STANDARD OPERATING PROCEDURES

August 01, 2020

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Preface to the Standard Operating Procedures Manual

August 1, 2020

The purpose of the New York University College of Dentistry Caried*Away* Standard Operating Procedures Manual (August 1, 2020) is to provide a unified, up-to-date source of information on the appropriate implementation of programmatic policies, procedures, and guidelines pertaining to school-based health center dental program (SBHC-D) clinical operations and patient care. It brings together into one reference all methodologies for use in implementing the Caried*Away* regulatory program.

The procedures described in this manual are meant to be comprehensive and detailed, coupled with the realization that the problems encountered in SBHC-D environment require a certain amount of flexibility. The solutions to these problems will depend, in part, on the skill, training, and experience of the clinical staff implementing them. For some situations, it is possible to use this manual in rote fashion. In other situations, it will require a combination of technical abilities, using the manual as guidance rather than in a step-by-step, word-by-word fashion. Although this puts an extra burden on the user, it is unavoidable because of the variety of conditions encountered in the context of community and school-based public health interventions.

Knowledge of the policies and procedures referenced by this manual is essential for providing patient care of the highest quality. Noncompliance with any of the policies and procedures referenced therein may result in disciplinary action.

The Caried*Away* Standard Operating Procedures Manual (August 1, 2020) is available both in paper and electronic form at New York University College of Dentistry, Department of Epidemiology and Health Promotion, 433 1st Avenue, Floor 7, New York, New York 10010.

The Manual will be disseminated via e-mail to administrators and staff on an annual basis by the Caried*Away* Supervising Pediatric Dentist. The information in the Manual will be reviewed by the *CariedAway* Principal Investigators, Clinical Research Associate, and all relevant stakeholders. Any substantive changes to policy and/or procedure that result as a product of quality improvement activities or internal audit proceedings will be submitted for IRB approval and communicated accordingly. *The version maintained by the Supervising Pediatric Dentist supersedes any printed copy of this Manual.*

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ENVIRONMENT OF CARE

SAFETY

RECOGNITION AND REPORTING OF CHILD ABUSE

Effective date: 01/22/2014
Supersedes: n/a
Responsible officer: Associate Dean for Clinical Affairs
Issuing Authority: NYU Dental Center Board of Directors

Background: It is important to recognize that injuries can occur as a result of child abuse or neglect. Craniofacial, head, face, and neck injuries are found in more than half of child abuse case. One study showed the lips are most likely to injured (54%). The oral cavity may be a focus of abuse due to its role in communication and nutrition. Injuries may include contusions, burns, lacerations of the soft tissue and loose teeth or facial bone/jaw fractures. All suspicious injuries should be reported.

Effective January 1, 1989, Education Law requires certain individuals, when applying initially for licensure or a limited permit, to provide documentation of having completed two hours of coursework or training regarding the identification and reporting of child abuse and maltreatment. This is a one-time requirement and once taken does not need to be completed again. This requirement applies to Dental Hygienists, Dentists, Physicians, Nurse Practitioners and Registered Nurses.

The Law also includes this training among the requirements for certification or licensure of school administrators/school service personnel, and classroom schoolteachers. All persons applying for a provisional or permanent certificate or license valid for administrative or

supervisory service, school service, or classroom teaching service must have completed the two hours of coursework or training.

Since September 1, 1990, programs registered by NYS that lead to licensure or certification in one of the above areas affected by the legislation have been required to include training in the identification and reporting of child abuse and maltreatment. Students graduating from such programs on or after September 1, 1990 are not required to take additional training and are not required to receive Certification form and submit documentation. However, medical residency programs, which are taken after receiving licensure, are not required to include such training. Therefore, training received during residency does not satisfy the NYS training requirement. An individual who completes an out-of-state medical program unregistered by NYS who then receives training in a NYS residency program has not met the training requirement and must take additional training from an approved provider.

Procedures for Filing a Report with the State Central Register:

1. Suspected cases of child abuse shall be reported immediately by telephone or fax machine to the SCR (fax users should contact the SCR for forms and instructions)
    a. The following numbers are open 24 hours a day, seven days a week:
        i. SCR Statewide Toll-Free Number: 1-800-342-3720
        ii. For the Deaf or Hard of Hearing: 1-800-638-5163
        iii. Public Hotline: 1-800-342-3720

EMERGENCY PROTOCOL

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Clinical team staff understand the key elements to ensure safe, prompt and effective prevention and management of medical emergencies, are adequately trained, have access to necessary equipment, and routinely review incidents and appropriate risk outcome assessments.

Measurement: Number of recorded and reported medical emergencies, incidents, accidents, or injuries experienced by CariedAway patients or personnel.

When an emergency occurs during patient care:

1. The dental team will follow the procedures outlined on the Emergency Protocol Form signed by the principal at each school
    a. Navigate to:
        i. PCORI Managers Folder/Forms, Templates, Guides, and Calculators/Protocol/Emergency Protocol

b. Emergency Protocol Forms are reviewed by all clinical staff upon the arrival at a new school in accordance
    i. See corresponding SOP (SCHOOL ARRIVAL)

Medical Emergency Protocol:

1. The treating clinician will call for help from the nearest RDH or dental assistant
2. The treating clinician will stay with his/her student at all times until the patient improves or care is transferred to EMS
3. The clinician will initiate basic life support measures and monitor vital signs as appropriate, assuming confirmation of such procedures by the principal on the Emergency Protocol Form (Appendix A)
4. When EMS arrive, the treating clinician will report to the EMS a brief synopsis of the events leading to the emergency, signs and symptoms observed during the emergency, as well as the patient's pertinent medical and medication history, as available
5. The school will be responsible for notifying children's' parents and will follow their own school emergency protocol
    a. Each school has BLS trained designated staff and access to an Automatic External Defibrillator and they will respond to the scene of the emergency ASAP

Emergency Treatment Protocol:

1. If a student is experiencing pain, swelling, and/or fever at the time of the dental exam:
    a. The clinician will notify the Clinical Team Manager
    b. The Clinical Team Manager will notify the Dental Champion and/or Parent Coordinator
        i. Request that they contact the parent/guardian
        ii. Provide information and direct referrals
            1. See corresponding SOP (DIRECT REFERRALS)

Fire Safety Protocol:

1. The Principal schedules and conducts fire drills and maintains fire drill records
2. Each fire drill includes the transmission of a fire alarm signal and simulation of emergency fire conditions
3. The Dental Team will follow all school specific protocols for fire drills and fire emergencies and evacuate our team along with the children and school staff
4. If a child is in our care during a fire emergency, the clinical team will follow the protocol outlined by the school on the Emergency Protocol Form

Safety Data Sheets (SDS):

1. All SDS sheets for hazardous chemicals being used by CariedAway program staff are kept in a binder maintained by the Clinical Team Manager and stored securely in a combination code mobile case
2. In the event of a fire, the Clinic manager will collect the binder and present it to a firefighter upon arrival

SAFETY DATA SHEETS

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: All Safety Data Sheets (SDS) for hazardous chemicals used by the CariedAway program are kept in a binder and stored in the school clinical area.

Measurement: Ease of SDS sheet access in the event of emergency. Staff familiarity with SDS information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical.

1. A folder containing all the pertinent Safety Data Sheets is maintained by the clinic managers, as it rotates from one school binder to another
2. In the event of a fire:
    a. The SDS folder is taken with the clinic manager, or a designated member of the team
    b. The dental treatment room is evacuated in accordance with the Emergency Procedures Form (Appendix A) for the particular school
    c. Upon the arrival of FDNY, the clinic manager informs the FDNY of the presence of NYU Dentistry CariedAway Program, and provides them with the SDS folder
    d. The SDS folder includes, but is not limited to, safety data sheets for the following materials:
        i. Toothpaste
            1. Colgate
            2. Any other brand being used
        ii. Alcohol Hand Sanitizer
            1. One SDS for every brand
        iii. Disinfecting wipes
            1. Cavicide SDS
            2. Additional brands
        iv. SDF
            1. Advantage Arrest SDS
        v. Fluoride Varnish:
            1. Colgate Prevident SDS
            2. Centrix Fluorodose SDS
        vi. Petroleum Jelly
            1. SDS for each brand
        vii. GC America Products:
            1. Cavity Conditioner

2. GC America Fuji IX
    a. Fuji IX Regular SDS
    b. Fuji IX Fast SDS
    c. Fuji IX Extra SDS

OCCUPATIONAL EXPOSURE

Effective date: 9/20/2017
Supersedes: 8/17/2012
Responsible officer: Assistant Dean, Compliance and Emergency Response
Issuing Authority: NYU Dental Center Board of Directors

Occupational Exposure Protocol
Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an individual's duties.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

STEP 1 – Immediately Administer First Aid
Puncture (Needlestick/Instrument)
1. Immediately administer first aid
2. Wash wound with antimicrobial soap and water for 5 minutes
3. Apply antiseptic, if available (do not apply Cavicide or bleach)
4. Cover wound with bandage/band aid

Splashes (Patient's oral fluids, blood or other foreign substance)
1. Stop working immediately
2. Wash the affected area with antimicrobial soap and water for 5 minutes
3. If an eye was affected by a splash of potentially infectious material, go to the nearest eye wash station (identified in all clinics and labs by appropriate signs) and flush the eye for five minutes
4. If an eye was affected by a splash of a chemical substance, go to the nearest eye wash station (identified in all clinics and labs by appropriate signs) and flush the eye for fifteen minutes
5. Seek additional medical attention and report to the Health Screening Unit, located on the 11th floor of the Weissman Building

STEP 2 – Notify your Supervisor
STEP 3 – Review patient's chart/medical history
STEP 4 – Contact counselor

OCCUPATIONAL EXPOSURE COUNSELORS

Mon	Tue	Wed	Thu	Fri	COUNSELOR	Location	Contact number
AM	PM/Eve	PM/Eve	AM	AM/PM	Dr. S. Podell	3S	ext 89724/ 89470
PM/Eve	AM	AM	PM/Eve	AM/PM	Dr. E. Studley	2S	ext 89464/ 89309
AM/PM/Eve	AM/PM/Eve	AM/PM/Eve	AM/PM/Eve	AM/PM	Mr. G. Marrus	962W	ext 89949 cell 516-236-8996
✷	✷	✷	✷	✷	Dr. L. Smithey	1025W	ext 89588 cell 914-450-3767
✷	✷	✷		✷	Dr. R. Kerr	SPC	ext. 89885

AM – from 8:00 AM to 12:00 PM
PM – from 1:00 PM to 5:00 PM
Eve – from 5:00 PM to 8:00 PM (Monday to Thursday; Fridays – clinics close at 4:00 PM.)
◆ ***Performs duties as back-up counselor.***

STEP 5 – Report to downtown Student Health Services with paperwork provided by counselor if deemed necessary (*Monday & Tuesday, 8:00 AM to 8:00 PM; Wednesday & Thursday, 8:00 AM to 6:00 PM; Friday, 10:00 AM to 6:00 PM; Saturday, 10:00 AM to 4:00 PM)*

If exposure occurs after clinic hours, during weekend or holidays, or in the unlikely event that you cannot reach a counselor, call x8-2222 (tell them you've had an occupational exposure and you will be connected to a physician at NYU Medical Center)

ADVERSE EVENT MANAGEMENT

Effective date: 01/16/2019
Supersedes: 04/04/2018
Responsible officer: Research team, Principal Investigator(s)
Issuing Authority: NYU SoM IRB; Policies & Procedures for Human Subjects Research Protection

1. The principal investigator must notify the IRB of any unanticipated deaths or life-threatening experiences related to implementation of CariedAway
2. The event must be reported immediately when the research team learns of the event
3. The principal investigator must promptly notify the IRB of any unanticipated problems involving risks to subjects or others that occur during the course of a study within five working days of learning about the event

An Adverse Event is defined by the US Department of Health and Human Services as: any untoward or unfavorable medical occurrence in a human subject, including any abnormal sign (for example, abnormal physical exam or laboratory finding), symptom, or disease, temporally associated with the subject's participation, whether or not considered related to the subject's participation.

Unanticipated Problems (UAP) as defined by the NYU IRB are events (including internal or external events, deaths, life-threatening experiences, injuries, breaches of confidentiality, or other problems) that occur any time during or after the research study, which in the opinion of the Monitoring Entity or the PI are:

1. Unanticipated
    a. Not in the consent form, investigator brochure, protocol, package insert, or label; or unanticipated in its frequency, severity, or specificity AND
2. Related to the research procedures
    a. Caused by, or probably caused by research activity, or, if a device is involved, probably caused by, or associated with the device AND
3. Harmful
    a. Caused harm to participants or others, or placed them at increased risk of harm

Reportable Events and Information Other Than Adverse Events OR Unanticipated Problems:

1. New information indicating a change to the risks or potential benefits of the research, in terms of severity or frequency (such as analysis indicating lower-than-expected response rate or a more severe or frequent side effect, other research finding that an arm of study has no therapeutic value) protocol deviation or violation, only if one or more of the following criteria is met:
    a. It was intended to eliminate apparent immediate hazard to a research participant
    b. It was harmful (caused harm to participants or others or placed them at increased risk of harm)
    c. It represented possibly serious or continued noncompliance
    d. A complaint unresolved by the research team or that indicates increased or unexpected risks
    e. Incarceration of a participant, when the principal investigator believes it is in the best interest of the participant to remain in the study
    f. An unanticipated adverse device effect
    g. New information about the effect on health or safety or any life-threatening problem or death caused by or associated with a device, if that effect, problem, or death was not previously identified in nature, severity, or degree of incidence, or any other unanticipated serious problem associated with a device that relates to the rights, safety, or welfare of subjects

REPORTABLE INFORMATION REPORTING FORM

Effective date: 01/16/2019
Supersedes: 04/04/2018
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist, Certified Research Administrator, Principal Investigator(s)
Issuing Authority: NYU SoM IRB; Policies & Procedures for Human Subjects Research Protection

Desired Outcome: A Protocol Deviation/Violation form is completed to report adverse events in human subjects research. Please note that a single Reportable Information Reporting form can be completed for multiple subjects if the subjects were affected by the same event. If you need to report multiple separate Reportable Events, please contact the IRB in advance to determine the best way to draft your report(s).

1. Navigate to:
    a. PCORI Managers Folder/Forms, Templates, Guides, and Calculators/Protocol/Protocol Deviation/Violation Form
2. Describe deviation
    a. Indicate whether the study is a multi-site study and location of the adverse event
    b. Indicate whether this is the first time this event has been reported to the IRB or if it is a follow up report
    c. Provide a narrative summary of the event that occurred. The summary should include the following elements:
        i. How the event is related to the research (an event is considered related to the research if the cause of the event is deemed related or possibly related to research participation)
        ii. The date the event occurred;
        iii. The research team member who handled the event;
        iv. The date the team became aware of the event; and
        v. A description of the event and the subjects that were affected
3. The immediate and follow up actions that have been taken in response to the events
    a. Specify the status of the follow-up of this event: resolved or unresolved?
4. Supporting reports
    a. Identify any other entities that have been informed of this event (e.g. Public Safety, Funding agency, other IRB, etc.), if applicable
    b. Provide copies of any event-related correspondence (including email) with the above-mentioned entities
5. Response to the event
    a. Specify whether the event(s) require any changes to the currently approved study conduct or documents
        i. If yes, please submit an amendment to the IRB
        ii. If no, please explain why these events do not warrant revision of the current study procedures and/or documents
6. Risk/benefit assessment
    a. In light of this event, please re-assess the study overall and provide your rationale for whether or not the protocol exposes subjects to more risk than initially anticipated and whether risks to subjects remain reasonable in relation to the anticipated benefits (if any)

INFECTION CONTROL

Effective date: 6/19/2019
Supersedes: 7/27/2017
Responsible officer: Associate Dean for Clinical Affairs and Hospital Relations
Issuing Authority: NYU Dental Center Board of Directors

Desired Outcome: Consistent and accurate compliance with OSHA guidelines and strict adherence to the Universal Precautions recommended by the Centers for Disease Control. Healthy patients and staff.

Measurement: Feedback from the appropriate agencies, patients, staff, and Supervising Pediatric Dentist. Inspection of the entire Clinical Treatment Area.

The infection control procedures at the New York University College of Dentistry are used universally for all patients by healthcare providers and clinic staff (Standard Precautions). The following overview is based on the American Dental Association's Report issued by the Council on Dental Materials, Instruments, and Equipment; the Council on Dental Practice; the Council on Dental Therapeutics; the NYS DOH Vaccines for Health Care Personnel; OSHA Bloodborne Pathogens Standard (1991); and the 2003 CDC Guidelines for Infection Control in Dentistry.

Healthcare personnel are potentially exposed to a wide variety of microorganisms in the blood and saliva of patients. These microorganisms may cause infectious diseases such as the common cold, pneumonia, tuberculosis, herpes, hepatitis B, hepatitis C, and acquired immune deficiency syndrome. The use of effective infection control procedures at NYU Dentistry will prevent cross-contamination that may extend to patients, healthcare providers, administrators and staff.

HEALTH SCREENING UNIT

NYU Dentistry employs two registered nurses and one Nurse Practitioner on-site to assist students in fulfilling mandatory health requirements. The Health Screening Unit (HSU) office is located on the 11th floor, Weissman Building, Room 1180, (212) 998-9314.

MANDATORY HEALTH AND IMMUNIZATION REQUIREMENTS FOR STAFF

Physical Examination: Employees (staff, administrators, volunteers) must satisfy medical requirements as a condition of employment. Employees have the option of using a healthcare provider at the Health Screening Unit at New York University College of Dentistry or their own primary care provider. Physical forms completed by a private medical provider must have a valid authorization and accompanying signature. A subsequent annual health assessment is required of all employees.

Tuberculin Testing: New York University College of Dentistry requires an annual Mantoux TB skin test or QuantiFERON- Gold blood test for all employees. Employees must have proof of a

baseline Mantoux TB skin test within six months prior to start of classes. NYU Dentistry will accept QuantiFERON-Gold test in lieu of a Mantoux test, which will then be done annually. Employees with proof of a positive reaction to the Mantoux test must provide date of their positive conversion and must have a chest x-ray within 1 year. A copy of the radiology report must be submitted to the Health Screening Unit.

Note: Tuberculin skin testing may interfere with vaccine schedules. The Mantoux tuberculin test must be read within 72 hours of administration. The test must be administered before an MMR or varicella vaccine and may be taken at the same time as hepatitis B or tetanus vaccines.

Measles, Mumps, and Rubella: New York University College of Dentistry employees born before January 1, 1957 are required to prove immunity of rubella by a laboratory titer. Employees born after December 31, 1956, must demonstrate immunity to measles, mumps and rubella by providing documentation via a laboratory titer. A copy of the lab report must be submitted to the Health Screening Unit. Faculty and staff not immune to measles, mumps or rubella must provide documentation of two doses of MMR vaccine in their lifetime for clearance. If no documentation is provided with a negative titer result, MMR vaccination is required.

Varicella: Faculty and staff may choose to receive varicella vaccine (two doses at least four weeks apart). If the employee chooses to decline this vaccine, they must sign a Varicella Declination form.

Hepatitis B: The hepatitis B vaccine is strongly recommended to faculty and staff who have the potential for exposure to blood or other potentially infectious substances. New employees must submit a baseline hepatitis B antigen and surface antibody titer from within the past 5 years. If titer is negative, one repeat series of 3 vaccines is recommended over a 6-month time period. Employees have the option to sign a hepatitis B Declination Form annually. Employees who previously declined may opt to be vaccinated at any time during employment. Faculty and staff who have a diagnosis of chronic hepatitis B viral infection are required to provide results of an HBV DNA blood test.

INFECTION CONTROL PROTOCOLS: PROTECTION FOR THE CARE PROVIDER

Effective date: 6/19/2019
Supersedes: 7/27/2017
Responsible officer: Associate Dean for Clinical Affairs and Hospital Relations
Issuing Authority: NYU Dental Center Board of Directors

Provider Hygiene
The single most effective mode in the prevention of the transmission of disease is hand hygiene (e.g., hand washing).

- Hand jewelry and watches are to be removed before washing hands.

- Fingernails should be clean and filed short and smooth.
- The use of artificial fingernails is strongly discouraged as there is greater potential for bacterial growth and may prevent effective hand hygiene.
- Cuts and open wounds on hands or other exposed areas are to be clean and covered by bandages before gloves are put on.
- Healthcare providers' hair shall be either short or tied away from the face.

Both sinks with anti-microbial soap and running water, and alcohol-based hand sanitizers are available within reasonable access to the exam area in school facilities, including all clinical locations. *Note: Alcohol-based hand sanitizers are not to be utilized if hands are visibly soiled.*

Barrier Protection

- All healthcare providers must wear gloves when performing any intraoral procedure, and when cleaning up after completing patient treatment.
- Clinic staff must wear gloves when dispensing supplies and dental equipment.
- Unless a writing implement is barrier wrapped, gloves are not to be worn when writing or completing reports or other paperwork. Gloves are never to be worn when utilizing a telephone.
- After the patient leaves the operatory the provider is to spray any contaminated or unwrapped surface with an intermediate level surface disinfectant (*Cavicide*).
- Antimicrobial soap or alcohol-based hand sanitizers are to be utilized (no less than 15-20 seconds) between patient contacts, before donning gloves, and again after removing gloves. Hands are to be washed after touching inanimate objects likely to be contaminated by blood, saliva, and/or aerosols. Antimicrobial soap or alcohol-based hand sanitizers are also to be utilized before and after routine procedures.
- Gloves must not be washed or decontaminated for use and must be changed as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised. Hands are to be rewashed before regloving. Paper towels may be used as an intervening barrier to turn or shut off water faucets. Gloves are not be worn outside clinical or laboratory areas.

Protective Clothing and Equipment

All healthcare providers must wear clean, long-sleeved, three-quarter length, disposable gowns over street clothes or scrubs. These are to be changed if there is communication, (tears in material, or gown becomes porous), or when visibly soiled. All disposable gowns must not be worn outside clinical areas; and are to be disposed of before exiting the clinic. Disposable plastic protective aprons/gowns are also available, to be worn by those individuals who may perform procedures (e.g. clean) that may cause spatter.

Masks and protective eyewear must be worn while performing all intraoral procedures in which the splashing of blood, saliva, other body fluids, or chemicals is likely. Prescription eyeglasses that have side protectors are suitable substitutes for goggles. If during the course of care, spray,

splatter or droplets of blood or saliva may be anticipated by the provider, then a chin length plastic face shields should be worn in addition to protective eyewear.

