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CHILD PROTECTION

Griffith University is strongly committed to promoting and contributing to the safety, welfare and wellbeing of children and young people and preventing child abuse. The University will work collaboratively with other agencies to achieve this aim.

The Commission for Children and Young People and Child Guardian Act 2000 (Queensland) requires that paid employees, volunteers or trainee students if they propose to work in a regulated business whether the service or activity is for profit or not for profit to apply for and carry a Blue Card. Among regulated businesses, services or activities, is health. Therefore, Griffith University requires all individuals working within the Griffith University Dental Clinic to carry a Blue Card. Furthermore, Queensland Health requires all students or supervisors who undertake placements within its facilities to carry a Blue Card. The card should be carried on your person because regulated facilities can ask you to produce it at any time during your activities.

A blue card is a card issued by the Commission for Children and Young People and Child Guardian and indicates that a person is eligible to work with children and young people in Queensland. To determine a person’s eligibility to hold a blue card, the Commission conducts a Working with Children Check. This is a detailed national check of a person’s criminal history, including any charges or convictions, as well as any disciplinary information held by certain professional organisations and police investigation information into allegations of serious child-related sexual offences. A blue card remains current for two years and it is the individual’s responsibility to renew it. For further information, including application forms and information on disqualifying offences, can be found at http://www.bluecard.qld.gov.au.

Griffith University considers it a professional responsibility to report to the Department of Child Safety any child you suspect is experiencing harm. The following are the telephone numbers for making such a report:

Business Hours: 1800 811 135
After hours and on weekends: 1800 177 135

Students should report any such matters to their supervisors and seek their assistance with reporting. All incidents of suspected harm to children and young people should also be reported to the Director of Clinical Operations.
# CLINICAL AUDIT

## Infection control – Prior to patient arrival

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Protective Equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Appropriate hair (short hair or long hair tied back).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Clean protective clothing.</td>
<td></td>
<td></td>
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<tr>
<td>3. Closed toe footwear.</td>
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<tr>
<td>4. Removal of jewellery, watches and bracelets and covering of open wounds with waterproof dressings.</td>
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</tr>
<tr>
<td>5. No food or drink in clinical area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hand Washing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Appropriate sink used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Appropriate hand washing routine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Appropriate soap or antiseptic used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bay Cleaning and Barrier Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Appropriate gloves selected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Water and air lines flushed for 2 minutes at start of day or 20-30 seconds between patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Cleaned the following with disinfectant:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Work surfaces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Dental unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Produce bags used to cover:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Assistant console</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Tray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Keyboard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Large bag used to cover:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Bracket table body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Barrier tape used to cover:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Light handles and switch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Numbers on keyboard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Computer mouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Sterile drapes used for surgical procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Zoning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Clean and contaminated zones clearly demarcated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Gloves removed before leaving bay.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Gloves removed before touching patient records and radiographs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Infection Control - During patient treatment

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Protective Equipment – Operator &amp; Assistant</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Gloves appropriate to procedure (sterile or non-sterile) worn.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Mask worn.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Eye-wear providing suitable protection used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Updated Medical History obtained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Protective eye-wear worn by patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Bib placed on patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hand Washing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Appropriate sink used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Appropriate soap or antiseptic used or alcohol hand rub.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Zoning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Clean and uncontaminated zones maintained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Sterile instruments, equipment, materials and medications maintained in clean zone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Contaminated instruments maintained in correct zone.</td>
<td></td>
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<tr>
<td>31. Aseptic technique for item retrieval used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Single sheet pads used for material mixing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Gloves removed before touching patient records and radiographs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Gloves and mask removed before leaving bay.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sharps Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Sharps not passed between individuals.</td>
<td></td>
<td></td>
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<tr>
<td>36. Sharps dismantled and placed in appropriate container immediately on completion of use.</td>
<td></td>
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<tr>
<td>37. Sharps containers are clearly marked, stable and out of reach of children.</td>
<td></td>
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<tr>
<td>38. Needles re-sheathed using appropriate techniques (artery forceps or sheath holder).</td>
<td></td>
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<tr>
<td>40. Scalpel blades disposed of using appropriate technique.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Spillages</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Surface cleaned immediately following spills or when visibly soiled.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Appropriate spillages procedure implemented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checklist Items</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
<tr>
<td><strong>Radiography</strong></td>
<td></td>
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</tr>
<tr>
<td>43. Materials contacting intact skin should be cleaned between patients or barrier wrapped.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. Lead aprons remain clean through patient bib removal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. Sealed barrier wrapped intra-oral film used where available or disinfection by immersion in household bleach for 30 seconds.</td>
<td></td>
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<tr>
<td>46. Exposure button protected by disposable plastic cover.</td>
<td></td>
<td></td>
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<tr>
<td>47. X-rays viewed in clean area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory – Clinical Aspects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. Impression materials mixed using a bowl and spatula cleaned with detergent and water.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. Minor chair-side adjustments performed over bin.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Burs used for adjustments cleaned and sterilised after use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal Protective Equipment – Operator &amp; Assistant</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. Gloves and mask appropriately disposed of.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52. Remove protective clothing prior to leaving clinical area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53. Patient bib disposed of in clinical waste bin.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. Eye-wear cleaned using a mild detergent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hand Washing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. Appropriate sink used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56. Appropriate hand washing routine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57. Appropriate soap or antiseptic used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Waste Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58. Appropriate gloves selected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59. Waste discarded in appropriate “no-touch” bin with lid.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60. Waste amalgam stored in labelled screw-top jar under radiographic fixer solution.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bay Cleaning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61. Appropriate gloves selected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62. Barrier protection systematically removed from clean zones first followed by dirty zones.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63. Systematic cleaning of bay from least contaminated to most contaminated areas with neutral detergent, ensuring that all exposed surfaces are cleaned.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64. Suction lines flushed through with recommended solution at end of each session or clean water in between patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checklist Items</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>----------------------------------------</td>
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</tr>
<tr>
<td><strong>Bay Cleaning</strong> (cont’d from previous page)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65. Suction lines that are not re-us-able are disposed of.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66. Air and water lines flushed for 20-30 seconds between patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67. If end of session, bay is put to rest position and switched off.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Instrument Cleaning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68. Appropriate gloves selected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69. Eye protection worn.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70. Appropriate sink used for instrument cleaning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>71. Recommended cleaning process imple-mented using detergent and water which may or may not be followed by ultrasonic cleaning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Instrument Disinfection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72. Non-autoclavable items that have contacted the patient are completely submerged in disinfectant for appropriate time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73. Lifting forceps used to remove instruments from disinfectant and items rinsed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sterilisation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74. Appropriate method of sterilisation selected for equipment, e.g. wrapped for sterilisation or autoclaved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75. Autoclaves set to the recommended sterilising cycles.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tracking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76. Ensure that reusable instruments used for recommended procedures are tracked and the batch control numbers recorded.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Storage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77. Instruments cooled and aired in a clean area prior to storage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>78. Integrity of packaging material maintained whilst handling items or during storage and without external aids such as rubber bands or paper clips.</td>
<td></td>
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</tr>
<tr>
<td>79. Storage of sterilised items in a clean area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80. Sterilised packages that are wet or damaged are considered contaminated.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Infection Control - Laboratory

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Protective Equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. All personal belongings stored in lockers and lockers kept closed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. General lab – hair, protective clothing, footwear and NO food or drink.</td>
<td></td>
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</tr>
<tr>
<td>3. Casting room – section 1 + mask.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Polishing area – section 1 + mask and protective eyewear.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hand washing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Appropriate hand washing routine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Appropriate soap or antiseptic used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disinfection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Bites and try-ins cleaned and disinfected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Polishing Attachments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Separate polishing attachments kept for brand new items/appliances.</td>
<td></td>
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</tr>
<tr>
<td>9. Pumice not used for more than once appliance and discarded after use for items of patient work.</td>
<td></td>
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</tr>
<tr>
<td>10. Brushes cleaned and disinfected after use and where possible autoclaved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Polishing mops and brushes used for repair and reline cleaned after use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Appropriate lathe selected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Return to Clinic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Dentures disinfected before leaving laboratory for clinical area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Items transferred in sealed container or plastic bags with appropriate identification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Commercial Lab</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Personal Protective Equipment – hair, protective clothing, footwear. Mask and protective eyewear as required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Hand washing – routine and appropriate materials used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Disinfection – impressions, bites and try-ins according to appropriate procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Polishing – see points 8-12.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Risk audit

Risk audits are regularly carried out on a course basis and submitted to Technical Services (Health). Health and Safety audits are carried out on an annual basis or more frequently if deemed necessary, risks identified and actioned.

Risk audits are also carried out on clinical areas and activities on an ongoing basis.
CLINICAL ADVISORY COMMITTEE

Terms of Reference

Aim
To oversee the standards of clinical quality and patient safety in the Dental Clinic and ensures that all care provided is patient/family focussed, evidence based, holistic and of the highest and ethical correct standards. Further that the group considers the principles of population oral health, prevention and health promotion in making recommendations to the School Committee.

Objectives
1. Develop and monitor clinical guidelines, pathways, and policies.
2. Monitor and investigate clinical incidents and recommend risk mitigation strategies to prevent their reoccurrence.
3. Oversee audits of clinical records to assess compliance with statutory requirements and Griffith University Policies and Procedures.
4. Oversee audits of infection control procedures for compliance with policies, procedures and statutory requirements.
5. Oversee audits and quality control of radiography to ensure compliance with policies, procedures and statutory requirements.
6. Make recommendations for the purchase of equipment and instruments to ensure efficient and effective use of resources.
7. Provide advice and guidance on clinical assessment.
8. Consider and investigate other clinical matters which may be presented to the working party as a result of case reviews, or patient surveys.

Membership
Dean and Head of School
Director of Clinical Operations (Chair)
Professor of Comprehensive Adult Dental Care
Senior Dental Assistant
Discipline Heads, as required
Program Convenors
General Dental Practitioner (GU Clinic)
Dental Clinic Practice Manager
Other relevant members of staff as appointed

Reporting
Quarterly to School Committee
CONSENT

Introduction

In order to practise in a professionally responsible manner, a dental practitioner must assist patients to make well-informed decisions about treatment procedures. Consent may be of three types; implied, verbal or written. For consent to be obtained the patient must have:

1. Capacity to consent
2. Understand the implications of treatment including:
   a. material risk
   b. time, extent and frequency
   c. outcome
   d. possible complications
   e. cost
3. Understand alternative treatment options, including undertaking no treatment
4. Given the consent freely, not under duress

Written consent *(the patient’s signature on a document)* does not of itself establish that consent has been obtained. Among the matters, which would be considered by a court of law to establish consent, are:

- the patient was given sufficient and appropriate information on all aspects of the procedure
- the information was provided in such a form that the patient could fully understand it
- the patient, before consenting, had sufficient time to deliberate in an unfettered way on the relevant information
- all possible complications, their frequency, the degree of incapacity they may cause and the possibility of permanence, were fully outlined in a way that the patient could completely understand
- the cost of treatment was fully outlined and understood
- the patient’s expectations of treatment outcomes were realistic
- an appropriate referral was offered
- an appropriate diagnosis was established
- an accurate medical history was established and appropriately accounted for in treatment

At the Griffith University Dental Clinic a written general consent is obtained when the patient comes for their first appointment, in order that they understand they may be treated by students under supervision. Further, it establishes that de-identified information or teeth extracted as part of their care may be used for educational and research purposes. It should be noted that this is a general consent. Further information may need to be provided and written consent should be sort under ethics guidelines for research projects. Patients may withdraw treatment at any time but the practitioner has a duty of care to ensure that they will come to no harm and to inform the individual of the risks of ceasing care.

