. If a faculty member indicates to a student that his/her attire is not appropriate, the student will have to meet dress requirements.

5. All case sheets must be returned after patient consultation/treatment to the case sheet collection area of the department. Patient records must be available in the dental records department (the main counter) at all times when not in use for consultation/treatment. The case sheets are never to be stored in students locker or taken from the college for any reason. Sanctions will be imposed for the first record management violation. The second offence will result in referral to the Associate Dean (Hospital Administration).

6. The student is responsible for providing timely and appropriate dental care for the assigned patients, including emergency services. The student must be readily available to patient and the clinic staff by cell phone, as necessary. The student must provide patients with instructions needed to obtain emergency care after hours, and care on holidays and weekends.

7. The department faculty are responsible for all patient assignments, transfers, and discharges. It is not acceptable for students to trade or barter patients on their own in an effort to obtain needed procedures for completing the requisite quota. Similarly, it is unacceptable for III BDS to complete procedures, reserved for IV BDS students or interns without prior faculty approval.

8. The dental chair/cubicle cleanliness protocol must be followed at all times and compliance will be monitored. Failure to comply will result in a warning for the first offence and referral to the Dean for the second offence. All laboratory safety protocol must be complied with.

9. As a courtesy to patients, students should speak to them in a language which they understand well. This may be Telugu, Hindi or English as per the convenience/preference of the patient. This is also important to ensure that the patient understands what clinical advice is given to them and to obtain their consent. The medium of instruction is English language and students and faculty are advised to communicate with each other in English language.

CODE OF ETHICS

The following is a code of conduct for the students of VDC. This code was developed with inputs from the administration, faculty and students with aim of defining the values and principles that are shared by students, faculty, and administration.

Academic and professional ethics:

I will:

- Treat faculty, fellow-students, patients, and staff in a professional, courteous, and respectful manner
- Avoid cheating, the appearance of cheating, plagiarism or misrepresenting other people's work as my own
- Maintain the confidentiality of internal and external professional examinations taken during my enrolment in the BDS/MDS programme. I will not reproduce, share or use unauthorized/unreleased examination content through memorization, recording, or posting of questions, or answers in any format.
- Adhere to the patient rights, including respect for patient confidentiality
- Attend to clinical work/appointments well prepared, appropriately dressed and with the necessary armamentarium
- Adhere to the specific code of conduct described in this chapter.
- Adhere to clinic and laboratory cleanliness protocols established at the college.

- Comply with infection control and safety guidelines of the college
- Consult a member of the administration or faculty if I am unsure that I am following college policy.
- Report unethical behavior to the concerned faculty, the course in-charge, or to the Dean.

As I enter the profession of Dentistry, I am aware of the ethical, moral, and professional standards I am expected to uphold. My signature indicates that I agree to abide by all of the provisions of this code as well as the professional conduct code herein and to appropriate student conduct and discipline in general. I understand that a violation of this ethics code shall constitute a violation subject to discipline under the VDC policy on student conduct and discipline.

Signature _____ Date _____

Name Student's _____

Roll. Number. _____

CHAPTER 2

PATIENT INTERACTIONS AND MANAGEMENT

Salient features

- Active, recall and discharged patients
- Medical alert
- Patient appointments and payment procedure
- Patient entry & registration
- Initial patient screening
- Student-patient contact
- How to communicate with the patient
- How to increase patient confidence in you
- How to organize your clinic time.

Patients are assigned to undergraduate and post-graduate students. Each student is individually responsible for the patient who is under active treatment. It is important for all students to work efficiently and timely to provide professional care.

Active patients

Patients under active treatment require initial oral hygiene and appointments for the regular treatment. The active treatment is met by the assigned student and is noted in the patient case sheet/dental record.

Recall patients

An appointment card will be given to the patient which is required to be carried during each visit. There is a separate counter in the registration for recall patients where they show the appointment card and the dental record is issued to them. All patients who have completed recommended treatment are termed 'recall patients'.

Discharged patient

Patients are discharged after the completion of the active treatment. Thereafter they visit for follow-up as recall patients.

Medical alert

The dental hospital follows a system of using colour-coded labels to indicate systemic medical conditions in a patient.

- Orange color** denotes **high risk for patient and / or operator** (includes previous history of any major cardiac illnesses, cardiac surgeries, uncontrolled hypertension uncontrolled diabetes mellitus, patients with cardiac diseases needing antibiotic prophylaxis immune-deficient patients, known patients with HBV, Active Koch's, hematological disorders, patients with knee or hip replacements needing antibiotic prophylaxis),
- Yellow color** indicates **medium risk for patient and /or operator** (includes respiratory disorders, history of jaundice, asthma, epilepsy, liver disease, hypertension (under control), and diabetes mellitus (under control),
- Green color** denotes **allergies to known or unknown drugs**. Carefully review the medical history of these patients.

Patient appointments

Patient appointments are given by the respective department receptionist. When giving the appointments the following should be followed.

1. Time and date of appointment
2. Procedure to be carried out
3. Duration of the appointment (so that the patients can adjust their timing)
4. Location-whether undergraduate clinic/post-graduate clinic
5. Students full name (and student number)

Payment procedure

The cost should be informed to patient during initial consultation. An advance payment (as necessary) may be made for the treatment planned, escort the patient to the receptionist before treatment for making the payment. The advance payment or pre-payment may be done in part or complete, depending on the departmental policy.

Patient entry into VDC and registration

Patients visit VDC from Bhimavaram town, nearby villages and are referred by practicing dentists, social service organizations, etc. the patients seeking treatment at VDC vary in their economic background.

Every patient receiving treatment of any type at VDC must be registered. The registration process is simple and the registration counter is situated at ground floor of the Block III. The registration department /dental records department maintains all patient records. After registration, patients will be seated in the waiting lounge of the department of oral medicine, diagnosis and radiology (OMRD) till their registered number is announced or name called. In the waiting lounge, dental education materials are displayed.

Initial patient screening

Oral diagnosis: the initial screening of the patient is done in OMRD. A complete initial patient evaluation is performed. Patients medical status is determined by a systematic review of

established diagnoses or signs and symptoms related to major organ systems, related to hospitalizations and a current medications history. A physical assessment process is also completed including the examination of vital signs and extra-oral and intra-oral examinations. For patients with complex medical conditions, written medical consultations and recommendations for specific dental management, modifications will be developed. After the diagnosis the patient is sent to oral radiology for radiographs, if required. A novel practice followed in VDC is that all patients above the age of 50 yrs undergo a mandatory general medical examination. This ensures that status of BP and blood sugar levels are verified prior to any dental treatment.

Oral radiology: The required radiographs of the patients are taken by students having postings in oral radiology, or by the oral radiology staff. However, sometimes due to a heavy patient load, it may be necessary to reschedule a patient for an oral radiology appointment.

Student –patient contact

Patients are assigned to the students based on the severity of the treatment needs ranging from simple to complex treatment needs.

How to communicate with the patient

1. Welcome the patient. Engage the patient with introductory questions/comments such as: “How did you find out about the college?” Are there specific reasons why you came to VDC?” Do you have any immediate dental problems?”, and introduce yourself as a part of the team assigned to take care of all their dental problems. Compliment them on their interest in taking care of their teeth.

2. Review the benefits and inconveniences of coming to VDC for dental care.

Benefits:

- High quality dentistry
- Highly supervised by faculty
- Less expensive than private practice

Inconveniences:

- All appointments are usually 3 hours long

- Should be available for appointments at regular intervals
- Treatment will take longer to complete, because it is a teaching institution
- Owing to rotation of students' clinical postings, some patients may be treated by more than one student.

3. Explain the team treatment approach (student undertakes treatment under faculty supervision, and ancillary assistance wherever required). More senior students (e.g., interns, postgraduates) perform more advanced procedures.

4. Explain how their treatment will commence in Telugu/English or any other language which is convenient to the patient. It begins with a complete evaluation of their medical and dental conditions (Pre-treatment data gathering). A sequential treatment plan will be presented along with estimated fees prior to starting treatment (presentation of approved treatment plan).

HOW TO INCREASES PATIENT CONFIDENCE IN YOU

Verbal and non-verbal communication

1. Be on time, Be well-groomed and professional in your demeanour.
2. Introduce yourself at the first encounter with a warm and courteous greeting.
3. Greet your patient respectfully, usually by Shri/Smt/Mr/Mrs/Sir/Madam.
4. Treat your patient like any other person you would like to get to know.
 - a. Find out about the individual, family, hobbies, etc, and not just the dental problems.
 - b. Make notes so that you will remember to ask at following visits.
5. Ask for and listen to the patient's complaints and concerns.
 - a. Write them down; make certain you address the concerns or complaints.
 - b. What items are most important to them? What options can you provide to meet them?
6. Return calls promptly.
7. Don't make promises! Rather, "I will try to do my best to...."

Most patients relate these items to your clinical ability and competency:

1. Dress professionally and maintain personal hygiene at all times
2. Set up a clean and efficient cubicle/chair before you are allocated your patient

3. In case of appointments, be prepared for the procedure you are to perform by reviewing evening before.

4. Be organized with all instruments and supplies before seating your patient.

At the end of appointment:

1. Schedule the next appointment with the patient before they leave

a. Let them know what you plan to do at the next visit, and the appropriate fee.

b. Patients will feel that you are concerned if you are well aware of their needs

2. Thank the patient for having come in that day

3. Simple things to do that demonstrate you care

a. Acknowledge difficult appointments; “ I know today’s appointment was tough on you, I appreciate your efforts”

b. Call the patient after extractions and endodontic procedures. Ask them how they feel?

Reassure them of post-operative symptoms resolving; let me know how to contact you.

HOW TO ORGANISE YOUR CLINIC TIME.

1. Evaluate the procedure and determine how many appointments will be needed. Do not forget to take laboratory time into consideration. Be sure to consider the availability of faculty supervision/guidance for the procedures needed.

2. Avoid telling your patients that any procedure is simple and only takes one visit. If you tell them so and for some reasons it takes more than one visit, the patient will wonder why. If you did not tell them it would take one appointment, and you encounter difficulties, you can explain that the problem was bigger than could be foreseen and in order to be thorough, you will need to see them again for this problem.