Masks and eyewear should be in place before washing hands. Eyewear is to be washed with an antimicrobial soap with residual activity after each patient-treatment session. Masks are to be discarded in designated waste receptacles after completing treatment of each patient. Masks and eyewear (but not prescription glasses) are not to be worn, carried or removed outside of clinical areas. Plastic eyewear are also provided to our patients; decontamination (by utilizing only soap and water) of protection eyewear is the responsibility of the healthcare provider.

After completing treatment of a patient, healthcare providers are to continue wearing gloves, masks, and eyewear for cleaning and disinfecting the unit and cubicle.

Clinic staff will wear gloves while dispensing dental supplies and equipment. Masks, eyewear (except prescription glasses) and gloves may not be worn, carried or removed outside of clinical locations.

During periods of increased respiratory infection activity in the community (e.g. prevalence of influenza in New York City, New York State or metropolitan area), offer masks to patients who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions. Providers should wear procedure masks, in addition to Standard Precautions while interviewing and evaluating patients with symptoms of a respiratory infection.

Dental Units and Chairs

All surfaces that have not been barrier wrapped must be disinfected after every treatment session using Cavicide.

Use the SPRAY-WIPE-SPRAY technique:

- Spray surface disinfectant onto surface.
- Wipe with paper towels.
- Spray surface a second time.
- Allow to dry for three (3) minutes.
- Use a damp paper towel to remove residue.

Any disposable item that is contaminated with blood or other potentially infectious materials is to be disposed in a designated biohazard waste receptacle.

INFECTIOUS AND HAZARDOUS WASTE DISPOSAL

Effective date: 6/19/2019
Supersedes: 7/27/2017
Responsible officer: Associate Dean for Clinical Affairs and Hospital Relations
Issuing Authority: NYU Dental Center Board of Directors

Sharps
Disposable sharp instruments (i.e. explorers) must be handled with care and must be discarded immediately after use in the rigid, OSHA-approved disposal, containers near each exam/treatment area. They may NEVER be thrown into bins with other infectious waste. Containers should then be placed in a red bag and stored in a locked container prior to transportation. Personnel who experience an occupational exposure are to report the injury or the accident to their supervisor/Supervising Pediatric Dentist, and then immediately be referred to a trained counselor.

Solid Waste
Solid waste is disposed of into the receptacles lined with clear plastic bags. (If any of the following materials contain or may absorbed droplets of blood, then it must be disposed in red bagged waste in appropriately labelled biohazard waste receptacles.

Solid waste may include:

- Gloves
- Face mask
- Disposable gowns
- Gauze
- Non-amalgam filling materials

PROCESSING AND TRANSFER OF WASTE

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Consistent and accurate compliance with New York College of Dentistry guidelines. Healthy patients, Supervising Pediatric Dentist, and staff.

Measurement: Feedback from the appropriate agencies, patients, staff, and Supervising Pediatric Dentist. Inspection of the entire Clinical Treatment Area.

1. The room serving as the primary site for exams and treatment will be cleaned and trash will be left safely packed in plastic waste bags available for pick up by the custodian of the school

    a. Only disposable items in plastic waste bags are left to be disposed by the after-school program
2. Sharps waste generated by the CariedAway program includes but is not limited to disposable explorers placed in sharps containers
    a. Sharps containers will be replaced once they are ¾ full
        i. Report the status of the container using the Google Forms Daily Report template
        ii. Containers should be transported to NYUCD and disposed according to university guidelines

HAZARD COMMUNICATIONS PROGRAM

Effective date: 6/19/2019
Supersedes: 7/27/2017
Responsible officer: Associate Dean for Clinical Affairs and Hospital Relations
Issuing Authority: NYU Dental Center Board of Directors

The OSHA Hazard Communication Standard requires that all employees be provided with information about hazardous chemicals that they use or may be exposed to in the workplace. The primary information tool for this is the Safety Data Sheet (SDS), a document that suppliers of any hazardous chemical must provide to users, that describes the hazardous properties of the chemical(s) and appropriate risk reduction techniques.

SDS
Caried*Away* ensures that chemical inventory lists and copies of SDS are maintained for all hazardous materials used in clinical areas and are readily accessible in employees' work areas in hard copy.

Labels
All hazardous chemicals used or stored by Caried*Away* must be properly labeled at all times. Labels list the chemical identity, appropriate hazard warnings, and the name and address of the manufacturer, importer or other responsible party. Most, if not all of this information is on the original chemical container. If the chemical is transferred from the original container into another container, the second container must also be labeled with at least the chemical identity, appropriate hazard warnings.

Training
All employees are referred to the Office of Compliance and Emergency Response for the following mandatory training programs (i-Learn):

- COM 105: NYU Dentistry Safe Handling of Hazardous Chemicals
- COM 106: NYU Dentistry Hazardous Waste Management/Handling

All training is documented, and copies kept by the Research Coordinator and in Human Resources employee files.

Reference Documents

A written Exposure Control Plan and SDS are included in the NYU Dentistry CariedAway Manual of Procedures (*Appendices 2B*, *2C*). The Manual of Procedures is updated annually and available in every clinical area.

STATION DISINFECTING BETWEEN PATIENTS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Consistent and accurate compliance with OSHA guidelines and strict adherence to the Universal Precautions recommended by the Centers for Disease Control. Healthy patients and staff.

Measurement: Feedback from the appropriate agencies, patients, staff, and Supervising Pediatric Dentist. Inspection of the entire Clinical Treatment Area.

1. After completing treatment of a patient, healthcare providers are to continue wearing gloves, masks, and eyewear for cleaning and disinfecting the station
2. Disposable sharp instruments (i.e. explorers) must be handled with care and must be discarded immediately after use in the rigid, OSHA-approved disposal, containers near each exam/treatment area
3. Any disposable item that is contaminated with blood or other potentially infectious materials is to be disposed in a designated biohazard waste receptacle
4. Place all other contaminated disposable materials on the patient bib
    a. Grab the four corners of the bib and gather all contaminated materials in its center
    b. Wrap and dispose
5. Spray any contaminated or unwrapped surface with an intermediate level surface disinfectant (*Cavicide*)
    a. Contaminated items may include:
        i. Pens or stylus
        ii. Headlamp controls
        iii. Plastic cannisters
        iv. Chairs
        v. Vinyl tablecloths and/or tabletops
    b. *Use the SPRAY-WIPE-SPRAY technique:*
        i. Spray surface disinfectant onto surface

ii. Wipe with paper towels
iii. Spray surface a second time
iv. Allow to dry for three (3) minutes
v. Use a damp paper towel to remove residue

6. Wash eyewear, iPad, capsule mixer, and other non-disposable items averse to volatile solvents with an antimicrobial soap with residual activity
7. Check disposable gowns for communication (tears in material, or gown becomes porous), and visible soil

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DOFFING PERSONAL PROTECTIVE EQUIPMENT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Consistent and accurate compliance with OSHA guidelines and strict adherence to the Universal Precautions recommended by the Centers for Disease Control. Healthy patients and staff.

Measurement: Feedback from the appropriate agencies, patients, staff, and Supervising Pediatric Dentist. Inspection of the entire Clinical Treatment Area.

1. PPE should be removed in an order that minimizes the potential for cross contamination
2. PPE is to be removed in as systematic way before leaving the patient's room i.e. gloves, then gown and then eye protection
3. Where possible, the process should be supervised by a buddy to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves while doffing
4. The order of the removal of PPE is as follows:
    a. Gloves (the outsides of the gloves are contaminated)
        i. Firstly:
            1. Grasp the outside of the glove with the opposite gloved hand; peel off
            2. Hold the removed glove in gloved hand
        ii. Then:
            1. Slide the fingers of the un-gloved hand under the remaining glove at the wrist
            2. Peel the remining glove off over the first glove and discard
        iii. Utilize antimicrobial soap or alcohol-based hand sanitizers (no less than 15-20 seconds)
    b. Gown (the front of the gown and sleeves will be contaminated)
        i. Unfasted neck then waist ties

ii. Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated
iii. Turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin

c. Eye protection (the outside will be contaminated)
    i. Use both hands to handle eye protection
    ii. Pull away from face and discard
    iii. Utilize antimicrobial soap or alcohol-based hand sanitizers (no less than 15-20 seconds)
d. Facemask. (the outside will be contaminated)
    i. Untie or break ties and remove by handling the ties only
    ii. Pull away from face and discard into a lined waste bin
    iii. Utilize antimicrobial soap or alcohol-based hand sanitizers (no less than 15-20 seconds)

DONNING PERSONAL PROTECTIVE EQUIPMENT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Consistent and accurate compliance with OSHA guidelines and strict adherence to the Universal Precautions recommended by the Centers for Disease Control. Healthy patients and staff.

Measurement: Feedback from the appropriate agencies, patients, staff, and Supervising Pediatric Dentist. Inspection of the entire Clinical Treatment Area.

1. Clinical staff will wear gloves while dispensing dental supplies and equipment
2. Use safe work practices to protect yourself and limit the spread of infection
    a. Keep hands away from face and PPE being worn
    b. Change gloves when torn or heavily contaminated
    c. Limit surfaces touched in the patient environment
    d. Regularly perform hand hygiene
    e. Always clean hands after removing gloves
3. The order for putting on personal protective equipment (PPE) is as follows:
    a. Utilize antimicrobial soap or alcohol-based hand sanitizers (no less than 15-20 seconds)
    b. Gown
        i. Put on the long-sleeved fluid repellent disposable gown
            1. Fasten neck ties and waist ties

c. Mask or respirator
    i. Note: respirator must be the one that staff have been fit tested to use
    ii. Position the upper straps on the crown of your head, above the ears, and the lower strap at the nape of the neck
    iii. Ensure that the respirator is flat against your cheeks
    iv. With both hands mold the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit
    v. Perform a fit check
        1. The technique for this will differ between different makes of respirator
        2. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking
d. Eye protection
    i. Place over face and eyes and adjust the headband to fit
e. Gloves
    i. Ensure cuff of gown is covered by the cuff of the glove

CLINICAL EQUIPMENT

OPERATING CLINICAL TREATMENT AREA EQUIPMENT

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Proper and optimum use of Clinical Treatment Area equipment. User guides for non-disposable clinical treatment area equipment are available are available for reference electronically on Box, through links included within this SOP Manual, and in hard copy for inclusion with SDS sheets in the Clinical Team Manager binder.

Measurement: Feedback from staff. Inspection of equipment.

1. Router https://www.downloads.netgear.com/files/GDC/R7000/R7000_UM.pdf
1. Printer http://h10032.www1.hp.com/ctg/Manual/c04639074
2. Mi-Fi https://ss7.vzw.com/is/content/VerizonWireless/Devices/Mifi/userguide/verizon-jetpack-mifi-7730l-ug.pdf
3. iPad https://manuals.info.apple.com/MANUALS/1000/MA1725/en_US/ipad_user_guide.pdf
4. GC Capsule Mixer https://www.gcamerica.com/products/operatory/COE_CapMixer/CapsuleMixerIFU.pdf

5. GC Capsule Applier III http://www.gcamerica.com/products/operatory/CapsuleApplier/GC%20Capsule%20Applier%20III%20IFU.pdf
6. Eyewash station
7. First Aid Kit
8. Headlamps
    a. GRDE 18650 USB Rechargeable IPX4 https://images-na.ssl-images-amazon.com/images/I/C1tcHTrvNtS.pdf
    b. LE Headlamp
    c. Lumapro Headlamp
9. Aseptico chairs
    a. ADC-08 Portable Dental Stool (assistant chair) http://q9bgh9q08416907ck9fxol3z-wpengine.netdna-ssl.com/wp-content/uploads/ADC-08_420127h_web.pdf
    b. ADC-09S Portable Hydraulic Dental Stool (clinician chair) http://q9bgh9q08416907ck9fxol3z-wpengine.netdna-ssl.com/wp-content/uploads/ADC-09CF-S_421073h_web.pdf
    c. ADC-01P-RED Aseptichair (patient chair) http://q9bgh9q08416907ck9fxol3z-wpengine.netdna-ssl.com/wp-content/uploads/ADC-01P_RED_420821g_web.pdf

EQUIPMENT MAINTENANCE TRACKING

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Equipment is consistently and accurately inspected, tested, calibrated and maintained in accordance with the manufacturer's recommendations, and/or as required by the appropriate federal or state agency.

Measurement: Review of the Equipment Inspections and Maintenance Log and inspection of equipment. Feedback from staff and Supervising Pediatric Dentist regarding equipment reliability. Frequency of malfunction and/or replacement of equipment.

1. Identify all equipment needing ongoing, periodic, and/or regular attention
    a. This attention may be simple: visual inspections, re-calibration, toner replacement, etc.
2. Review the manufacturers' literature for all equipment and determine if there are:
    a. Ongoing requirements
        i. Identify frequency of performance
        ii. Identify instructions for completion

    b. Identify which tasks staff can perform
        i. For those tasks to be performed by staff, designate the responsible employee (example: assistant paired with the clinical team manager)
3. Create a master list containing the following:
    a. Task (i.e., changing printer toner)
    b. Responsible party
    c. Frequency (i.e., weekly or quarterly)
    d. Space for documentation of who and when completed the task
    e. Provide training for all tasks assigned to employees and make the appropriate documentation
        i. Instruct designated employees on how to complete the log for each task
        ii. If the tasks involve consumable items (i.e., disposable toner), provide instruction for the following:
            1. How to monitor and control inventory
            2. Level of minimum inventory per item
4. Periodically, review the log to ensure task completion and consistent log entries

MAINTENANCE REPORT

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team staff, Research Coordinator, Administrative Aide II
Issuing Authority: n/a

Desired Outcome: All equipment and systems receive required recurrent, periodic, and regular attention as indicated by the manufacturer and/or the relevant federal or state agency. Long-term optimal function of all equipment. Equipment is maintained in good working order according to the manufacturer's guidelines and specifications. Results of routine maintenance checks are recorded and reviewed routinely by Clinical Team Managers.

Measurement: Review of Google Forms Daily Report. Feedback from staff and Supervising Pediatric Dentist regarding equipment reliability.

1. Maintenance will be completed during routine in-field inventory procedures as assigned by the Clinical Team Manager
2. Staff will refer to Maintenance SOP for instructions on how to complete maintenance for each item
    a. See corresponding SOP (EQUIPMENT MAINTENANCE)
3. Results of routine maintenance checks will be recorded through Google Forms Daily Report for subsequent review by Clinical Team Managers, Research Coordinator, and Administrative Aide II
4. Clinical Team Managers, Research Coordinator and Administrative Aide II coordinate return of items for timely repair and/or reorder for replacement of equipment

EQUIPMENT MAINTENANCE

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Staff maintain and perform routine maintenance of equipment as assigned.

Measurement: Frequency of malfunction and/or replacement of equipment.

1. Router
    a. Visually inspect unit to ensure that it is free of debris, and that all three antennas and ports are free of damage
        i. In case of breakdown, disconnect the unit and appropriately label the unit with details of possible fault
            1. Report the fault using the Google Forms Daily Report template
2. Printer
    a. Printer maintenance requires a cleaning page printed and check toner/cartridge status
        i. To check toner-cartridge status follow instructions below from the user guide:
            1. On the product control panel, press the OK button
            2. Scroll to the Reports menu, and then press the OK button
            3. Scroll to the Supplies Status option, and then press the OK button to print a report of the status of all supply items
            4. Check the percent of life remaining for the toner cartridge
            5. The toner cartridge does not need to be replaced unless the print quality is no longer acceptable
        ii. To print cleaning page, follow instructions below from the user guide:
            1. On the printer control panel, press the OK button
            2. Go to Service > Cleaning Page
            3. Load plain letter or A4 paper when you are prompted, press the OK button
            4. A Cleaning message displays on the printer control panel
            5. Wait until the process is complete
            6. Discard the page that prints
        iii. Visually inspect toner/cartridge for scratches and other damage
            1. If toner/cartridge has damage and there is poor printing quality, replace cartridge/toner
            2. Report the request for a replacement toner/cartridge using the Google Forms Daily Report template, as needed

3. Mi-Fi
    a. Visually inspect jetpack battery for damage
        i. Insert fingernail to lift and remove battery
        ii. Replace if damaged
            1. Report the request for a replacement lithium battery using the Google Forms Daily Report template, as needed
4. iPads
    a. At any time, you can check for and install software updates
        i. Go to Settings > General > Software Update
        ii. The screen shows the currently installed version of iPad OS and whether an update is available
    b. Perform visual inspection of the unit to ensure that it is free of debris
    c. In case of breakdown or damage, shut down the unit
        i. Report the damage or fault using the Google Forms Daily Report template
5. GC Capsule Mixer
    a. Put the device away from direct sunlight, strong heat sources and dusty areas
    b. Prior to routine cleaning and maintenance of the unit disconnect power cord from the mains socket
    c. The device can be cleaned with a soft cloth soaked in warm water or mild detergent
        i. Avoid using volatile solvents
    d. Safety Instructions
        i. The unit should be checked on a regular basis
        ii. Do not handle unit with wet hands
        iii. In case of breakdown, disconnect the unit and appropriately label the unit with details of possible fault
            1. Report the fault using the Google Forms Daily Report template
6. GC Capsule Applier III
    a. Clean the applier with a gauze soaked in alcohol
    b. In case of breakdown, appropriately label the unit with details of possible fault
        i. Report the fault using the Google Forms Daily Report template
7. Eyewash station
    a. The shelf life of the eyewash station saline solution is typically 36 months from the date of manufacture
        i. Check expiration date
        ii. Visually inspect solution for changes in color or cloudy appearance
        iii. Visually inspect twist off top to ensure that it is not broken or missing
            1. Within 3 months of expiration, report the request for a replacement eyewash station using the Google Forms Daily Report template
8. First-Aid kit
    a. Check, replace and clean first aid kit supplies on a regular basis
    b. Check the expiration date of perishable items

    c. Report the request for restocking and replacement of approved items as needed using the Google Forms Daily Report template
9. Headlamps
    a. Visually inspect unit to ensure that it is free of debris
    b. Visually inspect lithium battery for damage
        i. Insert fingernail to lift and remove battery
        ii. Replace if damaged
            1. Report the request for a replacement lithium battery using the Google Forms Daily Report template, as needed
10. Aseptico chairs
    a. Perform visual inspection of the unit and bags to ensure that they are free of debris, breakdown (rips/tears), or damage (bent or missing pins, decreased mobility)
        i. Report the damage or fault using the Google Forms Daily Report template
11. 2'x4' tables
    a. Perform visual inspection of the unit to ensure that it is free of debris or damage (bent or missing pins, decreased mobility)
        i. Report the damage or fault using the Google Forms Daily Report

CLINICAL TREATMENT AREA

CLINICAL TREATMENT AREA LAYOUT: DIAGRAMS

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: CariedAway staff recognize that physical space is valuable and strive to provide the greatest impact for New York City school students while minimizing programmatic demands.

Measurement: Feedback from school administrators and community stakeholders. Report that patients/service users are given enough privacy when being examined or treated by staff in this organization. Report that staff have a comfortable workspace.

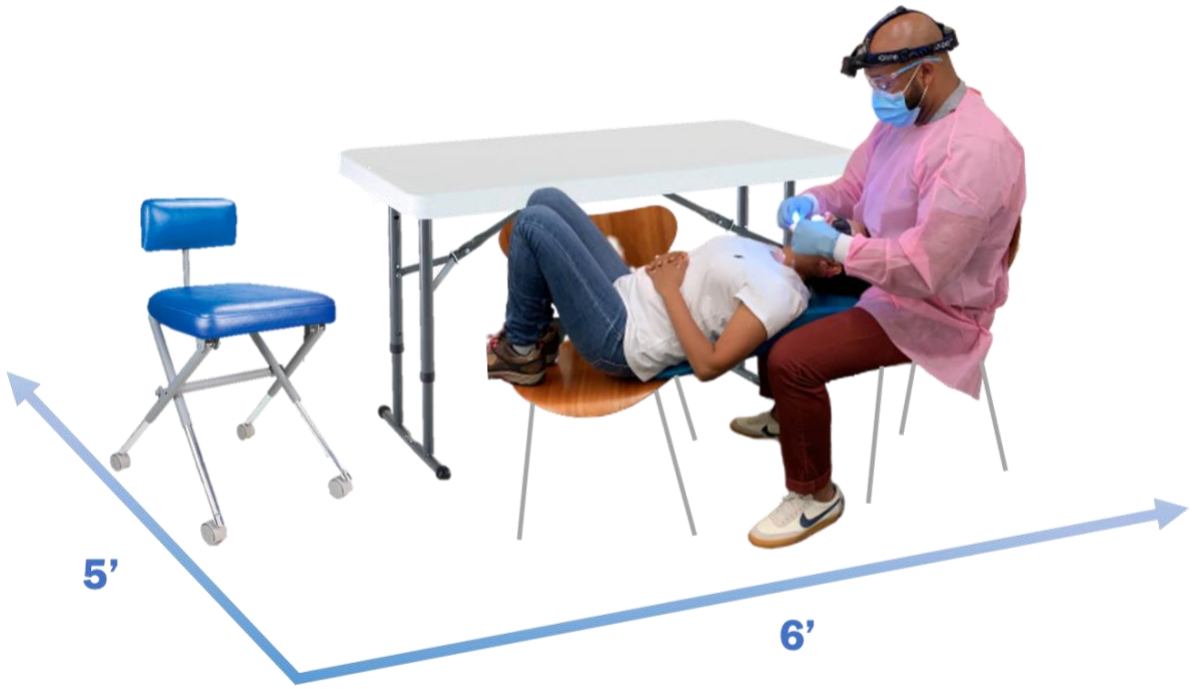
1. Staff make every effort to fit equipment and personnel wherever school can accommodate them
    a. Individual station set up consists of:
        i. Seating for three
            1. Clinician (1)

2. Assistant (1)
3. Patient (1)

ii. A 2’x4’ table
iii. A biohazardous waste container

b. Individual station set up utilizes approximately 30-60 square feet:
   i. Use of lapboard and free-standing chairs (30 square feet)
   ii. Aseptico portable dental chairs (60 square feet)
c. Where space is limited, a double set up may be necessary, consisting of:
   i. Seating for six
      1. Clinicians (2)
      2. Assistants (2)
      3. Patients (2)
   ii. A 2’x4’ table
   iii. A biohazardous waste container

2. Where possible, staff request six to ten student chairs that can be lined up against a classroom wall or hallway to create a waiting area for both those next-in-line and those who have completed their dental visit and must return to class together in small groups
3. Staff request small table for Clinical Team Manager’s station consisting of:
   a. Printer, mi-fi, and router
   b. Informed consent form binder
   c. First aid kits and eyewash station
   d. Oral health education tools and materials
4. Staff store Aseptico storage bags, Big Agnes supply bags, and Pelican cases away from clinical treatment area



NON-DISPOSABLE EQUIPMENT SETUP

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Accurate and efficient preparation of all dental equipment for use.