On request, patient can be referred to a specialist e.g. IPP.
Capacity to Consent
People may be considered not to have the capacity if they are:
1. Minors (<16 years)
2. Mentally ill
3. Intellectually impaired
4. Affected by drugs or alcohol rendering them incapacitated.

In the case of minors or other persons with a legal disability the consent of the parent, guardian, or adult guardian\(^1\) should be obtained.

Clinical Consent
Every patient should have a treatment plan for each course of care recorded in his or her record in the Patient Management System. In the case of students this must be authorised by a clinical supervisor. The plan should be discussed with the patient or their guardian and the discussion documented in the clinical notes. A print out of the treatment plan should be provided to the patient:
1. On request by the patient
2. The treatment is complex involving numbers of appointments
3. The treatment involves partial and complete dentures, crown and bridge work, implants, molar endodontics, or surgery

Verbal consent is acceptable for simple general dental care (e.g. fillings) and should be documented in the records.

Written consent should be obtained for more complex treatment as described at item 3 above by asking the patient to sign a copy of the print out of the treatment plan. In addition all minors and cases of adult guardianship require written consent (see section on guardianship).

The National Health and Medical Research Council (NHMRC) in 1993 produced a set of guidelines on providing information to patients and recommends that practitioners discuss:
1. The possible or likely nature of the care
2. The proposed approach to treatment including:
   a. numbers and length of appointments
   b. possible referrals to other practitioners or specialists
3. Other options for treatment
4. The likely outcomes
5. Any possible complications
6. The likely outcome of have no treatment
7. Cost (see section on financial consent)

Financial Consent
Any treatment undertaken in the Griffith Dental Clinic will require the patient to give financial consent. Patients or their guardians should be informed prior to their next appointment of the likely costs.

\(^1\) The Adult Guardian is a person appointed by the State under the Powers of Attorney Act 1998.
Phone: 0732340870 or 1300653187 or http://www.justice.qld.gov.au
Any treatment plan for which the cost is likely to be more than $500.00 should be referred to any clinical support staff member who will:

1. Discuss and/or develop a payment plan.
2. Provide the patient or guardian with a written copy of the costs and
3. Obtain written consent by way of a signature

Guardianship

Minors Verbal/implied consent is acceptable for examination, radiographs, prophylaxis and simple treatment with the parent present. Written consent should be obtained for all procedures for patients under 16 years of age from the parent or guardian if they are not going to be present.

Occasionally, a parent delegates their responsibility for consenting to treatment on behalf of their minor child to another adult. This may occur for example, in relation to Aboriginal children, where an extended family member is responsible or where both parents work and another provides daily care for the minor. Ideally, this delegation should be in writing and a copy should be scanned into the patient’s record.

Adult Guardianship (Mental and Intellectual Impairment) Where adults are incapable of providing consent the Guardianship and Administration Act 2000 outlines the substitute decision making process:

- If possible follow an advance Health Directive (“AHD”)  
- If there is no AHD, follow the direction of a guardian appointed by the Guardianship and Administration Tribunal (“The Tribunal”) or any order of The Tribunal  
- If the Tribunal has not made a ruling obtain consent from an attorney appointed under an Enduring Power of Attorney  
- If there is no appointed attorney obtain consent from the statutory health attorney  
- If there is no readily available, culturally appropriate statutory health attorney, contact the Adult Guardian who may provide consent as the decision-maker of last resort.

More details of these processes can be access on [http://www.justice.qld.gov.au](http://www.justice.qld.gov.au)

Clinical Research

All clinical research projects must have ethical approval from The Griffith University Human Ethical Review Committee. This process will require the approval of written information for the patient and written consent forms. Researchers must ensure:

1. Patients are provided with approved information.
2. The information and nature of the project is explained to them
3. All discussions are documented in the clinical notes
4. The approved consent is signed and scanned into the patients file

Fees for any activity undertaken in the clinic must have complete appropriate records kept as per the policy and fees for any work undertaken charged through as per normal clinical practices.


CULTURAL AND LINGUAL DIVERSITY

Introduction
Griffith University promotes equal rights and responsibilities for all members of the community who wish to avail themselves of its services regardless of their cultural ethnic, religious background or gender. Griffith University Dental Clinic therefore is committed to ensuring that individuals from diverse cultural and linguistic backgrounds are:

- Informed about their dental health
- Informed about the treatment options available
- Able to access oral health promotion and prevention programmes
- Participating fully in their dental planning and treatment options
- Satisfied with the quality of care provided and able to provide feedback to the service
- Accessing all services available and appropriate to them at the Dental Clinic

More information can be found at: http://www.griffith.edu.au/equity/

Policy
Numbers of clients will not be able to speak or read English well enough to communicate with dental clinical professionals and other staff. These include those people who are deaf or hearing impaired and communicate through a sign language such as Auslan.

Some of these individuals may, also, not be able to understand written documentation concerning oral health promotion, pre or postoperative care, or consent information. Every effort will be made to provide the assistance necessary.

All actions taken in relation to obtaining adequate multicultural support should be documented in the client’s clinical notes, particularly in relation to consent.

Documentation
Written documentation in some languages is available and should be provided to patients if required. Queensland Health also has available extensive multilingual documents and resources.

Interpreters
If an interpreter is required a bilingual adult, either family or friend, can be asked to assist. Minors, children, should not be used as interpreters for parents or others. It is advisable that neither staff, other than registered professionals, nor students are used as interpreters except in an emergency.

Queensland Health provides an extensive Health Care Interpreter Services, which may be used for their clients. These interpreters are available either in person or on the telephone by appointment. The contact for the Health Service District Interpreter Service Coordinator in the Gold Coast District is: mailto:GCHInterpreter.Services@health.qld.gov.au

Multicultural Affairs Queensland monitors the Queensland Government Language Services Policy. It provides professional translating and interpreting services and information about services available throughout Queensland. Further, it publishes a Queensland Multicultural Resource Directory, which contains a comprehensive listing of some 1500 key organisations with an ethnic focus in Queensland. Information about this service can be accessed at http://www.multicultural.qld.gov.au/about_MAQ/
DRESS CODE

Introduction

An excellent standard of presentation is expected of all Dental students and Staff; a smart appearance and professional manner is a very important step towards securing the confidence of patients and colleagues. The dress code is intended to help create a positive image of the School of Dentistry and Oral Health and its students and staff. Additionally, Occupational Health and Safety Legislation and security reasons often dictate what students, staff, dental assistants, receptionists and visitors to clinical and laboratory environments must wear.

The Dress Code will be strictly enforced on Levels 1 and 2 of the Centre for Medicine and Oral Health (GH1). On all other levels of the building and on all Griffith University campuses students and staff are expected to dress in a manner that reflects their professional status.

Code Regulations

1. Hair must be clean and tidy. Long fringes or wispy locks of hair must be secured away from the face. Long pony-tails must be secured in a way to avoid hair falling over the shoulder. Unusual styles, colours or excessive hair gel is not acceptable. Facial stubble and unkempt facial hair is not acceptable.

2. Nails must be clean, short, and manicured. Nail polish (including clear) is not permitted. All rings and wrist jewellery must be removed before entering these areas.

3. Clinic coats must be worn at all times when attending the clinic or laboratory. Ensure that your coats are clean and ironed. Shirt sleeves and tails should not be visible. Ensure ALL the buttons are secured, including those across the shoulder and neck. Clinic coats must not be worn outside of Levels 1 and 2 in GH1.

4. Trousers are the preferred attire when wearing clinical coats. They should be straight-legged and shoe length. Shorts, cargo pants, jeans and jogging pants are not acceptable. If female students wish to wear skirts they should be an A-line design and below knee length. Do not wear skirts that are voluminous, with loose threads or raw hems.

5. Shoes must be enclosed, made of a non-porous material, with little or no heel and must be rubber-soled/non-slip. The front of the shoe must completely cover the top of the foot/instep. Trainers, knee length boots, shoes made of fabric or woven strips are unacceptable.

6. Do not chew gum in any of the clinical or laboratory areas. It should be carefully disposed of BEFORE entering these areas.

7. Gloves, masks and goggles must be removed before leaving the dental bay. The exception is when removing contaminated instruments/equipment from the clinic bay to the sterilising room at the end of the treatment session.

8. When wearing a protective mask it must be secured either by the elastic loops around the ears or firmly tied at the back of the head. Masks should not be worn under the nose or chin.

9. Mobile phones are not to be brought into clinical or laboratory areas.

10. Students should avoid wearing loose flowing clothing, which could be caught in machinery. If loose clothing is worn, it should be pinned or tied up. This includes ties, long cuffs and headgear.
Unacceptable Dress

Casual-wear such as:

- T-shirts, singlets, halter-neck tops, boob-tubes, midriff-baring or backless tops
- Jeans, cargos, trackies/sweats, casual shorts, boardies, short shorts, bike shorts
- Mini skirts, evening dresses, mini-dresses or sun-dresses
- Sandshoes, skater shoes, thongs, high heels, sandals, joggers or ugh boots
- Large, loud or offensive jewellery
- False/acrylic fingernails
- Excessive make-up/cosmetics or overwhelming perfume/aftershave
- Lab or clinic coats, gloves or eye goggles whilst outside of the labs/clinics
- Facial piercing

Oral and Personal Hygiene

Hygiene is paramount for infection control and the comfort of others. It is recommended that when dealing with the public students and staff should:

- Have regular oral health checkups and dental treatment
- Use mouthwash before commencing patient treatment and/or restrict the consumption of halitosis-causing agents (i.e. onions, garlic, curry, etc) to the weekends
- Be aware that body odour is unacceptable. It is strongly recommended to shower frequently and use an effective deodorant
- Finger nails and hands are clean
- Maintain a professional appearance by not chewing gum or wearing tongue studs.

Lab and Clinic Coats

All students must have one laboratory coat and two clinic coats. These should be washed and ironed regularly. To comply with Infection Control Policy, students must not wear their laboratory or clinic coat outside of the laboratory or clinic. Students who attend labs without the appropriate, clean coat will be excluded from the lab session (this is not an allowable excuse for failure to complete assessment requirements).

Staff are required to wear white clinic coats, which the School provides, in the laboratory and clinical area and not bring coats from home.
EMERGENCY TROLLEY
CLINIC 1 - LEVEL 2 GH1

Resuscitation Equipment must be checked:
- At least once a week and signed at bottom of column
- Expiry date where appropriate noted (mm/yr) or ticked
- ASAP or within 1 hour of use
- Completed check lists must be kept for 3 months as evidence of regular checking and maintenance of equipment

Quarter commencing .... /.... /.... and ending .... /..../....

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<td>2</td>
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<td>CHECKED BY:</td>
</tr>
</tbody>
</table>

January 2010
FEES

Policy
Griffith University Dental Clinic charges fees for its services and the policy and regulation surrounding this process is contained within the Griffith Health Clinic Fee Charging Policy (2007/0010785) which may be accessed at: HTTP://WWW62.GU.EDU.AU/policylibrary.nsf/xmainsearch/f71f7cdf19dae77d4a2573cb0063d219?opendocument

This policy contains information about the setting, charging and writing off of fees and who is authorised to undertake these activities. The following should be particularly noticed from this policy in relation to the charging of fees:

1. Once clinic fee schedules have been set, staff and students involved in delivering treatment to patients/clients will accurately record treatments undertaken, so that accurate fees can be charged.
2. Fees, as approved by the PVC (Health) in accordance with the process outlined in the policy, cannot be changed by staff or students.
3. Patients/clients are encouraged to settle any monies due at the time of treatment. However, in the case of large amounts, the clinic manager may at their discretion arrange a payment plan whereby regular payments are made by the patient/client to pay fees due.
4. Fees may not be written off other than by those authorised to do so within the policy document. The Director of Clinical Operations, Clinic Manager and PVC have these delegations.