3. Do not rush through your appointments. The “Rush factor” usually makes things more difficult and the results are often unsatisfactory. This necessitates the procedure being re-done and loss of patient confidence and the time.

4. Anticipate reasonable time for each step and plan the time for each session you spend in the clinic. Develop time guidelines for yourself.

CHAPTER 3

TREATMENT PLANNING

Salient features

- Aim of treatment planning
- Categorization of patients
- Treatment planning streams (TPS)
- Treatment clinics
- Recall appointments

Aim of treatment planning

Treatment planning is a systematic process at VDC. Treatment planning fulfils the objectives of recognizing the presenting problem, diagnose and develop a preventive and therapeutic intervention, and also identify all other oral and relevant systemic health-related infirmities to provide a sequential and complete treatment.

- It is mandatory for the patient to register at the OPD registration counter prior to any consultation or treatment procedure at VDC.
- The patient having registered and obtained the oral health record, proceeds to the department of oral medicine, diagnosis and radiology (OMRD).
- The patient will be allocated to the student. The student will interact with the patient as per protocol with courtesy and a high standard of professionalism. Following the consultation session, the patient will be made aware of the need-based treatment as well as the comprehensive treatment services provided at the hospital.
- The patient's case will be discussed in depth with the supervisor/faculty before categorization of the patient type and designation to the appropriate stream of treatment.

CATEGORIZATION OF PATIENTS

The patient will be categorized into specific types depending on the degree of difficulty of the therapeutic procedure and management as a whole.

One has to note that the patient has the right to choose a member of the clinical team, however, the patient also needs to be made aware that the treatment provided is at a teaching hospital with nominal payment and involves trainees (undergraduates and postgraduates) **guided and supervised by faculty**.

Note:

- 1. All categorizations of patients will be done by the respective supervisor/faculty of the concerned department, after which the patient will be allocated.**
- 2. The categorization of a patient may go through an interchange based on the different forms of lesions as well as the response and condition of the lesion during the treatment procedures. For example, a patient may present with a simple buccal pit on one tooth and**

an advanced endodontic lesion in another, in this case the patient's categorization is based upon lesion being treated.

Type 1 patient:

This category of patients usually presents with uncomplicated and straight forward treatment requirements. For e.g., buccal pits, class I restorations, extractions of single rooted teeth and oral prophylaxis involving minimal deposits, etc. such cases may be allotted to **III BDS students**.

Type 2 patient:

This category of patients usually presents with a higher degree of difficulty in treatment requirements. For e.g., class II restorations, oral prophylaxis involving moderate deposits, etc. such cases may be allotted to **IV BDS students**.

Type 3 patient:

This category of patients usually presents with a greater degree of difficulty in treatment requirements. For eg., composite restorations, endodontic treatment, oral prophylaxis involving abundant deposits or further periodontal therapy, simple cases of alveoplasty, extractions of impacted third molars, crown preparation for fixed prostheses, distal extension removable prostheses, etc. such cases will be allotted to the **house surgeons**.

Type 4 patients:

This category of patients present with advanced treatment requirements. For eg., complicated endodontic treatment inclusive of endodontic surgery, veneers, crown and bridge prostheses, extractions of complicated impacted third molars and canines, pre-prosthetic surgeries, cleft lip/palate and orthognathic surgeries, laser periodontal surgeries, etc. such cases will be allotted to the postgraduate students or will be managed by faculty members.

TREATMENT PLANNING STREAMS (TPS)

The hospital will offer the patient treatment planning streams (TPS) which are as follows:

- Comprehensive oral health care treatment stream (COHCTS)**
- Referral treatment stream ((RTS)**
- Pediatric treatment stream (PTS)**
- Emergency and trauma treatment stream (ETS)**

These streams will make a decision involving the patient, faculty and the student after due completion of evaluation at OMRD/General Medicine/Clinical Lab Services (except for ETS). The students will explain to the patient about the treatment required for the primary presenting problem and all other coexisting oral health concern at that time. The patient will be advised to go through all the required dental therapeutic procedures which address not only the primary complaint but also additional dental issues which require attention that will lead to a comprehensive treatment plan. However, students should be aware that the patient has the right to refuse such a recommendation and opt for an elective treatment. At no time is the patient obliged to the student's suggestions or lines of advice.

Comprehensive Oral Health Care Treatment Stream (COHCTS)

The patients take this stream upon agreement to student's recommendations (**guided and approved by faculty**) for a comprehensive treatment plan. The patient reports to the department of general dentistry. Allocation will be done by the supervisor/faculty to the students posted/slotted at that time, based on the categorization of the patient type.

Referral Treatment Stream (RTS)

The patient takes this stream if opting for elective need-based treatment. However, certain dental procedures will require interdisciplinary approaches, and hence, the student shall explain to the patient (**guided and approved by faculty**) such involvements which are focused on resolving the patients primary complaint. Students should be aware that this interdisciplinary approach over a period of time with the student's personal interactions with patient can definitely translate to a comprehensive treatment accomplishment. Allocation will be done by the supervisor/faculty to the students posted/slotted at that time, based on the categorization of the patient type.

Pediatric Treatment Stream (PTS)

This stream is specific to the child patient (≤ 18 yrs). Allocation will be done by the supervisor/faculty to the students posted at that time, based on the categorization of the patient type.

Emergency And Trauma Treatment Stream (ETS)

This stream is specific to patients requiring emergency treatment and management of trauma. The focus will be on the department of oral and maxillofacial surgery. Students are expected to observe and, if required, assist in the management of such cases at the outpatient and inpatient levels.

TREATMENT CLINICS

The treatment of patients is carried out in the following department which is numbered for ease of access to the patient. They are:

- 1. Oral Medicine, Diagnosis and Radiology –(1)**
- 2. Oral And Maxillofacial Surgery – (2)**
- 3. Prosthodontics – (3)**
- 4. Clinical Pathology(4)**
- 5. Periodontics – (5)**
- 6. Conservative Dentistry and Endodontics-(6)**
- 7. Orthodontics and Dentofacial Orthopedics – (7)**
- 8. Paedodontics and Preventive Dentistry – (8)**
- 9. Public Health Dentistry – (9)**
- 10. General Dentistry-(10)**
- 11. Oral Implantology-(11)**
- 12. Geriatric Dentistry – (12)**
- 13. Special Health Care Needs – (13)**

Also, a majority of these departments have an undergraduate and postgraduate clinic. Students will be treating and managing the patients at the clinic most of the time during their postings/slots at the respective department.

Patients in the ETS will be attending Oral & Maxillofacial surgery block. Students are expected to follow the general protocol in every department as outlined below:

1. Present at the clinic punctually with an air of professionalism
2. Interact with the allocated patient
3. Arrange the required instruments on the dental chair-side tray
4. Seat the patient
5. Discuss the patient's case with the supervisor/faculty in detail.
6. Attire yourself suitably to perform the required treatment procedure

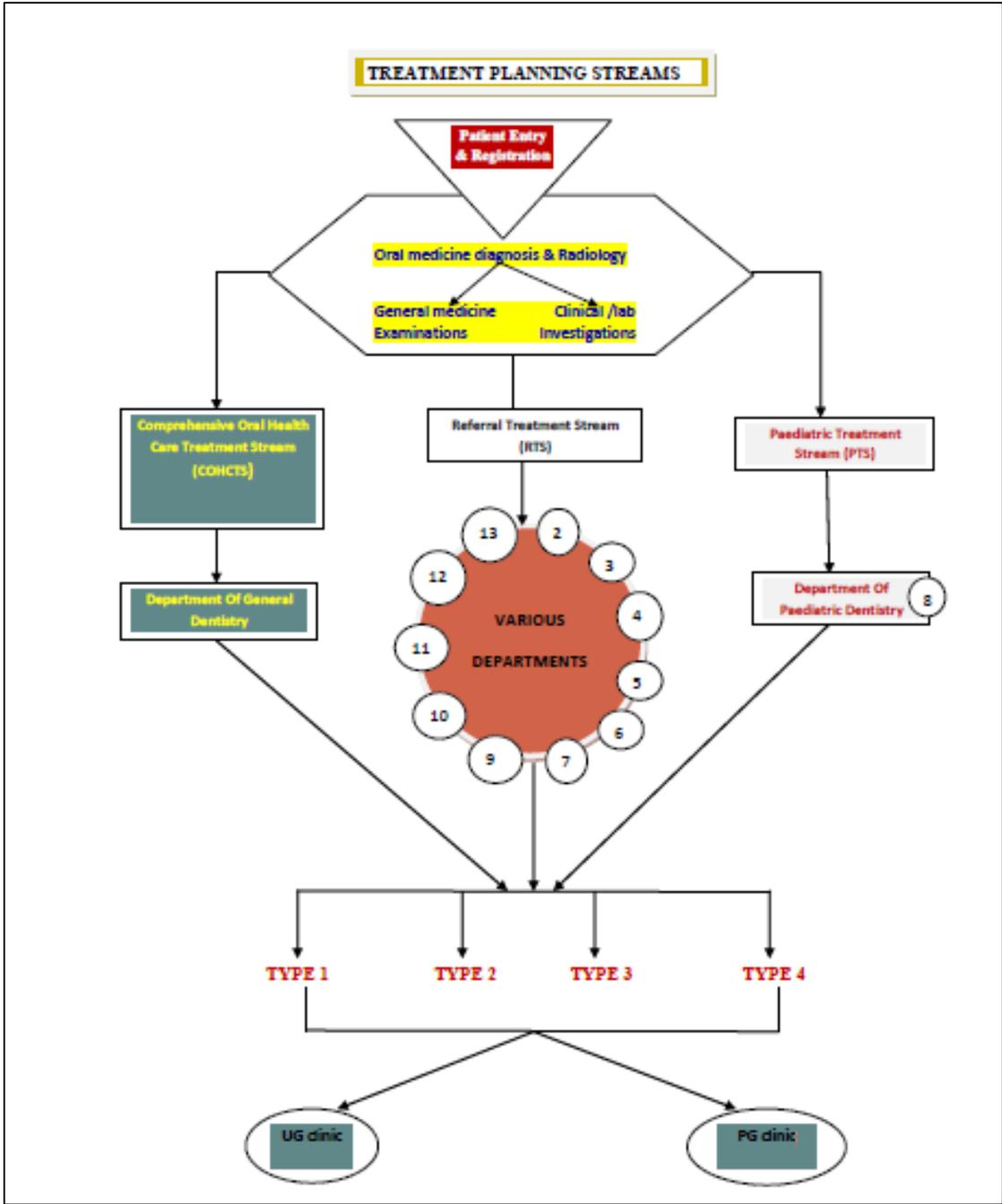
7. Carry; out the required treatment procedures and get it assessed at every step or as instructed by the supervisor /faculty.
8. On completion, discuss again with the supervisor/faculty regarding the next step in the treatment plan for the patient. The patient may be re-categorized with regard to type or may require a review and recall, as appropriate. Take necessary action.
9. Courteously interact with the patient offering thanks and acknowledging the patients commitment towards the treatment.
10. Document all the aspects of the treatment done, the referrals if any, and recall appointments in the patient's oral health record. Enter all the relevant information in the department database.
11. Discharge the patient.