Measurement: Feedback from the Supervising Pediatric Dentist and staff. Inspection and readiness of all equipment.

1. Router
    a. Remove from the designated Pelican Case
    b. Locate an electrical outlet and place the router on a separate table
2. Printer
    a. Remove from the designated Pelican Case
    b. Locate an electrical outlet and place the printer in proximity of the router
    c. Plug the router to the printer and turn the printer on
3. Mi-Fi
    a. Remove from the designated maximum security, combination locking mobile chest
    b. Ensure that the mi-fi is charged and turn on the mi-fi
4. iPads
    a. Remove iPads from their locked carrying case

    b. Clean iPads with a wet and soapy paper towel
        i. Use antimicrobial soap with residual activity
    c. Dry iPads with a dry paper towel
    d. Turn iPads on
        i. Once the iPad is powered up, a lock icon will appear requesting “Touch ID or Enter Passcode”
        ii. Enter the passcode for the iPad to navigate to the home screen
    e. Connect each iPad to the router by performing the following steps:
        i. Go into settings
        ii. Click on Wi-Fi
        iii. Under choose a network, select the name of the router/mi-fi
        iv. Enter the password located on its upper right-hand corner
        v. Once entered, a check mark will appear next to the name of the device, indicating that the iPad is connected
        vi. Exit out of settings
    f. Select the NE Dental icon
        i. Enter your username and password and select “OK”
5. GC Capsule Mixer
    a. Remove the capsule mixer from its box
    b. Secure stabilizing knobs to the base
    c. Plug the capsule mixer into an electrical outlet and turn on the capsule mixer
        i. Secure electrical extension cord to the floor with duct tape to prevent trip hazards
6. Eyewash station
    a. Remove from Master Bag
    b. Place on the Clinical Team Manager’s station
7. First-Aid kit
    a. Remove from Master Bag
    b. Place on the Clinical Team Manager’s station
8. Headlamps
    a. Remove from the designated maximum security, combination locking mobile chest
    b. Assign to individual clinicians
9. Aseptico chairs
    a. Remove dental chair and dental stools from carrying cases
    b. Place carrying cases away from the clinical areas for storage
    c. Assemble according to manufacturer’s guidance
    d. Arrange dental chairs in an appropriate location
    e. Adjust stool height for each clinician and dental assistant
10. 2’x4’ tables
    a. Cover with vinyl tablecloth
    b. Position the clinical table next to the Aseptico chairs
    c. Place disposable dental supplies and equipment on the clinic table
        i. Place Big Agnes supply suitcase containing excess materials under table

The following must be disinfected using CaviWipes prior to the initiation of patient care:

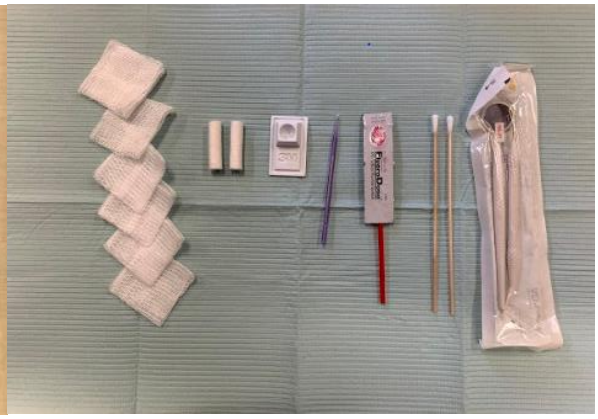
1. Dental chair and arms
2. Clinician and dental assistant stools
3. Vinyl tablecloth cover
4. Miscellaneous: clipboard, stylus, safety glasses
5. Dental head lamps
6. Outside surfaces of plastic container containing dental supplies and equipment
7. Simple supply suitcases

STOCKING PATIENT DENTAL CARE STATIONS

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Well-organized, accurate, complete, provision of disposable supplies available for all procedures and replenished per clinical station at the end of each clinic shift. The Clinic Manager and assistant consistently and easily provide supplies, as needed. Clinicians are aware of supply levels as they use items and maintain a bare minimum of no less than a 2-day supply of all disposable items used daily on each patient.

Measurement: Feedback from the Clinic Manager, clinicians and assistants. Visual inspection of the station set-ups. Number of times instruments or materials are missing, or clinicians must break aseptic technique by leaving their chairs or taking off their gloves. Staff report of adequate materials, supplies and equipment needed to do their work.



Individual clinical stations are adequately stocked with:

1. Patient goodie bags
    a. "Burrito" consisting of:

        i. 3-in-1 paks
            1. Disposable mirror and explorer
        ii. Dappen dish
        iii. Cotton-tip applicator(s)
        iv. Cotton roll(s)
        v. Microbrush
        vi. Gauze (6)
        vii. 1-unit dose fluoride varnish
    b. Age-appropriate toothbrush
    c. Full-size tube of fluoride toothpaste
    d. Toothbrushing timer
    e. Floss (as available)
    f. Fluoride varnish post-op instructions
2. Personal protective equipment
    a. Gowns
    b. Gloves
    c. Masks
    d. Clinician eyewear
    e. Patient eyewear
        i. Small
        ii. Large
3. Excess disposable materials
    a. Patient bibs
    b. 3-in-1 paks
    c. Dappen dishes
    d. Cotton tip applicators
    e. Cotton rolls
    f. Microbrushes
    g. Gauze
    h. Fluoride varnish
        i. Colgate Prevident
        ii. Flurodose
    i. Headrest covers
    j. Plastic cups
4. Dental materials
    a. Petroleum jelly
    b. Simple treatment
        i. Advantage Arrest silver diamine fluoride
    c. Complex treatment
        i. Cavity conditioner
        ii. Fuji IX
5. Dental equipment
    a. Complex treatment
        i. Capsule mixer

ii. GC Applicator III

6. Disinfectants
    a. Alcohol Sanitizer
    b. Cavicide wipes
7. Patient mirror
8. Headlamp

OPENING THE CLINICAL TREATMENT AREA

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: To be thoroughly prepared to seat the first patient on time, with all equipment and utilities functioning properly and other vital details taken care of. All general cleaning and maintenance tasks are completed efficiently, accurately, and as scheduled. The Clinical Treatment Area appears groomed and attended to. Patients see that their dental provider maintains a professional, organized, and clean environment.

Measurement: Starting on time without chaos. Visual inspection of the Clinical Treatment Area. Feedback from patients, the Supervising Pediatric Dentist, school staff, and patients.

1. Clinical staff arrive promptly at 7:30am to open the Clinical Treatment Area and prepare the following items:
    a. Non-Disposable Equipment:
        i. Router
            1. Remove from the designated Pelican Case
            2. Locate an electrical outlet and place the router on a separate table
        ii. Printer
            1. Remove from the designated Pelican Case
            2. Locate an electrical outlet and place the printer in proximity of the router
            3. Plug the router to the printer and turn the printer on
        iii. Mi-Fi
            1. Remove from the designated maximum security, combination locking mobile chest
            2. Ensure that the mi-fi is charged and turn on the mi-fi
        iv. iPads
            1. Remove iPads from their locked carrying case
            2. Clean iPads with a wet and soapy paper towel
                a. Use antimicrobial soap with residual activity

3. Dry iPads with a dry paper towel
4. Turn iPads on
    a. Once the iPad is powered up, a lock icon will appear requesting “Touch ID or Enter Passcode”
    b. Enter the passcode for the iPad to navigate to the home screen
5. Connect each iPad to the router by performing the following steps:
    a. Go into settings
    b. Click on Wi-Fi
    c. Under choose a network, select the name of the router/mi-fi
    d. Enter the password located on its upper right-hand corner
    e. Once entered, a check mark will appear next to the name of the device, indicating that the iPad is connected
    f. Exit out of settings
6. Select the NE Dental icon
    a. Enter your username and password and select “OK”

v. GC Capsule Mixer
1. Remove the capsule mixer from its box
2. Secure stabilizing knobs to the base
3. Plug the capsule mixer into an electrical outlet and turn on the capsule mixer
    a. Secure electrical extension cord to the floor with duct tape to prevent trip hazards

vi. Eyewash station
1. Remove from Master Bag
2. Place on the Clinical Team Manager’s station

vii. First-Aid kit
1. Remove from Master Bag
2. Place on the Clinical Team Manager’s station

viii. Headlamps
1. Remove from the designated maximum security, combination locking mobile chest
2. Assign to individual clinicians

2. The following must be disinfected using CaviWipes prior to the initiation of patient care:
    a. Dental chair and arms
    b. Clinician and dental assistant stools
    c. Vinyl tablecloth cover
    d. Miscellaneous: clipboard, stylus, safety glasses
    e. Dental head lamps
    f. Outside surfaces of plastic container containing dental supplies and equipment
    g. Simple supply suitcases
3. Front door

a. If not already displayed, mark all exits and access to exits with prominent signs

4. Reception Area
    b. Straighten the following items in the reception area:
        i. Objects obstructing passageways, corridors, doorways, and other means of exit
        ii. Chairs
        iii. Children's books or magazines
        iv. Toys
        v. Decorative wall hangings or signs
    c. Inspect the floor of the reception area for any visible items that can be discarded (i.e. paper, dust balls)
    d. With gloved hands, pick up any visible items and discard appropriately
5. Garbage
    e. With gloved hands, insert or attach a clean bag
6. Make preparations for the morning huddle and prepare the patient dental care stations according to the procedures scheduled (simple or complex treatment)

CLINICAL TREATMENT AREA CLOSING AND SECURITY

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: To ensure the security and safety of the facility, patients, and staff.

Measurement: Weekly review for breaches of security. Comfort level of Supervising Pediatric Dentist, Clinical Team Managers, staff, and patients.

1. After completing treatment in a school, healthcare providers are to continue wearing gloves, masks, and eyewear for cleaning and disinfecting of the clinical treatment area
2. Disposable sharp instruments (i.e. explorers) must be handled with care and must be discarded immediately after use in the rigid, OSHA-approved disposal, containers
    a. Lock and bag all sharps containers in red hazardous waste bags
3. Spray any contaminated or unwrapped surface with an intermediate level surface disinfectant (*Cavicide*)
    a. Contaminated items may include:
        i. Pens or stylus
        ii. Headlamp controls
        iii. Plastic cannisters
        iv. Chairs
        v. Vinyl tablecloths and/or tabletops
        vi. Outside surfaces of plastic tubs containing supplies and equipment
        vii. Big Agnes supply bags

b. *Use the SPRAY-WIPE-SPRAY technique:*
    i. Spray surface disinfectant onto surface
    ii. Wipe with paper towels
    iii. Spray surface a second time
    iv. Allow to dry for three (3) minutes
    v. Use a damp paper towel to remove residue
4. Wash other non-disposable items averse to volatile solvents with an antimicrobial soap with residual activity
    a. Patient and clinician eyewear
5. Store the following toxic materials with maximum security combination locks:
    a. Cavity conditioner
    b. Fuji IX
    c. Silver diamine fluoride
    d. Fluoride varnish
    e. Goodie bags containing fluoride toothpaste
    f. Alcohol sanitizer
    g. Cavicide containers
    h. Red hazardous waste bags containing locked sharps containers
6. Clean and store non-disposable equipment:
    a. Note: All equipment serial numbers are filed with the Administrative Aide II to ensure correct identification in the event of theft or destruction by fire
    b. Router
        i. Turn the router off and unplug it
        ii. Pack securely into the designated Pelican Case
    c. Printer
        i. Turn the printer off and unplug it
        ii. Pack securely into the designated Pelican Case
    d. Mi-Fi
        i. Turn on the mi-fi off
        ii. Pack securely into the designated maximum security, combination locking mobile chest
        iii. Must be charged overnight
    e. iPads
        i. The CariedAway program utilizes password protected iPads that have been programmed by NESS and whose software has been reviewed by the college's engineering and information technology departments to ensure that they are secure while used at the school clinics
            1. Turn iPads off
            2. Clean iPads with a wet and soapy paper towel
                a. Use antimicrobial soap with residual activity
            3. Dry iPads with a dry paper towel
            4. Place iPads into protective soft cases
        ii. Clinical Team Managers secure all iPads in maximum security, combination locking mobile chests

1. iPads must be synced and charged overnight
    a. See corresponding SOP (SYSTEM LOG-IN AND BACK-UP)
2. Mobile chests are locked in offices when not in use
3. Frequently change the combination of mobile chests and combination locks to prevent individuals from memorizing them or passing them on

f. Informed consent forms
    i. Clinical Team Managers secure all informed consent forms in maximum security, combination locking mobile chests
    ii. Any documents containing private health information that need to be discarded should be shred before placement in wastebaskets
g. Eyewash station
    i. Pack securely in the Clinic Manager's Master bag
h. First-Aid kit
    i. Pack securely in the Clinic Manager's Master bag
i. Headlamps
    i. Pack securely into the designated maximum security, combination locking mobile chest
    ii. Must be charged overnight

7. Restock patient dental care stations with disposable items
8. Inspect the floor for any visible items that can be discarded (i.e. paper, dust balls)
    a. With gloved hands, pick up any visible items and discard appropriately
9. Any documents containing private health information that need to be discarded should be shred before placement in wastebaskets
10. Trash will be left safely packed in plastic waste bags available for pick up by the custodian of the school
    a. Only disposable items in plastic waste bags are left to be disposed by the after-school program
11. Turn off all lights
12. Securely lock door to clinical treatment area, as feasible
13. Regularly brainstorm improvements to improve clinical treatment area security

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CLINICAL TREATMENT AREA BREAKDOWN

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Accurate and efficient breakdown of all dental equipment for transport.

Measurement: Feedback from the Clinical Team Managers, Supervising Pediatric Dentist and school staff. Inspection and condition of all equipment.

1. After completing treatment in a school, healthcare providers are to continue wearing gloves, masks, and eyewear for cleaning and disinfecting of the clinical treatment area
2. Disposable sharp instruments (i.e. explorers) must be handled with care and must be discarded immediately after use in the rigid, OSHA-approved disposal, containers
    a. Lock and bag all sharps containers in red hazardous waste bags
3. Spray any contaminated or unwrapped surface with an intermediate level surface disinfectant (*Cavicide*)
    a. Contaminated items may include:
        i. Pens or stylus
        ii. Headlamp controls
        iii. Plastic cannisters
        iv. Chairs
        v. Vinyl tablecloths and/or tabletops
        vi. Outside surfaces of plastic tubs containing supplies and equipment
        vii. Big Agnes supply bags
    b. *Use the SPRAY-WIPE-SPRAY technique:*
        i. Spray surface disinfectant onto surface
        ii. Wipe with paper towels
        iii. Spray surface a second time
        iv. Allow to dry for three (3) minutes
        v. Use a damp paper towel to remove residue
4. Wash other non-disposable items averse to volatile solvents with an antimicrobial soap with residual activity
    a. Patient and clinician eyewear
5. Return disposable supplies to Big Agnes bags for transport
    a. Store the following toxic materials with maximum security combination locks:
        i. Cavity conditioner
        ii. Fuji IX
        iii. Silver diamine fluoride
        iv. Fluoride varnish
        v. Goodie bags containing fluoride toothpaste
        vi. Alcohol sanitizer
        vii. Cavicide containers
        viii. Red hazardous waste bags containing locked sharps containers
6. Clean and pack non-disposable equipment for transport
    a. Router
        i. Turn the router off and unplug it
        ii. Pack securely into the designated Pelican Case
    b. Printer
        i. Turn the printer off and unplug it
        ii. Pack securely into the designated Pelican Case
    c. Mi-Fi
        i. Turn on the mi-fi off

ii. Pack securely into the designated maximum security, combination locking mobile chest
iii. Must be charged overnight

d. iPads
    i. Turn iPads off
    ii. Clean iPads with a wet and soapy paper towel
        1. Use antimicrobial soap with residual activity
    iii. Dry iPads with a dry paper towel
    iv. Place iPads into protective soft cases
    v. Pack securely into the designated maximum security, combination locking mobile chest
    vi. Must be synced and charged overnight
e. GC Capsule Mixer
    i. Unplug the capsule mixer
    ii. Remove any duct tape that is covering the electrical extension cord and return the extension to the Clinic Manager's Master bag
    iii. Clean with a soft cloth soaked in warm water or mild detergent
        1. Use antimicrobial soap with residual activity
        2. Avoid using volatile solvents
    iv. Place securely in its box with the stabilizing knobs in place
f. GC Capsule Applier III
    i. Clean the applier with a gauze soaked in alcohol
    ii. Store with disposable supplies in Big Agnes bags
g. Eyewash station
    i. Pack securely in the Clinic Manager's Master bag
h. First-Aid kit
    i. Pack securely in the Clinic Manager's Master bag
i. Headlamps
    i. Pack securely into the designated maximum security, combination locking mobile chest
    ii. Must be charged overnight
j. Aseptico chairs
    i. Collapse according to manufacturer instructions and place in their respective carrying cases
k. 2'x4' tables
    i. Remove vinyl tablecloth
    ii. Collapse according to manufacturer instructions

7. Front door
    a. Remove all exit signs
8. Reception Area
    a. Stack chairs or return to their original locations
9. Inspect the floor for any visible items that can be discarded (i.e. paper, dust balls)
    a. With gloved hands, pick up any visible items and discard appropriately

10. Any documents containing private health information that need to be discarded should be shred before placement in wastebaskets
11. Trash will be left safely packed in plastic waste bags available for pick up by the custodian of the school
    a. Only disposable items in plastic waste bags are left to be disposed by the after-school program
12. Turn off all lights

CLINIC OPERATIONS

ELECTRONIC HEALTH RECORD

DENTAL NOMENCLATURE

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Standardization of acceptable dental nomenclature for dental screening and record keeping.

Measurement: Uniform usage, ease of communication between clinical staff.

Permanent		Primary	
1	Upper right, third molar		
2	Upper right, second molar		
3	Upper right, first molar		
4	Upper right, second premolar	A	Upper right, second molar
5	Upper right, first premolar	B	Upper right, first molar
6	Upper right, cuspid	C	Upper right, cuspid
7	Upper right, lateral incisor	D	Upper right, lateral incisor
8	Upper right, central incisor	E	Upper right, central incisor
9	Upper left, central incisor	F	Upper left, central incisor
10	Upper left, lateral incisor	G	Upper left, lateral incisor
11	Upper left, cuspid	H	Upper left, cuspid
12	Upper left, first premolar	I	Upper left, first molar
13	Upper left, second premolar	J	Upper left, second molar
14	Upper left, first molar		
15	Upper left, second molar		
16	Upper left, third molar		

17	Lower left, third molar
18	Lower left, second molar
19	Lower left, first molar
20	Lower left, second premolar
21	Lower left, first premolar
22	Lower left, cuspid
23	Lower left, lateral incisor
24	Lower left, central incisor
25	Lower right, central incisor
26	Lower right, lateral incisor
27	Lower right, cuspid
28	Lower right, first premolar
29	Lower right, second premolar
30	Lower right, first molar
31	Lower right, second molar
32	Lower right, third molar

K	Lower left, second molar
L	Lower left, first molar
M	Lower left, cuspid
N	Lower left, lateral incisor
O	Lower left, central incisor
P	Lower right, central incisor
Q	Lower right, lateral incisor
R	Lower right cuspid
S	Lower right, first molar
T	Lower right, second molar

CLINICAL ABBREVIATIONS

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Clinical Team staff, Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Standardization of acceptable abbreviations for documentation and record keeping.

Measurement: Uniform usage, elimination of non-standard abbreviations.

ant.	Anterior
Appl	Appliance
Att.	Attention
Brux.	Bruxism
Comp	Composite
CRN	Crown
DEL	Delivery
fl.	Fluoride
ging.	Gingival tissue
H.H.	Health history
L	Left
N.V.	Next visit
NE	New exam
O.B.	Overbite

O.J.	Over jet
OHI	Oral hygiene instructions
post.	Posterior
ref	Referral
Rest.	Restorative
R	Right
y.o.	Years old (i.e., patient is 5 y.o.)

ACESSSING A PATIENT'S ELECTRONIC HEALTH RECORD

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Background: Patient records at NYU College of Dentistry Department of Epidemiology and Health Promotion are maintained in an electronic format utilizing NEFORM software from New England Survey Systems (NESS). All clinicians and dental assistants are trained in NEFORM as part of their training process.