Fee Schedules
Fee schedules are updated and maintained within the Patient Management System and current fees can be determined within this program. Numbers of schedules exist depending on the type of client

- Griffith University full fee paying private patients treated by professional general dental staff
- Queensland Health patients
- Staff and Students of Griffith University
- Patients receiving treatment from undergraduate students
- Patients treated by post-graduate students – generally the same as for general dental staff
- Specialist and Private Practice Patients

Payment Plans
Generally, patients/whose care is likely to have a value greater than $500 should be referred to the Financial Administrator of the Clinic for discussions regarding payments and the development of a payment plan. (See section on financial consent). Once a payment plan is decided upon then patients/clients should make regular payments at every appointment. Dentures, crowns and other work, which requires technical support, should only be issued if the patient/client is not in arrears with payments.
Queensland Health Procedures

Griffith University has a contract with Queensland Health (QH). Under this contract, the cost of a limited range of dental treatment will be billed directly to QH for patients who meet their eligibility criteria and are referred to the clinic. The patient must meet the cost of any treatment, which is not covered.

Clinicians - when treatment planning, you should explain, very carefully, to the patient the situation and any costs they will have to pay.

The list of procedures is contained in Schedule 4 of the contract between Griffith University and Queensland Health. A laminated copy of this Schedule 4 is provided at each dental chair and is included in this manual at the next section.

Note: This section/policy should be read in conjunction with information about financial consent.
# QUEENSLAND HEALTH PROCEDURES

## Schedule 4

### QUEENSLAND HEALTH SERVICES

The following codes are the treatment items currently covered by Qld Heath for the treatment of their patients.

<table>
<thead>
<tr>
<th>Item</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>011</td>
<td>Comprehensive oral examination <em>(only one may be claimed every 12 months)</em></td>
</tr>
<tr>
<td>012*</td>
<td>Periodic oral examination</td>
</tr>
<tr>
<td>013*</td>
<td>Oral examination – limited <em>(limit three (3) in a year for emergency care only)</em></td>
</tr>
<tr>
<td>022</td>
<td>Intraoral PA or BW – first exposure only</td>
</tr>
<tr>
<td>022A</td>
<td>Intraoral PA or BW subsequent exposure on the same day</td>
</tr>
<tr>
<td>111</td>
<td>Removal of plaque and/or stain</td>
</tr>
<tr>
<td>114</td>
<td>Removal of Calculus – first visit – limit of one</td>
</tr>
<tr>
<td>115</td>
<td>Removal of Calculus – subsequent visit</td>
</tr>
<tr>
<td>117</td>
<td>Bleaching, internal – per tooth</td>
</tr>
<tr>
<td>121</td>
<td>Topical application of remineralising agent</td>
</tr>
<tr>
<td>161</td>
<td>Fissure sealant</td>
</tr>
<tr>
<td>165</td>
<td>Desensitising procedure per visit</td>
</tr>
<tr>
<td>213</td>
<td>Treatment of acute periodontal infection – per visit <em>(limited to two visits)</em></td>
</tr>
</tbody>
</table>

This item describes the treatment of acute periodontal infection(s). It may include establishing drainage and the removal of calculus from the affected tooth (teeth).

<table>
<thead>
<tr>
<th>Item</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>311</td>
<td>Removal of a tooth or part(s) thereof</td>
</tr>
<tr>
<td>A.</td>
<td>1(^{st}) tooth extracted from each quadrant</td>
</tr>
<tr>
<td>B.</td>
<td>step down fee for 2(^{nd}) tooth in same quadrant</td>
</tr>
<tr>
<td>314</td>
<td>Sectional Removal of a tooth</td>
</tr>
<tr>
<td>A.</td>
<td>1(^{st}) tooth extracted from each quadrant</td>
</tr>
<tr>
<td>B.</td>
<td>step down fee for 2(^{nd}) tooth in same quadrant</td>
</tr>
<tr>
<td>322</td>
<td>Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division</td>
</tr>
<tr>
<td>A.</td>
<td>1(^{st}) tooth extracted from each quadrant</td>
</tr>
<tr>
<td>B.</td>
<td>step down fee for subsequent teeth in same quadrant</td>
</tr>
<tr>
<td>323</td>
<td>Surgical removal of a tooth or tooth fragment requiring removal of bone</td>
</tr>
<tr>
<td>A.</td>
<td>1(^{st}) tooth extracted from each quadrant</td>
</tr>
<tr>
<td>B.</td>
<td>step down fee for subsequent teeth in same quadrant</td>
</tr>
<tr>
<td>324</td>
<td>Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division</td>
</tr>
<tr>
<td>A.</td>
<td>1(^{st}) tooth extracted from each quadrant</td>
</tr>
<tr>
<td>B.</td>
<td>step down fee for subsequent teeth in same quadrant</td>
</tr>
<tr>
<td>411</td>
<td>Direct pulp capping</td>
</tr>
</tbody>
</table>
Pulpotomy

Complete chemo-mechanical preparation of root canal – one canal

Complete chemo-mechanical preparation of root canal – up to 2 additional canals

Complete root canal obturation – one canal – inclusive of radiographs

Root canal obturation – up to 2 additional canals – inclusive of radiographs

Extirpation of pulp or debridement of root canal(s) – emergency or palliative

Removal of root filling – per canal

Additional visit for irrigation and/or dressing of the root canal system – per tooth (not in conjunction with 415, 416, 417, or 418)

Metallic restoration - one surface - direct

Metallic restoration - two surfaces – direct

Metallic restoration - three surfaces – direct

Metallic restoration - four surfaces – direct

Metallic restoration - five surfaces – direct

Adhesive restoration – one surface – anterior tooth – direct

Adhesive restoration – two surfaces – anterior tooth – direct

Adhesive restoration – three surfaces – anterior tooth – direct

Adhesive restoration – four surfaces – anterior tooth – direct

Adhesive restoration – five surfaces – anterior tooth – direct

Adhesive restoration - one surface - posterior tooth - direct

Adhesive restoration - two surfaces - posterior tooth - direct

Adhesive restoration - three surfaces - posterior tooth - direct

Adhesive restoration - four surfaces - posterior tooth - direct

Adhesive restoration - five surfaces - posterior tooth – direct

Provisional restoration – not as part of a definitive restoration procedure (emergency only)

Pin retention - per pin

Cusp capping – per cusp

Restoration of an incisal corner – per corner

Recementing of inlay/onlay

Recementing crown or veneer

Recementing bridge or splint – per abutment

Full Maxillary Denture

Full Mandibular Denture

Full Maxillary & Mandibular Denture

Metal palate or plate additional to 711, 712 or 719

Partial Maxillary Denture 1 tooth
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>721B</td>
<td>Partial Maxillary Denture 2 teeth</td>
</tr>
<tr>
<td>721C</td>
<td>Partial Maxillary Denture 3 teeth</td>
</tr>
<tr>
<td>721D</td>
<td>Partial Maxillary Denture 4 teeth</td>
</tr>
<tr>
<td>721E</td>
<td>Partial Maxillary Denture 5-9 teeth</td>
</tr>
<tr>
<td>721F</td>
<td>Partial Maxillary Denture 10-13 teeth</td>
</tr>
<tr>
<td>722A</td>
<td>Partial Mandibular Denture 1 tooth</td>
</tr>
<tr>
<td>722B</td>
<td>Partial Mandibular Denture 2 teeth</td>
</tr>
<tr>
<td>722C</td>
<td>Partial Mandibular Denture 3 teeth</td>
</tr>
<tr>
<td>722D</td>
<td>Partial Mandibular Denture 4 teeth</td>
</tr>
<tr>
<td>722E</td>
<td>Partial Mandibular Denture 5-9 teeth</td>
</tr>
<tr>
<td>722F</td>
<td>Partial Mandibular Denture 10-13 teeth</td>
</tr>
<tr>
<td>727A**</td>
<td>Partial maxillary denture – cast metal framework 1 tooth</td>
</tr>
<tr>
<td>727B**</td>
<td>Partial maxillary denture – cast metal framework 2 teeth</td>
</tr>
<tr>
<td>727C**</td>
<td>Partial maxillary denture – cast metal framework 3 teeth</td>
</tr>
<tr>
<td>727D**</td>
<td>Partial maxillary denture – cast metal framework 4 teeth</td>
</tr>
<tr>
<td>727E**</td>
<td>Partial maxillary denture – cast metal framework 5-9 teeth</td>
</tr>
<tr>
<td>727F**</td>
<td>Partial maxillary denture – cast metal framework 10-13</td>
</tr>
<tr>
<td>728A**</td>
<td>Partial mandibular denture – cast metal framework 1 tooth</td>
</tr>
<tr>
<td>728B**</td>
<td>Partial mandibular denture – cast metal framework 2 teeth</td>
</tr>
<tr>
<td>728C**</td>
<td>Partial mandibular denture – cast metal framework 3 teeth</td>
</tr>
<tr>
<td>728D**</td>
<td>Partial mandibular denture – cast metal framework 4 teeth</td>
</tr>
<tr>
<td>728E**</td>
<td>Partial mandibular denture – cast metal framework 5-9 teeth</td>
</tr>
<tr>
<td>728F**</td>
<td>Partial mandibular denture – cast metal framework 10-13 teeth</td>
</tr>
<tr>
<td>731</td>
<td>Retainer – per tooth additional to 721 or 722</td>
</tr>
<tr>
<td>732</td>
<td>Occlusal rest – per rest – where not used as part of a retainer</td>
</tr>
<tr>
<td>736</td>
<td>Immediate tooth replacement – per tooth</td>
</tr>
<tr>
<td>741</td>
<td>Adjustment of pre-existing denture</td>
</tr>
<tr>
<td>743</td>
<td>Relining – complete denture – processed</td>
</tr>
<tr>
<td>744</td>
<td>Relining – partial – processed</td>
</tr>
<tr>
<td>761**</td>
<td>Reattach undamaged tooth or clasp</td>
</tr>
<tr>
<td>762**</td>
<td>Replacing clasp on denture</td>
</tr>
<tr>
<td>763**</td>
<td>Repair broken denture base of a complete denture</td>
</tr>
<tr>
<td>764**</td>
<td>Repair broken base of a partial denture</td>
</tr>
<tr>
<td>765</td>
<td>Replacing first tooth on denture</td>
</tr>
<tr>
<td></td>
<td>Step down fee for replacement of subsequent teeth for same denture</td>
</tr>
<tr>
<td>768</td>
<td>Adding tooth to partial denture to replace an extracted or decoronated tooth – per tooth</td>
</tr>
</tbody>
</table>
776 Impression where required for denture repair/modification
737 Resilient lining – only with new denture or Items 737 and 743 for existing complete denture; and items 737 and 744 for existing partial denture
738 Wrought bar745 Remodelling complete denture
746 Remodelling partial denture
753^ Cleaning and polishing of pre-existing denture
771 Tissue conditioning preparatory to impressions (upper and/or lower) per application. (State number of applications)
845 Passive fixed appliance
911 Palliative care (Not to be claimed with an extraction, endodontic or restorative treatment on same tooth) An item to describe interim care to relieve pain, infection, bleeding or other problems not associated with other treatment.