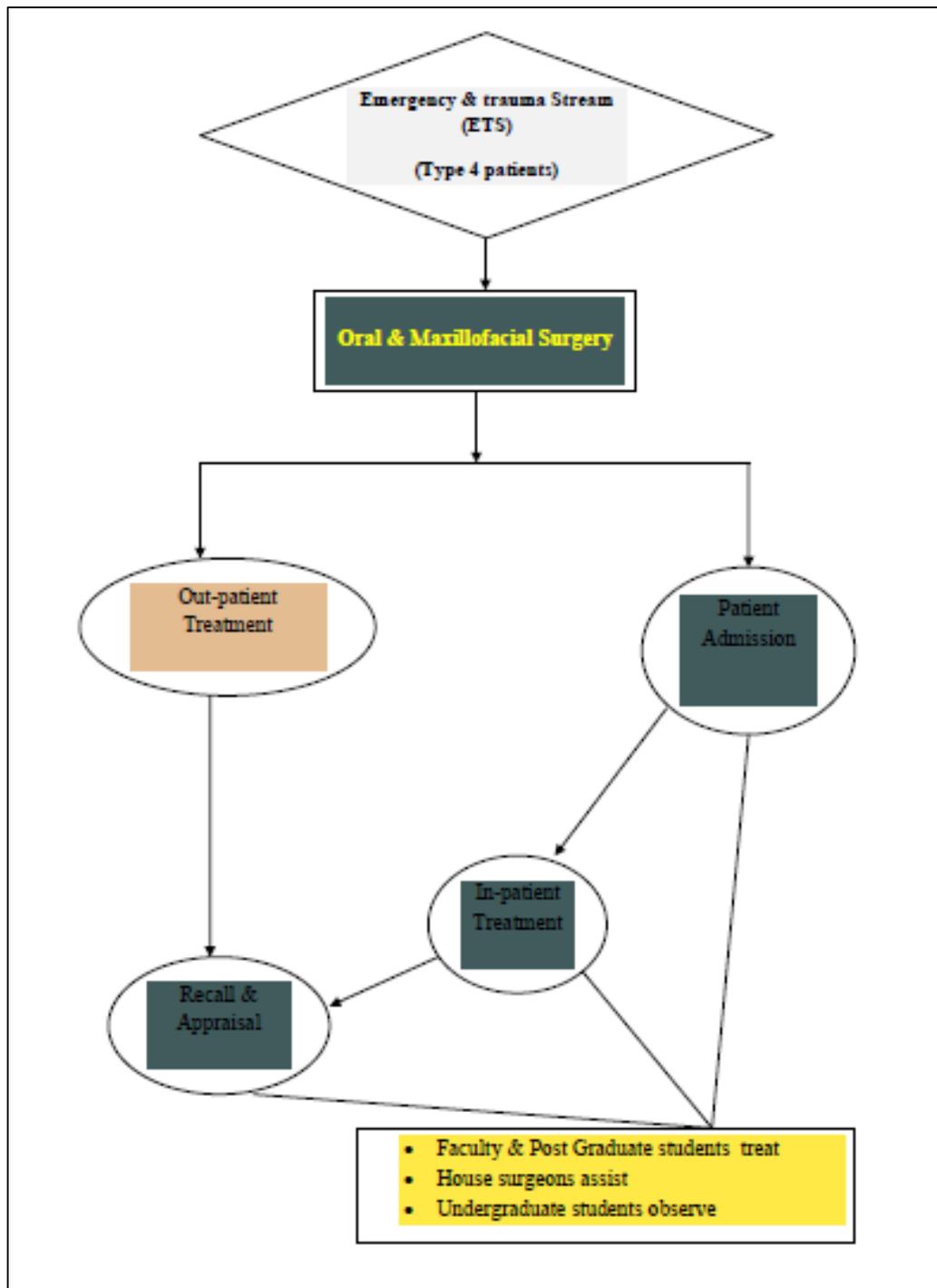
RECALL APPOINTMENTS

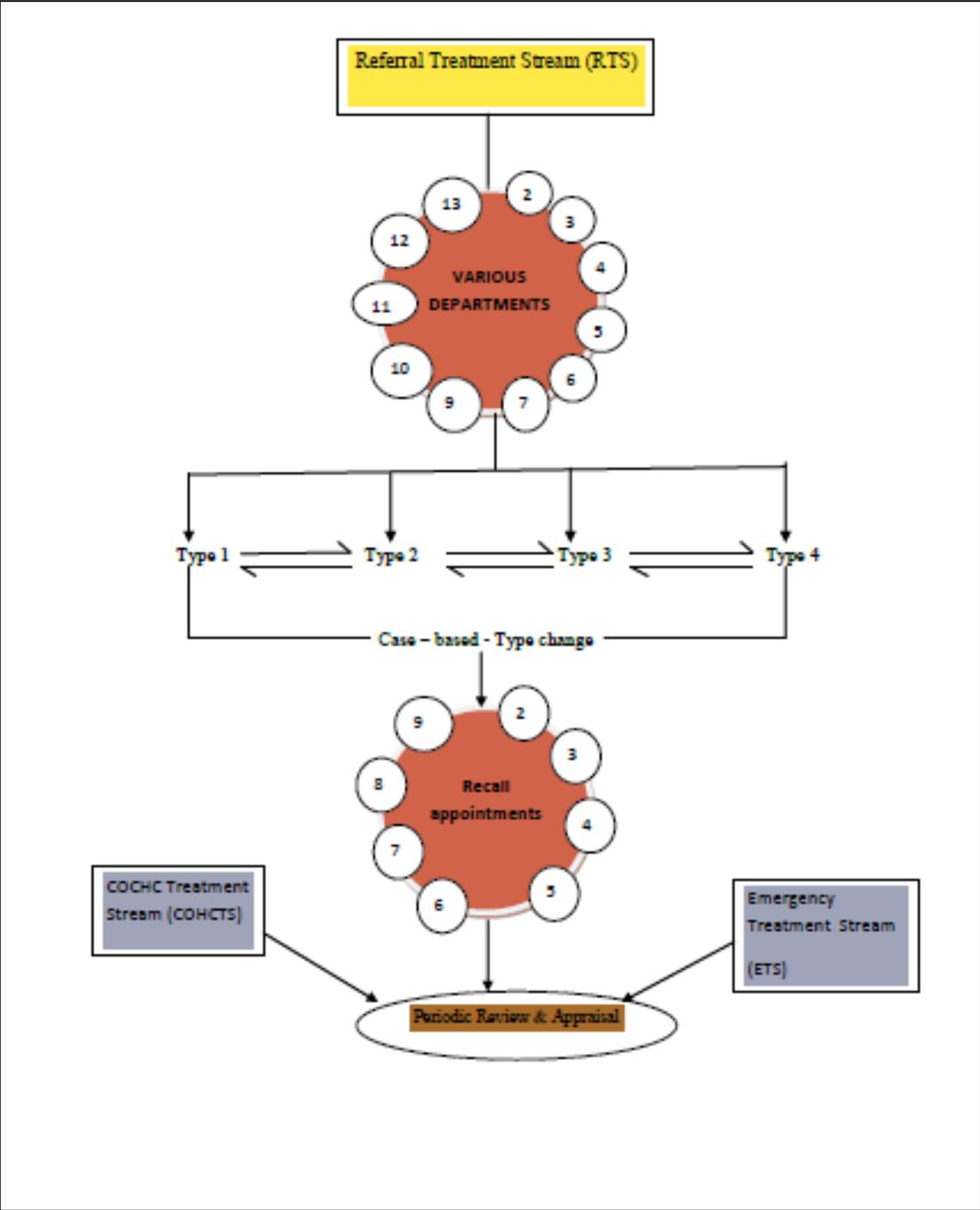
The patient will be designated to recall status after every procedure. It is the student's responsibility to instruct and remind the patient regarding the recall status irrespective of the department the student is posted/slotted at, by carefully scrutinizing the patient's oral health record. This will ensure completeness of the treatment in whichever TPS the patient is in. Each department will have pre-assigned recall protocols. The student will have to ensure that the patient is recalled appropriately for completion of treatment and review.

Patient Audit:

Periodic patient audit will be undertaken to evaluate the various treatment outcomes and the cumulative profile of completion.







CHAPTER 4

COMPREHENSIVE ORAL HEALTH CARE

Salient features

- Personnel
- Process
- Competency assessment

Comprehensive oral health care (COHC) is defined as care planned to address all oral and dental needs based on thorough diagnosis and treatment planning. The institution has an exclusive department of general dentistry which will provide COHC to the patients. Here, dentists provide services related to the general maintenance of oral hygiene and tooth health. This involves prosthetic, restorative, periodontal, endodontic therapy and simple extractions.

The main aim of general dentistry is to provide training to dental students which will enhance their ability to formulate and execute a well –planned, well-sequenced treatment plan that integrates the various disciplines and which will ultimately aid the dental students in becoming competent general dental practitioners.