1. To create a new electronic health record:
    a. Select "Subject List" in upper left corner
    b. Navigate to the upper right corner of the screen
    c. Select "Add New Subject"
    d. Using the original written consent form or a hard copy print out of an online RedCap consent, enter the appropriate demographic information:
        i. Patient first name
        ii. Patient last name
        iii. Date of birth
        iv. School
        v. Grade
        vi. Patient ID (OSIS number)
        vii. Race and ethnicity
        viii. Medical history
    e. Select Consent Status
        i. Status must be informed consent was received, and student is active in the program
    f. Select "Confirm/Create"
    g. Navigate to the new patient record
        i. It will appear as first in the list of students on the "Subject List" page
    h. Select the patient record
    i. Select "Manage Subject"
    j. Enter additional demographic information, namely, Medicaid ID, as applicable

k. Capture an image of the consent form and review for clarity
l. Click on the "Notes" box to add relevant details for patient care

2. To locate an electronic health record for a recall patient:
    a. Select "Subject List"
    b. Select "School" and navigate to correct school
    c. Select "Last Name" and type in student's last name
    d. Select "First Name" and type in student's first name
    e. Confirm Date of Birth
    f. Click on the student's name
    g. Navigate to the "Manage Subject" tab
        i. Review the images of page 1 and page 2 of the Informed Consent:
            1. Review that all information has been entered on the form.
            2. Review the medical history
            3. Review that the form has been signed and dated by the parent/guardian
            4. If the information is incomplete or not signed, inform the Clinic Manager

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NEW EXAM AND TREATMENT

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

1. Select "Start New Exam and Treatment"
    a. Tap on the new form, "Touch HERE to begin screen"
    b. Select visit type:
        i. Screening/Exam & Treatment
            1. Button and box will turn green
        ii. Click on Visit Date
            1. If the correct date appears, click enter
2. Patient Demographics
    a. Add or amend demographic details:
        i. Current grade
        ii. Race and ethnicity
        iii. Contraindication of care
        iv. Confirm: "Has there been any change in your general health since your last appointment?"
            1. Select "Yes" or "No"
        v. Confirm: "Are you allergic to any medications, foods, or latex?"
            1. Select "Yes" or "No"

vi. Enter all relevant details to the text box

b. Confirm and select “Oral Assent Obtained”
c. Once all demographic data has been completed and recorded select “Next” at the bottom right hand corner of the page

3. Screening/Exam Data
    a. Review and chart pathology
        i. Beginning from the upper right, the clinician will begin the exam by identifying which teeth are present
            1. To change a tooth from primary to permanent, touch the tooth letter on the screen and the permanent tooth number will appear
            2. To record missing teeth:
                a. Touch the tooth icon above the tooth number (upper dentition) or the tooth icon below the tooth number (lower dentition)
                    i. A box will appear for that tooth
                b. In the upper left corner of that box, check the box that says missing
                c. Select “Done”
                    i. That tooth will disappear from the chart
                d. Continue this process until all missing teeth are recorded
        ii. Recording surface-level diagnoses at the tooth level:
            1. To record the diagnosis for a tooth, touch the tooth to be diagnosed
                a. A box will appear for that tooth
            2. The clinician will identify whether the tooth has caries, arrested decay, sealant, filling, and/or crown present at the surface level (i.e. mesial, occlusal, distal, buccal, lingual)
                a. Indicate the presence of a sealant by selecting the occlusal (center) surface of the radial button under the title “Sealant”
                    i. The surface(s) will turn green
                    ii. Indicate if the sealant has buccal (mandibular) or lingual (maxillary) extensions by selecting the corresponding surface(s)
                b. Indicate the presence of a restoration/filling by selecting the corresponding surfaces of the radial button under the title “Dental Filling”
                    i. The surface(s) will turn blue
                    ii. Indicate the material of the restoration/filling:
                        1. ITR
                        2. Restoration
                    iii. When “Crown” is selected, the entire tooth with turn blue

c. Indicate the presence of active caries (decay) by selecting the corresponding surfaces of the radial button under the title “Caries”
    i. The surface(s) will turn red
d. Indicate the presence of arrested decay by selecting the corresponding surfaces of the checkboxes under the title “Arrest”

iii. Check teeth for urgent/emergent needs at the tooth-level:
1. Indicate the presence of pulpal exposure, fistula (abscess), swelling, or pain by selecting the corresponding pathology checkboxes
2. Upon exit to the Screening/Exam Data page, a red dot will appear at the root of that tooth indicating need for urgent referral to a dentist

iv. Select “Done” to close out of that tooth

v. The clinician will move to next tooth and this process will continue until all teeth have been diagnosed and recorded

b. Once all screening/exam data has been completed and recorded select “Next” at the bottom right hand corner of the page

4. Treatment Data
a. Clinicians will treatment plan teeth designated to receive treatment according to either “simple” or “complex” protocols determined by the preventive care assignment for the students attending a given school
    i. Silver diamine fluoride (simple prevention)
        1. Posterior teeth lacking pathology will be prompted to receive silver diamine fluoride
            a. To record SDF, select the grey circle with the blue outline below (upper dentition) or above (lower dentition) teeth designated to receive treatment
                i. The circle will turn dark blue indicating that SDF will be applied to that tooth

    ii. Pit and fissure sealants and interim therapeutic restorations (complex prevention)
        1. Sealants
            a. Sound posterior teeth will be prompted to receive sealants
                i. The occlusal (center) surface of the radial button will be highlighted in pale green for eligible teeth to prompt sealant placement
                ii. The clinician will confirm:
                    1. The identity of the individual teeth that will receive sealants
                    2. The total number of teeth to be sealed
            b. To record sealants, select the “Place Sealant” radial button
                i. The button will be highlighted in dark green

c. Select the surfaces of the teeth that will receive sealants
    i. The occlusal (center) surface of the radial button will change from pale to dark green indicating that a sealant will be applied to that that tooth
2. Interim Therapeutic Restoration
    a. Carious anterior and posterior teeth lacking associated pathology will be prompted to receive interim therapeutic restorations at the surface-level
        i. Carious surfaces of the radial button will be highlighted in pale red for eligible surfaces to prompt ITR placement
        ii. The clinician will confirm:
            1. The identity of the individual teeth and surfaces that will receive ITR
            2. The total number of teeth to receive ITR
    b. To record ITR, select the "Place ITR" radial button
        i. The button will be highlighted in dark blue
    c. Select the surfaces of the teeth that will receive ITR
        i. The carious surfaces of the radial button will change from pale red to dark blue indicating that an ITR will be applied to that that surface

b. Once all treatment has been completed and recorded select "Next" at the bottom right hand corner of the page

5. Visit Summary:
    a. On the last page, select:
        i. Oral Health Instruction
        ii. Toothbrush/Toothpaste
        iii. Toothbrush Cleaning
        iv. Soft Tissue Exam
        v. Fluoride Varnish
        vi. Glass ionomer
            1. As appropriate, following complex treatment
    b. Additional Visit Notes:
        i. Clinical notes for description of specific conditions may be added to this section by the Dentist, RN or RDH
            1. These notes should be short and to the point
            2. Additionally, this area may be used to record any unanticipated problems that may have occurred during the program visit for that student
            3. To add additional notes, click in the "Additional Notes" box
                a. A box and typing letter will appear
                b. Type in your notes and then hit return
                    i. The notes will appear in the Additional Visit Notes box

    c. Select the name of the Examiner/Screener and sign and date the record
    d. Select “Create Take Home Form”
6. Take-Home Form
    a. Review for accuracy and select “Submit”
    b. A “Submit Form” pop-up window will appear asking you if you would like to submit the form
        i. Select “Submit”
    c. A Printer options pop-up box will appear
        i. Indicate how many Take Home Forms you would like to print by selecting the + sign to increase the number
        ii. Select the name of your printer
        iii. Select “Print”
7. Closing out of student record:
    a. Once your take home form(s) have been printed, you can close out of the student’s record
        i. In the upper left-hand corner of the screen, click on “Close”
8. Select “Subject List” and move on to your next student. Repeat the above process.
9. At the completion of the school visit, select “Logout” in the lower left corner to close out of the program

DOCUMENTING PARTIAL TREATMENT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team staff, Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Proper documentation and submission of the NE Dental Form following refusal of or partial treatment by a patient.

Measurement: Quantity of in-progress records (Report 12 queries) following completion of care at a given school, per clinician, per semester.

1. Initiate “New Exam and Treatment”
    a. See corresponding SOP (NEW EXAM AND TREATMENT)
2. Ensure that Treatment Plan page reflects treatment successfully executed and NOT the care intended for the patient at the initiation of the current visit
    a. Example: tooth-, arch-, or half-mouth-specific care rendered
3. Ensure that the Visit Summary page accurately reflects what was accomplished:
    a. Oral hygiene instruction
    b. Toothbrush prophylaxis
    c. Fluoride varnish
    d. Partial treatment (tooth-, arch-, or half-mouth-specific care rendered)

4. Amend the "Visit Notes" and "Additional Notes" sections of the electronic health record with behavior management strategies implemented and behavioral reflections
    e. See corresponding SOP (BEHAVIOR MANAGEMENT)
5. Select the name of the Examiner/Screener and sign and date the record
6. Select "Create Take Home Form"
    a. A "Submit Form" pop-up window will appear asking you if you would like to submit the form
        i. Review for accuracy and select "Submit"
        ii. Do not leave form "in progress" due to provision of partial treatment
    b. A "Printer Options" pop-up box will appear
        i. Indicate how many take-home forms you would like to print by selecting the + sign to increase the number
        ii. Select the name of your printer
        iii. Select "Print"
        iv. Print (2) Take Home Forms:
            1. (1) for send home in patient's goodie bag
            2. (1) for provision to the Clinical Team Manager
                a. Clinical Team Manager will maintain a copy of the take-home form under the "In Progress" tab of the informed consent form binder and will recall the patient to complete their treatment plan according to protocol, as appropriate
7. Inform the Clinic Manager that the patient received only partial treatment and make suggestions for their return, as appropriate

DOCUMENTING TREATMENT REFUSAL

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team staff, Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Proper documentation and submission of the NE Dental Form following refusal of treatment by a patient.

Measurement: Quantity of in-progress records (Report 12 queries) following completion of care at a given school, per clinician, per semester.

If Patient Refused Visit:

1. Select "Start New Exam and Treatment"
    f. Tap on the new form, "Touch HERE to begin screen"
2. Select "Patient Refused Visit"
    g. Visit type will default to Screening/Exam ONLY

3. Select “Next”
    c. You will be taken to the Visit Summary page of the electronic health record
4. Ensure that the Visit Summary accurately reflects what was accomplished:
    h. Oral hygiene instruction
    i. Toothbrush prophylaxis
    j. Fluoride varnish
    k. None of the above
5. Amend the “Visit Notes” and “Additional Notes” sections of the electronic health record with behavior management strategies implemented and behavioral reflections
    l. See corresponding SOP (BEHAVIOR MANAGEMENT)
6. Select the name of the Examiner/Screener and sign and date the record
7. Select “Create Take Home Form”
    d. A “Submit Form” pop-up window will appear asking you if you would like to submit the form
        i. Review for accuracy and select “Submit”
        ii. Do not leave form “in progress” due to patient refusal of care or provision of only partial treatment
    e. A “Printer Options” pop-up box will appear
        i. Indicate how many take-home forms you would like to print by selecting the + sign to increase the number
        ii. Select the name of your printer
        iii. Select “Print”
        iv. Print (2) Take Home Forms:
            1. (1) for send home in patient’s goodie bag
            2. (1) for provision to the Clinical Team Manager
                a. Clinical Team Manager will maintain a copy of the Take Home Form under the “In Progress” tab of the informed consent form binder and will recall the patient as appropriate
            1. Inform the Clinic Manager that the patient refused treatment and make suggestions for their return, as appropriate

AMENDMENTS TO A PATIENT’S ELECTRONIC HEALTH RECORD

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: New patient electronic health records are set up accurately and promptly.

Measurement: Review of electronic health records.

To amend an electronic health record:

1. Select the appropriate record organized by date and listed under the "Manage Subject" tab
2. Select "Unlock" to make amendments
    a. Note: electronic health records for individual visits should not be amended after 24 hours
3. Amend or make edits to the patient visit, as appropriate
4. On the Visit Summary page, select "Create Take Home Form"
5. Review for accuracy and select "Submit"
6. A "Submit Form" pop-up window will appear asking you if you would like to submit the form
    a. Select "Submit"
7. A Printer options pop-up box will appear
    a. To print:
        i. Indicate how many Take Home Forms you would like to print by selecting the + sign to increase the number
        ii. Select the name of your printer
        iii. Select "Print"
    b. To exit:
        i. Select "Cancel" and "Close"
8. Add relevant notes pertaining to the amendment of the record in "Notes" under the "Manage Subject" tab

WITHDRAWING FORMERLY ENROLLED PATIENTS

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: All valid consents for active patients are highlighted on the ATS Cross-Reference list and class roster.

Measurement: Daily reports authored by Clinic Managers accurately reflect paper-based informed consent form quantity and quality. Internal audits of paper-based and digital informed consent forms and electronic health records produce findings consistent with standards outlined by relevant Standard Operating Procedures. Ability of Supervising Pediatric Dentist, relevant stakeholders, and auditors to accurately and efficiently ascertain patient enrollment status.

1. Paper-based informed consent forms for withdrawn patients should be transferred to the relevant section of the binder

    a. See corresponding SOP (BINDER PREPARATION AND ORGANIZATION)
2. On the iPad, navigate to Subject List:
    a. Access the Manage Subject section of the electronic health record for each withdrawn patient
    b. Amend enrollment status as follows:
        i. Consent withdrawn by parent, guardian or Principal Investigator
            1. Parent/Guardian
                a. Email (date and reason for withdrawal, if provided)
                b. Letter (date and reason for withdrawal, if provided)
                c. Telephone call (date and reason for withdrawal, if provided)
            2. Principal Investigator (date and reason for withdrawal, if provided)
            3. Aged out
                a. Former 5th graders, for K-5 schools
                b. Former 8th graders, for K-8 schools
            4. No longer enrolled in school
3. Maintain all associated documents and/or records of correspondence
    a. See corresponding SOP (PARENT COMMUNICATION LOG)

CLINICAL COMMUNICATION & CORRESPONDENCE

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Delivery of high quality preventive dental services to our patients in a manner which they perceive as emotionally positive and physically comfortable.

Measurement: Patient response and feedback.

1. Communication Skills
    a. Patient Rapport/Listening Skills
        i. Staff relate well to the patient and demonstrate a high degree of sensitivity to their emotional and physical dental concerns so that they feel comfortable and confident
        ii. Staff ask for and listen to patient feedback
    b. Oral communication skills

        i. Staff provide each patient with an age-appropriate, thorough and clear explanation of preventive dental services to be performed in a non-threatening and non-judgmental manner
2. Team interaction
    a. Staff members are treated as valued peers
    b. Staff ask for and listens to feedback from the Supervising Pediatric Dentist, Clinic Manager(s) and other teammates
3. Clinical Technique
    a. Preventive dental services are provided in a manner which meets treatment goals while keeping patient comfort as the utmost concern
    b. Patients are encouraged to give feedback while receiving treatment

SPECIAL WORDS AND PHRASES FOR KIDS

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Enhanced patient comfort and decreased apprehension. Consistent age-appropriate communication.

Measurement: Feedback from the patient and parent. Observation of the patient's behavior prior to, during, and post treatment.

Instead of…	Try…
Mouth mirror	Special tooth mirror (let them look at their nose)
Explorer	Tooth counter; tooth tickler (ask the patient to count their/your fingers)
Gauze	Scritchy-scratchy towel (rub on the patient's forehead)
Cotton rolls	Tooth pillows
Cotton tip applicator	Paintbrush
Microbrush	Paintbrush
Cavity conditioner	Blue juice/Gatorade
Glass ionomer	Silly putty/playdough
Sealant	Nail polish for your teeth ("turn your teeth from lumpy-bumpy to smooth, like an ice-skating rink!")
SDF	Sour vitamins for your teeth ("tastes like Sour Patch Kids")
Fluoride varnish	Vitamins for your teeth, paintbrush (tickle patient's nose)

COMMUNICATING WITH THE SPECIAL NEEDS PATIENT

Effective date: 08/01/2020

Supersedes: 08/01/2019
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Successful and efficient communication with deaf or hearing-impaired patients. Patients feel comfortable and confident that their special needs will not hinder their dental care. All staff demonstrates patience and understanding towards others with special needs.

Measurement: Feedback from the patient, Supervising Pediatric Dentist, and staff. Observation of the patient's response and behavior.

Children with special health care needs are a particularly high-risk group for development of dental caries. Additional risk may be attributed to:

1. Decreased ability to take food or fluids orally
    a. Children with a G-tube often do not have normal oral clearance found in children fed by mouth
    b. Oral aversion
    c. Children with autism and sensory integration concerns may have difficulty with foods of certain textures or smells, as well as aversion to oral hygiene
2. Functional limitations in self-care
    a. Reliance on others for oral care requires all caregivers to understand the importance of proper oral hygiene
3. Craniofacial anomalies
    a. Anatomic abnormalities such as cleft lip or palate may interfere with feeding, hygiene, and tooth development
4. Chronic dental erosions
    a. Children with special health care needs have higher rates of esophageal reflux and may display maladaptive behaviors of bruxism (teeth clenching and grinding) or biting non-food items that contribute to dental erosions
5. Chronic medication usage
    a. Medications created for children are often high in sugar to make them more palatable
    b. Medications may also cause xerostomia (dry mouth) and increase gingivitis risk
6. Behavior Management
    a. Routine habits, such as brushing, and flossing may be more difficult in children with special needs and more intensive anticipatory guidance may be needed at well child visits
    b. Developmental limitations and cooperation may require dental care to be provided by the Supervising Pediatric Dentist
    c. Patients accompanied by interpreters or health aides may edit your client's statements or use shortcuts when conveying your instructions or questions
        i. By law, professional interpreters are required to translate everything that is said during a conversation

ii. Make the following documentation about the interpreter in the patient's electronic health record:
    1. Interpreter present
    2. Date
    3. Time
iii. This provides additional assurance that all parties' rights are protected

GREETING AND SEATING PATIENTS: GUIDELINES

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Patients are always warmly and professionally greeted and seated promptly according to the Clinic Manager schedule. Provide new patients with a positive first experience by surpassing their every expectation. Patients feel comfortable and confident during their visit and procedure.

Measurement: Patient response to exam and willingness to accept and schedule treatment. Feedback from the patient, Clinic Manager and Supervising Pediatric Dentist.

1. Once staff have been notified that the patient has arrived, review the informed consent form for appropriate signatures, grade, name pronunciation, and how the patient chooses to be addressed
    a. Always address the patient by their preferred name
2. Professionally and warmly greet the patient
3. Introduce yourself to the patient by name and position
    a. Make eye contact and always smile
4. Confirm patient date of birth
5. Escort the patient to the dental care station
    a. State the general purpose of this visit to the patient
    b. Review the medical history
6. Create or update the patient's electronic health record
    a. See corresponding SOP (ACESSSING A PATIENT'S ELECTRONIC HEALTH RECORD)
    b. Make additions or amendments to the patient's medical history
        i. Navigate to the "Manage Subject" section of the electronic health record to make direct changes to the patient record
        ii. Indicate "yes" to change in medical history question on the "New Exam and Treatment" form, if applicable
        iii. Determine implications of health additions or changes to the systemic health of the patient and to possible dental treatment

    c. Check the Manage Subject or Past Visit Notes section of the electronic health record for personal information about the patient that you may use to start a conversation
        i. This helps put the patient at ease
7. Ask the patient how long it has been since their last dental cleaning and if they've experienced any problems with previous treatment
    a. If the patient brings a problem to your attention, ask questions:
        i. Is it sensitive to hot, cold, and/or pressure?
        ii. Does it wake you up at night?
        iii. How long has it bothered you?
        iv. Are you taking any medication for it?
    b. See corresponding SOP, as appropriate: (DIRECT REFERRALS)
8. Ask the patient and document answers to the following questions:
    a. When did you last see a dentist?
    b. Are any teeth or areas of your mouth sensitive?
    c. Do your gums bleed when you brush your teeth?
    d. How often do you floss?
9. Restate their expectations, as you understand them. Clarify any misunderstandings, explain the planned treatment further, and answer all of their questions
10. Put on the appropriate personal protective equipment
11. Provide the student with protective eyewear to place over their eyes
12. Recline the patient's chair to the optimum ergonomic position and/or secure the lap board comfortably against the patient's chair and provider's lap
13. Inform the assistant that the patient is ready for their dental screening and ask them to prepare the odontogram for data entry
    a. As the clinician examines the patient, the assistant should make the appropriate documentation in the electronic health record, as recited

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BEHAVIOR MANAGEMENT

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team staff, Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Successful and efficient communication with patients using effective behavior management. Patients feel comfortable and confident in their receipt of dental care. All staff demonstrate patience and understanding towards pre-cooperative patients in an effort to provide them with a positive health care experience. Effective implementation of tell-show-do, approximation, and other strategies to permit for a safe and positive patient-practitioner experience.

Measurement: Feedback from the patient, Supervising Pediatric Dentist, and staff. Observation of the patient's response and behavior.

1. Implement appropriate behavior management techniques to encourage patient participation:
    a. Tell-show-do
    b. Distraction
    c. Non-verbal communication
    d. Positive reinforcement
    e. Approximation
2. In the event that a patient is pre-cooperative or becomes uncooperative during the provision of care:
    a. Do not restrain or handle the patient
    b. Remove all dental materials from the patient's mouth
    c. Sit the patient upright
    d. Re-attempt appropriate behavior management or attempt a different strategy if ineffective
3. If the patient refuses to cooperate for treatment:
    a. Congratulate the patient for what they were able to accomplish (e.g. 'Thank you for sitting down and for letting me show you my toothbrush!')
    b. Explain that we will try to have the patient back another day and describe how that visit might be different (e.g. 'Tomorrow, we will call you down from class after nap time')
    c. Amend the electronic health record
        i. See corresponding SOPs (DOCUMENTING PARTIAL TREATMENT, DOCUMENTING TREATMENT REFUSAL)

PATIENT DISMISSAL: GUIDELINES

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Each patient is escorted to the reception area and politely and professionally informed that the patient is ready to return to class. Each patient is dismissed kindly and promptly.

Measurement: Feedback from the patient, Supervising Pediatric Dentist, and school staff.

1. At the end of each patient's visit:
    a. Review the patient's electronic health record for accuracy
        i. Make the appropriate documentation in the patient's electronic health record, visit summary. Select:

1. Toothbrush prophy
2. OHI
3. Glass Ionomer, as appropriate, for complex prevention (sealants, ITR)
4. Fluoride Varnish

ii. Amend patient's visit notes with comments on behavior and behavior management techniques implemented, findings from the dental screening not captured by the odontogram, and details concerning partial completion of preventive services treatment planned, where appropriate

iii. Sign and submit

b. Print and review parent take-home form for accuracy, ensuring all relevant procedures performed are displayed
   i. Amend with additional notes, as necessary
   ii. Affix Department of Health and Mental Hygiene referral form where appropriate, if not automatically printed on opposite side of parent take-home form, and place inside goodie bag with toothbrush, toothpaste, fluoride varnish post-op instructions, and tooth brushing timer
   iii. Instruct the patient to give the form to their parent or guardian
c. Inform the patient you will accompany them to the reception area where the Clinic Manager will assist them. Clearly indicate:
   i. If the patient has received all relevant materials and is ready to return to class
   ii. If the patient needs to return, and for what purpose
   iii. When addressing another staff member, always refer to the patient properly, by their name
d. Always escort the patient to the reception area
   i. Never let them walk out of the Clinical Treatment Area alone—extra TLC is a key element to our service
   ii. If the patient is interested, offer him/her a sticker
   iii. Always tell the patient good-bye and restate when you will see or talk to them next
      1. For instance: "Thanks for being a great patient. It has been nice seeing you and I look forward to your visit in May."

CLINICAL CARE

OVERVIEW OF PREVENTIVE DENTAL CARE SERVICES

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team staff
Issuing Authority: n/a

Desired Outcome: Thorough evaluation of the patient's oral health needs and the complete provision of preventive care services in a manner that maximizes treatment outcome while maintaining patient comfort. The restoration of the patient's oral tissues to the best state of health possible for the individual and the education of the patient to maintain or improve upon this state in the future.

Measurement: Feedback from the patient. Review of the patient's chart. Oral examination post-treatment.