+ School services only
* Emergency care only
** Charges for casting fee, including GST, may be passed on to patient.
^ Only one molar endodontic treatment per course of care
^^ Domiciliary visits only
GUIDE DOGS

Hearing and assistance dogs

Griffith University follows the conditions stated in the Queensland Government Guide, Hearing and Assistance Dogs Bill 2008. This Bill specifically enables and enshrines the rights of individuals reliant on dogs for guidance to take them into public places. Schedule 1 of this Bill specifically exempts a number of areas of a health service facility from these provisions. Amongst exempt areas are procedure rooms. Therefore, the Griffith University Dental Clinic requests that assistance dogs are left in the waiting room to assist in infection control compliance.
INCIDENT MANAGEMENT AND REPORTING

Critical Clinical Incidents

Definition
A critical clinical incident is an unexpected occurrence involving death or serious physical or psychological injury and includes any process variation from which a recurrence would carry a significant chance of adverse outcome.²

Critical incidents in dentistry include the following:
- Anaphylactic reaction
- Cardiac arrest or stroke whilst undergoing treatment
- Inhaling/ingesting foreign body
- Treatment of the wrong tooth/wrong body region/wrong patient
- Medication errors
- Any other unexpected occurrence which has/could resulted/result in a serious adverse outcome to a patient.

Immediate Notification
Supervisor of Clinical Session
Convenor of Course
Senior Dental Assistant
Director of Clinical Operations
Dean, School of Dentistry and Oral Health

Every effort should be made to notify the Director of Clinical Operations; however, if the clinic director is unavailable then the Dean should be contacted. Formal notification should occur as soon as is practicable but at a maximum within 24 hours of the incident because it must be reported as soon as possible to meet our medical indemnity obligations.

Initially notification should take place by telephone and then formal notification should be made on the standard incident report form available at

or from the Senior Dental Assistant. This form should then be forwarded to the Director of Clinical Operations who will complete formal procedures for indemnity purposes and notify senior university executive as required.

² The Clinicians Toolkit for Improving Patient Care, NSW Health Department 2001.
Investigation

Critical incidents should be investigated by the course convenor in conjunction with supervising dentist of the session in the case of clinical teaching sessions. Incidents which occur involving the professional dental practice should be investigated by the Director of Clinical Operations. If appropriate, depending on the seriousness of the incident, a root cause analysis framework should be utilised and a non-clinical person should be involve in a three man team.

Once any investigation is complete than a report should be written which includes the following:

- Brief description of the incident (approximately one or two lines long). To ensure confidentiality and to de-identify the case, there should be no specification of the patient/staff names, department names or other details. These details will be reported to the medical indemnifiers by the Clinic Director.
- Brief description of the investigation and analysis
- Recommendations to prevent further occurrence, to improve management, or to reduce the risk to the University

Reporting

The written report should be sent to:

- Director of Clinical Operations
- Dean, School of Dentistry and Oral Health
- Pro-Vice Chancellor (Health)
- Clinical Advisory Committee who will be responsible for ensure follow-up on recommendations and actions.
Skin Breach Injuries

Management of Exposure to Blood and Blood Substances

These guidelines apply to:

- Injuries from all sharp instruments contaminated with blood or body substances
- Splashes to mucous membranes from blood and body substances
- Splashes to non-intact skin from blood and body substances
- Spillage of blood to large areas of intact skin

Initial Management

- If a contaminated sharp object penetrates the skin, the skin must be washed well with soap and water. The same applies if blood gets onto the skin, even in the absence of cuts or abrasions.
- Should the eyes become contaminated, rinse the eyes gently but thoroughly with water or normal saline.
- Blood spray into the mouth must be spat out and the mouth rinsed with water several times.
- All sharps injuries and blood exposure incidents are to be reported to an immediate supervisor or occupational health officer immediately after the incident. Ensure an incident form is completed. Incidents that do not occur at work should be reported to the local doctor or accident and emergency department at the nearest hospital.
- Regardless of the source of exposure, the recipient should immediately be examined and the risk assessed by a trained health care worker or doctor with experience in the management of blood borne diseases and infections. Griffith University, School of Dentistry and Oral Health will assist clinicians with referral to Griffith Medical Service or a Medical Practitioner of their choice.

Infectious diseases, which include the blood borne viruses (BBV) human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV), may be transmitted by significant exposure (skin breach injury or splash) to blood or other body substance. Adherence to standard precaution guidelines remains the first line of protection for health care workers against occupational exposure to BBV. However, once an injury has occurred it is important to minimise the risk of seroconversion by following an accepted protocol and medical regime. Prophylaxis should be offered on the basis of the risk of infection associated with the injury or exposure.

First Aid for Skin Break Injuries (all staff are issued with a reminder card which they should carry at all times)

1. Gently encourage bleeding.
2. Wash the area of contamination well with soap and water.
3. Place a dressing if required.
4. If the eyes have become contaminated rinse gently but thoroughly with water or normal saline. Make sure that the eyelids are everted and continue for at least 30 seconds. (Eye stream is available in all first aid kits).
5. If clothing contaminated, remove and shower if necessary.
6. If blood is sprayed in the mouth, spit out into a contaminated sink, and then rinse the mouth with water several times.
7. Inform appropriate person to ensure necessary further action is undertaken.
**Reporting**

1. All injuries are to be reported to an immediate supervisor.

2. Ensure that an accident report is completed and signed by the immediate supervisor.

3. After all injuries involving a patient (either directly or indirectly), the staff/student should be referred to Staff/Student Health on 5552 8794 or extension 28794, who will arrange an appointment and on-going medical management.

4. Staff/student to be provided with 2 Cab charges to attend Staff/Student Health and to travel home.

5. Director of Clinical Operations (DCO) or delegate to be informed.

6. Source patient to be interviewed by DCO or delegate and, with consent, referred to their general medical practitioner for a blood testing to determine infectivity.

7. All actions taken are to be clearly documented in the patient record.


**Health Policy**

The School of Dentistry and Oral Health Policy outlines in detail recommended immunisation schedules and requirements relating to infectious diseases for all clinical staff and students. This policy can be accessed on the Griffith University website: [http://www.griffith.edu.au/school/doh/pdf/DOHHealthPolicyV3.07.pdf](http://www.griffith.edu.au/school/doh/pdf/DOHHealthPolicyV3.07.pdf)
Occupational Health & Safety Incidents

Griffith University Health and Safety Policy describes the University’s commitment to managing workplace health and safety and may be accessed at http://www62.gu.edu.au/policylibrary.nsf/xmainsearch/867bba87c079f3964a256be400635c8?opendocument

All injuries, which occur in the clinical or laboratory areas, must be reported to the immediate supervisor of the clinic or senior dental assistant on duty. An incident report form should then be completed. Blank forms may be obtained from the senior dental assistant, any assistant on the clinic floor, directly from the web.
IDENTIFICATION OF PATIENTS
CORRECT PATIENT, SITE AND PROCEDURE

Introduction
All health services, including dental facilities, are required to comply with the Quality and Complaints Commission Act 2006. Principles number SSC_1 – 9 mandates that health services have a policy, procedure and guidelines developed and implemented to ensure the correct patient receives the correct procedure on the correct site. The Health Quality and Complaints Commission recommends the following procedures and policy should be in place:

- Consent
- Identification of the Patient
- Mark site for surgery or other invasive procedures
- Team time out
- Appropriate diagnostic images are available prior to commencement of procedure
- Policy, procedures and guidelines are reviewed through audit and credentialing processes.

Principles
- Wrong patient, wrong procedure and wrong site incidents can and must be prevented
- Responsibility for ensuring verification rests with all team members. However, the person in charge of the interventional procedure carries ultimate responsibility
- To the extent possible, the patient (or authorised representative) should be involved in site identification
- The person performing the procedure must review the following data after scheduling the patient for the procedure and prior to the appointment:
  - Radiographs and imaging reports
  - Pre-procedure history and other clinically relevant material
  - Consent and treatment plan.

Clinical Procedures
1. The person escorting the patient from the waiting room to the clinic is to ask the patient their name
2. Clinician to ensure that correct patient has been called by asking patient their name for a second time
3. Close all previous records open in the computer and open the correct patients file. It is good practice to complete each patients record at the end of their appointment and then to close the file before the next patient is called
4. Review the patient’s record
5. Ensure with the dental assistant that the correct radiographs are available and that they are correctly orientated.
6. Examine the dentition to verify that the correct radiographs are displayed
7. Before administering any medication, verify the following:
   a. The patient (or authorized representative) is aware of the procedure that they have attended the clinic for – ask the patient to state what procedure they are expecting to undergo
b. The patient is aware on which tooth you will be working

c. The details provided by the patient correspond with the information in the record.

8. At the completion of the appointment discuss with the patient the proposed treatment for the next visit and record it in the clinical notes

Site Marking
Site marking is recommended in most government documents and policies, however there does not appear to be a practical or reliable method to actually mark the teeth or oral mucosa. Consequently, it is important that all steps in this procedure are complied with and all members of the team take responsibility for ensuring correct procedures on the correct person.

Time Out
A ‘time out’ is standard procedure for all interventions conducted under general anaesthetic or conscious sedation. However for procedures conducted under local anaesthesia no formal ‘time out’ is necessary.

Additional Information

1. If the patient cannot speak English, an appropriate interpreter, family or friend should assist in the confirmation of information

2. At verification should the patient wish to alter the nature of their consent, the new procedure should be clearly documented in the file and appropriate consent obtained. (Students must obtain supervisor approval)

3. Any student or staff who become aware that the incorrect procedure is being carried out should inform the dentist and the procedure should cease immediately so that information can be reassessed and confirmed

4. Any incorrect procedure is a critical incident and must be reported according the policy for critical clinical incidents.
**INTRAMURAL PROFESSIONAL PRACTICE (IPP)**

Practitioners, who are members of staff, undertaking private practice in the Griffith University Dental Clinic, must comply with all aspects of the Griffith University Intramural Professional Practice Policy (2007/0010786) which can be accessed at [http://www62.gu.edu.au/policylibrary.nsf/xmainsearch/8f2eac356ee5c3fd4a2573cb0063d25b?opendocument](http://www62.gu.edu.au/policylibrary.nsf/xmainsearch/8f2eac356ee5c3fd4a2573cb0063d25b?opendocument)

This Policy falls within the scope of the Consultancy, Private Practice and Contract Research Policy (2005/0030254). In the event of any inconsistency between this Policy and the Consultancy, Private Practice and Contract Research Policy, it will be the Consultancy, Private Practice and Contract Research Policy that will prevail to the extent of the inconsistency.

Schedule 1 of the Intramural Professional Practice Policy specifically states additional conditions, which apply in the School of Dentistry and Oral Health (DOH) Clinics. Following quotes Schedule 21 in its entirety:

**SCHEDULE 1 – School of Dentistry and Oral Health (DOH) Clinics**

1. Intramural professional practice is available to appropriately authorised staff of the School of Dentistry and Oral Health who are registered as:
   (i) A Dental Prosthetist under the Dental Technicians and Dental Prosthetists Registration Act 2001; or
   (ii) A General Dental Practitioner, Special Registration Practitioner or Specialist Dental Practitioner with the Dental Board of Queensland.

2. Arrangements for intramural professional practice must be approved by the Head of School and Director of Clinical Operations prior to the commencement of a calendar year, or prior to the staff member starting practice for new employees. These arrangements may be amended from time to time on the approval of the Head of School and Director of Clinical Operations.

**Administration and Dispersement of Income**

3. All intramural professional practice treatment carried out in a Griffith dental clinic and associated facility including dental laboratory will be on a fee-paying basis.