PERSONELL

Faculty:

- Department Head
- Oral Diagnostician and Radiologist
- Oral Surgeon
- Prosthodontist
- Endodontist
- General practitioner

Process

While patient normally undergo preliminary screening in the Department of Oral medicine, diagnosis and Radiology (OMRD), if they require multiple treatment, they are selected and referred to the department of general dentistry for COHC (with the consent of patient). Once

patients enter the department, their basic data will be entered into a computer by a receptionist who will direct the patient to the operating area. The patient will be allocated to one particular house surgeon who will evaluate the case, arrive at a diagnosis and formulate a treatment plan.

The house surgeon has to communicate with the patients about existing problems, advantage of COHC and consequences of partial/no treatment. After explaining the details about the procedure, the patient is asked to sign the informed consent form.

The trainee will then consult a faculty member (OMRD or Head) regarding the diagnosis and treatment plan. After obtaining approval, the patient will be provided the appropriate treatment under the supervision of concerned faculty. The specialists will monitor the respective treatments. The patient will thus be provided comprehensive treatment by a single trainee at the same place.

The details about various treatments rendered to the patients and necessary data regarding payments and further appointments will be recorded.

Once the basic oral health problems are addressed in the department of general dentistry, the patient will be referred to concerned departments if further specialized care is deemed essential. Oral health care advice will be given to patients who complete all recommended treatment and they are placed on a recall system.

Competency assessment

Student progress toward achieving competency in providing COHC will be monitored by the department head with inputs from all faculties. Criteria used to assess student competency, in addition to the competency forms, include:

- Timeliness of treatment and responsiveness to patient needs
- Appropriate sequencing of treatment
- Financial management
- Documentation
- Appropriate signatures
- Management of recall patients
- Communication professional behavior

CHAPTER 5

MEDICAL AND DENTAL EMERGENCIES

Salient features

- What to do in a medical emergency
- Emergency resuscitation equipment and emergency drugs trolley, oxygen cylinders location & use
- Dental emergencies: definition & what to tell your patient

Medical emergencies:

All clinical faculty and students are required to know about medical emergencies as well as complete a course and hold current certification in basic life support (BLS).

If your patient has difficulty in breathing, faints, anaphylactic reaction or exhibits any other medical distress, you must be able to quickly and accurately diagnose the severity of the incident. When in doubt, treat as a medical emergency. Upon recognizing the need for medical assistance, summon the faculty members. Remain calm and institute basic life support A-B-C i.e. Airway-Breathing-Circulation. Administer the oxygen by mask at the rate of 8-10 litres/min using the portable oxygen cylinders kept in the department. Summon the emergency trolley having emergency resuscitation equipment (Laerdel's Bag, Mask, Laryngoscope, Endotracheal tubes and a few other resuscitation equipments) and drugs.

After the emergency has been resolved, go to the principal's office to complete an incident report. A thorough entry must be made in the patients record. The relatives of the patient must be informed about the incident. For example, if the patient has had an anaphylactic reaction to certain drugs, the name of the drug, its contents and the treatment given should be written down in detail and handed over to the relatives for future reference.

Dental emergencies:

Dental emergencies, while not usually life-threatening in nature, require immediate attention to alleviate pain. Since you are the person responsible for the dental treatment of your patient(s), you must attend to any emergency situation that occurs on any of your patients.

Frequently encountered dental emergencies are:

- Cracked tooth syndrome
- Acute pulpitis
- Periodontitis
- Periodontal abscess
- Fractured restorations
- Avulsed and fractured tooth
- Pain associated with TMJ dysfunction
- Post-extraction bleeding and pain

You must assess the true urgency of the patient's emergency. If the patient can simply be reassured over the phone, an appointment can be made during clinical working hours to address the "emergency". However, if the patient is in pain or severe discomfort, his or her immediate treatment should be taken upon a priority basis. Once the emergency treatment is undertaken, the patient is recalled for regular dental treatment.

In summary:

You must provide your patients with your phone number and instructions to contact you directly in case of a dental emergency.

You should inform your patients to contact the Oral and Maxillofacial surgery unit if you are unavailable Phone Number: 08816-250893, 897.

It is desirable for you to be at the Oral and Maxillofacial surgery unit when the patient arrives since this will help you understand the nature of the emergency and the steps in its management.

CHAPTER 6

RISK AVERTING IN DENTAL PRACTICE

Salient features

- Precautions in practice management
- Doctor-patient communication
- Informed consent
- Patient's rights and responsibilities
- Maintenance of patient records and its confidentiality
- Patient refusal of recommended treatment
- Referral procedure
- Resolution of patient complaints
- Fee reductions
- Release of patient records
- Financial policy

Precautions in practice management

“Risk” in health care is the chance for financial loss due to the negative outcome of patient treatment. Financial loss can be due to costs related to correcting unacceptable dentistry, investigatory costs, consultant and expert witness fees, court/consumer court costs, and defence legal fees. “Risk management” is the process of identifying, reducing, and eliminating exposure to such risk that can result in financial loss. Risk can be managed by:

1. Providing and maintaining a high standard of dental care
2. Providing “informed consent” for all treatment
3. Providing continuity of care, referring as necessary
4. Reducing the probability of litigation after a negative outcome has occurred.

Doctor-patient communication

The major key in risk management, however, is a strong positive doctor-patient relationship expressed through accurate and active communications.

Consider the following:

1. Use common language(layperson terms) ; avoid dental terminology

2. Use active listening skills with appropriate eye contact, encourage and answer patient questions
3. Make and return phone calls promptly as necessary
4. Schedule and keep regular appointments, plan your chair time efficiently; respect your patient's time
5. Ensure your patients are informed and give consent (informed consent) about their treatment
6. Ensure patients know their rights as well as their responsibilities
7. Be honest about all treatments/care provided, even when something goes wrong
8. Recognize your own limitations; patient expectations must be consistent with your ability to meet them; be humble enough to refer.

Informed consent

The principle of informed consent is to ensure patients are not only fully informed about your treatment recommendations and consent to them, but also informed of the following:

1. Existing dental problems or diseases requiring treatment
2. Other options or alternatives to the recommended procedures
3. Expected benefit from each procedure
4. Consequences of total, partial, or no treatment
5. Risks of proceeding and not proceeding with treatment
6. Fees associated with each procedure and estimate of total treatment cost
7. Undisclosed conditions may be discovered that require additional treatment
8. No guarantee or assurance of projected results can be provided
9. Payment policies and procedures.

A standard informed consent template has been provided here. However, each department has modified this depending upon the requirements and treatment procedures. Obtaining informed consent before starting any procedure is a must for every treatment. Students are advised to explain the procedure to the patient and asked to take signature in the respective informed consent form.

Informed consent form

1. I understand that since this is a teaching institution, dental students/interns/post-graduates, under the supervision of faculty, may participate in providing dental care as part of the educational programme.
2. The nature, purpose, procedure, advantage, disadvantage and possible risk of the proposed treatment have been explained to me by my dentist in a language that I understand. I am also aware of alternative options for the recommended procedures.
3. I was encouraged to discuss their concerns and expectations. However, due to the variability of patient responses and limitations of treatment, no guarantee or warranty was made for any procedure.
4. Since patients are assigned to students working under the close supervision of faculty dentists, treatment may proceed at a slower pace and completion of procedures may exceed the expected time frame
5. Full payment for each procedure must be made prior to /after the start of the procedures (with few exceptions). The institution reserves the right to revise the fee schedule at any time. Revised fees will apply to all procedures started after the effective date of the revised fees. The college will certify claims for reimbursement for the patients convenience.
6. Since the colleges main approach is to provide comprehensive treatment plan, additional or unforeseen needs may arise during the course of treatment that will require additional procedures at additional cost.
7. My dentist has answered all my questions to my satisfaction
8. By signing this document in the space provided I indicate that I have read and understood the entire document and that I give my permission for treatment to be performed on me.

Patient's signature

Patients name:

Oral health record number:

Student's name and signature

Supervising faculty's name and signature

Department:

PATIENTS RIGHTS AND RESPONSIBILITIES

A successful treatment outcome depends on mutual trust and respect in all interactions between the patient and the student dentist. Patients undergoing oral health care in Vishnu Dental College have the right to:

1. Receive considerate, respectful & confidential treatment.
2. Know the education and training of your Dentist.
3. Ask questions and receive answers regarding your dental conditions and treatment plan.
4. Explanations regarding probable results, alternatives and risks involved before consenting to a proposed treatment plan.
5. Know in advance the expected cost of treatment.
6. Accept, defer or decline any part of your treatment recommendations.
7. Expect the dental team members to use appropriate infection control methods.

In addition, the patient has certain **responsibilities** such as:

1. To provide accurate information about your current health status.
2. To report changes in your oral health status and provide feedback about your needs and expectations.
3. To participate in your oral health care decisions.
4. To acknowledge the benefits and limitations of the treatment done.
5. To keep up your scheduled appointments.
6. To adhere to regular home oral health care recommendations.
7. To assure that your financial obligations for oral health care received are fulfilled.

Maintenance of patient records and its confidentiality

In additions to tracking and recording patient care, the patient oral health care record and other records are crucial in risk management. The following are all part of a patients complete record.

1. Current medical history
2. Dental history and clinical database
3. Treatment records-diagnosis, treatment plan, progress notes
4. Radiographs and photographs
5. Models and Impressions
6. Laboratory and drug prescriptions
7. Signed consents
8. Contact address and phone numbers

Each daily entry must be signed dated by the student, and countersigned by the faculty. Patient interactions and conversations about problems, disagreements, or dissatisfaction must also be properly documented. Examples: patient repeatedly fails/cancels appointments, refuses necessary treatment, does not adhere to preventive regimen.

As a matter of ethical, legal and in keeping with the patient consent form, confidentiality of all interactions between dentist and patient must be maintained. The dental status (patient complaints, clinical findings, diagnosis, treatment plan and procedures undertaken) must be kept confidential, except while seeking faculty supervision.

Patient refusal of recommended treatment

When a patient refuses recommended treatment, the same should be stated in the oral health record and the patient advised to seek the treatment as soon as possible at a later date.

Referral procedure

Once treatment is rendered the undergraduate student should seek the advice of the faculty for further referral.