1. Introduce patients to preventive dental care services and procedures
    a. See corresponding SOP (GREETING AND SEATING PATIENTS: GUIDELINES)
2. Evaluate the patient's dental hygiene treatment needs:
    a. New patient
        i. Explain to the patient that you will be doing a visual and tactile examination of the mouth to determine what dental treatment is needed and how it can best be provided
    b. Routine recall patient
        i. Discuss oral health and hygiene practice changes since the last appointment and advise the patient of any additional treatment needs or considerations
3. Provide preventive care services:
    a. Observation of non-oral injury, bruise, break, or burn
4. Perform intra/extraoral exam:
    a. Observe these features:
        i. Face and neck
            1. Palpate neck for adenopathy, TMJ for mobility and floor of mouth for masses
            2. Inspect the face and neck for symmetry and skin lesions
        ii. Tongue
        iii. Palate and posterior pharynx
        iv. Perform visual-tactile dental
            1. See corresponding SOP (SURFACE-LEVEL DIAGNOSIS OF TEETH)
            2. Examine the patient's mouth and confirm treatment plan
        v. Lift the lip
            1. Look at all the teeth-front, back, and sides
            2. Note plaque, white spots, cavities, abscesses, developing malocclusions and damaged teeth
            3. Examine the soft tissues- including the tongue, lips, gums and cheeks
            4. Occlusal assessment, including identification of needed referral
                a. Class I/II/III
                b. Crossbite
                c. Overjet

    d. Overbite
    e. Crowding
5. Explain your findings and diagnosis to the patient and obtain verbal assent for the provision of preventive care services, making sure that the patient understands the treatment plan
6. Perform a complete and thorough toothbrush prophylaxis for the removal of all plaque and food from occlusal surfaces of the posterior teeth and any carious surfaces (refer to Bacteria Control Techniques)
7. Provide patient education
    a. See corresponding SOP (ORAL HYGIENE INSTRUCTION (GUIDED TOOTHBRUSHING))
8. Explain the procedures, equipment, and tools as procedure progresses
9. Monitor and maintain the patient's physical comfort through observation and direct inquiry
    a. Maintain optimum saliva/isolation control with 2x2 gauze, digital pressure, cotton rolls, and a water rinse, as appropriate
    b. Show consideration for the patient's TMJ comfort
        i. Allow them to take breaks to close their mouth, stretch, etc.
10. Monitor and maintain the patient's emotional comfort through observation and direct inquiry
    a. Offer open acceptance of the patient's questions and concerns
    b. Avoid disturbance of the patient from visual negatives such as blood
11. Advise the patient and point out any problems that will need additional treatment
    a. Evaluate the preventive care services provided, the resulting condition of oral tissues, the patient's response to the treatment, and the patient's plaque control skills
    b. Necessary urgent care/emergency services should be noted on the chart and discussed with the patient, if appropriate
12. Document in the electronic health record:
    a. A complete description of the patient's oral tissues
    b. The preventive services you provided
    c. The patient's response to treatment
    d. The patient's concerns
    e. Important and/or interesting personal information about the patient
    f. Any patient education given including what plaque control aids were demonstrated and given to the patient
    g. Date and sign all of the above
13. Print two copies of the parent take-home/referral form pending the identification of emergent/urgent need:
    a. (1) copy for the patient that is deposited in their goodie bag, and
    b. (1) copy for maintenance by the Clinic Manager
14. Complete patient dismissal
    a. See corresponding SOP (PATIENT DISMISSAL: GUIDELINES)
    b. Make sure the patient has the opportunity to ask final questions

c. Verify the patient's expectations regarding future treatment
d. Give the patient plaque control aids and literature, as available

SURFACE-LEVEL DIAGNOSIS OF TEETH

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Supervising Pediatric Dentist, Principal Investigator(s)
Issuing Authority: n/a

Background: The diagnostic and assessment procedures performed are consistent with the diagnosis of caries adapted from the International Caries and Diagnosis Assessment System (ICDAS): https://iccms-web.com/content/resources/iccms-icdas-publications

A visual-tactile examination using a disposable mirror, disposable explorer, and head lamp is performed in a portable dental chair or while using a lapboard. Teeth are assessed as being present or missing intraorally. Individual tooth surfaces are assessed as being intact/sound, sealed, restored, decayed, or arrested [caries].

Guidelines Of ICDAS-Adapted Criteria in Epidemiology and Clinical Research Setting:

1. Frontal lights must function at the optimal level
2. Tactile reference with an explorer is achieved by moving the plastic tine of the periodontal probe gently across a tooth surface to confirm the presence of a cavity
    a. A dentin cavity is detected if the tine enters the opening of the cavity and the base is in dentin
        i. Note: deep pulpal dentin should not be probed
    b. In case of doubt the examiner should score low
3. Code: Intact
    a. Sound tooth surface:
        i. No evidence of caries
        ii. Staining: Multiple stained fissures, consistent with non-carious habits (e.g. frequent tea drinking)
        iii. Surfaces with developmental defects such as enamel hypoplasia; fluorosis; tooth wear (attrition, abrasion and erosion), and extrinsic or intrinsic stains
    b. First visual change in enamel:
        i. A carious opacity or discoloration (white or brown lesion)
    c. Distinct visual change in enamel:
        i. Carious opacity (white spot lesion) and/or brown carious discoloration which is wider than the natural fissure/fossa that is not consistent with the clinical appearance of sound enamel
    d. Localized enamel breakdown due to caries with no visible dentin:
        i. Distinct loss of enamel surface integrity

ii. Carious loss of tooth structure at the entrance to, or within, the pit or fissure/fossa
    1. Evidence of demineralization (opaque (white), brown or dark brown walls) at the entrance to or within the fissure or pit
    2. Pit or fissure may appear substantially and unnaturally wider than normal
    3. Base and walls of the cavity are within enamel and dentin is NOT visible

e. Underlying dark shadow from dentin with or without localized enamel breakdown:
    i. Darkened area is an intrinsic shadow which may appear as grey, blue or brown in color

f. A surface partially sealed:
    i. One or more occlusal pits, fissures, or fossas without visible sealant

4. Code: Decay
    a. Distinct cavity with visible dentin:
        i. Cavitation in opaque or discolored enamel exposing the dentin beneath
            1. Visual evidence of loss of tooth structure (frank cavitation)
            2. Visual evidence of demineralization (opaque (white), brown or dark brown walls) at the entrance to or within the pit or fissure and dentin is exposed
            3. Obvious loss of tooth structure and dentin is clearly visible on the walls and at the base of the cavity
            4. Marginal ridge may or may not be present
        ii. Distinct cavity adjacent to restoration/sealant with visible dentin in the interfacial space with signs of decay as described above
5. Code: Restoration
    a. Restoration margins adjacent to sound tooth surface(s)
        i. Temporary restorations
            1. Interim Therapeutic Restoration (ITR)
        ii. Tooth colored restoration
        iii. Amalgam restoration
        iv. Stainless steel crown
        v. Porcelain or gold PFM (porcelain fused to metal crown) crown or veneer or inlay or onlay or other restorative material
6. Code: Sealant
    a. Sealant margins adjacent to sound tooth surface(s)
        i. All occlusal pits, fissures, and fossas visibly sealed
        ii. Buccal (mandibular) and lingual (maxillary) extensions may or may not be present
7. Code: Inactive Lesion (Arrest)
    a. Surface of enamel is whitish, brownish or black
    b. Cavity may be shiny and feels hard and smooth when the tine of the periodontal probe is moved gently across the surface

    c. For smooth surfaces, the caries lesion is typically located at some distance from the gingival margin
8. Pathology:
    a. Pain
    b. Mobility
    c. Pulpal Involvement
    d. Fistula/Abscess
9. Further Considerations:
    a. Banded or bracketed teeth:
        i. All visible surfaces should be examined as well as possible and scored in the usual manner
        ii. When a surface is completely covered by a band or bracket and there is no evidence of caries the tooth status code is intact
    b. In the case of supernumerary teeth, the examiner should decide which tooth is the legitimate occupant of the space
        i. Only that tooth should be scored
    c. When both a primary and permanent tooth occupy the same space, the primary tooth is coded unless all five surfaces (mesial-occlusal-distal-buccal-lingual) of the permanent successor are erupted and visible
    d. Partially erupted permanent teeth are coded as “present” when visible
    e. Where more than one code exists on a surface the worst lesion should be scored:
        i. Example: Mesial-occlusal restoration and distal-occlusal caries observed
            1. Mesial Code: Restoration
            2. Occlusal Code: Decay
            3. Distal Code: Decay
            4. Buccal Code: Intact
            5. Lingual Code: Intact
    f. Whenever a single carious lesion extends past a line angle, both surfaces should be scored as carious
        i. A single lesion extending past a line angle to affect multiple surfaces is coded as active (decay) unless all surfaces appear black and feel hard and smooth, in which case all affected surfaces should be coded as arrest
    g. Restorations that have been lost are coded as decay
        i. If part of a restoration is lost on a surface, the surface should be coded as decay, even when not all the restoration is missing
    h. Missing teeth must be assessed according to dental age to distinguish:
        i. Tooth missing due to exfoliation
        ii. Unerupted tooth
        iii. Tooth missing due to extraction or dental anomalies
        iv. For example: a child missing a lower right central incisor…
            1. Is coded as missing tooth #P at dental age 6
            2. Is coded as missing tooth #25 at dental age 13

CLINICAL CONSULT

Effective date: 08/01/2019
Supersedes: 08/01/2020
Responsible officer: Clinical staff, Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Clinical staff elicit the assistance of the Supervising Pediatric Dentist as needed to implement behavior management or provide diagnostic guidance. Professional and effective communication by clinical staff.

Measurement: Feedback from the patient and Supervising Pediatric Dentist. Review of the patient's chart.

1. in the event of unique oral presentations that require diagnostic guidance:
    a. Take intra-oral photos, as appropriate, for upload to Google Drive
        i. Navigate to:
            1. Google Drive/Shared with Me/NYUCD CariedAway Clinical Teams/Intra-oral Photos/Please Review
        ii. Communicate review request to Clinical Team Manager(s) for inclusion in the Daily Report
            1. See corresponding SOP (GOOGLE FORMS DAILY REPORT)
2. If a patient requires clinical consult or behavior management by the Supervising Pediatric Dentist, and they are not available:
    a. Communicate the need for a clinical audit to Clinical Team Manager(s) for inclusion in the Daily Report
        i. See corresponding SOP (GOOGLE FORMS DAILY REPORT)
    b. Annotate the "Visit Summary, Additional Notes" section of the electronic health record with details of the clinical observation
        i. Document partial treatment
            1. See corresponding SOPs (DOCUMENTING PARTIAL TREATMENT, DOCUMENTING TREATMENT REFUSAL)
3. If a patient requires clinical consult or behavior management by the Supervising Pediatric Dentist, and they are present:
    a. Stop treatment
    b. Introduce the Supervising Pediatric Dentist to the patient
    c. While the Supervising Pediatric Dentist examines the patient, stand on the opposite side of the patient
        i. Present
            1. For example: "Jane is a 7-year-old female in the 2nd grade. She has no reported medical conditions or allergies. On visual examination, Jane presents with no evidence or indication of dental decay. Jane has had a toothache the last three weeks and

points to a tooth in the upper left quadrant. It's sensitive to biting pressure but does not wake her up at night."

ii. Alert the Supervising Pediatric Dentist to any treatment on the treatment plan that is still pending
iii. Assist the Supervising Pediatric Dentist, as needed and requested
iv. Document any additional findings in the patient's chart

ORAL HYGIENE TECHNIQUES

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Patients learn techniques which enable them to maintain optimal bacterial control for oral health.

Measurement: Plaque levels, tissue tone, calculus deposits, bleeding points, and degree of inflammation.

1. All the patients are taught sulcular brushing (Bass technique) using a patient hand mirror
2. All the patients are taught proper flossing technique using a patient hand mirror
3. All the patients are provided with basic nutritional counseling

ORAL HYGIENE INSTRUCTION (GUIDED TOOTHBRUSHING)

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: The patient will gain needed oral hygiene instruction through effective verbal, visual, and tangible means. The patient will use the hand-held face mirror to visualize proper cleaning techniques and recognize areas of the mouth that require greater oral hygiene care and attention.

Measurement: Feedback from the patients and Supervising Pediatric Dentist. Observation of the patient's oral hygiene improvement. Review of the documentation in the chart.

1. When initial greetings and health history updates are completed, ask the patient if they have any areas of concern

    a. Make notations in their electronic health record accordingly
    b. Educate the patients on their concern(s) with verbal explanation, handouts and oral hygiene visual aids, and possibly using the two-minute video presentation available on each iPad by visiting: dental.nyu.edu/cariedaway
2. Explain the patient's oral condition, treatment, and equipment and tools used, pointing out problems to the patient with the handheld mirror, before, during and after the treatment
    a. Explain gingivitis and/or periodontal disease, its causes and results, treatment needed, and the patient's responsibilities to his/her future oral health
3. Demonstrate needed plaque control aids and make certain the patient understands their purpose and use
    a. Recommend home-use products for desensitization and plaque control, such as toothpaste, rinses, fluoride products, etc.
4. Evaluate and tactfully correct the patient's plaque control techniques
    a. Give the patient the parent take-home report and demonstrate the "mouth map" to them with problem areas marked and advice given
    b. Give the patient post-operative instructions for saline rinsing, desensitizing agents, etc.
5. Provide appropriate nutritional counseling
6. Document the education, instruction, and supplies given to the patient in their electronic health record by selecting the following on the "Visit Summary" page:
    a. OHI
    b. Toothbrush prophy
7. Amend the "Visit Summary, Additional Patient Notes" section with patient-specific findings

SILVER DIAMINE FLUORIDE

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Supervising Pediatric Dentist
Issuing Authority: n/a

Background: The Supervising Pediatric Dentist has committed standing orders for the application of silver diamine fluoride (SDF) to asymptomatic carious surfaces of primary molars and permanent premolars and molars, and the sound pits and fissures of all posterior teeth. Silver diamine fluoride (SDF) is a topical liquid medicament used to help prevent tooth cavities (or caries) from forming, growing, or spreading to other teeth and to relieve dentinal hypersensitivity. It contains silver and fluoride and is recommended for all asymptomatic carious lesions without contraindication.

Desired Outcome: Silver Diamine Fluoride (SDF) is properly placed for long-term effectiveness. Accurate and efficient dental care station preparation.

Measurement: Feedback from the patient and Supervising Pediatric Dentist. Oral examination after SDF application. The number of times the assistant must leave the dental care station to obtain supplies or instruments.

Station Preparation

The following instruments and supplies are necessary for this procedure:

1. Basic simple treatment set-up
2. Elevate Oral Care Advantage Silver Diamine Fluoride 38%

Procedure

1. Dispense 1-2 drops of Elevate Oral Care Advantage Arrest Silver Diamine Fluoride 38% from an 8 mL plastic bottle into a disposable mixing well
2. Replace cap immediately after use
3. Implement appropriate isolation techniques including:
    a. Isolation of the tongue, gums, and cheeks from direct contact with carious surfaces, pits and fissures of posterior teeth
    b. Place two cotton rolls on any of the lower posterior teeth—one by the buccal surface and one by the lingual surface of the teeth
4. Maintain a dry area and remove any debris or plaque in the grooves of the teeth with the toothbrush
5. Minimize product contact with gingiva and mucous membrane by using recommended amounts and careful application
6. After cleaning and drying affected tooth surfaces, use a microbrush to transfer the solution to all pits and fissures on bicuspids or molar teeth, and to all posterior, asymptomatic carious lesions for a minimum of 30 seconds
    a. Air dry for a minimum of 60 seconds
7. Wipe any excess material from teeth with a 2 x 2 gauze or cotton roll
8. Repeat as necessary for multiple teeth
9. Peel back the cover, dip in the brush, mix, and apply a unit dose of fluoride varnish to all teeth
    a. See corresponding SOP (FLUORIDE VARNISH)
10. Make the appropriate documentation in the patient's electronic health record, visit summary
    a. Select:
        i. Toothbrush prophy
        ii. OHI
        iii. Silver Diamine Fluoride
        iv. Fluoride Varnish
11. Amend patient's visit notes with comments on behavior and behavior management techniques implemented, findings from the dental screening not captured by the odontogram, and details concerning partial completion of preventive services treatment planned, where appropriate

12. Sign and submit
13. Print and review parent take-home form for accuracy, ensuring all relevant procedures performed are displayed
    a. Amend with additional notes, as necessary
    b. Instruct the patient to give the form to their parent or guardian
14. Escort the patient to the reception area and clearly indicate to the patient and the Clinic Manager that the patient is ready to return to class
15. Clean and prepare the patient dental care station for the next patient
    a. See corresponding SOP (STATION DISINFECTING BETWEEN PATIENTS)

SEALANTS

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist
Issuing Authority: n/a

Background: The Supervising Pediatric Dentist has committed standing orders for the application of pit and fissure sealants on sound primary molars and permanent premolars and molars. The material that is used is a glass ionomer that is digitally applied to the tooth and self-cures to harden.

The glass ionomer shows continuing fluoride release and the ability to take up further fluoride under favorable conditions. The presence of fluoride also helps to inhibit plaque formation. The adhesion between tooth structure and glass ionomer also results in almost complete prevention of the bacterial micro-leakage, protecting the tooth from decay.

Sealants are recommended on the occlusal (chewing) surfaces of the premolars and molars, where food tends to collect on the teeth, on the buccal groove of mandibular molars, and on the lingual groove of maxillary molars.

Desired Outcome: Pit and fissure sealants are properly placed for long-term effectiveness. Accurate and efficient dental care station preparation.

Measurement: Feedback from the patient and Supervising Pediatric Dentist. Oral examination after sealant placement. The number of times the assistant must leave the dental care station to obtain supplies or instruments.

Station Preparation
The following instruments and supplies are necessary for this procedure:

1. Basic complex treatment set-up
    a. GC Cavity Conditioner
    b. Plastic cup

c. Water
d. Fuji IX capsule(s)
e. GC Applier III
f. Capsule mixer

Procedure

1. Ensure the patient understands what a sealant is and why you have recommended the treatment
    a. If the patient does not understand after further explanation and does not provide assent, notify the Clinic Manager or Supervising Pediatric Dentist
2. Implement appropriate isolation techniques including:
    a. Isolation of the tongue, gums, and cheeks from direct contact with the pits and fissures of sound posterior teeth (primary molars and permanent premolars and molars)
        i. Place two cotton rolls on any of the lower posterior teeth—one by the buccal surface and one by the lingual surface of the teeth
    b. Maintain a dry area and remove any debris or plaque in the grooves of the teeth with the toothbrush
3. Apply GC Cavity Conditioner to pits and fissures for 10 seconds using a microbrush
4. Rinse thoroughly with water using a cotton applicator or cotton roll
5. Blot away excess water with a cotton tip applicator or cotton roll (surfaces should appear moist or glistening)
6. Before Fuji IX capsule activation, shake the capsule or tap its side on a hard surface to loosen the powder
7. To activate the capsule, push the plunger until it is flush with the main body and hold it down for 2 seconds
    a. Ensure the plunger is fully pressed to avoid the incorrect mixing ratio of powder and liquid
    b. The capsule should be activated just before mixing and used immediately
8. Immediately set into the capsule mixer and mix for 10 seconds at 4,000 RPM
9. Immediately remove the mixed capsule from the mixer and load it into the GC Capsule Applier
10. Cover the GC Capsule Applier with a plastic headrest cover
    a. Poke a small hole in the bottom corner of the headrest cover to just expose the tip
11. Make two clicks to prime the capsule then syringe
    a. The working time is 2 minutes from start of mixing at 73.4 degrees Fahrenheit
    b. Higher temperatures will shorten working time
12. Within 10 seconds after mixing, start to extrude the mixture directly onto the clinician's moistened index finger or thumb, according to preference
    a. Finger-Sweep Technique: Digitally apply to all pits and fissure ensuring that closed margins have been achieved
        i. Underfill to prevent high spots, extending material to buccal and lingual grooves

        ii. Roll and press over the occlusal surface using a wet cotton tip applicator to move glass ionomer material and seal margins
13. Remove isolation and request that the patient bite down gently into centric occlusion to eliminate occlusal interferences
    a. Make sure that the sealant remains intact and that there are no bubbles or ledges, using the explorer
14. Check the contact with floss and adjust accordingly
15. Repeat as necessary for multiple teeth
16. Peel back the cover, dip in the brush, mix, and apply a unit dose of fluoride varnish to all teeth
    a. See corresponding SOP (FLUORIDE VARNISH)
17. Make the appropriate documentation in the patient's electronic health record, visit summary. Select:
    a. Toothbrush prophy
    b. OHI
    c. Glass Ionomer
    d. Fluoride Varnish
18. Amend patient's visit notes with comments on behavior and behavior management techniques implemented, findings from the dental screening not captured by the odontogram, and details concerning partial completion of preventive services treatment planned, where appropriate
19. Sign and submit
20. Print and review parent take-home form for accuracy, ensuring all relevant procedures performed are displayed
    a. Amend with additional notes, as necessary
    b. Instruct the patient to give the form to their parent or guardian
21. Escort the patient to the reception area and clearly indicate to the patient and the Clinic Manager that the patient is ready to return to class
22. Clean and prepare the patient dental care station for the next patient
    a. See corresponding SOP (STATION DISINFECTING BETWEEN PATIENTS)

INTERIM THERAPEUTIC RESTORATION (ITR)

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Placement of quality ITR. Accurate placement and maximizing time efficiency of Clinical Staff.

Measurement: Feedback from Supervising Dentist and Clinical Staff.