4. Staff members engaging in intramural professional practice will set their own fees for treatment using 150% of the Department of Veterans Affairs rate as a minimum, but allowing for a discount of 10% as is the usual practice for treatment given to Griffith staff and students.

5. A staff member’s fee schedule will be made available to the Dental Clinic Patient Management System administrator at least four weeks prior to starting practice.

6. Any changes to the fee schedule must be notified to the Patient Management System administrator at least four weeks prior to their implementation.

7. Technical casting fees may be costed directly to a patient/client in addition to the standard fee schedule.

8. Staff members granted rights of intramural professional practice will receive 40% of the *net earnings* from their own patient/client income earned from treatment.

*Net earnings – means the fee charged for a specific treatment by a staff members undertaking intramural professional practice, less any costs deemed by the Director of Clinical Operations as external costs incurred by the University (e.g., including but not limited to radiography, laboratory services, or extraordinary materials costs such as implant components and specialist surgical supplies).
provided within Health Group-run clinics. The remaining 60% shall be retained by the University (including Corporate, Group and host School levels) as payment for general materials, administrative and nursing support, and the use of the Clinic facilities.

9. At the end of each quarter, the Clinic administrator will reconcile all intramural professional practice receipts for that month, and determine the appropriate amount to be paid to the relevant staff member. The staff member will be asked to invoice the Clinic for the 40% of collected fees for the month.

Dissatisfied Patients/Clients
In the case of DOH Clinics, the Director of Clinical Operations will assume the role of clinic manager as outlined in Section 8 Dissatisfied Patients/Clients of this policy.
PATIENT RECALLS

The clinic will recall patients at the instruction of any professional practitioner or student.

Private Patients

Private patients can be recalled at any period of time as per the clinician’s instruction. Please notify reception staff at the time the recall needs to be set up.

Queensland Health Patients

Queensland Health will not cover the cost of any patient being recalled. The patient must be told that their Queensland Health cover will only extend for the course of treatment planned at the outset of their treatment at the Griffith University Dental Clinic.

Queensland Health patients can be given the option of being recalled, but it must be made clear to the patient that if they return of their own accord, it will be as a private patient and they will be liable for all cost incurred. If further treatment is required we are NOT able to contact Queensland Health and ask that the patient be referred to Griffith University under the contractual arrangement.
PATIENT RIGHTS AND RESPONSIBILITIES

Rights

Patients can expect:

- To receive high quality oral health care that is provided in a professional, ethical and appropriate manner and according to present knowledge/rules in dentistry.
- The Griffith Dental Clinic is committed to continual improvement of the quality of care and meeting recognised standards.
- Clear information about their treatment options and the likely outcomes so that they can make informed decisions about their care. Their condition and treatment options should be discussed with them so that they may agree to or refuse treatment, if they wish.
- To be treated with dignity and respect in an understanding and safe environment that acknowledges cultural and religious beliefs.
- All people involved in their treatment and care has a responsibility to keep their personal information confidential.
- Copies of your personal records may be obtained on request.
- To comment on the quality of their experience in the Dental Clinic.
- Request the presence of other people, including a family member, carer, friend, advocate or interpreter to help them understand information about their care and treatment.

Responsibilities

Patients have a responsibility to:

- Provide accurate information about their medical and dental conditions.
- Tell the dental professional about changes in their medical or dental status.
- Follow advice, including the treatment plan, recommended by the practitioner coordinating their care.
- Show courtesy and consideration of other patients, the Clinic staff and for the property of others.
- Keep appointments and attend on time.
- Attend for treatment in an appropriate state and conduct yourself with courtesy.
- Tell us if you are unhappy with the care they receive.
- Settle any account before leaving the Centre.
- Accept the consequences of declining recommended treatment.
PRIVACY AND CONFIDENTIALITY

Employee/Student Responsibility

Information – dental, medical and personal – disclosed and recorded during treatment, is confidential. Under no circumstances should patients' affairs be discussed within or outside the GU Dental Clinic, except where it directly pertains to their treatment and even then the patient’s consent should be sought by discussion. All health professionals not only have an ethical responsibility to maintain confidentiality but a legal one. Breach of confidentiality could give rise to either professional disciplinary action or even to a civil suit for damages under the Commonwealth Privacy Act 1988. These requirements apply to all staff and students who handle documents that contain confidential patient health information. Health information includes name, address, clinical details, medical/dental information and appointment information. Individuals should be extremely careful to remember:

- To be extremely careful when providing information on the telephone
- That relatives are not entitled to information without patient consent
- Only the parent or guardian of a minor is entitled to information
- To be extremely careful in cases of child custody

Requests for Information

Requests for information may come from many sources, among which, but not exclusive, are:

- Medical/Dental Practitioners
- Members of Parliament
- Police
- Coroner's court
- Solicitors
- Freedom of Information (FOI)

All requests, except those from Professional Practitioners, should be referred to the Director of Clinical Operations, who in turn will process such requests through the University FOI officer or other appropriate channel.

Requests from other professional practitioners should be processed by asking the patient to complete and sight an Authority to Release Information form which is available from the Manager of the Clinic.

Legislation and Privacy Plan

As required by legislation Griffith University has an Information Security Policy (02/0456) and a Privacy Plan. Appendix 1 of the Privacy Plan has specific information relating to health information collected in Griffith University Health Clinics. These two documents may be accessed at:

PROFESSIONAL INDEMNITY

Staff
Employees undertaking professional practice, including the supervision of students, on behalf of the University are covered by its insurances (including indemnity and medical malpractice insurance where applicable). Professional practitioners may wish to hold additional insurance cover and should discuss this with their professional association or a registered medical indemnifier. For the purposes of registration the University will provide documentation, which verifies professional indemnity cover and employment.

Intramural Professional Practice
Staff undertaking private professional practice must hold and maintain their own insurance (including indemnity and medical malpractice insurance where applicable) to their professional work regardless of whether the professional practice is undertaken intramurally or in settings external to the University. Staff members seeking to undertake intramural professional practice may be required to present evidence to the University that insurance coverage is held prior to commencing practice.

It is the responsibility of staff members to ensure that their insurance cover is up to date. Further information regarding intramural professional practice can be found in the Griffith Health Intramural Professional Practice Policy (2007/0010786) at the following link: http://www62.gu.edu.au/policylibrary.nsf/xmainsearch/8f2eac356ee5c3fd4a2573cb0063d25b?opendocument
PROTOCOL FOR MEDICAL EMERGENCIES WITHIN THE DENTAL OFFICE

Description
These guidelines are written to provide information to clinicians, students and dental health care workers on the procedures to be followed in case of a patient presenting with an orofacial disease (Appendix 00) at the Griffith University Dental Clinic. One must refer to this document and adhere to the procedures, depending on the individual case which will ensure the highest quality of patient care and meet with Griffith University Dental Clinic Patient Records legal requirements. Students are expected to become familiar with these guidelines and to practice in accordance with the policies and procedures.

Introduction
Prevention is perhaps the best management of medical emergencies in a dental clinic but one cannot be certain that these emergencies will not occur in a dental clinic, so be prepared. The following is written only as an initial guideline in such an emergency. One must have basic knowledge of the signs and symptoms of these emergency situations to act quickly, efficiently and effectively. If you are uncertain, please call (yell if required to) for help from a senior clinician or the floor first aid officer. Most of the emergencies can be dealt with precision if more than one person could attend to the situation.

Protocol
If a student and/or clinician encounter or suspect a patient with medical emergency, he or she must follow the respective algorithm. The FIVE steps in preparation for facing a medical emergency are:

1. Medical history including history of allergy and drug history
2. Assessment of patient
3. Resuscitation knowledge, training and practice
4. Knowledge of emergency medications and devices
5. Calling for medical assistance
Anaphylactic Reaction

History of any allergy should be noted from the medical history form and if not mentioned a student/clinician must ask about the details before you commence any dental procedure.

If you suspect an anaphylaxis in an adult with the following:

- Angioedema
- Urticaria
- Hypotension
- Abdominal pain
- Conjunctivitis
- Erythema
- Pruritus
- Vomiting
- Rhinitis

**Step 1**
CALL THE NUMBER 000 and ask for Ambulance service and brief them with the situation.
Try to answer all their questions

**Step 2**
Administer oxygen by mask (10L/min)

**Step 3**
Give IM Adrenaline on the lateral aspect of thigh (0.5ml of 1 in 1000 (1mg/ml)
Refer Box 30 pp184-5 of Therapeutic Guidelines, Oral and Dental version 1)

**Step 4**
If NO response AFTER 5 minutes

**Step 5**
Repeat Step 3

**Step 6**
If patient loss consciousness, give basic life support (CPR)
Maintain treatment until Ambulance or other medical assistance
Cardiac Arrest

- If you suspect cardiac arrest in an adult with the following
- Loss of consciousness
- No breathing
- No pulse

**REMEMBER:** there will be no recovery if you do not call for help (000) and ambulance > basic life support (CPR) > cardio-respiratory resuscitation > advanced life support > oxygen delivery system > defibrillation

**Step 1**
CALL THE NUMBER 000 and ask for Ambulance service and brief them with the situation. Try to answer all their questions

**Step 2**
Institute basic life support (CPR)

**Step 3**
Use automated defibrillator

**Step 4**
Maintain the above until help arrives
Epileptic Seizure

Safety of patient and those attending the patient are important during a seizure attack in a dental clinic.

- Sudden loss of consciousness
- Temporary apnoea and cyanosis
- Tonic and clonic jerking movements
- May become incontinent
- Tongue biting

**Step 1**
Stop the dental procedure; remove instruments from the mouth and surrounding

**Step 2**
Avoid and/or prevent patient falling from the dental chair (by lowering the chair if raised)

**Step 3**
Avoid and/or prevent patient injuring herself/himself from dental instruments and equipments

**Step 4**
Avoid restraining the patient unless essential to prevent injury

**Step 5**
Call 000 if seizure persists for more than few minutes

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**If the seizure subsides:**

- Protect patient in ‘recovery position’
- Check conscious state (responding to commands)
- Maintain airway
- Remove vomitus (if any) from the oral cavity by suction
- Keep under observation for 30 minutes
- Instruct the patient to report to his/her doctor about the incident and let the patient go home
Inhalation and/or Ingestion of Foreign Object

If a dental instrument or object disappears into the throat (oropharynx) during dental treatment, one must pursue the following steps:

**Step 1**
Stop the dental procedure, inform the patient on what has happened and try to calm the patient by providing reassurance.

**Step 2**
Look for the missing instrument/object in the oral cavity, in and around orofacial region, neck and drape.
- Put the patient into an upright position
- Check vital signs
- Do not offer anything to drink

**Step 3**
If the patient is coughing, encourage the patient to relax, cough and breathe deeply and observe for the missing object in the expectorant and spit (if any)

**Step 4**
If the patient is not showing any discomfort or coughing, send the patient for a chest X-ray within the first hour since the object in the gastrointestinal tract will remain in the upper portion for an hour and may be detected in the radiograph.