Resolution of patient complaints

Patient complaints should be handled by the student in conjunction with appropriate support staff and faculty (with head of department if required). Most complaints are resolved at this level.

Fee reductions

Occasionally, there may be requests by patients for a reduction in fees, for which the patient is directed to meet the Principal/Vice-Principal/Assoc. Dean (Hospital Administration) for approval.

Release of patient records

The patients are allowed to have a duplicate copy of their oral health care record on request. However, students can take the patient records and radiographs from the central registration counter after signing in the register kept for the same, on prior condition that they will return all the records along with radiographs within two working days.

Information contained in a patient record must be handled securely and should not be accessed or shared in any manner unless there is a treatment, payment or other job related reason for doing so.

Financial policy

Payment policy in each department varies depending on the treatment procedures rendered. Few of the treatments require complete payment before starting the procedure. However, for few procedures, patient can pay the money in installments at different stages of the treatment. Before any procedure is commenced, the patient is asked to pay the money in the dental records section (Main counter).

In general the college has a policy of providing free treatment for the camp patients.

(Excluding radiographs, Fixed orthodontics, Fixed Prosthodontic treatments and laboratory charges).

CHAPTER 7

DENTAL CLINIC ARMAMENTARIUM

Optimal patient treatment and infection control demand that all needed armamentaria to be obtained and arranged prior to each patient appointment. Each department requires a specific set of instruments, depending on the type of treatment procedure provided. The listing below presents guidelines for all routine procedures in the various departments.

Periodontics

- Set of supra-gingival scalers --- 1set
- Explorer --- 2
- Williams periodontal probe --- 2
- Mouth mirror --- 2
- Tweezers ---2
- Dappen dish --- 1
- Stainless steel kidney tray ---1
- Micromotor hand piece ---1
- Head cap ---1
- Cotton dispenser ---1
- Models ---1
- New brush ---1
- Drape & Head cap made with green cloth --- 1.
- Mouth mask --- 1
- Surgical gloves --- 1pair
- Rubber cup --- 1
- Polishing brush --- 1

Prosthodontics

Basic armamentaria in Prosthodontics

- Macintosh sheet
- Enamel tray-large size, kidney tray
- Mouth mirror and straight probe
- Dappen dish and marking pencil
- Wax knife, wax spatula, lecron carver --- 2 each
- Rubber bowl --- 2
- Patient drape, face mask, latex gloves

Record book

- Appointment dairy
- Tweezer
- Cotton and gauze

Specific armamentaria in Prosthodontics

- Preliminary impression making:
- Impression trays-edentulous U/L No. 1-4
- B.P. blade no. 10 and handle no. 03
- Spirit lamp and alcohol torch/ blow torch
- Dappen dish
- Orthodontic plier (adams)
- T-burnisher
- Violet colour indelible pencil
- Match box/ gas lighter
- Mouth mirror and probes --- each 2

Alginate impression making:

- Perforated dentulous impression trays U/L nos. 0 to 4
- Bard Parker (BP) Blade and handle
- Mixing spatula-straight
- Rubber bowl --- 2
- Orthodontic plier (adams)
- Mouth mirror and probes --- 2

Final impression making

- Maxillary and mandibular special trays on preliminary cast
- Acrylic trimmer, straight fissure bur, sand paper
- B.P. Blade (no. 10) and handle (no. 03). New Bp blade for each case.
- T-burnisher and violet colour indelible pencil
- Glass slab and cement spatula
- Match box/ gas lighter
- Big rubber bowl ---2
- Dappen dish
- Blow torch
- Mouth mirrors and probes ---2

Jaw relations recording:

- Record bases with Occlusal rims on master cast
- Hot plate spatula
- Fox plane
- Acrylic flame shaped trimmer and straight fissure bur, sand paper
- Big rubber bowl --- 2
- Lecron carver and wax knife
- Match box/ glass lighter

- Mouth mirrors and probes --- 2
- Glass slab
- Scale --- 2
- BP knife, blade (no. 10) and handle (no.3)
- Glass plate
- Cement spatula
- articulator

Try-in procedure for CD and RPD

- Trial dentures mounted on articulator
- Spirit lamp and alcohol torch
- Acrylic trimmer, sand paper mandrel and straight fissure bur
- Mouth mirror and probes --- 2
- Violet colour indelible pencil.

Denture insertion for CD and RPD

- Processed acrylic dentures with finishing and polishing
- Acrylic trimmer, straight fissure bur, sand paper mandrel
- Face mirror
- Mouth mirror and probes --- 2
- Violet colour indelible pencil.

Pediatric Dentistry

- 2 sets of diagnostic instruments (mouth mirrors, straight probe, tweezers, explorer)
- Spoon excavators small / large--- 2
- Gingival marginal trimmer (GMT) ---1set
- Enamel hatchet ---1

- Condensers
- o Parallelogram---1
- o Square---1
- Cement carriers ---1
- Ball burnishers ---1
- Carvers
- o Diamond ---1
- o Wards ---1
- o Hollenback---1
- Amalgam carrier ---1
- Plastic spatula/agate spatula ---1
- Steel spatula ---1
- Glass slab ---1
- Cotton holder ---1
- Dappen dish---2

Periodontal scalers-hand instruments in Paedodontics

Set of periodontal scalers (sickle, smooth surface, posterior jacket)

Cavity preparation burs in Paedodontics

Micromotor burs

Straight fissure-1

Round bur-1

Inverted cone-1

Tapered fissure-1

Air-rotor Burs in Paedodontics

Round burs-1

Straight fissure -1

Inverted cone-1

Tapered fissure-1

Note: Air-rotor and micromotor (contra angle); handpiece should be brought by students.

Conservative Dentistry

- Mouth mirror --- 2
- Straight explorer --- 2

- Curved explorer ---2
- Periodontal probe--- 2
- Cotton tweezers--- 2
- Spoon excavators (manipal instruments)
- Gingival marginal trimmers
- Enamel hatchet
- Enamel chisel
- Enamel hoe
- Mortar and pestle
- Chisels double ended
- Discoid excavator
- Cement spatula a)stainless steel b)plastic
- Cement carrier (manipal/API)
- Amalgam carrier
- Parallelogram condenser (manipal/API instruments)
- Cylindrical condenser (manipal/API instruments)
- Hollenback carver (manipal/API instruments)
- Diamond carver (manipal/API instruments)
- Ward's carver (manipal/API instruments)
- Ball burnisher (manipal/API instruments)
- Conical burnisher (manipal/API)
- Glass slab

- Dappen dish
- Airotor hand piece
- Micromotor burs
- o Straight fissure
- o Taper fissure Round
- o Inverted cone
- o Diamond points
- Ivory Retainer no.1
- Ivory Retainer no.8
- o Band no.8
- Chip blower
- Mcintosh sheet
- Toffelmier retainer
- Masks
- Gloves
- Magnifying lens
- Lecron's carver.

- Matrix band
- Wooden wedges
- Rubber bowl and spatula
- Squeeze cloth
- Cotton holder
- Head cap
- Scissors (curved & straight)

Orthodontics

- Youngs universal plier
- Adams universal plier

- Hard wire cutter
- Laminated graph sheet
- Glass slab--1
- Cement spatula -1
- Compass box
- Rubber bowl---2
- Straight and curved spatula ---each 1
- Kidney tray ---2
- Base formers
- McIntosh sheet
- Tracing sheets
- Impression trays (complete set)
- Paper clips
- Cellopean tape
- Marking pencil
- Metal scale
- Wax knife
- Carver
- Trimming burs
- Gloves
- Mouth mask
- Head cap

Public Health Dentistry

- Kidney tray
- Mouth mirror --- 2

- Straight explorer---2
- Curved explorer---2
- Periodontal probe ---1
- CPI probe---1
- Cotton tweezers ---1
- Cotton holder---1
- Chip blower---1
- Record book--1
- Observation book
- Masks
- Gloves

Oral Medicine & Diagnosis

- Mouth mirrors and probes --- 2 sets
- Explorer --- 1
- Compass --- 1
- Scale –1
- Periodontal probe –1
- Head cap
- Mouth mask
- Gloves
- IOPAR films and film holder

CHAPTER 8

DENTAL LABORATORY SERVICES

Salient features

- Goals
- Infrastructure
- Services provided

VDC has a well equipped full service dental laboratory servicing the patients with restorations of various types. Our expertise in implant, full-mouth fixed reconstructive, complex cosmetic and removable restoratives enables us to be an invaluable resource. We have skilled and certified dental technicians. The team of technicians is well –organized and focused on providing the best service possible for each individual clinical situation and preferences.

GOALS

The goal of the professional lab is to fulfill an educational role as well as providing services for the patients. Through collaborative efforts of faculty members and lab technicians students are taught how to use the dental lab to achieve the best possible result for prosthetic and restorative cases. Students will learn correct methods of handling certain cases and alternative lab techniques.

INFRASTRUCTURE

There are two ceramic labs in the college. One is attached to the department of Prosthodontics and the other to the department of conservative dentistry and Endodontics. The lab which is in the department of Prosthodontics is well set with the latest technology equipments. Cerecon dentsply ceramic unit, Adoro light-curing equipment, Milling machine (Zerbakh), Pressable ceramics, electrolytic polishing kit are few to name among the equipments. There are other clinical labs attached to the departments of Pediatric dentistry and Orthodontics.

SERVICES PROVIDED

Fixed restorations:

- Precious alloy crown and bridge
- Non-precious alloy crown and bridge
- All-ceramic crowns
- Porcelain fused to metal restorations

Removable partial dentures:

- Removable partial dentures of different kinds
- Cast partial dentures with precision attachments

Overdentures

- Attachment retained Overdentures

CHAPTER 9

INFECTION CONTROL POLICY

We Oral Health Care Providers (OHCP), by nature of our work, are placed in high risk positions of contracting infection and transmitting infection to other people within our workplace and even outside. The exponential rate by which infection can be transmitted warrants the policy covering infection control be established. Infection control is an important part of an effective risk management programme to improve the quality of patient care and the Occupational Health (OH) of the staff members. The members of the dental team should adopt appropriate infection control precautions to prevent the spread of infection to themselves or to their patients. Most carriers of latent infections, including blood borne viruses, are unaware of their condition and therefore it is important that appropriate infection control procedures are adopted for all patients. Infection control procedures implemented rigorously not only safeguard patients, especially those who may be immune compromised, but also protect members of the dental team. At Vishnu Dental College (VDC) infection control is given high priority with an aim to improve the standard of oral health care provided to the patients.