Fuji IX Recommended Indications

1. Class I and II restorations in deciduous teeth
2. Non-load bearing Class I and Class II restorations in permanent teeth
3. Intermediate restorative
4. Class V and root surface restorations

Station Preparation

1. Basic complex treatment set up
    a. GC Cavity Conditioner
    b. Plastic cup
    c. Water
    d. Cotton tip application
    e. Fuji IX capsules
    f. GC Applier III
    g. Capsule mixer

Procedure

1. Ensure the patient understands what an interim therapeutic restoration is and why you have recommended the treatment
    a. If the patient does not understand after further explanation and does not provide assent, notify the Clinic Manager or Supervising Pediatric Dentist
2. Implement appropriate isolation techniques including:
    a. Isolation of the tongue, gums, and cheeks from direct contact with posterior teeth (primary molars and permanent premolars and molars)
        i. Place two cotton rolls on any of the lower posterior teeth—one by the buccal surface and one by the lingual surface of the teeth
    b. Maintain a dry area and remove any debris or plaque in the grooves of the teeth with the toothbrush
3. Apply GC Cavity Conditioner to carious surfaces for 10 seconds using a microbrush
4. Rinse thoroughly with water using a cotton applicator or cotton roll
5. Blot away excess water with a cotton tip applicator or cotton roll
    a. Surfaces should appear moist or glistening
6. Before Fuji IX capsule activation, shake the capsule or tap its side on a hard surface to loosen the powder
7. To activate the capsule, push the plunger until it is flush with the main body and hold it down for 2 seconds
    a. Ensure the plunger is fully pressed to avoid the incorrect mixing ratio of powder and liquid
    b. The capsule should be activated just before mixing and used immediately
8. Immediately set into the capsule mixer and mix for 10 seconds at 4,000 RPM
9. Immediately remove the mixed capsule from the mixer and load it into the GC Capsule Applier
10. Cover the GC Capsule Applier with a plastic headrest cover

    a. Poke a small hole in the bottom corner of the headrest cover to just expose the tip
11. Make two clicks to prime the capsule then syringe
    a. The working time is 2 minutes from start of mixing at 73.4 degrees Fahrenheit
    b. Higher temperatures will shorten working time
12. Within 10 seconds after mixing, start to extrude the mixture directly onto the clinician's moistened index finger or thumb, according to preference
    a. Finger-Sweep Technique: Digitally apply to all cavitated surfaces and form the preliminary contour, ensuring that the material is in direct contact with the walls of the lesion, and that closed margins have been achieved
        i. Underfill to prevent high spots, extending material to buccal and lingual grooves
        ii. Roll and press over the occlusal surface using a wet cotton tip applicator to move glass ionomer material and seal margins
13. Remove isolation and request that the patient bite down gently into centric occlusion to eliminate occlusal interferences
    a. Make sure that the sealant remains intact and that there are no bubbles or ledges, using the explorer
14. Check the contact with floss and adjust accordingly
    a. Adjust contacts
        i. Slowly pass floss through the contact point of class II ITRs until in contact with the gingiva
        ii. Pass floss underneath the contact point and toward the buccal surface to remove
15. Repeat as necessary for multiple teeth
16. Peel back the cover, dip in the brush, mix, and apply a unit dose of fluoride varnish to all teeth
    a. See corresponding SOP (FLUORIDE VARNISH)
17. Make the appropriate documentation in the patient's electronic health record, visit summary. Select:
    a. Toothbrush prophy
    b. OHI
    c. Glass Ionomer
    d. Fluoride Varnish
18. Amend patient's visit notes with comments on behavior and behavior management techniques implemented, findings from the dental screening not captured by the odontogram, and details concerning partial completion of preventive services treatment planned, where appropriate
19. Sign and submit
20. Print and review parent take-home form for accuracy, ensuring all relevant procedures performed are displayed
    a. Amend with additional notes, as necessary

21. Affix Department of Health and Mental Hygiene referral form, if not automatically printed on opposite side of parent take-home form, and place inside goodie bag with toothbrush, toothpaste, fluorodose post-op instructions, and tooth brushing timer
    a. Instruct the patient to give the form to their parent or guardian
22. Escort the patient to the reception area and clearly indicate to the patient and the Clinic Manager that the patient is ready to return to class
23. Clean and prepare the patient dental care station for the next patient
    a. See corresponding SOP (STATION DISINFECTING BETWEEN PATIENTS)

FUJI IX ACTIVATION MODIFICATIONS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Clinical team is prepared to make modifications for optimal Fuji activation and usage, when room temperature is higher than 73.4 F

Measurement: Feedback from clinical staff and Supervising Pediatric dentist. Observation of the number of Fuji capsule used per patient.

1. Upon activation, if:
    a. Fuji IX extrusion is too runny or powdery; and
    b. Room temperature is higher than 73.4 F
    c. Modifications may be needed for the activation of Fuji IX capsule
2. Before Fuji IX capsule activation, shake the capsule or tap its side on a hard surface to loosen the powder
3. To activate the capsule, push the plunger until it is flush with the main body and hold it down for 2 seconds
    a. Ensure the plunger is fully pressed to avoid the incorrect mixing ratio of powder and liquid
    b. The capsule should be activated just before mixing and used immediately
4. Immediately set into a mixer (or a capsule mixer) and mix for 8 seconds at 4,000 RPM
5. Proceed in accordance with the appropriate protocol(s)
    a. See corresponding SOPs (SEALANTS, INTERIM THERAPEUTIC RESTORATION (ITR),FUJI IX ACTIVATION MODIFICATIONS)

FLUORIDE VARNISH

Effective date: 08/01/2019
Supersedes: n/a

Responsible officer: Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: A unit dose of 5% sodium fluoride varnish (NaFV 22,600 ppm) is properly applied to all teeth for long-term effectiveness. Accurate and efficient dental care station preparation.

Measurement: Feedback from the patient and Supervising Pediatric Dentist. Oral examination after fluoride varnish application. The number of times the assistant must leave the dental care station to obtain supplies or instruments.

1. Following toothbrush cleaning and completion of either simple prevention (silver diamine fluoride) or complex prevention (sealants and/or interim therapeutic restoration), confirm absence of nut allergy
    a. Colgate Prevident Varnish
        i. .4 mL
        ii. For children with no recorded medical history of nut allergy
    b. Centrix FluoroDose
        i. .3 mL
        ii. For children with a recorded medical history that includes nut allergy
2. Mix the varnish in its well using the supplied brush applicator to guarantee a consistent level of fluoride in every application
3. Clean teeth and remove excess moisture from all areas to be treated using gauze and/or cotton rolls
4. Paint a thin film of varnish using sweeping horizontal brushstrokes across multiple teeth for full mouth application
5. Let the varnish dry for approximately 10 seconds and then instruct the patient to close their mouth
    a. Rinsing immediately after application is not recommended
6. Provide Post-application Instructions:
    a. To keep the varnish on the teeth for as long as possible;
        i. Allow for a 30-minute eating free time following care
        ii. The teeth should not be brushed until the next morning
        iii. The child should eat a soft, non-abrasive diet for the rest of the day

PROGRAM PROMOTION

COMMUNITY ENGAGEMENT OPPORTUNITIES

Effective date: 08/01/2020
Supersedes: n/a

Responsible officer: Supervising Pediatric Dentist, Clinical Team Manager(s), Community Engagement Administrator, Principal Investigator(s)
Issuing Authority: n/a

Desired Outcome: School communities are informed of opportunities for community engagement and recognize CariedAway's intentions to investment meaningfully and comprehensively in the oral health education of schoolchildren.

Measurement: Feedback from teachers and school staff. Quantity of communications demonstrating programmatic support and approval by schoolteachers and administrative staff (e-mail blasts, Class Dojo, school bulletin, etc.). Sharing and transmission of oral health education resources. School exposure to oral health education curriculum and associated enrollment opportunities.

1. Our team is happy to provide educational materials and activity guides for students, parents, teachers and staff
    a. The Community Engagement Administrator can assist schools in the submission of a written request for Oral Health Educational Materials and Publications from:
        i. Distribution Center
        New York State Department of Health
        21 Simmons Lane
        Menands, NY 12204
        Fax: (518) 465-0432 | Email: b0019w@health.state.ny.us
        ii. These materials, which range from oral health-themed coloring and activity books to brochures, posters, and pamphlets, have proven useful for helping schools get ready for CariedAway
    b. A dedicated clinical team of registered dental hygienists, registered nurses, and dental assistants are available to provide in-person, age-appropriate classroom presentations of the American Dental Association's *Smile Smarts!* dental health curriculum
    c. Parents, teachers, staff, and community members are invited to meet their school's clinical team, ask questions about our program, and engage in meaningful discussions of behaviors and skills associated with good oral health during:
        i. Tabling events hosted during student drop-off and pick-up
        ii. Student Pre-Registration and Registration
        iii. Kindergarten Orientation
        iv. PTA/PLC Monthly Meetings
        v. Back-to-School Night
        vi. Principal Café
        vii. Parent-Teacher Conferences
        viii. Health Fairs/Health Week
        ix. Community or Cultural Gatherings/Events

2. Program promotion is the most important contribution a school can make in connecting their students with the preventive dental services offered by CariedAway

ORAL HEALTH EDUCATION AND PROMOTION

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist, Clinical Team Manager(s), Community Engagement Administrator, Principal Investigator(s)
Issuing Authority: American Dental Association

Desired Outcome: CariedAway meets the intervention criteria for a SBHC-D based on need, feasibility, and local capacity, according to guidance published by the Bureau of Dental Health, New York State Department of Health. Dental health education is incorporated in the school curriculum through the development and implementation of specific age-appropriate activities to promote dental health. The curriculum covers basic information about oral health, including age-appropriate oral hygiene practices (brushing, flossing, dental visits), caries prevention, nutrition and dental health.

Measurement: Feedback from patients, parents, and school staff. Dental health education is provided in a group or classroom setting at least once per year; it is also provided to parents and teachers. The provision of comprehensive health education including (1) one-on-one patient education; (2) group/targeted education; (3) family and community oral health education; and (4) oral health education for school staff.

1. Dental health is incorporated into the school curriculum through the utilization of the American Dental Association's (ADA) Smile Starts Dental Health Curriculum for preschool through grade eight students offering flexible, modular lesson plans, support materials, hands-on classroom demonstrations, student activity sheets, and suggestions for future dental health activities
2. Lesson plans to promote oral health are presented during (dental health month, tooth brushing program) and are divided into the following age-appropriate modules:
    a. Shining Smiles! helps children ages 4 through 7 develop good dental health habits that can last a lifetime!
        i. This program from the American Dental Association:
            1. Helps children ages 4 through 7 understand the importance of their teeth
            2. Provides basic information, appropriate to their age and experience, about keeping teeth clean and healthy
            3. Introduces the dentist as a friendly doctor who helps them take care of their teeth
        ii. Modules:
            1. Module 1: Tiny Teeth Do Big Jobs

2. Module 2: Keeping Teeth Bright and Healthy
3. Module 3: A Visit to the Dentist

b. A Lifetime of Healthy Smiles! is an engaging classroom lesson in good dental health habits for 2nd and 3rd grade students
    i. This program from the American Dental Association:
        1. Encourages students to think about and discuss the importance of their teeth
        2. Provides information on good dental health appropriate to their age and experience
        3. Reinforces dentists' instructions on properly caring for teeth
    ii. Modules:
        1. Module 1: Teeth Are Terrific
        2. Module 2: Plaque Attack
        3. Module 3: You Have Power
c. Teeth to Treasure! Is a lively classroom lesson for 4th through 6th grade students showing how taking good care of our teeth is something each of us can do
    i. Teeth to Treasure! reinforces good dental hygiene habits and focuses on special activities and conditions that require extra "tooth attention"
    ii. This program from the American Dental Association:
        1. Helps instill in students a sense of competence and responsibility for keeping their teeth clean and healthy
        2. Provides information on good dental health and tooth protection appropriate to their age and lifestyle
        3. Reinforces dentists' instructions on properly caring for teeth
    iii. Modules:
        1. Module 1: Protect Your Prized Possession
        2. Module 2: Extra Protection for Terrific Teeth
d. Watch Your Mouth! is a dynamic and thought-provoking classroom lesson for 7th and 8th grade students
    i. Watch Your Mouth! shows how informed teens can make smart choices to protect their teeth and health
    ii. Watch Your Mouth! also reinforces good dental hygiene habits and focuses on special activities and conditions that require extra "tooth attention"
    iii. This program from the American Dental Association:
        1. Helps instill in students a sense of competence and responsibility for caring for their teeth and mouth
        2. Provides accurate and timely information on behaviors that can cause dental health problems, such as mouth piercing and tobacco use
        3. Reinforces dentists' instructions on properly caring for teeth
    iv. Modules:
        1. Module 1: Be Smart About Your Smile
        2. Module 2: Going the Extra Smile

PROGRAM PROMOTION MATERIALS, TRACKING, AND TRANSPORT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Community Engagement Administrator, Administrative Aide II
Issuing Authority: n/a

Desired Outcome: Clinical staff are adequately prepared for community engagement opportunities and program promotion events. Staff transport materials safely and securely.

Measurement: Maintenance of accurate program promotion material supply and inventory. Level of preparedness reported by clinical staff in the performance of community engagement activities.

1. The choice and quantity of materials and supplies required for community engagement events will be determined according to:
    a. Total school enrollment
    b. Estimated degree of visibility and traffic for program promotion
    c. The quantity of clinical staff members available to attend the event
    d. Event timing
        i. Note: Events that coincide with clinical staff clock-in (7:30 am) or clock-out (3:30 pm) may warrant the provision of an iPad and Mi-Fi in addition to materials specific to program promotion, pending availability
            1. See corresponding SOP (PROGRAM PROMOTION SET-UP)
2. Materials and supplies must be transported in a locked and secure vessel
    a. Maximum security, combination locking mobile chest
    b. Big Agnes suitcase or backpack with combination lock
1. Clinical Team Manager(s) report all materials removed/returned from the inventory to the Administrative Aide II and Community Engagement Administrator using the Google Forms Daily and/or Community Engagement Report
    a. See corresponding SOPs (GOOGLE FORMS DAILY REPORT, COMMUNITY ENGAGEMENT REPORT)

PROGRAM PROMOTION SET-UP

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist, Clinical Team Manager(s), Community Engagement Administrator
Issuing Authority: n/a

Desired Outcome: Accurate and efficient program promotion station preparation.

Measurement: Feedback from community stakeholders. The number of times clinical staff must leave the program promotion station to obtain additional supplies.

1. Physical materials designated for tabling activities may include:
    a. 2'x4' table as available and appropriate
    b. NYU Dentistry tablecloth
    c. Paper-based informed consent forms
        i. English
        ii. Spanish
    d. NYU Promotional materials
        i. Pens
        ii. Floss
        iii. Travel Toothbrushes
        iv. Chapstick
        v. Xylitol gum
        vi. Lunch bags
        vii. T-Shirt
            1. Small
            2. Medium
            3. Large
            4. X-Large
    e. Oral health educational materials and publications
        i. Dr. Rabbit
            1. Magazine
            2. CD
            3. Poster
            4. Large activity book
        ii. Healthy Teeth Pamphlet
            1. English
            2. Spanish
        iii. Tooth Defender Certificate
        iv. Practice Your Power
        v. Placulus Attacks!
        vi. Making a Mini Mouth and Toothbrush
        vii. Training for a Super Hero Smile
        viii. Making a Mini Mouth Pattern
        ix. Bright Smile Tooth Box
        x. Colgate
            1. Colgate Oral Health
            2. Colgate Gum Disease
            3. Colgate Sensitivity Relief

4. Colgate Toothbrushing
    a. English
    b. Spanish

xi. NYUCD Pediatrics Pamphlet
1. English
2. Spanish
3. Chinese

f. Additional materials
i. Big Agnes red backpacks
ii. Highlighters
iii. Pens
iv. Clip Boards
v. Spin wheel
vi. Example consent form sheets
vii. OHE Puppet
1. Green alligator
2. Dog
3. Blue dragon
4. Purple dinosaur
viii. 8x8 Rolling Tent

PRINTED PROGRAM INFORMATION

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist, Clinical Team Manager(s), Community Engagement Administrator, Principal Investigator(s)
Issuing Authority: n/a

Desired Outcome: Each new patient feels welcome and their parent or guardian feels confident in their choice in establishing oral health care with our program.

Measurement: Feedback from the new patient and parent or guardian.

An important part of developing a professional and caring relationship with a new patient is making them feel welcome and confident that they will receive the quality oral health care they are seeking and deserve.

We begin this process with welcoming the patient before they are seen

1. The parent or guardian of each potential new patient received a principal letter prior to their enrollment explaining the program and preventive services offered (English/Spanish)

2. The parent or guardian of each new patient received program information in the form of a Fact Summary Sheet affixed to a principal letter (English/Spanish)
    a. Fact Summary Sheets are available for all Community Engagement Events

KEY MESSAGES TO CONVEY

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Supervising Pediatric Dentist, Clinical Team Manager(s), Community Engagement Administrator, Principal Investigator(s)
Issuing Authority: n/a

Desired Outcome: Clinical staff are well-versed in communicating CariedAway's vision, mission, goals, approach, and protocols. School communities understand the program's intended impact.

Measurement: Clinical staff ability to accurately and efficiently describe and promote program activities. Clinical staff engage students, teachers, parents, and administrators in discussions of oral health to promote student enrollment with the Caried*Away* program.

1. Background:
    a. Dental caries (cavities, tooth decay) is a nation-wide epidemic, affecting up to 30% of children and 50% of minority and low-income children
    b. Children with untreated dental caries can also suffer from toothaches, poor school attendance and performance, and have reduced quality of life
2. Key Messages:
    a. "CariedAway, a program supported with federal funding and sponsored by the New York University College of Dentistry, is coming to your school!"
        i. Display scheduled date of visit
    b. "Our program provides dental care to children in as little as 10 minutes, eliminating almost 80% of cavities"
    c. "Parent don't leave work; children don't leave school"
    d. "No shots, no drilling, no pain"
3. Program details:
    a. Dental services provided include:
        i. An oral screening to check the teeth, gums, and mouth
        ii. Tooth cleaning with a toothbrush to remove plaque
        iii. Cavity prevention, either:
            1. Fluoride varnish on all teeth, sealants and temporary fillings to prevent and arrest cavities, or
            2. Fluoride varnish on all teeth and decay stopping fluoride (silver diamine fluoride) placed on the back teeth to prevent and arrest cavities

iv. Dental health education to teach children how to have a healthy mouth
v. A toothbrush, full tube of toothpaste, and toothbrushing timer
vi. A report to parents on their child's care
vii. Referral to a dentist for further care (if needed), and assistance in finding a local dentist (if needed)

b. The program will follow each child twice per academic year and over time (up to 5 years) to ensure that each child's oral health is improving
c. All children are eligible to participate in this program, regardless of:
    i. Immigration status
    ii. Insurance coverage
        1. There is no out-of-pocket expense
            a. See corresponding SOP (HANDLING PATIENT BILLING QUESTIONS)
d. The program is not meant to take the place of their current dentist
    i. If a family has a dentist, they can continue to see the dentist and still participate in this program
    ii. This program amplifies traditional office-based care
e. The program will help improve:
    i. Academic performance
        1. School attendance
        2. Performance on standardized tests
    ii. Quality of life

PROFESSIONAL DEVELOPMENT MEETING

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Supervising Pediatric Dentist, Clinical Team Manager(s), Community Engagement Administrator, Principal Investigator(s)
Issuing Authority: n/a

Desired Outcome: Schoolteachers and administrative staff are provided with reasonable expectations for the delivery and receipt of preventive services by CariedAway. Politely and clearly provide guidance to teachers and school administrative staff in the dissemination, promotion, collection, and screening for accuracy of informed consent forms. Answer teacher questions. Incite programmatic support and approval.

Measurement: Feedback from teachers and school staff. All teachers understand how to screen for the accurate completion of informed consent forms, and aid in the collection and compilation of forms prior to the provision of clinical care. Quantity of communications demonstrating programmatic support and approval by schoolteachers and administrative staff (e-mail blasts, Class Dojo, school bulletin, etc.). Compliance with requests for informed consent form distribution and collection, and reporting.

Prior to the meeting:

1. The Research Coordinator confirms the date of attendance for Professional Development Meetings
2. A Clinic Manager transports informed consent forms organized by grade and class in labeled manila envelopes for distribution to all students in grades pre-K through 8th grade, as appropriate
    a. See corresponding SOP (DELIVERY)
3. Upon arrival to the school, CariedAway staff check in with the security desk and provide identification and signature
    a. Request directions to the location of the Professional Development meeting

During the meeting:

1. Graciously thank school administrative staff and teachers for welcoming you
2. Provide a summary overview of CariedAway services
    a. See corresponding SOP (KEY MESSAGES TO CONVEY)
    b. Specify scheduled dates of visit
3. As appropriate, summarize opportunities for community engagement
    a. See appropriate SOP (COMMUNITY ENGAGEMENT OPPORTUNITIES)
4. Provide details concerning informed consent distribution
    a. Consent forms are organized by grade and classroom for ease of distribution
        i. Specifically:
            1. ATS Cross-Reference [class] lists are affixed to the front of each manila form
                a. Highlighted names indicate those students already enrolled in the program
                    i. Students already enrolled in the program should not be provided with new informed consent form
                    ii. Their original consent form is valid for 5 years or as long as the child is in enrolled in NYC schools
                    iii. Exception: If guardianship of the child has changed, a new informed consent form will need to be signed
    b. Instructions for appropriate completion are provided
        i. Specifically:
            1. A completed example form is affixed to the front of each manila form
                a. Highlights indicate the minimum requirements for form completion in order for it to be accepted for screening by a Clinical Team Manager for accuracy and completion
                    i. At a minimum, forms must have:
                        1. First name
                        2. Last name
                        3. Date of birth

4. OSIS number
5. Parental consent signature and date of signature
    a. Blue or black ink
6. HIPAA consent signature and date of signature
    a. Blue or black ink

c. Inform teachers that informed consent forms are available in 9 languages but that those distributed are in English and Spanish
    i. Individual requests for informed consents forms in other languages will be made available on request

5. Request that schoolteachers please distribute informed consent forms to students next-day, as possible
6. Encourage schoolteachers and administrators to implement enrollment incentivization appropriate for their community and circumstances
    a. Examples:
        i. Pizza party or extra recess for the classroom returning the greatest number of consents
        ii. Writing period for the teacher whose class returns the greatest number of consents
7. Encourage schoolteachers and administrators to send reminders to parents to complete and return informed consent forms
    a. Examples:
        i. Daily verbal reminders to students
        ii. Printed announcements
        iii. School Twitter/Instagram/Facebook/LinkedIn/Vimeo
        iv. School-wide or teacher/classroom specific e-mail listservs
        v. Class Dojo, Class 123, Schoolify, and other classroom management tools
    b. School administrators should encourage parents of eligible students to fill out an e-consent online at dental.nyu.edu/cariedaway
        i. Pending availability of an IRB-approved e-consent*
8. Returned consent forms should be collected by teachers from students on a daily basis starting one week after the original date of distribution
    a. All returned consent forms must be screened upon receipt for accuracy of completion as detailed above
        i. Incomplete consent forms should be immediately returned to the student
        ii. Students should be provided with guidance on how their parents should amend/complete the informed consent form
            1. Highlight missed items
            2. Encourage students to have their parents amend/complete the form for return the following day

    b. If still attached, Principal Recruitment Letters should be removed from complete informed consent forms and returned to students for their parents to keep on-file
9. Screened, completed consent forms should be collected from classroom teachers on a daily basis by the Dental Champion starting three weeks before the first scheduled date of clinical care
    a. Dental Champions should screen consent forms for accuracy of completion in an attempt to help provide missing demographic and contact information not submitted with the form
10. The Clinic Manager responsible for appropriate storage and maintenance of informed consent forms will collect all compiled forms prior to the first scheduled date of clinical care
    a. The Dental Champion should be alerted to the likelihood of continued return of informed consent forms leading up to and during the dates of clinical care, during Community Engagement activities, and before the first scheduled date of clinical care through the date of departure

Example script:

1. We always like to start the same way:
    a. "Who in here has had a cavity? Did you enjoy the experience?"
    b. "We all know that kids with cavities often experience pain and infection that prevents them from bringing their best selves to the classroom."
2. Express gratitude for allowing us to enter the school again
    a. "We are so excited to share that we saw X number of students last semester, representing Y% of your school's population. We know we cannot do this without your support, and so thank you for inviting us to return!"
3. "We hope to see a great improvement in your students' school performance as a product of receiving this care: we expect that the more kids that receive care, the more we'll see improvements to attendance, higher test scores, and enhanced self-esteem. That's why this semester, we need at least X new kids to hit our goal (or Y number of kids in a class of Z total)."
4. "To help accomplish that, we have hand-created consent forms for each of the students in your class that are not yet enrolled and given you a class list so you can track their consent return. Any child that is highlighted is already enrolled and does not need to fill out a new consent- it is good for 5 years!"
5. "Please hand these out starting tomorrow and encourage your students to give them to their parents for immediate return. We encourage you to reach out to your parents to let them know that these consent forms are on their way, in whatever way you find the greatest success getting messages home!"
6. "A member of our team will return to collect these consents on March 23rd. In the meantime, please check to make sure that they are complete and return them to the

student if they require more information. We need at least two signatures in blue or black ink."