If the patient is showing signs of partial or complete respiratory obstruction (see below) **CALL 000**

<table>
<thead>
<tr>
<th>Signs of partial obstruction</th>
<th>Signs of complete obstruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheeze</td>
<td>Inability to breath, speak, cry or cough</td>
</tr>
<tr>
<td>Stridor</td>
<td>Agitation, gripping of the throat</td>
</tr>
<tr>
<td>Laboured breathing</td>
<td>Cyanosis</td>
</tr>
<tr>
<td>Coughing spasms</td>
<td>Bulging of the neck veins</td>
</tr>
<tr>
<td>Cyanosis</td>
<td>Rapid development of respiratory failure &gt; cardiac failure</td>
</tr>
</tbody>
</table>

**Partial Obstruction**

**CALL 000**

Encourage coughing

**Complete Obstruction**

**CALL 000**

Keep the patient in recovery position
Try to remove obstruction manually only if possible
Check breathing and if NO breathing

**GIVE FIVE BACK BLOWS TO THE SPACE BETWEEN SHOULDER BLADES USING YOUR HEEL OF THE HAND**

If still NO breathing:

**GIVE FIVE HARD CHEST COMPRESSIONS**
(Same as cardiac compressions but much harder)

**Ambulance/Medical help is eminent**
(If obstruction continues this could be indicative of a cricothyroidectomy.)
**Stroke**

If a patient shows signs of ‘stroke’, please follow the steps below:

**Step 1**
CALL 000 FOR Ambulance

**Step 2**
Stop the dental procedure

**Step 3**
Administer oxygen

**Step 4**
Maintain airway

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**Ptosis of the Eye**

Ptosis of the eye, sometimes accompanied by double vision, can be a complication of maxillary injections. If these symptoms should occur following treatment the following is the correct management:

- Reassure the patient that the symptoms will disappear when the anaesthetic ceases to act.
- Place an eye patch over the affected eye. These are available in the first aid kit on the clinic floor and you should ask the senior dental assistant for help.
- If the patient has double vision and no one to accompany them home arrange with the reception desk for a taxi to take them home, at the Griffith University Dental School expense.

Instruct the patient to:

Remove the eye patch when the anaesthetic ceases to act. Inform the patient of the estimated time for this to occur, which will depend on the type of anaesthetic used. Contact the Dental Clinic should there be any further problems

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**Asthma**

Most asthma-related deaths occur outside the hospital.

**Management**

**Assess severity**

- Acute severe - patient unable to speak in complete sentences, pulse rate greater than 110 per minute, respiratory rate greater than 45 per minute.
- Life threatening asthma – “Silent chest”, cyanosis, sweating, hypercarbic flush, bradycardia/hypertension, confusion, agitation.
- If more than one feature is severe, or if any feature is life-threatening, hospital transfer.
Diabetes
The most common diabetic emergencies are:

- **Low blood sugar – hypoglycaemia** in patients on anti-diabetic medications.
- **High blood sugar – hyperglycaemia**, particularly diabetic ketoacidosis.

Hyperglycaemia
Clinical symptoms include thirst, increased urine output and dehydration. A progressive reduction in conscious level ensues, with hypotension, and coma and cessation of urine output in severe cases.

Management
Primary assessment and resuscitation (DRS-ABC) to secure the airway, breathing and circulation, transport to a hospital facility.

Hypoglycaemia
Clinical symptoms of hypoglycaemia include: sweating, hunger, tremor, agitation. With progression: drowsiness, confusion and coma. Assume that any diabetic with impaired consciousness has hypoglycaemia until proven otherwise.

Management
Conscious patients can usually be treated with rapid acting oral carbohydrates, e.g. fruit juice, packets of granulated sugar, glucose powder neat or dissolved in water. After ten minutes this short acting carbohydrate should be followed up with food which contains longer acting carbohydrate. It is important that the victim is not left alone until all danger of hypoglycaemia has passed. If the patient is unconscious, attend to the airway, breathing and circulation. Protect the victim from injury and call an ambulance (dial 000).
Chest Pain / Myocardial Infarction

Victims usually begin with varying degrees of atheromatous coronary occlusion. Myocardial infarction is usually initiated by rupture or erosion of a thin cap which overlies these atheromatous plaques. Platelet adhesion and aggregation then occurs over the ruptured surface. The haemodynamic effects of this thrombus formation may lead to prolonged ischaemic symptoms and pain at rest. If the clot occludes the coronary artery a myocardial infarction occurs.

Symptoms and Signs

- Persisting central chest pain, with possible radiation to the left or right arms, jaw, or neck.
- Pain is no longer improved with Glyceryl Trinitrate.
- Nausea, vomiting.
- A sense of impending doom.
- Restlessness.
- Shortness of breath.
- Pallor, cold sweaty skin.
- Pump failure: hypotension, raised venous pressure, tachycardia and possibly pulmonary oedema

Management

If acute MI is suspected:

- Give reassurance, and keep the patient warm.
- Sit the patient up if breathless.
- Lay the patient flat if he or she feels faint.
- If the patient has GTN tablets or spray, give one tablet to be chewed or one spray under the tongue.
- Repeat in five minutes; if pain is unrelieved, call an ambulance (dial 000).
- If the patient is not allergic to aspirin, give 300mg aspirin chewed or sucked.
- Continue monitoring level of consciousness and be prepared to initiate adult collapse guidelines if patient becomes unconscious.
Vasovagal Syncope

Usually defined as a transient loss of consciousness due to cerebral ischaemia caused by a reduction in blood supply to the brain. Vasodilatation causes pooling of blood in the peripheries and vagal stimulation causes slowing of the heart. This combination causes a dramatic fall in blood pressure.

Presentation
- Patient feels light headed or dizzy, possibly nauseous, uncomfortable or agitated.
- Appears pale and sweaty with a thready, slow pulse and hypotension.

Management
Vasovagal syncope in a fit, healthy young patient:
- Lay the patient flat.
- Relieve any compression on the neck and maintain an airway.
- Raise patient’s legs.
- Ensure the patient has access to fresh air.
- When consciousness is regained, patient should be kept supine, and reassured.
- Once pulse and blood pressure recover, slowly raise patient to seated position.
- Patients with significant medical problems, or when syncope is prolonged or complicated by seizure activity, should be transferred to a hospital environment for further assessment as indicated.

Hyperventilation

Prolonged rapid deep breathing often in very anxious patients can lead to profound metabolic changes that may result in loss of consciousness. A fall in arterial carbon dioxide concentration causes cerebral vasoconstriction and respiratory alkalosis.

Presentation
The patient may notice tingling of the fingers or lips, tetanic spasm of the peripheries, and dizziness. These symptoms tend to increase an anxiety and respiratory rate and depth. Eventually the patient will become unconscious due to a relative cerebral hypoxia. The patient is apnoeic for a period due to reduced respiratory drive with low arterial carbon dioxide concentration. As the arterial carbon dioxide level rises and cerebral vasoconstriction reverses, the patient starts breathing again and regains consciousness. Hyperventilation recommences, and the cycle continues with further loss of consciousness.

Management
- Reassure patient.
- If patient is conscious, encourage re-breathing into a paper bag to increase inspired carbon dioxide.
- If patient is unconscious, maintain airway until consciousness is regained.
- Place in the recovery position and give reassurance, while the patient continues re-breathing into paper bag.

Procedure for Calling an Ambulance
Call 000
RECORDS

Guidelines for Medical Histories and Clinical Notes

Description
These guidelines provide information for all clinicians on the management and keeping of clinical records in the Griffith University Dental Clinic. The guidelines are written to assist with continuity of patient care and to ensure that Griffith University Dental Clinic Patient Records meet legal requirements.

Related Policies and Procedures
- Griffith University Student Training Materials for the Patient Management System
- Griffith University Staff Training Materials for the Patient Management System

Introduction
The Griffith University Dental Clinic is located in the School of Dentistry and Oral Health, in the Centre for Medicine and Oral Health, on the Gold Coast. The Clinic treated its first patients at the end of 2005. Dental professionals, including technicians, prosthetists, therapists, hygienists and dentists are trained side-by-side in collaboration with the Medical School, and treatments are provided to members of the general public. Also professional practices, both general and specialist are operated from the clinical facilities. Because of the large number of practitioners who work within the clinic, it is essential that records are accurate created in order to ensure continuity of patient care.

The GU clinic patient records are electronic and contain patient details including their medical history, details of the treatment, advice that the patient has received and is currently receiving, and treatments planned for the future. The records computer system is secure and meets the requirements of National and State Privacy Legislation. Currently the only components of the record which are not electronic are the Medical History and Consent form which all patients complete on initial presentation to the clinic and the radiographic record. The information collected on the Medical History/Consent form is entered into the electronic patient management system (PMS) at the first appointment and this piece of paper is archived to secure storage. It is planned that radiography will become digital by the end of 2007.

Medical Histories
Medical History/Consent forms are for screening purposes only, and serve to highlight possible significant medical problems that require further investigation. The information on the form and collected from consultation should be entered into the computer at the first appointment before the patient departs. It is a practitioner/student responsibility to obtain this information and in the case of a student it must be checked by a supervisor.

Details of the medical history that require special precautions to be taken must be acknowledged and a medical alert icon activated for the following conditions:
- Allergies
- Anticoagulant therapy
- Antibiotic cover required
- Immunosuppression
- Creutzfeld Jacob disease
The icon is a red cross on the top of the screen. (Refer to training manual for process of activation)

Medical histories should be updated every six months and a note made in the record that this has occurred.

Charting
Every patient should have an examination. Other than for emergency treatment, any general dental patient should have a full charting and subsequent treatment plan developed. While specialist dentists are not required to undertake a full charting unless this is an integral part of their treatment, they should undertake general visual examination. Other obvious problems should be noted and the patient and referring dentist advised accordingly. Charting is generated electronically and a guide to the symbols can be found in the PMS training manual.

Periodontal, orthodontic, TMJ, occlusal screening and pathology (both intraoral and extraoral) are available in the PMS (see training manual for operational detail). Attached at Appendix A is a standardised system for recording information on the pathology tabs.

Clinical Notes
Clinical notes are an essential component of the patients visit, and form a legal document detailing what occurred. There should be an entry on the notes page for every contact with the patient including by telephone and letter. Many cases that proceed to litigation do so some time after treatment, when the clinician’s memory of the treatment has faded. Also, the clinician may not be aware of any adverse outcome at the time, so detailed note taking becomes the only reliable means of documenting what transpired, and becomes the only means of defence in a complaints scenario. The legal requirements state that notes should be contemporaneous therefore they must be completed at the appointment when the patient is seen.

Following are some general guidelines on what should appear in the patients' notes after each visit. (Standardised abbreviations for recording information in GU notes is at Appendix B)

Date
The computer software will automatically record the date. Please note however that it is a legal requirement to always enter the date that treatment is carried out, and should always be included when using traditional paper notes.

Name of Practitioner
The computer software will automatically record each practitioner’s code beside the date and provide a computer sign off. Please note, however that it is a legal requirement to be able to identify the practitioner and the practitioner should sign the records at the end of each visit if using paper records.

Area of Treatment
FDI notation (Appendix C) should be used to identify the tooth/teeth which are being treated.

Radiographs
Any radiographs taken must be recorded and the number of the machine on which they were taken. If the patient is referred to specialist radiography practice outside Griffith then this must also be recorded.
**Procedural Details**
Clear concise details of the procedure undertaken should be included. Information on type of filling and materials used should be included.

**Preoperative Warnings**
Any preoperative warnings given e.g. risk of paraesthesia should be noted. When appropriate warnings are given, patients are less likely to be alarmed if there is discomfort. When documented correctly, you can demonstrate these were given in the case of complaints.

**Postoperative Instructions**
Any post operative instructions given should be noted. For example this may include warnings of possible swelling, discomfort, possibilities of cheek or lip biting etc.

**Discussions**
Any significant discussions undertaken with the patient about options for treatment costs or questionable prognosis of treatment. This is especially important during early visits when treatment plans are being formulated. Similarly, if, as does happen, the treatments plan changes during treatment, this must be documented clearly.