POLICY STATEMENT

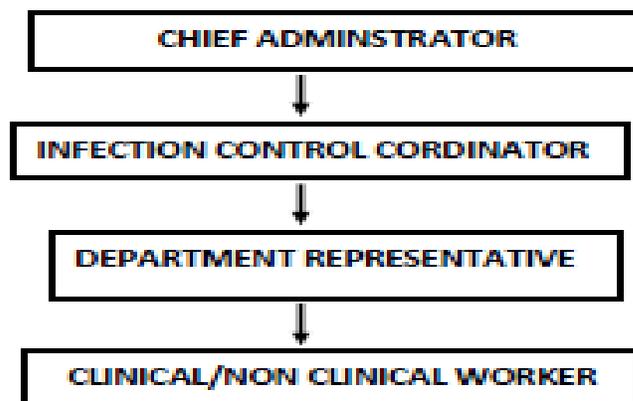
To provide a safe working environment for all Oral health Care workers with no risk of infection transmission in order to protect themselves and others from the transmission of infections.

POLICY OBJECTIVES

1. To create a safe and clean environment conducive to improved oral health care for our patients at VDC.
2. To educate the DHCP regarding the principles of infection control.
3. Identify areas within our scope of work where infection may be transmitted.
4. Formulate guidelines in preventing the disease transmission.
5. Endure prompt exposure management protocol and medical follow up.
6. To implement newer ideas that might improve the quality of care or reduce the risk to the patients.

COMPONENTS OF INFECTION CONTROL PROGRAM

• The infection control program at VDC is dedicated to the meticulous implementation of infection control strategies. The infection control program at VDC encompasses several programs and committees. The infection control program committee is organized under the following hierarchy:



CHIEF ADMINSTRATOR: The infection control committee is headed by the principal of the institution who doubles up as the chief administrator of the program. The chief administrator will be responsible for all the programs, processes and systems run by the committee.

INFECTION CONTROL CORDINATOR: The infection control coordinator and a team of members under the committee will be responsible for overall implementation of the program. The infection control coordinator is responsible for overlooking the compliance of the infection control procedures at VDC. The infection control coordinator also manages the written policies and Documentation, Education and training and record keeping.

DEPARTMENT REPRESENTATIVE: Every Department will have a Department representative who is accountable for the implementation of all infection control policies on a day to day manner. Duties of the Department representative:

- To identify any breaches in the infection control policies and to ensure a strict implementation of hospital policies within the department.
- Conduct orientation classes to all new coming students for their postings on the importance of infection control in their respective departments.
- Monitor record keeping procedures
- Suggest new changes for improving the current infection control protocols in the hospital.

CLINICAL/NON CLINICAL WORKER: The clinical and nonclinical workers which include students, Faculty, assistants, technicians and attendants must

- Comply with infection control norms and procedures.
- Identify breaches in the policies and protocols
- Report any incidence of breaches that may be observed
- Suggest innovations and provide active feedback to the concerned departments

The infection control protocol, a comprehensive booklet documents the guidelines and standard operating procedures of each aspect of infection control were made available. The infection control protocol describes the various initiatives of VDC both related to patient as well as general setup of the hospital.

CHAPTER 10

IMMUNIZATION POLICY

Many dental health-care workers are at risk for exposure and possible transmission of vaccine-preventable diseases because of their contact with patients or infective material from patients. Maintenance of immunity is therefore an essential part of prevention and infection control programs. Optimal use of immunizing agents safeguards the health of workers and protects patients from becoming infected through exposure to infected workers. Consistent immunization programs could substantially reduce both the number of susceptible health care workers in dental hospitals and health departments and the attendant risks for transmission of vaccine-preventable diseases to other workers and patients. The policy has been developed by VDC to protect the students, faculty, staff, and patients within the institutions and hospitals of the Health Sciences from communicable disease by fostering optimal immunization practices.

Immunization requirements

- A. Medical history form which includes an immunization history should be given to all new students and must be completed and returned to student relations officer prior to the student's initial registration
- B. All students, Staff, clinical and non clinical workers are required to provide to the satisfaction of immunization protocol:
 - a. Immunization against Hepatitis A and B and against Typhoid
 - b. Proof of immunization for measles, mumps and Rubella
 - c. Certification of Varicella immunity by history of disease, proof of vaccination or by way of positive titre
 - d. Evidence of immunization against Tetanus/Diphtheria within the past 10 years

Waivers: Immunizations mandated by VDC will not be waived. For example the requirement for immunization against Hepatitis B cannot be waived. A waiver on religious grounds may be obtained by submitting a written request to the principal. This waiver will not apply in case of an emergency or epidemic of disease which is declared by the ministry of health.

CHAPTER 11

POLICY ON BASIC LIFE SUPPORT SERVICES

The values of Vishnu Dental College (VDC) have been to provide quality clinical services to the patient. This entails systematic training of students and support staff, as well as updating faculty members in all facets of relevant procedures pertaining to oral and general health. In this endeavour, basic life support (BLS) is a feature of emergency services in which every health care personnel needs to be prepared. BLS consists of essential non-invasive life-saving procedures and is crucial to saving and prolonging the life of an individual. BLS is a mandatory component in the clinical training of the health professional and auxiliary staff. It is essential that every health care provider be well aware of this important aspect, which not only is vital in the clinical environment, but also extends to services rendered in any location which demands its necessity. This will ensure that all students support teaching staff and faculty will always be alert about its significance and know how to perform this fundamental and crucial procedure.

As part of the college's continuing efforts to provide skills in such techniques, a certified hands-on program addressing BLS will ensure that all concerned in treating patients at VDC will be in a state of readiness to handle such cases. This requisite program is essential to all who come in contact with the patient in any situation.

POLICY OUTLINE

1. All students, faculty members and support staff have to compulsorily undergo training in BLS.
2. This training is given by the BLS Director, who should be a certified instructor (trained by a recognized organization such as American Heart Association).
3. The student/ staff/faculty shall attend on a pre-designated day, during which they are informed about BLS; the various clinical scenarios which one may encounter is to be discussed in detail.
4. Details about airway, breathing and circulation are to be covered and various methods employed outside the hospital and in-house to manage cardiac arrest are discussed.
5. Each student /staff/faculty shall enact on a mannequin.

6. Students/staff/faculty are to obtain practice on how to keep the airway patent, namely, head tilt-chin lift and the look-listen-feel drill; the student/staff/faculty shall also use a barrier to give two rescue breaths followed by thirty correct cardiac compressions. The drill is to be repeated in situations when the student/staff/faculty is alone, when help is available, as well as in a hospital setting.
7. Student/faculty/staff should be taught the correct assembly of the ambubag and valve and the 'C' and 'E' technique used for ventilation.
8. Management of emergencies in the dental chair is discussed at length.
9. A certificate of completion of BLS will be awarded to all at the end of training , which is valid for a period of two years.

CHAPTER 12

RADIATION SAFETY POLICY

Salient features

- Radiation safety officer
- Clinicians eligible to operate x-ray equipment
- Operating x-ray equipment during pregnancy
- Staff and faculty training
- Exposure criteria
- Indications for prescribing dental radiograph
- Safety procedures
- Radiation monitoring
- Physical facilities and equipment
- Lead aprons
- Quality assurance
- Infection control and safety

RADIATION SAFETY OFFICER.

The head of the department of oral medicine and radiology is appointed as the radiation safety officer for all diagnostic radiation sources at the clinics. The responsibilities of the radiation safety officer include:

- Establishing, implementing, and monitoring guidelines and policies on radiographic practices
- Approving any purchases and remodeling of radiographic facilities
- Monitoring performance levels of x-ray units
- Monitoring radiation safety procedures.
- Investigating reported or suspected incidents of misuse or hazards of radiation equipment
- Implementing quality assurance programs
- Maintaining records for each x-ray unit inspection

- Educating all new staff to the radiation policies including technique, safety practices, prescribing procedures radiation rules and regulations
- Providing periodic continuing education programs for all staff operating x-ray generating and processing equipment.

CLINICIANS ELIGIBLE TO OPERATE X-RAY EQUIPMENT

Only dentists, who are certified in radiology, and students who have completed sufficient training are permitted to make patient exposures.

Those dentists employed by VDC as faculty, certified radiographers or trained undergraduate and post-graduate students are authorized to operate x-ray equipment.

Dental students undergo the radiology demonstration before being allowed to make x-ray exposures on patients. Faculty supervision is required.

Operating x-ray equipment during pregnancy

Any x-ray operator who is pregnant may voluntarily declare her pregnancy and the estimated date of conception in writing to the radiation safety officer. Thereafter, her occupational radiation exposure shall be limited to 0.5mSv per month after pregnancy is known as required by the ICRP (Indian council for radiation protection). It is the responsibility of the operator to decide whether the risks to her or to a known or potential unborn child are acceptable.

STAFF AND FACULTY TRAINING

- Periodic training sessions are provided to all personnel using x-ray equipment.
- Radiation safety sessions are required of all new personnel and post-graduate students who may be using x-ray equipment.

EXPOSURE CRITERIA

All radiographs are prescribed in writing by VDC faculty member or by undergraduate and post-graduate students.

All prescriptions are made after determining the patients need by reviewing the medical and dental history and by performing a clinical examination

If prior radiographs are available, they are obtained and evaluated before taking new radiographs

Repeat radiographs are taken after evaluating the initial film, which does not meet diagnostic criteria, and after determining the technical error. Faculty supervision to aid in the correcting the error is required. A full mouth series is acceptable if the radiographs are of diagnostic quality and exhibit the following features:

- Apex of each tooth will be visible at least 1-2mm of bone surrounding it.
- The interproximal region of each tooth will be open in at least one radiograph.
- A panoramic film will be taken to visualize unerupted/partially erupted third molars if these teeth are not visualized on the molar periapical films.
- Radiographs are made only on patients who are capable of complying with the procedure.
- No radiographs are taken on a routine basis.