7. "THANK YOU THANK YOU THANK YOU and we look forward to another successful semester bringing preventive dental care to your children!"

TABLING

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist, Clinical Team Manager(s), Community Engagement Administrator, Principal Investigator(s)
Issuing Authority: n/a

Desired Outcome: Politely and clearly provide guidance to parents and guardians concerning informed consent forms. Guide a parent/guardian in the completion of informed consent forms.

Measurement: Number of consent forms received, screened for accuracy of completion.

1. Program promotion station is established in accordance with available supplies and materials
    a. See corresponding SOP (PROGRAM PROMOTION SET-UP)
2. Graciously thank parents, guardians, and community stakeholders for welcoming you
3. Provide a summary overview of CariedAway services
    a. See corresponding SOP (KEY MESSAGES TO CONVEY)
    b. Specify scheduled dates of visit
4. As appropriate, summarize opportunities for community engagement
    a. See corresponding SOP (COMMUNITY ENGAGEMENT OPPORTUNITIES)
5. As appropriate, answer FAQs and billing questions
    a. See corresponding SOPs (FREQUENTLY ASKED QUESTIONS, HANDLING PATIENT BILLING QUESTIONS)
6. Provide instructions for the appropriate completion of informed consent forms
    a. A completed example form should be displayed at the station for ease-of-reference
    b. Specifically:
        i. Highlights indicate the minimum requirements for form completion in order for it to be accepted for screening by a Clinical Team Manager for accuracy and completion
            1. At a minimum, forms must have:
                a. First name
                b. Last name

c. Date of birth
d. OSIS number
e. Parental consent signature and date of signature
    i. Blue or black ink
f. HIPAA consent signature and date of signature
    i. Blue or black ink

ii. Incomplete consent forms completed during tabling events should be immediately returned to the parent
    1. Parents should be provided with guidance on how they should amend/complete the informed consent form
        a. Highlight missed items
iii. Parents of eligible students may fill out an e-consent online at dental.nyu.edu/cariedaway
    1. Pending availability of an IRB-approved e-consent*

c. Inform parents and/or guardians that informed consent forms are available in 9 languages and that forms in other languages are available upon request
d. Request that parents unable to complete the informed consent form during the tabling event please complete it for return with students to school next-day, as possible
e. If still attached, Principal Recruitment Letters should be removed from complete informed consent forms and returned to parents

7. The Clinic Manager responsible for appropriate storage and maintenance of informed consent forms will collect all compiled forms
    a. The Clinical Team Manager will screen all forms for accuracy of completion
        i. See corresponding SOP (SCREENING)
    b. Forms missing demographic and contact information not submitted with the form should be returned to the school's Dental Champion for completion
8. The Dental Champion should be alerted to the likelihood of continued return of informed consent forms leading up to and during the dates of clinical care, during Community Engagement activities, and before the first scheduled date of clinical care through the date of departure

FREQUENTLY ASKED QUESTIONS

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist, Clinical Team Manager(s), Community Engagement Administrator, Principal Investigator(s)
Issuing Authority: American Academy of Pediatric Dentistry

Desired Outcome: Politely and clearly answer the parent or guardian's oral health questions. Promptly follow-up on inquiries. All parents or guardians understand oral health services and the importance of preventive care.

Measurement: Feedback from patients, parents, and school staff.

1. Why is preventive dentistry important?
    a. Preventive dentistry means a healthy smile for all children
        i. Children with healthy mouths chew more easily and gain more nutrients from the foods they eat
        ii. They learn to speak more quickly and clearly
        iii. They have a better chance of general health, because disease in the mouth can endanger the rest of the body
        iv. A healthy mouth is more attractive, giving children confidence in their appearance
        v. Finally, preventive dentistry means less extensive and less expensive treatment for children
    b. Regular dental visits help children stay cavity-free
        i. Teeth cleanings remove debris that build up on the teeth, irritate the gums, and cause decay
        ii. Fluoride treatments renew the fluoride content in the enamel, strengthening teeth and preventing cavities
        iii. Hygiene instruction improves a child's brushing and flossing, leading to cleaner teeth and healthier gums
    c. School-based prevention is identical to office-based prevention
        i. For office-based prevention, children need to leave school
            1. Therefore, the U.S. Centers for Disease Control and Prevention recommends school prevention to arrest and prevent cavities, prevent toothaches, and reduce school absence
            2. We are offering preventive care in school so that children do not have to travel
        ii. Services provided at school cannot replace regular examination and treatment in a dental office
2. What happens during a CariedAway dental check-up?
    a. A registered dental hygienist or registered nurse will review each child's medical and dental history
    b. They will gently examine each child's teeth, oral tissues, and jaws
    c. The teeth will be cleaned with a toothbrush, followed by application of a topical fluoride solution
    d. Some children may receive sealants or temporary fillings for ideal dental health
    e. The dental hygienist will not just talk to each child about dental health, they will talk to each child with easily understandable words, pictures, and ideas
    f. Each child will be motivated to take responsibility for a healthy smile
    g. CariedAway provides the following oral health services:
        i. An oral screening to check the teeth, gums, and mouth
        ii. Tooth cleaning with a toothbrush to remove plaque
        iii. Cavity prevention, either:

1. Fluoride varnish on all teeth, sealants and temporary fillings to prevent and arrest cavities, or
2. Fluoride varnish on all teeth and decay stopping fluoride (silver diamine fluoride) placed on the back teeth to prevent and arrest cavities

iv. Dental health education to teach children how to have a healthy mouth
v. A toothbrush, a full tube of toothpaste, and a toothbrushing timer
vi. A report to parents on their child's care
vii. Referral to a dentist for further care (if needed), and assistance to you in finding a local dentist (if needed)
viii. The program will follow each child over time (up to 5 years), using secure electronic records, to ensure that each child's oral health is improving

3. What is fluoride?
    a. Fluoride is a compound that contains fluorine, a natural element
    b. Using small amounts of fluoride on a routine basis can help prevent tooth decay
    c. In areas where fluoride does not occur naturally, it may be added to community water supplies
    d. Research shows that community water fluoridation has lowered decay rates by over 50 percent, which means that fewer children grow up with cavities
    e. Fluoride can be found as an active ingredient in many dental products such as toothpaste, mouth rinses, gels and varnish
4. How does fluoride prevent cavities?
    a. Fluoride inhibits loss of minerals from tooth enamel and encourages remineralization (strengthening areas that are weakened and beginning to develop cavities)
    b. Fluoride also affects bacteria that cause cavities, discouraging acid attacks that break down the tooth
    c. Risk for decay is reduced even more when fluoride is combined with a healthy diet and good oral hygiene
5. What is a topical fluoride?
    a. Topical fluoride is a preventive agent applied to tooth enamel
    b. It comes in a number of different forms:
        i. Fluoride varnish is brushed or "painted" on the enamel
            1. Children who benefit most from fluoride are those at highest risk for decay
            2. Risk factors include a history of previous cavities, a diet high in sugar or carbohydrates, orthodontic appliances, and certain medical conditions such as dry mouth
        ii. Silver Diamine Fluoride (SDF) is a liquid that can be painlessly brushed or "painted" on a cavity on a child's tooth to stop decay
            1. SDF can help delay more extensive procedures such as drilling to fill a cavity

2. Keep in mind that SDF blackens the decayed part of the tooth, leaving it discolored, and that the cavity will need to be monitored periodically to ensure it has stopped growing
3. If a child's cavity is on a baby tooth that will eventually fall out, or if the tooth is in the back of the mouth that's hard to see, SDF might be a good option
4. CariedAway only paints SDF on teeth in the back of the mouth that are hard to see

6. Why would a dentist recommend silver diamine fluoride (SDF) for my child?
    a. SDF stops cavities from growing
    b. The treatment is quick, comfortable and affordable
    c. Because SDF keeps decay from getting worse, fixing the teeth can be put off until a child is older of has an easier time sitting through treatment
    d. Sometimes SDF is the only treatment needed if the cavities in the teeth are very small
7. What is silver diamine fluoride?
    a. SDF is a colorless or blue liquid made up of fluoride and silver ions
    b. It kills the bacteria that cause cavities
    c. In scientific terms, SDF acts as an antimicrobial agent that stops cavities from growing by making the tooth harder, and limiting the growth of bacteria that causes tooth decay
8. What is the treatment like?
    a. SDF is painted on a cavity with a small brush
    b. Treating a cavity takes about two minutes
    c. Best of all, the application does not hurt and requires no drilling or injection of anesthetic
    d. The treatment has a metallic taste
    e. It can sometimes cause mild irritation to the gums that will heal by itself in a couple of days
9. Is silver diamine fluoride safe?
    a. Very safe, according to the evidence-based clinical guidelines of the American Academy of Pediatric Dentistry
    b. SDF has been used in Japan for over 40 years and in Australia and China for over 10 years
    c. Most important, it can postpone or even prevent the need for sedation or general anesthesia, especially for very young patients
    d. You should not be treated with silver diamine fluoride if:
        i. You are allergic to silver
        ii. Cavities are so large that they involve the nerve of the tooth
        iii. There are open sores or ulcers in your child's mouth
10. Does it work to stop tooth decay?
    a. Yes. Based on clinical trials, SDF works to stop cavities from growing in 70 to 90 percent of treated teeth (or as many as nine out of 10 teeth)

    b. Teeth treated with SDF need to be checked by a dentist at least every six months to make sure the tooth decay has been stopped
11. Is it true SDF turns teeth black?
    a. Cavities treated with SDF turn black, the teeth do not
    b. This color change is permanent, lasting the life of the tooth
    c. If the cavities are on the back teeth, it is barely noticeable
    d. If SDF touches the lips or skin, perhaps when a patient moves too much during treatment, it will leave a dark stain for a few days
    e. As your child gets older and behavior and/or health improves, fillings or caps may be placed on the teeth by a dentist to cover the discoloration
12. Why treat cavities in baby teeth?
    a. Cavities on children's teeth can grow very fast and cause pain and infection
    b. The factors that started the cavities in the first place can cause decay in other teeth, and as cavities get larger, the nerve of the tooth can become infected and lead to serious infections in the body
    c. Baby teeth hold space for the proper placing of the permanent teeth
        i. If a baby tooth is lost too early, it may mean a crooked smile in the child's future
13. What are sealants?
    a. Sealants protect the grooved and pitted surfaces of the teeth, especially the chewing surfaces of back teeth where most cavities in children are found
    b. Made of clear or shaded plastic, sealants are applied to the teeth to help keep them cavity free
14. How do sealants work?
    a. Sealants work by filling in the crevices on the chewing surfaces of the teeth
    b. This shuts out food particles that could get caught in the teeth, causing cavities
    c. The application is fast and comfortable and can effectively protect teeth for many years
    d. Even if a child brushes and flosses carefully, it is difficult, sometimes impossible, to clean the tiny grooves and pits on certain teeth
    e. Food and bacteria build up in these crevices, placing a child in danger of tooth decay
    f. Sealants "seal out" food and plaque, thus reducing the risk of tooth decay
15. How long do sealants last?
    a. Research shows that sealants can last for many years if properly cared for
    b. Therefore, each child receiving sealants will be protected through the most cavity-prone years
    c. If a child has good oral hygiene and avoids biting hard objects, sealants will last longer
    d. Our dental hygienists will check the sealants during routine dental visits and perform re-application or repairs when necessary
16. What is sealant treatment like?
    a. The application of a sealant is quick and comfortable
    b. It takes only one visit

c. The tooth is first cleaned
d. It is then conditioned and dried
e. The sealant is then flowed onto the grooves of the tooth and is allowed to harden
f. A child will be able to eat right after the application

17. Which teeth should be sealed?
    a. The natural flow of saliva usually keeps the smooth surfaces of the teeth clean but does not wash out the grooves and fissures
    b. So, the teeth most at risk of decay, and therefore, most in need of sealants, are the six-year and twelve-year molars
    c. Many times, the permanent premolars and primary molars will also benefit from sealant coverage
    d. Any tooth, however, with grooves or pits may benefit from the protection of sealants
18. If a child has sealants, are brushing and flossing still important?
    a. Absolutely! Sealants are only one step in the plan to keep a child cavity-free for a lifetime
    b. Brushing, flossing, balanced nutrition, limited snacking, and regular dental visits are still essential to a bright, healthy smile
19. What is a temporary filling?
    a. Temporary fillings may be used to restore, arrest or prevent the progression of carious lesions in young patients, uncooperative patients, or patients with special health care needs or when traditional cavity preparation and/or placement of traditional dental restorations are not feasible and need to be postponed
    b. Temporary fillings may be used for caries control in children with multiple carious lesions prior to definitive restoration of the teeth
    c. The use of temporary fillings has been shown to reduce the levels of cavity-causing oral bacteria in the oral cavity immediately following its placement
    d. However, this level may return to pretreatment counts over a period of six months after temporary filling placement if no other treatment is provided
    e. Follow-up care with topical fluorides and oral hygiene instruction may improve the treatment and are provided to every child
    f. CariedAway recommends that each child see a registered dentist for a comprehensive oral examination
20. How can I help my school's children enjoy good dental health?
    a. The following steps will help each child be part of the cavity-free generation:
        i. Beware of frequent snacking
        ii. Encourage brushing effectively at least twice a day with a fluoride toothpaste (brushing after lunch period is a great way to ensure at least one opportunity of guided brushing each school day!)
        iii. Floss once a day
        iv. Have sealants applied when appropriate
        v. Seek regular dental check-ups

vi. Assure proper fluoride through drinking water, fluoride products, or fluoride supplements

HANDLING PATIENT BILLING QUESTIONS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist, Clinical Team Manager(s), Community Engagement Administrator, Principal Investigator(s)
Issuing Authority: n/a

Desired Outcome: Politely and clearly answer the parent or guardian's insurance and questions. Promptly follow-up on inquiries. All parents or guardians understand how their insurance will be impacted by the receipt of oral health services, or that preventive care will be provided regardless of insurance coverage.

Measurement: Feedback from patients, parents, and school staff.

1. When a parent or guardian asks a billing question that a staff member cannot answer, contact information is provided for the Clinic Manager or Supervising Pediatric Dentist (212-998-9363)
2. Educate patients tactfully regarding their dental insurance:
    a. In the absence of dental insurance, all preventive care services will be provided at no out-of-pocket expense
    b. Private dental insurance benefits are based on what the carrier offers and the plan they selected, however, CariedAway does not currently bill private dental insurance carriers
    c. Medicaid will be billed as a courtesy to patients and will help them maximize their benefits
        i. If a patient is insured by Medicaid, update any insurance information at the time of the parent or guardian contact in their child's electronic health record
        ii. Submission of rate code 1447 (Routine visit: includes oral prophylaxis or cleaning, sealants, topical fluoride applications, restorations, periodontics, and tooth extractions) does not impact their individual benefits
        iii. Submission of billing codes for specific services rendered will impact the insured's benefits and may include but are not limited to:
            1. D1206 (Topical application of fluoride varnish)
                a. Reimbursable once per three (3) month period for members between 6 months and 6 years of age (inclusive)
            2. D1354 (anti-cariogenic topical fluoride application)
            3. D1208 (topical application of fluoride – excluding varnish)

a. Reimbursable once per six (6) month period for members between 1 and 20 years of age (inclusive)

4. D1110 (prophylaxis-adult; For members 13 years of age and older)
    a. Dental prophylaxis is reimbursable in addition to an initial dental examination and recall examinations once per six (6) month period
5. D1120 (prophylaxis-child; For members under 13 years of age)
    a. Dental prophylaxis is reimbursable in addition to an initial dental examination and recall examinations once per six (6) month period
6. D1351 (sealant- per tooth)
    a. Mechanically and/or chemically prepared enamel surface sealed to prevent decay
    b. Application of sealant is restricted to previously unrestored permanent first and second molars that exhibit no signs of occlusal or proximal caries for members between 5 and 15 years of age (inclusive)
    c. Buccal and lingual grooves are included in the fee
    d. The use of opaque or tinted sealant is recommended for ease of checking bond efficacy
    e. Reapplication, if necessary, is permitted once every five (5) years

iv. The insured are ultimately responsible for payments to other dental providers
    1. When a parent or guardian calls in response to a collection call from another dentist, refer them to the person who first called them, if possible

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COMMUNITY ENGAGEMENT REPORT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Staff, Clinical Team Manager(s), Supervising Pediatric Dentist, Research Coordinator, Community Engagement Administrator
Issuing Authority: n/a

Desired Outcome: Clinical staff engage in reflection and subsequent problem-solving to identify and eliminate barriers to community engagement activity success and/or facilitate quality improvement efforts.

Measurement: Timely submission of Community Engagement Reports by 3:30 pm. Level of agreement between alternative indicators of community engagement success (feedback from school staff and administrators), and report. Utility of information provided by report.

1. Indicate:
    a. Name of individual reporting
    b. Date
    c. School
    d. Type of event attended:
        i. Morning tabling
        ii. Classroom presentations
        iii. School assembly
        iv. Professional development meeting
        v. Afternoon tabling
        vi. Consent delivery
        vii. Consent pick-up
        viii. After-hours school event (back to school night, etc.)
        ix. School event
        x. Community Event
    e. Barriers encountered
        i. Tabling: Indoor tabling (poor exposure)
        ii. Tabling: Outdoor tabling (poor exposure)
        iii. Tabling: Outdoor tabling (building entry surplus)
        iv. School Preparedness
        v. Consent Distribution Error
        vi. Scheduling
        vii. Dental Champion Buy-In
        viii. Staff (Teacher) Buy-In
        ix. Community Buy-In
        x. Staff Program Perception
        xi. Material Support (tables, space, etc.)
        xii. Delegation of Responsibility Error
        xiii. Communication Error
        xiv. School Atmosphere/Environment
2. Specify the barriers faced, in detail
3. Consent report
    a. Specify the total number of complete consents collected
        i. See corresponding SOP (SCREENING)
    b. The Clinic Manager is responsible for appropriate storage and maintenance of informed consent forms
4. Provide feedback on the experience working with the designated Dental Champion
    a. Good/bad experience
    b. Identify key players/important stakeholders

CLINICAL TEAM MANAGERS

CRITICAL SKILLS FOR EMERGING LEADERS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Background: Critical Skills for Emerging Leaders is recommended for all new supervisors with fewer than 18 months of leadership experience. It is also suitable for those wishing to move into a supervisory role. More experienced supervisors or managers interested in improving their leadership skills might also consider participating in this program.

Desired Outcome: Clinical Team Managers build skills and connect with peers through discussion, role plays, and other activities.

Measurement: Timely completion of 3 online and 3 instructor-led courses by Clinical Team Managers, resulting in the receipt of an official completion certificate.

1. Managers as Leaders (LDR 001) – an online course that includes a self-assessment of your leadership skills and an overview of what it means to be a successful and effective leader at NYU
2. Leading Communication Successfully (LDR 002) – an instructor-led course that focuses on effective communication skills, including active listening and speaking with intent
3. Leading Employees at NYU (LDR 003) – an online course that provides guidance for supervising employees, including information on key employment laws and NYU policies that affect how you lead
4. Performance Communication at NYU (PRO 402) – an online course that guides you through the stages of the NYU performance communication process
5. Leading for High Performance (LDR 004) – an instructor-led course that equips you to drive performance of your team year-round through high-impact communication, feedback, and performance coaching tools
6. Leading Teams (LDR 005) – a multi-session instructor-led course focused on the stages of group development and how to successfully create high-functioning, purpose-driven, and inclusive teams

Note: Other than LDR 001 and PRO 402, courses may be completed in any order at your convenience.

To enroll:

1. Login to NYUHome and select the Work tab
2. Locate and click the NYUiLearn link
3. In the Search field, type Managers as Leaders or LDR 001 (insert space between LDR and 001)

4. On the LDR 001 page, click Enroll

LEADERSHIP BY DESIGN

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) review the Leadership by Design elements to identify potential areas of program improvement and/or required investment.

Measurement: Clinical Team Manager(s) ability to anticipate and assess program needs and acquire necessary support and resources.

1. A written and frequently verbalized mission statement with objectives that affects everything you say or do
2. An enthusiastic, dedicated, and well-trained staff
3. Comprehensive Research Protocol and Manual of Procedures (MOP) that address all legal programmatic policies, protocols, and guidelines
4. A Standard Operating Procedural (SOP) manual that includes criteria-based, step-by-step instructions outlining who does what, when, and how to meet program goals and objectives
5. A team of advisors that you respect and trust
6. A quality assurance program
    a. For instance:
        i. A phone log of all your patient's comments—both positive and negative
        ii. A routine questionnaire for clinical staff
            1. Employee suggestions
    b. Regular meetings:
        i. Morning huddles
        ii. Monthly staff meetings
        iii. Team workshops
        iv. Management meetings
        v. Advisor meetings
    c. A comprehensive Safety, OSHA, and Regulatory Compliance Program
7. A staff recognition program devoted to the following occasions and many other social events:
    a. Birthday celebrations
    b. Holiday parties
    c. Family day
    d. Crisis support
    e. Wedding showers
    f. Baby showers

8. An aggressive continuing education program for clinical staff
    a. Conventions
    b. CE courses
    c. In-service programs
    d. Staff management educational components

MOTIVATING YOUR TEAM

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Background: Part of every leadership role is the ability to boost morale and design a motivating atmosphere. Morale is defined as the "moral or mental condition with respect to courage, discipline, confidence, enthusiasm, willingness to endure hardship, etc. within a group, in relation to a group, or within an individual." The state of an individual's morale dramatically affects all areas of their lives, especially in their professional activities, as most spend more of their productive time with their employers and co-workers.