**Medications**
Local anaesthetics administered should be recorded – this should include type of anaesthetic, dose and mode of administration. Any drugs prescribed such as analgesics or antimicrobials should be recorded. If the patient requires antibiotic cover prior to dental care then it should be recorded that the patient has taken the prescribed prophylactic dose.

**Disposal of the patient**
This may take a number of forms such as the plan for the next appointment, the review or recall period or referral to another practitioner.

**Attendance**
Should the patient fail to attend, cancel their appointment, or arrive late this should also be recorded.

As a general guide, always write clinical notes with the thought that it may be someday viewed by a third party. This could be the patient, another dentist, or a patient’s legal counsel. In the event of an adverse outcome, inadequate notes can be disastrous.

Some examples of appropriate notes are given at Appendix D
References

Dental Board of New South Wales. Guidelines for Dental Record Keeping 1998; September


Elderton, R. J. Keeping up-to-date with tooth notation BDJ 1989; 166(2):55-58

Oral Health Centre of Western Australia. Patient Clinical Record Management Plan 2005


Sydney South West Area Health Services. Clinical Policy Manual, Unit File and Record Documentation 2005

Wilkinson, E. J. Modern Clinical Records ADA (NSW Branch) 2002; June – October; Parts 1-5
## Appendix

### Oral Mucosal Findings Chart

<table>
<thead>
<tr>
<th>Ulcer</th>
<th>Atrophy</th>
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<tr>
<td>Ulcer and erosion</td>
<td>White patch</td>
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<td>Erythema/red patch</td>
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<td>Vesicle/bullae</td>
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<td>Desquamation</td>
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<td>Fibrosis/scar</td>
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## Appendix

### Abbreviations

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<tr>
<td>AECR</td>
<td>Acid-etch Composite Resin</td>
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<tr>
<td>APF</td>
<td>Acidulated Phosphate Fluoride</td>
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>AJC</td>
<td>Acrylic Jacket Crown</td>
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<tr>
<td>AML</td>
<td>Acute Myeloid Leukaemia</td>
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<td>Adj</td>
<td>Adjustment</td>
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<td>Alginate Impression</td>
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<td>Amalgam</td>
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<td>Anterior</td>
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<td>Appt</td>
<td>Appointment</td>
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<tr>
<td>ASAP</td>
<td>As Soon As Possible</td>
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<td>ART</td>
<td>Atraumatic Restorative Technique</td>
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<td>BCC</td>
<td>Basal Cell Carcinoma</td>
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<td>BW</td>
<td>Bitewing Radiographs</td>
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<tr>
<td>BSS</td>
<td>Black Silk Suture</td>
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<td>BP</td>
<td>Blood Pressure</td>
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<td>Body Weight</td>
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<td>Bone Marrow Transplant</td>
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<td>Ca(OH)₂</td>
<td>Calcium Hydroxide</td>
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<td>Carious Exposure</td>
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<td>Catgut Sutures</td>
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<td>Cementoenamel junction</td>
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<td>CeO</td>
<td>Centric Occlusion</td>
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<td>CeR</td>
<td>Centric Relation</td>
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<td>CXR</td>
<td>Chest radiograph</td>
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<td>Chlorhexidine</td>
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<td>CrCo</td>
<td>Chrome Cobalt</td>
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<td>CLL</td>
<td>Chronic Lymphocytic leukaemia</td>
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<tr>
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<td>Cigs</td>
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<td>CI (I,II,IV,V)</td>
<td>Class (I,II,III,IV, &amp; V)</td>
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<td>CPITN</td>
<td>Clinical Periodontal Index of Treatment Need</td>
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<td>C/O</td>
<td>Complains of</td>
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<td>Crossbite</td>
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<td>Cr</td>
<td>Crown</td>
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<td>Date of Birth</td>
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<td>DO</td>
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<td>Dental Health Education</td>
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<td>DM</td>
<td>Diabetes mellitus</td>
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<td>Differential diagnosis</td>
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<td>D</td>
<td>Distal</td>
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E
Ear, Nose & Throat
Electrocardiogram
Electroencephalogram
Endodontics
Epstein Barr Virus
Erythema Multiforma
Erythema Multiforme
Examination
Exodontia

F
Family History/Social History
Fissure Sealant
Fluoride
Fracture
Full Blood Count
Full Gold Crown
Full Lower Denture
Full Upper and Lower Denture
Full Upper Denture

G
General Anaesthetic
General Dental Practitioner
General Medical Practitioner
Glass Ionomer Cement
Gutta Percha

H
Haemoglobin
Hepatitis
Herpes Simplex Virus
Herpes Varicella Zoster Virus
History
Hodgkin's Lymphoma
Hormone Replacement Therapy
Human Immunodeficiency Virus
Human Papilloma Virus

I
Immediate Denture
Intermediate Restorative Material
Impression
Incisal
Increased
Infection
Inferior Dental Nerve/Mandibular Nerve
Intermaxillary fixation
International Normalised Ratio
Intramuscular
Intraoral
Intravenous
Irrigation
K
Kalsogen/Kalsogen/Kalzinogen Kal
Kaposi Sarcoma KS

L
Labial Lab
Lateral Lat
Left Hand Side LHS
Leukoplakia LKA
Lichen planus LP
Lingual L
Local Anaesthesia LA
Lymph Nodes LN

M
Mandible/mandibular Mand
Maxilla/maxillary Max
Maxillary Mandibular Relationship MMR
Medical Med
Medical History MHx
Medium Rhomboid Glossitis MRG
Mesial M
Motor Vehicle Accident MVA
Mouthguard M/Guard
Multiple sclerosis MS

N
Negative -ve
Next Visit NV
No Abnormality Detected NAD
Non-Hodgkin’s Lymphoma NHL

O
Occlusal O
On examination O/E
Oral & Maxillo Facial Surgery OMF
Oral Hygiene Instruction OHI
Orofacial granulomatosis OFG
Orthodontics Ortho
Orthopantomographic Radiograph OPG

P
Palatal P
Partial mandibular denture -/P
Partial maxillary and mandibular dentures P/P
Partial maxillary denture P/-
Pathology Path
Patient Pt
Pediatric Dentistry Pedo
Periapical radiographs PA
Periodontics Perio
Permanent Perm
Porcelain Fused to Metal Crown PFM or VMK
Post core PC
Posterior Post
Positive +ve
Post-operative Post-op
Prescribe/Treatment Rx
Preventive Prev
<table>
<thead>
<tr>
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<tr>
<td>Preventive Resin Restoration</td>
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<td>Primary</td>
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<td>Prophylaxis</td>
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<td>Porcelain jacket crown</td>
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<td>Prosthetics</td>
<td>Pros</td>
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<td>Recurrent Aphthous Stomatitis</td>
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<td>Refer</td>
<td>Ref</td>
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<td>Relative Anaesthesia</td>
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<td>Relief of Pain</td>
<td>ROP</td>
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<td>Reline</td>
<td>Rel</td>
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<tr>
<td>Repair</td>
<td>Rep</td>
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<td>Right Hand Side</td>
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<td>Root Canal Treatment</td>
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<td>Root Planing</td>
<td>RP</td>
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<td>S</td>
<td>Scale and Clean</td>
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<td>Scale and Clean</td>
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<td>Secondary</td>
<td>2º</td>
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<td>Sjogren's syndrome</td>
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<td>Systemic Lupus Erythematosus</td>
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<td>T</td>
<td>Temperomandibular Joint</td>
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<td>Temperomandibular Joint Pain Dysfunction</td>
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<tr>
<td>Trigeminal Neuralgic</td>
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<td>Z</td>
<td>Zinc Oxide Eugenol</td>
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<td>Zinc Oxide Eugenol</td>
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<tr>
<td>Zinc Phosphate Cement</td>
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Federation Dentaire International Notation (FDI)

Methods of tooth notation have evolved over the years and there is now general global acceptance of the FDI system as the most appropriate system to provide maximum precision, clarity and compatibility with typing and computing requirements. It should be remembered that the only really safe method of recording teeth is to write a full description and this should be utilised along with the FDI notation if there is likely to be any confusion.

In FDI two-digit system of tooth numbering of the permanent and deciduous dentition the first number represents the quadrant starting at the right maxillary quadrant and working in a clockwise direction (1—4 for the permanent teeth and 5—8 for the deciduous teeth). The second digit identifies the tooth counting from the midline backwards. The table shown gives the actual number for each tooth.

| Permanent Dentition | Maxillary right third molar | 18 | Maxillary left third molar | 28 |
| Permanent Dentition | Maxillary right second molar | 17 | Maxillary left second molar | 27 |
| Permanent Dentition | Maxillary right first molar | 16 | Maxillary left first molar | 26 |
| Permanent Dentition | Maxillary right second bicuspid | 15 | Maxillary left second bicuspid | 25 |
| Permanent Dentition | Maxillary right first bicuspid | 14 | Maxillary left first bicuspid | 24 |
| Permanent Dentition | Maxillary right canine (cuspid) | 13 | Maxillary left canine (cuspid) | 23 |
| Permanent Dentition | Maxillary right lateral incisor | 12 | Maxillary left lateral incisor | 22 |
| Permanent Dentition | Maxillary right central incisor | 11 | Maxillary left central incisor | 21 |
| Permanent Dentition | Mandibular right central incisor | 41 | Mandibular left central incisor | 31 |
| Permanent Dentition | Mandibular right lateral incisor | 42 | Mandibular left lateral incisor | 32 |
| Permanent Dentition | Mandibular right canine (cuspid) | 43 | Mandibular left canine (cuspid) | 33 |
| Permanent Dentition | Mandibular right first bicuspid | 44 | Mandibular left first bicuspid | 34 |
| Permanent Dentition | Mandibular right second bicuspid | 45 | Mandibular left second bicuspid | 35 |
| Permanent Dentition | Mandibular right first molar | 46 | Mandibular left first molar | 36 |
| Permanent Dentition | Mandibular right second molar | 47 | Mandibular left second molar | 37 |
| Permanent Dentition | Mandibular right third molar | 48 | Mandibular left third molar | 38 |

| Deciduous Dentition | Maxillary right second molar | 55 | Maxillary left second molar | 65 |
| Deciduous Dentition | Maxillary right first molar | 54 | Maxillary left first molar | 64 |
| Deciduous Dentition | Maxillary right canine (cuspid) | 53 | Maxillary left canine (cuspid) | 63 |
| Deciduous Dentition | Maxillary right lateral incisor | 52 | Maxillary left lateral incisor | 62 |
| Deciduous Dentition | Maxillary right central incisor | 51 | Maxillary left central incisor | 61 |
| Deciduous Dentition | Mandibular right central incisor | 81 | Mandibular left central incisor | 71 |
| Deciduous Dentition | Mandibular right lateral incisor | 82 | Mandibular left lateral incisor | 72 |
| Deciduous Dentition | Mandibular right canine (cuspid) | 83 | Mandibular left canine (cuspid) | 73 |
| Deciduous Dentition | Mandibular right first molar | 84 | Mandibular left first molar | 74 |
| Deciduous Dentition | Mandibular right second molar | 85 | Mandibular left second molar | 75 |
Examples of Appropriate Notes

Example 1
You perform a large filing on a deep carious lesion on the patient’s lower right first molar. The anaesthetic you used was 2.0 ml of lignocaine with adrenaline 1:80000. Because the lesion was deep radiographically, you mention to the patient that it may lose vitality, and need endodontics or possibly extraction in the future. An appropriate clinical entry would be

4/5/9. 46MO Ca(OH)$_2$ GIC base/ AECR shade A3 Heliomolar 2.0 ml lig/adr 1:80000 IDN block. Deep lesion approaching pulp, patient advised may develop symptoms and require RCT or extraction.