Radiographs may be taken for research purposes with institutional review board approval

- All radiographic interpretations are noted in the patients chart.
- The amount of scattered radiation striking the patient's abdomen during a properly conducted radiographic examination is negligible. Protective thyroid collars substantially reduce radiation exposure to the thyroid during dental radiographic procedures. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.

INDICATIONS FOR PRESCRIBING DENTAL RADIOGRAPH

I. Positive Clinical Signs/ symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth

8. Sinus tract (“fistula”)
9. Clinically suspected sinus pathology
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and / or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or colour
21. Unexplained absence of teeth
22. Clinical erosion.

II. Factors increasing risk for caries may include but are not limited to:

1. High level of caries experience or demineralization
2. History of recurrent caries
3. High titers of cariogenic bacteria
4. Existing restoration(s) of poor quality
5. Poor oral hygiene
6. Inadequate fluoride exposure
7. Prolonged nursing (bottle or breast)
8. Frequent high sucrose content in diet
9. Poor family dental health
10. Developmental or acquired enamel defects

11. Developmental or acquired disability
12. Xerostomia
13. Genetic abnormality of teeth
14. Many multi-surface restorations
15. Chemo/radiation therapy
16. Eating disorders
17. Drug /alcohol abuse
18. Irregular dental care
19. Remineralization monitoring
20. Presence of implants or evaluation for implant placement

SAFETY PROCEDURES

- All patients draped with lead aprons and where the technique allows, thyroid collars.
- Only film of an ICRP group “E” rating or faster is used
- No person other than the patient is allowed to be in the x-ray operatory during the exposure. If assistance is required, non-occupationally exposed persons (preferably a member of the patients family will be asked to assist and will be draped with a separate apron.
- Extra-oral exposures employ screen-film combinations of the highest speed consistent with their diagnostic purpose. As a rule, this implies use of rare earth screens and T-grain film
- The x-ray operator must never hold a film for the patient during exposure
- The operator must stand behind a barrier equipped with a transparent window to observe the patient during exposure.
- When a mobile x-ray unit is used or when no barriers are present, the operator is required to stand 6 feet and 90 to 135 degrees from the patient
- Film holding devices, particularly the Rinn equipment, is used to avoid the patient holding it with a finger

Proper processing procedures to obtain a quality radiographs.

RADIATION MONITORING

Monitoring of all personnel who are involved in radiographic procedures is through thermoluminescent dosimeter (TLD) badges.

Badges are to be worn during work hours on the body between the collar and the waist while exposure is expected to be at its highest. The badges are not to be taken home

Dosimetry reports are gathered once in 3 months and filed in the radiology department and is open for inspection.

Maximum radiation doses allowed are not to exceed those recommended by the ICRP and preferably much lower.

PHYSICAL FACILITIES AND EQUIPMENT

All operatories with x-ray equipment have adequate barriers for the operator. This may include lead lining of the walls and doors or a portable lead barrier in areas where the doors do not close or are not present. All have transparent panel to permit a safe view of the patient during exposure.

The x-ray beam is collimated to not more than 2.75 inches when striking the face. When circular collimators are used for intra-oral films, the beam diameter at the patients face is restricted to 2.75 inches. Rectangular collimators limit the beam to 2.0 inches at the face on the long side.

The target –to-skin distance for intra-oral radiography is not less than 8 inches. When practical, a long position-indicating device of 12 inches or more is used.

x-ray machines contain a minimum total filtration consistent with ICRP regulations; 1.5mm of aluminium for 70kvp and 2.5mm aluminum for equipment operating above 70kvp

Exposure control switches are the “deadman” type and is positioned behind the barrier. All radiation emission terminates after the preset time of exposure. When possible, the x-ray unit should have both an audible and visual indicator to signal exposure termination

all machines shall have appropriate exposure parameters posted near the control panel

Radiographic viewing is accomplished with equipment such as dim background lighting where possible, masked view-boxes, opaque mounts and magnifying glass.

LEAD APRONS

- Lead aprons are hung on the specified hangers/hooks and are discarded after a maximum of five years of use. The date when the apron is first put into circulation is marked on the lower corner.
- Lead aprons are hung on the hangers/hooks, between use they should not be folded.

QUALITY ASSURANCE

- Records are maintained and filed in the radiology department with the following information:
 - Periodic calibrations of x-ray tube output
 - Dates and actions to correct any fluctuations of the x-ray equipment output.
 - A description of the room housing the x-ray unit. Strict quality assurance is followed for the processors and dark room. The following processor maintenance should be followed:
 - o **Daily:** (a) Clean developer and fixer rollers (b) change chemicals (c) turn processor on and check water temperature, and (d) run roller transport cleanup films
 - o **Weekly:** (a) clean the wash rollers
 - o **Monthly:** (a) perform coin test to check for darkroom light leakage.

INFECTION CONTROL AND SAFETY

Proper infection control protocol is followed during radiographic procedures; all patients are treated as potentially infectious

Proper personal protection equipment is worn including gloves, masks, and lab coats (aprons)

Proper hand washing procedures are adhered to before and after patient contact

All equipments are sterilized between patients

The operatory is appropriately covered with headrest covers, tube head covers and tape.

CHAPTER 13

WASTE MANAGEMENT POLICY

Vishnu Dental College's waste management policy will provide a framework for health care waste management, segregation and disposal based upon current best practice. Because of the diverse nature of services it's a necessary requirement to form a waste management working group that will inform on the standard operational procedures necessary to underpin practice. It is our moral obligation to ensure that the waste so generated in the hospital is properly disposed and it conforms to all local and state norms and laws. VDC takes full responsibility for the waste that it generates and is focused on reducing the waste generated in the hospital and promote the use of recyclable items that has reduced the waste effects on the environment. The following is the brief description of the policy at VDC.

POLICY STATEMENT

The policy statement aims to establish a system for management of all potentially infectious and hazardous wastes ensuring that chemical hazardous wastes are handled, packaged, collected, treated and disposed of in accordance with applicable regulations.

POLICY OBJECTIVES

1. Defining the various categories of waste being generated in the hospital.
2. Segregation and collection of various categories of waste in separate containers, so that each category is treated in a suitable manner to render it harmless.
3. Identifying and utilizing proper "treatment technology" depending upon the category of waste.
4. Creating a system where all categories of personnel are not only responsible, but also accountable for proper waste management.
5. Changing the use patterns from single usage to multiple usages whenever possible.

ORGANISATION AND MANAGEMENT

The organization of the waste management team comprises the following hierarchy with their defined roles and duties:

1. Director of waste management program
 - Co-ordinating the waste management policy

- Ensuring that all personnel are compliant with the waste management policy
- Provision of advice and guidance to waste management team

2. Supervisor

- Overseeing day to day functioning of waste management functioning
- Monitoring the compliance of all aspects of waste management.
- Provide training to all personnel involved in waste management

3. Department In- charge

- Establishing and maintaining records to track the movement of all wastes
- Make the records available for audit
- Supplying information and paperwork on waste disposed of when required by the infection control committee

4. Staff, Students and support personnel

- Disposing of waste responsibly through the appropriate waste stream in accordance with the VDC policy
- Reporting any problems with waste disposal

CHAPTER 14

PATIENT PAYMENT POLICY

In general, the institution has a policy of charging only material cost incurred in any particular dental treatment from the patients it serves. Moreover, the patient who comes through camp referral conducted by our institution within 30 days from the date of camp conducted are provided free treatment (except fixed partial dentures, implants and orthodontic treatment). Furthermore treatment is free of cost for economically weaker section & freedom fighters who require routine dental treatment and complex maxillofacial surgeries. Also, students, faculty members and non-teaching staff can avail discounts for their treatment (please consult respective department for actual discount available).

Before starting any dental procedure, the patient is asked to pay the part of money that is charged for the particular treatment in the main registration counter. The dental hospital will provide certificates stating that the patient has been treated along with payment details with the same, which can be used by the patient for reimbursement if he/ she is working for any Government or private organization / company.

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COMPOSITION OF THE COMMITTEE:

Dr. Vinay Chandrappa –Dean Hospital Administration

Dr. Padma Priya- Dean Student Affairs

Meetings are held bi-annually

**SRI VISHNU EDUCATIONAL SOCIETY &
DR. B.V. RAJU FOUNDATION**

LEAVE RULES FOR THE REGULAR EMPLOYEES OF THE SOCIETY

GENERAL:

These Rules shall be called the 'Sri Vishnu Educational Society' & 'Dr. B.V. Raju Foundation' Leave Rules. They shall be deemed to be have come into effect from 1st January 2016. They shall be applied to all the employees, appointed on regular basis, of various institutions under the Society & Foundation.

These rules can be modified, amended or rescinded by the Management of 'Sri Vishnu Educational Society' & 'Dr. B.V. Raju Foundation' from time to time as its discretion as deemed fit.

The following kinds of leaves are available to the employees of the institutions managed by Society & Foundation.

- a. Casual Leave
- b. Special Casual Leave
- c. Earned Leave
- d. Medical Leave
- e. Maternity Leave
- f. Family Planning Leave
- g. Compensatory Leave
- h. Leave Not Due
- i. Quarantine Leave
- j. Extraordinary Leave
- k. Sabbatical Leave

- Leave of any kind cannot be claimed as a matter of right and will be granted only at the sole discretion of Head of the Department / Head of the Institution. When exigencies so require discretion to refuse or revoke leave of any description is vested with Authority empowered to grant it.
- Any leave under these rules can be granted in combination with or in continuation of any other kind of leave, except casual leave.
- No leave shall be granted beyond the date on which an employee must compulsorily retire.
- Leave account of each employee should be maintained separately by the Head of the Department / Head of the Institution.
- Unauthorized absence from duty not only results in cut in the emoluments for the period but also considered as misbehaviour inviting disciplinary action.
- An employee, on leave, cannot take up any service or accept any other employment for remuneration.