Example 2
A patient presents with a decoronated maxillary lateral incisor. Its restorative prognosis is poor. You have discussed several options including a) endodontics, post core and crown b) extraction and denture c) extraction with bridge d) extraction with implant. Your clinical entry would need to include the discussion with your patient about the relative chance of success of each option, associated costs, advantages and disadvantages of each option, and any potential risks.

For example, your entry may read
4/5/9 Patient presents with decoronated 22. Minimal remaining tooth structure. Advised poor restorative prognosis. Discussed options as follows:

a. endo, post core crown. Advised however guarded prognosis and high probability of root fracture. Costs $2000

b. extraction and denture. Discussed limitations of dentures. Cost $1000 including casting fee

c. extraction and replacement with bridge. Advised not ideal due to intact and unrestored abutments. Costs $4000+

d. extraction and replacement with implant. Advised most ideal and durable option. Discussed time frames and Costs $8000--$12000 plus a fee to the surgeon.

A brief summary of your discussion of the advantages and disadvantages of each option as it relates to this particular patient is also appropriate.

Obviously, as the case complexity increases, so does the detail of note taking.

To illustrate the importance of adequate and comprehensive notes, assume your patient opted for option “a”, despite your preference in this situation for option “b” or “d”. You provide treatment to a high standard, but with little tooth structure remaining, the tooth root fractures vertically 6 months later. The patient presents unhappy, claiming your treatment failed prematurely. It is invaluable to then refer to your notes to see that you had outlined all options, made clear that option “a” had a guarded prognosis and that there were better alternatives. If, however, you refer to your notes, and these discussions are not recorded, there is no reliable evidence that such a conversation ever took place. This will make discussions with your patient more difficult. Further, should the patient decided to pursue the matter it will almost impossible to develop an adequate defence.
Prescription Writing

The following abbreviations are acceptable for use when prescribing medications:

Before food ac
Twice a day bd
Gram g or gm
Intramuscular im
Intravenous iv
In the Morning mane
Milligram mg
Mixture mist
Millilitre ml
Nebuliser neb
At night nocte
Ointment oint
After food pc
When necessary prn
Every six hours q6h
Four times a day qid
Subcutaneous s/c
Immediately stat
Suppository supp
Suspension susp
Syrup syr
Three times per day tds
Topical top

Any of the above may also be written out in full.

The following must be written in full:
Chemical names
Daily
Ear or eye
Lotion
Microgram
Oral
Three times weekly and specify which days
Twice weekly and specify which days
Units

Decimal Points
When using decimal points for values of less than one, always place a zero before the decimal point, for example 0.5 ml.
## Record Audit

Griffith University Dental clinic will conduct record audits of its electronic patient management system to ensure compliance with the record guidelines and policy.

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Disposal and Retention of Records


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<td>Clinical records – human adults. Records providing evidence of clinical care to an individual or group of adult patients</td>
<td>10 years after last patient service provision or medico-legal action</td>
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<tr>
<td>Clinical records – human minors. Records displaying evidence of clinical care to an individual patient who is a minor</td>
<td>10 years from patient attaining 18 yrs of age <strong>AND</strong> 10 yrs after last patient service or provision or medico-legal action</td>
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<tr>
<td>Records displaying evidence of clinical care to an individual patient/client with the following notifiable diseases: • Hepatitis B • Hepatitis C • HIV • Leprosy • Q Fever • SARS • Syphilis • Tuberculosis</td>
<td>85 yrs from patient’s date of birth <strong>AND</strong> 10 yrs after last patient service provision or medico-legal action</td>
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<td>Accreditation of the medical/dental practice. Includes licences and permits</td>
<td>5 yrs after licence or permit expires</td>
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<tr>
<td>Agreements with service providers. Includes agreements between the university and service providers specifying ownership of client files</td>
<td>7 yrs after cessation of agreement or last action whichever is later</td>
</tr>
<tr>
<td>Research data created in the conduct of a research project including clinical trials</td>
<td>Permanent</td>
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</table>
SCREENING AND ASSESSMENT OF PATIENTS

Purpose
1. Explain to patient the purpose of today’s appointment.
2. Check patient’s medical history.
3. Record in the medical history section of patient’s notes any significant information and complete the review of systems tab so that high risk individuals are identified.
4. Identify the main reason for seeking dental treatment.
5. Examine the patient’s mouth and oral tissues.
6. Discuss with the patient in broad terms their dental needs.
7. Discuss with the patient the differences of being treated by GDP in house or by students (Discuss advantages and disadvantages of both, students and/or GDP – student services are not covered by Private Dental Health Insurance, cost and duration of treatment differences etc).
8. Explain to patient the fee processes at Griffith. In particular, highlight to Queensland Health patients any items they may have to pay for (e.g. crowns, more than one root canal therapy etc) and $250.00 casting fee for individual partial dentures (per casting.)
9. Refer patient for OPG at Gold Coast Medical Imaging which is bulk billed and there is no direct charge to the patient. (Allow approximately 2 days for pick up by Griffith University before next appointment.)
10. Explain students, clinic, GDP and Specialist services.
11. Record in notes section:
   a. Screening examination (Item 011)
   b. Patient requests
   c. Treatment requirements in general terms
   d. Explanation of fees
   e. Referral for OPG
   f. Referral to student/GDP/Specialist

Referral Guidelines

Patients requiring emergency treatment are to be referred to the emergency clinic.

Guidelines for referring directly to Post Graduate Periodontal Students (DClinDent)

Some patients will not be suitable for periodontal treatment by dental students (GradDipDent). The school runs a postgraduate specialist training program in periodontology (DClinDent) and patients with advanced periodontal problems, or those requiring implant treatment, can be referred directly to these students. The type of patients suitable for the program, and the associated costs are as follows:

1. Moderate to advanced periodontitis – patients with generalised pocketing > 6mm. These patients should be advised that the cost of treatment is in the order of $150.00 per debridement visit, i.e. $600.00 for a full mouth debridement by quadrant over 4 visits. If the disease is localized, fewer visits will be required and lower costs will be involved. Detailed costs will be discussed at the time of consultation.
2. Any other periodontal disease requiring specialist periodontics consultation (e.g. aggressive periodontist, mucogingival defects, vertical periodontal defects, non-responsive/severe gingivitis.

3. Implant patients – any patients who are candidates for and interested in implant treatment should be booked in the postgraduate clinic on Thursdays. Costs will be discussed following consultation, but as a general guideline, start from $3200 for a single tooth.

*Masters in Dental Technology (Prosthetists)*

1. Dentures only. High priority for full dentures.

2. No complicated medical histories e.g.

*Professional Dentists*

Spiritus patients are to see professional dentists only.

**Note:**
Reception staff hold a list of priorities for different students in various years. At times it may be necessary to be flexible with the above guidelines so that these educational priorities can be fulfilled.
Patient Information

For Treatment in the Griffith University Dental Clinic
Our mission is to provide patient-centred, quality oral health care in a supportive environment. Our faculty members and students collaborate to provide comprehensive dental care, from traditional to cutting-edge dental procedures, at competitive prices.

Our team approach aims to train professionals capable of treating oral health conditions and include technicians, prosthetists, therapists, hygienists and dentists that are educated side-by-side and in collaboration with the Medical School and the Community giving staff and students the opportunity to achieve their fullest potential.

All care is provided by qualified practitioners or dental students, who work in teams under the close supervision of a group leader.

The group leaders are responsible for ensuring the quality and continuity of care that is given to all patients.

What to expect at your initial appointment in the student clinic
When you become a patient at the Dental Clinic, a professional dentist will review your overall health and will ask you to complete a medical history form.

He/she will ensure that you understand the process for team treatment by not only students under supervision but also specialists. If you do not accept the concept, we cannot accept you as a patient.

A screening examination will determine your initial dental needs, and whether the clinic will be able to provide dental services. A screening appointment does not guarantee that you will be accepted as a patient for the students. If we do accept you as a patient, we will schedule you for any necessary x-rays, emergency treatment (if needed) and a scaling and polishing of your teeth.

You will then be assigned to a student team, who will undertake a complete dental examination and work out a specific treatment and financial plan for you.

Throughout your treatment your student team leader will be responsible for your treatment and will coordinate referrals to other members of the team. Your student will explain how the treatment plan will be executed and what role each team member will play in doing so (with your consent).

What to expect at your next appointment in the student clinic
Following your initial visit, you will receive a call from your student team leader/receptionist, who will schedule an appointment with you to begin your dental care (first visit). We will perform a head and neck exam, oral cancer screening, and conduct a comprehensive oral health examination. If necessary, additional X-rays, clinical photos and study models will be taken.

During your first or second visit an initial treatment plan will be presented to you for approval. This will include emergency treatment (if needed), scaling and polishing of your teeth and basic restorative work.

If you require further treatment a comprehensive treatment plan will be developed and approved by senior faculty members. Different options will be presented to and discussed with you, and finances will be addressed with the clinic financial clerk. Your signature on the final treatment plan of your choice and financial arrangement form will evidence your approval and acceptance of your responsibilities as a patient.
In order to save time, your student team leader, while working on your comprehensive treatment plan, may refer you to one of his student team members who will undertake parts of the treatment plan on order to progress your treatment in a timely fashion.

Once the comprehensive treatment plan is completed and approved, more complicated procedures will be scheduled with members of the team.

We will finish or attempt to finish your planned treatment within a year. If you have advanced treatment planned (like implants), then continuing care will be discussed with you as one of your options.

As we get closer to the end of a year (when your student team leader will qualify and leave) and if your treatment does not look like it will be completed, then a transition plan will be created for you by your student team leader. You will then be assigned to a new student team leader who will complete your treatment using his same team.

**What to expect at your final appointment at the student clinic**

You will be provided with advice on the maintenance of your oral health and recall options.

**Your rights**

**You are entitled to:**

- Have your dental treatment needs fully explained including the estimated cost, the length of time necessary to complete treatment, the results expected, and a plan for treatment alternatives.
- Inspect your own dental records. Your dental records are confidential and may not be shared or transferred without your consent unless specifically ordered by a court.
- Discuss any concerns with your student, a faculty member, or the Dental School’s Clinic Director. If you decide not to seek treatment, the consequences of non-treatment will be explained to you.
- Dental treatment that meets or exceeds the current standards of care for the dental profession.
- Receive treatment in an environment that utilizes appropriate infection control procedures known as universal precautions for the protection of all our patients and personnel.

**Your responsibilities**

**When we accept you as a patient you have the responsibility to:**

- Provide accurate information about your medical and dental conditions.
- Inform us about changes in your medical or dental status.
- Follow our advice.
- Show courtesy and consideration of other patients, the Clinic staff and for the property of others.
- Keep appointments and attend on time.
- Attend for treatment in an appropriate state and conduct yourself with courtesy.
- Tell us if you are unhappy with the care you receive.
- Settle any account before leaving the Centre.
- Accept the consequences of declining recommended treatment and not taking advice.
SUPERVISION OF CHILDREN

Due to health and safety risks we advise that children are not permitted within the Dental Clinic, unless they have an appointment themselves with a practitioner or student. Within the clinic environment, there are many dangers that could injure a child.

We do not have the ability to provide supervision either within the clinic or in the waiting room and ask that if your child attends the appointment with you, then it is your responsibility to provide supervision at all times, or your appointment maybe cancelled and rescheduled for when you can provide supervision for your child.

There are no childcare facilities available within the Medicine and Oral Health Building. Parents or guardians are responsible for the care and behaviour of their children.