- Application for leave on Medical ground shall be accompanied by a Medical Certificate issued by a Registered Medical Practitioner. Fitness Certificate should also accompany the Medical Certificate issued by any Registered Medical Practitioner before reporting after availing the leave. In case of any controversy pertaining to the Medical Certificate issued by a Registered Medical Practitioner, the decision of the Medical Officer of the Society / Institutional Head shall be final. In case of minor sickness (duration less than three days) medical certificate is not required
- Any employee on leave or on vacation may be recalled to duty before the expiry of the leave, in case of urgency and necessity
- Leave Encashment facility only for Earned Leaves is available only at the time of retirement. No other kinds of leaves are encashable.
- In case of leave sanctioned by the In-charge in the absence of the Head of the Department / Head of the Institution, the leave sanction is subject to ratification by the Institutional Head / Departmental Head.
- Except in case of Half Pay leave i.e. being availed on Medical / Health grounds, prior intimation need to be given for sanction of leave and leave can be availed only after the leave is granted by the sanctioning authority.
- Leave shall be applied in person in all cases except when the reporting authority is located at another place/location which is far away from the employee's working location.
- The person availing the leave for a longer duration has to assign the work and hand over documents / files of the important/ongoing works to his colleague / subordinate. Work adjustments need to be done and in no way there should be any hindrance to the ongoing work during the period of leave.
- The leave address and contact numbers during the leave period shall be clearly mentioned in the leave application.
- Salary deductions will be made in case of excess leave availed and getting relieved from the Institution/Society during a calendar year.

CASUAL LEAVE:

- (i) Total casual leaves to be granted shall not exceed 12 days in a calendar year.
- (ii) Casual leave cannot be combined with any other kind of leave except special casual leave. However, such casual leave may be combined with holidays including Sundays. Holidays or Sundays falling within the period of casual leave shall not be counted as casual leave. Any balance period of casual leave shall lapse with the calendar year.



SPECIAL CASUAL LEAVE:

10 days in a calendar year for **teaching staff** sanctioned only for attending to Ph.D. work, Seminars / Workshops, Examinerships, etc. Special Casual leave cannot be accumulated and nor combined with any other kind of leave. Any balance period of special casual leave shall lapse with the calendar year.

EARNED LEAVE:

The Earned leave admissible to a permanent employee declared as eligible for **vacation staff** shall be 6 days in a calendar year. For **non-vacation staff**, Earned leaves will be 30 days in a calendar year. The leave account of every permanent employee shall be credited with Earned leave every calendar year i.e., January - December.

The earned leave at the credit of an employee at the end of calendar year shall be carried forward to the next year, subject to the condition that the leave so carried forward plus the credit for the year does not exceed 300 days. An employee ceases to earn such leave when the leave reaches the limit of 300 days. Maximum leave that can be granted at a time is 120 days. If the vacation staff attends to the duty during vacation, one EL will be added for every two days of attendance. The employee should put in a minimum attendance of 240 days in a year for getting eligible for EL.

For Vishnu Dental College, the earned leaves may be considered for sanction for 30 days at a time, Earned Leave should be applied to the competent authority at least 5 days in advance. The holidays in between Earned Leave will be counted as leave. The Minimum Earned Leaves should be availed for a period of 3 days..

MEDICAL LEAVE:

The Medical leave / Half-Pay leave, admissible to a permanent employee only, on Medical or Health grounds shall be 20 days for every year of completed year of service. Maximum limit of accumulated leave is 60 days.

MATERNITY LEAVE:

Maternity leave is admissible to married women employees appointed on regular basis with at least one year of regular service in the institution. A female employee may be granted maternity leave on full pay for a period of 90 days from the date of its commencement.



- a. 3 Months or 90 days maternity leave with full salary may be given for the staff members who have put in a minimum one year service in our society.
- b. This benefit is given only once.
- c. Staff members availing this leave have to give an undertaking before availing leave that they will work for a minimum period of 2 years after their return from leave.

Maternity leave not exceeding 14 days may be granted in case of miscarriage or abortion including induced abortion provided that the application for leave is supported by a medical certificate. Maternity leave is not admissible in case of woman employee who has two or more living children.

FAMILY PLANNING:

For Family Planning Operations: 6 days in respect of Male and 14 days in respect of Female shall be granted.

COMPENSATORY LEAVE:

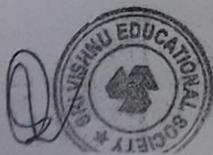
The employees are eligible for sanction of 5 days of compensatory leave in a calendar year in lieu of their working on a Holiday with prior approval and such leave has to be utilized during that calendar year only and it cannot be accumulated. It is not granted to any remunerative duties assigned like examination work, EAMCET, etc.

LEAVE NOT DUE:

The Competent Authority may at his / her discretion sanction advance leave not exceeding 30 days and the advance leave shall be adjusted against the leave the employee earns subsequently.

QUARANTINE LEAVE:

Quarantine Leave is absence from duty necessitated by orders not to attend Office in consequence of presence of infectious disease. The period of leave shall not exceed 21 days and should be supported by a Medical Certificate.



EXTRAORDINARY LEAVE:

Extraordinary leave shall be leave without pay and may be granted when no other leave is by rule, admissible and the employee applies in writing for the grant of extraordinary leave. The duration of extraordinary leave on any one occasion shall not exceed 3 months without medical certificate, 6 months where the employee has completed a continuous services of not less than one year on the date of expiry of leave and the request for such leave supported by a medical certificate and two years for the purpose of higher studies or undergoing any professional training, provided the employee has completed three years of continuous service. Prior approval of the Management shall be taken before sanctioning the extraordinary leave.

SABBATICAL LEAVE:

The sanction of the leave is subject to discretion of the Management.

VACATION:

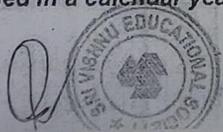
1. The vacation staff is eligible to avail up to a total number of 60 days (Maximum vacation) in an academic year. All the vacation staff is expected to be on duty to attend invigilation, evaluation, practical examinations and other such works assigned by the college, such period will be treated as on duty.
2. If any of the staff member retained during vacation due to any exigency, he / she is eligible to get additional earned leave to the extent of 50% of the days of retention
3. Staff members with one year or more service in respective colleges can avail vacation. Those who have put less than one year service will get proportionate vacation
4. In case of Vishnu Dental College, the vacation leave is restricted to 15 days which can be availed during the month of May every year

ON DUTY:

Employees going on temporary duty assignments at other locations shall be treated as On Duty. The employee should duly fill in the On Duty application format which shall be countersigned by the competent authority where the employee has undergone temporary duty assignment for treating that period as On Duty.

The above leave rules are applicable to employees whose services are confirmed:

- For Employees on training, 12 leaves shall be sanctioned in a calendar year.
- For Employees on probation, 12 CL and 20 Half-pay / Medical leaves shall be sanctioned in a calendar year.



COMPETENCY BASED TRAINING

E-Teaching and Learning

Code of conduct for a learning session (class)

- The learning sessions/classes should always be student/learner centric
- Each learning session should not carry more than 7 ± 2 concepts considering student's cognitive load
- Each learning session should be planned with specific learning objectives as discussed in the faculty development programs
- Each learning session should be an activity-based session accounting to the active participation of the students
- The classroom activities(quick quizzes, mind map, think-pair-share, role play) conducted in a learning session should be uniform by all the faculty members of respective departments
- Activities are meant for 100% student participation, better understanding, retention and for instant feedback
- In case of poor response in the activity conducted, the concept must be repeated or remedial measures shall be planned
- The I-pad content delivered in the class has to be uniform by all the faculty of respective departments
- The faculty shall give priority in engaging the class for a given period of time (not less/not more)
- The single point coordinators for I-pad content management from respective departments shall see that the content is uploaded into the server within stipulated period of time

Note: List of coordinators attached overleaf

Single point coordinators for I-pad content and e-learning

- Oral medicine and Radiology – Dr.Anand Babu
- Oral surgery – Dr.Vini /Dr.Anil
- Oral pathology – Dr.Pallavi
- Prosthodontics – Dr.Anusha
- Periodontics – Dr. Yudheera
- Orthodontics – Dr.Anusha
- Conservative Dentistry and Endodontics – Dr.Praveen
- Pedodontics – Dr.Chaitanya
- Public Health Dentistry – Dr.Siva
- Pre clinical prosthodontics – Dr.Narasimha
- Anatomy – Mr. Amarnath
- Dental materials – Dr.Ramakrishna
- Physiology – Dr.Saileesh
- General Pathology – Dr.Padmavathi
- Microbiology - Anil
- Pharmacology – Bharath Raju
- Biochemistry – Murali

Standard operating guidelines for content creation and management

- Each teaching faculty must prepare chapter plan and session plan 1 week before starting their class
- All columns provided in the chapter plan and session plan prototype must be filled
- Bloom's taxonomy must be followed in constructing specific learning outcomes
- Specific learning outcomes must not be more than 5-6 in chapter plan and 3-4 in session plan
- Specific learning outcomes shall follow *SMART* model (Specific, Measurable, Attainable, Relevant, Timely)
- Department HOD'S shall monitor the subject plan before uploading it into the server. It must be made available to students to read on the first day of respective subject's theory class
- HOD'S shall scrutinize the chapter plan and session plan prepared by respective department faculty
- Content on a chapter must be systemically divided for number of sessions allotted for that chapter
- All keynotes prepared must be on the college background with compulsory Vishnu Dental College watermark on it
- Keynote content should be customized for activity based small group teaching indicating activities which are apt for that topic on a slide
- Content prepared by faculty must be shown to the HOD and authorization of the same is mandatory and only then content must be uploaded into the server

- Content uploaded once is ready to access for students, so it is advised to refine the content before uploading
- Content uploaded will be scrutinized by academic dean and his team
- HOD'S shall arrange their department content in such a way that students can be effectively and efficiently benefitted out of it
- Periodic monitoring must be done to prevent data breach or data malignment
- Content must be uploaded prior to the theory class to practice flipped class model
- Monthly teaching plan and its content must be uploaded on or before 28th of every month in D cap and server respectively
- In case of any assistance and support you can request the VDC *e-learning* team
- It is mandatory that content must be uploaded into the server
- It is the duty of the faculty members of respective departments to maintain a backup of department content. This can be done by creating a Google drive of departmental gmail ID. The Google drive credentials must be under the control of HOD.