As the leader of your team, the success of your program depends heavily on teamwork. A lack of understanding of the importance of motivation, or the complete absence of a motivational environment in the workplace can ultimately lead to heavy staff turnover, a decrease in staff and patient satisfaction, reduced productivity and programmatic income, and an increase in programmatic expenses.

Desired Outcome: Clinical Team Manager(s) initiate and maintain a motivational work environment that functions to boost staff morale and improve program success.

Measurement: Qualitative feedback received during routine meetings. Results of clinical team staff surveys.

Note: It is crucial that the employees be given opportunities to answer questions concerning their place of work honestly, without fear of reprisal. Even if one assures staff verbally that their comments will not be held against them, many will still be fearful of telling it like it is, reducing the validity and effectiveness of this tool. Providing the staff with a summary of the entire team's comments for review and discussion will help to facilitate a shared communal identity.

1. Evaluate current staff morale by performing a Team Assessment
    a. The National Health Services (NHS) Staff Survey was adapted in Spring 2020 to meet this need through quality improvement efforts
    b. Relevant questions include:
        i. Do I know what is expected of me at work?

ii. Do I have the materials and equipment I need to do my work right?
iii. At work, do I have the opportunity to do what I do best every day?
iv. In the last seven days, have I received recognition or praise for doing good work?
v. Does my supervisor, or someone at work, seem to care about me as a person?
vi. Is there someone at work who encourages my development?
vii. At work, do my opinions seem to count?
viii. Does the mission/purpose of my program make me feel my job is important?
ix. Are my co-workers committed to doing quality work?
x. Do I have a best friend at work?
xi. In the last six months, has someone at work talked to me about my progress?
xii. Have I had opportunities at work to learn and grow?

2. Tally the individual surveys and report results as a collective summary (i.e., four out of ten employees rated cooperation as "fully meeting expectations")
    a. Evaluate any areas in need of attention
3. Elicit detailed qualitative feedback from employees regarding their concerns about and/or observations of their work environment
4. Clearly inform staff about program values and ethics and Clinical Team Manager's expectations of the program custom
5. Take the time to get to know your employees (i.e., beliefs, wants, needs, goals, etc.)
    a. Let them know you are there to help them achieve their goals
    b. Assist them in locating the resources they need to achieve their goals
        i. See corresponding SOP (DEVELOPING EMPLOYEES)
6. Unveil your employees' expertise and talents to increase team spirit
    a. Include them in planning whenever possible and appropriate
    b. Brainstorm as a group to discover new and creative ways to be more effective, solve problems, and/or resolve conflict
    c. Implement training teams to assist new hires
7. Every employee needs and wants to know the status of their performance
    a. Provide staff with clear and concise expectations of their performance including, but not limited to, the following:
        i. Program Mission Statement
            1. Summary of program goals, ethics, etc.
        ii. Position Summary
            1. Key elements required of each position
        iii. Performance Standards
            1. Criteria-based performance expectations in written form
                a. See corresponding SOP (PERFORMANCE STANDARDS)
        iv. Position Task Inventory
            1. Identifies each task for which every employee is responsible
        v. Evaluation Form

1. Eliminates repeated poor performance

vi. Performance Plan

1. Provides an action plan for improvement

b. Get pro-active in positive reinforcement

i. Praise employees in front of others regularly

1. If a patient compliments an employee, pass it on, preferably during the morning huddle to give them a starting boost for the day
2. If you receive a written compliment about an employee, post it for all to read in the Week-in-Review
    a. See corresponding SOP (MID-WEEK REPORT/WEEK-IN-REVIEW)
3. Thank your employees at the end of each workday for their great work

8. Build sincere relationships with your staff
    a. They need to know that you like, respect, and trust them
9. Appropriately and objectively criticize unacceptable acts or behavior, if necessary
    a. Remember, we all learn from our mistakes
    b. Always hold such discussion in private as a courtesy to the employee and to maintain their dignity
        i. Avoid "you" statements
        ii. State the error made in clear terms
        iii. Give the person in error all they need to improve their performance
        iv. Use objective language, free of personal bias
            1. The favor will most likely be returned
        v. Allow them to participate in the discussion
            1. Don't make the conversation one-sided
        vi. Put yourself in their boots
            1. Listen and hear them before offering direction
        vii. See past defensive behavior
            1. Understanding promotes one's true expression, feelings, and concerns
10. Do not allow harmful gossip or passive-aggressive behavior to coach your team
    a. Set an example for your employees
        i. Lead them by design
    b. At all costs, avoid participating in gossip and critical statements about others
        i. Don't fuel the fire
    c. Inspire confidence and motivation
        i. Be consistent, sincere, friendly, and considerate
    d. Keep your motivation and enthusiasm high
        i. Moods are often contagious!
11. Implement reward systems for the entire team for their performance, ideas, and/or achievements
12. Encourage your team to be the best

    a. For example:
        i. Written acknowledgment of good performance
13. Most importantly, have fun with your employees
    a. Encourage and let them laugh together
    b. Schedule social activities
        i. For example:
            1. Annual picnics or potlucks
            2. Bi-monthly luncheons
            3. Group activities

RESPONSIVE DIALOGUE

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: Office of Global Inclusion and Diversity

Desired Outcome: Clinical Team Managers engage in best practices for leading micro dialogues or conversations that address high stakes, potentially sensitive topics. Clinical Team Managers convene groups and lead conversations mostly with intact groups (e.g. staff meetings).

Measurement: Clinical Team Manager(s) confidence and satisfaction with virtual engagement in initiating or convening the dialogue. Clinical team staff report that their organization values their personal feelings and reflections concerning racism, xenophobia, sexism, homophobia, transphobia, ableism, and acts of violence and brutality.

Note: Ideally, any conversation of this type is led by a skilled facilitator, but leaders may be called upon to quickly address the needs of their community and hopefully the questions presented, and resources offered, will provide a baseline for embarking upon these conversations in a thoughtful manner.

1. Responsive Dialogue
    a. Navigate to:
        i. PCORI Managers Folder/Forms, Templates, Guides, and Calculators/Staff Communication/OGI Difficult Conversations/Responsive Dialogue Guiding Principals
        ii. This guide is primarily for short conversations (60 - 90 minutes)
        iii. This is not for conflict mediation
        iv. The dialogue being convened should potentially provide space for participants to:
            1. Process charged / concerning incident(s) - i.e. racism, xenophobia, sexism, homophobia, transphobia, ableism, acts of violence and brutality

2. Be in community together
    a. Process and reflect areas of concerns and issues under consideration
    b. Engage in constructive guided dialogue
    c. Agreement may be an outcome, but not the primary intention as this often requires different competencies and structures for engagement; exposure to differing opinions, ideas will likely occur during dialogues
    d. Identify strategies (individual, collective, institutional) for moving forward individually, and as a collective/group/cohort

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CONFLICT RESOLUTION

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) successfully mediate conflicts among clinical staff.

Measurement: Team morale. Report of positive work environment and relationships.

Note: Is conflict bad? No, not necessarily. Conflict is a fact of life. It is a natural by-product of communication and interpersonal relationships. It simply exists and must be managed properly. Conflict generates change, creativity, problem solving, excitement, and sometimes pain. However, some forms of conflict are more manageable than others.

1. Simple Conflict
    a. Examples:
        i. "You want to do it this way—I want to do it another way"
        ii. "I want to go here—you want to go there"
    b. Management techniques to resolve simple conflict
        i. Clearly identify and focus on the issues
        ii. Stick to the facts and avoid opinions
        iii. Negotiate and look for alternative solutions or compromises
        iv. Facilitate productive discussion and resolution
2. Pseudo-Conflict
    a. Example:
        i. "You think I think this, but actually I think the same thing you do!"
    b. Pseudo-conflict is simply a misunderstanding
        i. The word "pseudo" means fake or false
        ii. In this case, there really is no conflict

c. Management techniques to resolve pseudo-conflict
    i. Ask for clarification
    ii. Use active listening
    iii. Facilitate productive discussion and resolution

3. Ego-Conflict
    a. Example:
        i. The individual believes that they are being personally attacked
    b. Management techniques to resolve ego-conflict
        i. Allow expressions of concern, but don't allow personal attacks
        ii. Use active listening skills
        iii. Call for a “cooling off” period and agree on another time to talk
        iv. Describe the conflict, rather than explain the conflict
        v. Be descriptive rather than evaluative or judgmental
        vi. Focus on the issues, agree on a common goal, and turn it into simple conflict
        vii. Sometimes agree to disagree without making it “personal”
        viii. Facilitate productive discussion and resolution
    c. Five simple and yet incredibly powerful ways to avoid ego-conflict:
        i. Use "I" messages rather than "you" comments
        ii. Say, "I'm upset that you're late," rather than "You're late!”
        iii. Say, “I'm upset that you said that,” rather than "You said..."
        iv. Avoid sarcasm, put-downs, or judgmental and inflammatory remarks
        v. Agree on a constructive means to continue
        vi. Acknowledge your agreement about the content and feelings, then clarify statements, express support and appreciation, treating all involved with respect

POLICIES

LICENSING AND OTHER REQUIREMENTS

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical staff, Research Coordinator
Issuing Authority: n/a

Desired Outcome: All required licensing for Supervising Pediatric Dentist, clinical staff and facility are maintained and updated timely and accurately.

Measurement: Review of all required licenses. Guidelines, notices and updates from authorizing agencies.

1. The Research Coordinator maintains a "License" file that contains the following:
    a. A reference document that details:
        i. Licenses required by employees, by position (e.g. nurse, hygienist, etc.)
        ii. Information on the licenses and permits, such as:
            1. Renewal interval (i.e., annual, every two years)
            2. Criteria and conditions, such as continuing education requirements
        iii. Copies of all required licenses and permits
2. When renewals for licenses are received, clinical staff will address deficiencies and/or pay immediately
3. When a new license is received, clinical staff will provide the original to the Office of Human Resources and Faculty Services, 345 East 24th Street, 630S, New York, NY 10010
    a. The Office of Human Resources and Faculty Services will send a copy for inclusion in the file by the Research Coordinator
    b. The file is reviewed routinely by Human Resources and Faculty Services for lapsed or expired contents

SCHEDULING

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Clinical team staff understand how and where to find information concerning their scheduling assignments. Clinical team staff and Supervising Pediatric Dentist provide training on the appropriate utilization and interpretation of Google calendars, scheduling announcements and reminders published in the mid-week report and/or week-in-review, rotation maps, etc.

Measurement: Feedback from clinical team staff.

1. Clinical Rotation:
    a. New York University College of Dentistry's CariedAway ensures the presence of dental health care professionals during normal school hours
    b. The actual numbers of staff, as well as the amount of time staff spend on-site, are dependent on the number of students enrolled in the program and the identified needs of students
        i. The number of students enrolled in the program is estimated at the following intervals:
            1. At the time of scheduling by the Research Coordinator, often months in advance and based on a 30% calculation of total school enrollment

a. Initial schedule proposal (time/location)
b. Prior to the first day of clinical care delivery

2. Enrollment-specific schedule amendments
    a. Location is subject to change due to:
        i. Surplus of time required to provide clinical care to enrolled students
            1. Example: Clinical Team A may present with Clinical Team B to School B to help complete implementation of care in a timely fashion
            2. Example: Clinical team A may present to NYUCD to engage in training, stock and supply, administrative tasks as appropriate, etc.
        ii. Deficiency of time required to provide clinical care to enrolled students
            1. Example: Clinical team A may remain at School A for additional day(s), pending availability
        iii. Additional personnel are warranted or required for the implementation of oral health education curriculum/community engagement activities
            1. Example: Clinical team A may present with Community Engagement Team C to School C1 or C2

2. Administrative Days:
    a. CariedAway personnel present to NYUCD on a 7:30 am-3:30 pm schedule during orientation, and on days when New York City schools are closed for holidays, breaks or testing
    b. During the 2020-2021 school year, New York City school closures occur on the following dates:
        i. September 30 – October 1
        ii. October 9
        iii. October 14
        iv. November 5
        v. November 28-29
        vi. December 24-January 1
        vii. January 20
        viii. February 17-21
        ix. April 9-17
        x. May 25
        xi. June 4
        xii. June 9
3. Remote Work:

a. Clinical Staff are expected to clock-in/out during normal working hours
    i. Clock-in: 7:30 am
    ii. Clock-out: 3:30 pm
    iii. Failure to clock-in will result in a shortage of hours as reflected by timesheets
b. Timely staff attendance to ZOOM meetings is mandatory
    i. If staff are unable to attend a meeting, they must:
        1. Notify managers in advance
        2. Submit for vacation/sick/personal time, as appropriate
    ii. Meetings are visible on the CE Team Google Calendar
        1. Zoom access link is included in "event details"
c. Review of assignments
    i. Assigned submissions will be reviewed for completion/accuracy by managers and/or administrators
    ii. All staff are encouraged to make meaningful contributions via Google Forms, and/or verbally during ZOOM meetings
        1. Submissions should:
            a. Be relevant
            b. Be professional
            c. Demonstrate a purpose-driven understanding of programmatic goals (and possible limitations)
                i. Critical/strategic thinking

CLOCK IN/OUT PROCEDURES

Effective date: 04/01/2017
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), clinical staff
Issuing Authority: NYU Financial Operations and Treasury

Desired Outcome: Clinical staff are prepared to use either MyTime (bullets 1-7) or PeopleSync (bullet 8), to clock in/out on time in accordance with working hours.

Measurement: Accuracy of timesheets as observed by Clinical Team Managers, Supervising Pediatric Dentist, and Department Manager.

1. To access myTime outside the NYU network, you must first be connected to VPN client
    a. Navigate to the following link to watch an instructional video on how to set up VPN on your personal device: https://youtu.be/QR104P9khrI
    b. Refer to the links below to install Cisco AnyConnect client/app and VPN on your personal device:
        i. Installing and Using VPN on a Mac: https://nyu.service-now.com/servicelink/kb_search.do?id=KB0011175

ii. Installing and Using VPN on a Windows computer: https://nyu.service-now.com/servicelink/kb_search.do?id=KB0011177
iii. Installing and Using VPN on an Android device: https://nyu.service-now.com/servicelink/kb_search.do?id=KB0011176
iv. Installing and Using VPN on an iPhone or iPad: https://nyu.service-now.com/servicelink/kb_search.do?id=KB0011173

2. This guide will walk you through the steps to log in to myTime, understand the myTime dashboard, record work time, view your time off balances and request time off
    a. If you have additional questions, contact PeopleLink at askpeoplelink@nyu.edu or 212-992-LINK (5465)
    b. Logging In
        i. Log into myTime from the Work page on NYUHome (home.nyu.edu/work)
        ii. You are now logged in and will be taken to the myTime dashboard
    c. Navigating the Dashboard
        i. On your myTime dashboard, you will see the following options:
            1. My Time – click to view your time sheet, schedule, time off balances and projected gross pay
            2. Go to WebClock – click this only if you need to record your time in with WebClock
            3. My Time Off – click to submit a request for vacation, personal, sick days or other types of paid time off
            4. View Reports – click to run time sheet and time off reports

3. Recording Your Work Hours
    a. Employees will record time with WebClock, Hand Recognition Terminal, ID Card Reader, or submit timesheets manually
    b. Please check with your supervisor or Human Resources Officer if you are
    c. unsure as to which method you are expected to use
        i. Using WebClock
            1. Click on Go to WebClock
            2. To clock in, click the In button
            3. You will receive a “Swipe Recorded Successfully” message
                a. If your swipe is not recorded you will see a red ERROR message
            4. Click Log Out
                a. NYU myTime will automatically record your time on your time sheet
            5. To clock out, click the Out button
            6. Then click Logout

4. To submit your timesheet:

a. Click myTime in the Time Entry area of your dashboard to navigate to your time sheet
b. Click Submit at the top of the screen
c. Check the box to indicate that time recorded is true and accurately reflects actual hours worked
d. Click the Submit Time Sheet button
e. Then click Log Out

5. Viewing Your Time sheet and Schedule
    a. Click My Time in the Time Entry area of your dashboard to navigate to your time sheet. On the time sheet, you will see:
        i. Worked time which represents your in and out time
        ii. Approved time off
        iii. Exceptions displayed by red pushpin icons
            1. If you see a red exception you must contact your Time Sheet Approver to adjust this
        iv. Clicking the schedule tab on the time sheet page will allow you to see the times you are scheduled to work and your lunch time

6. Viewing Your Time Off Balances
    a. Click My Time in the Time Entry area of your dashboard to navigate to your time sheet
    b. Go to the bottom of this page and click on Time Off Balance
        i. Under Time Off Balance, you will see:
            1. Vacation – This bank displays the total vacation hours available at the beginning and end of the pay period
            2. Vacation Carryover – This bank will be credited on September 1st and will reflect the amount of hours carried over from the prior academic year
            3. Personal – This displays available personal hours
            4. Sick – This displays the activity within the pay period
        ii. Review your collective bargaining agreement for details on the accruals of these banks

7. Requesting Time Off
    a. Select My Time in the Schedules area of your dashboard
    b. Select Create New Request
    c. Select the Pay Code such as Vacation, Personal, etc.
    d. Enter Start Date
    e. Enter last date for vacation in End Date
        i. If you are requesting one day off, then enter the same date in the Start Date and End Date fields
    f. Click Next
    g. Review balances or exceptions on the next sheet, write a comment to manager

h. Click Submit
i. Your request will be sent to your Time Off Approver

8. PeopleSync
    a. Under NYU Home, click on the “Work” tab
    b. Navigate to and click on PeopleSync
    c. On the PeopleSync homepage, Click on “Time” icon
    d. To clock in, click on the “Check In” tab at the bottom of the page
    e. Review the information in the Check in Pop Up, and then hit “OK’
    f. You are now signed in
    g. Repeat steps 1-2 to clock out
    h. Click on the “Check Out” tab at the bottom of the page
    i. Review the information in the Check Out Pop Up, and then hit “OK”
    j. You are now signed out

INCLEMENT WEATHER

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist, Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical staff is prepared to identify weather related changes and implement alternative strategies for program promotion in the event of tabling cancellation.

Measurement: Feedback from clinical staff, Supervising Pediatric Dentist.

2. Twenty-four hours prior to an outdoor event, the Clinic Manager will review the expected weather forecast for the location of the event where program promotion is scheduled to take place
3. In the event of rain or temperatures below 45 degrees Fahrenheit, it is agreed that the clinical team will not engage in outdoor tabling
4. The Clinic Manager will work with the Dental Champion to propose alternative strategies for program promotion in the event of tabling cancellation, i.e. indoor tabling
5. The Clinic Manager will detail challenges to scheduled program promotion using the Google Forms Daily and/or Community Engagement Report
    a. See corresponding SOPs (GOOGLE FORMS DAILY REPORT, COMMUNITY ENGAGEMENT REPORT)

REMOTE WORK

Effective date: 08/01/2020

Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Clinical team staff are engaged in a remote capacity and contribute meaningfully to programmatic objectives and quality improvement efforts.

Measurement: Performance evaluations.

Remote Work:

1. Clinical Staff are expected to clock-in/out during normal working hours
    a. Clock-in: 7:30 am
    b. Clock-out: 3:30 pm
    c. Failure to clock-in will result in a shortage of hours as reflected by timesheets
2. Timely staff attendance to ZOOM meetings is mandatory
    a. If staff are unable to attend a meeting, they must:
    b. Notify managers in advance
    c. Submit for vacation/sick/personal time, as appropriate
3. Meetings are visible on the CE Team Google Calendar
    a. Zoom access link is included in "event details"
4. Review of assignments
    a. Assigned submissions will be reviewed for completion/accuracy by managers and/or administrators
    b. All staff are encouraged to make meaningful contributions via Google Forms, and/or verbally during ZOOM meetings
        i. Submissions should:
            1. Be relevant
            2. Be professional
            3. Demonstrate:
                a. A. purpose-driven understanding of programmatic goals (and possible limitations)
                b. Critical/strategic thinking

TRAINING

E-MAIL TEMPLATE: ANNUAL ORIENTATION

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) welcome clinical staff and set expectations for orientation and the new academic year. New hires are introduced and welcomed in accordance with the corresponding SOP (PRE-ARRIVAL CHECKLIST).

Measurement: Feedback from clinical team staff. Observation of the level of comfort experienced by the Supervising Pediatric Dentist and clinical team staff during orientation.

"Greetings Caried*Away* Clinical Staff,

Congratulations, and welcome to the New York University College of Dentistry CariedAway Program year [insert years]!

For those team members returning, we have all missed you and look greatly forward to learning of the adventures experienced during your summer break! For those team members joining us for the very first time, we are thrilled to get to know and work with you!

You were each selected to implement the Caried*Away* program due to your commitment to humanism, health equity and social responsibility, and for your willingness to effect preventive dental care for children in schools. We are inspired by and honored to share in your dedication to service delivery, education, and research in the interest of public health.

Program orientation will take place beginning [insert date] from [insert start time] to [insert end time] at [insert location].

You can expect an introduction to:

1. Your Caried*Away* team mates and colleagues
2. Epidemiology and Evidence-Based Dentistry
3. Caried*Away* Program Background
4. Clinical Procedures

[Insert or amend as appropriate: Breakfast will be provided. Be sure to bring your NYU ID, a lunch, and your receipt for fingerprinting, as applicable. Suggested dress for orientation is business casual. Scrubs are welcome thereafter!]

Didactic clinical training will continue on a [insert time] schedule [insert date] at [insert location].

During the week of [insert dates], clinical staff will present on a [insert times] schedule. Please note in the event of visit confirmation by The Eagle School (PS 140, 916 Eagle Avenue, Bronx, NY 10456), a schedule change will be in effect for [insert dates].

[Insert or amend as appropriate: Clinical staff will present at 7:30am to the Caried*Away* supply room located at 380 2nd Avenue, 3rd Floor, New York, NY 10010 to assist in the transport of equipment and materials to the school.]

Further details will be provided as they become available.

We simply can't wait to see you and are happy to respond to any questions in the interim! Please enjoy a safe and relaxing Labor Day weekend!

Please confirm your receipt of this email by responding with a photo headshot for our team face-sheet.

Sincerely,
Your Friendly Caried*Away* Clinical Team Administrators"

TRAINING OUTLINE

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist, Principal Investigators, Rory Meyers School of Nursing Co-Investigators
Issuing Authority: n/a

Desired Outcome: Clinical team staff demonstrate meaningful understanding of programmatic objectives, dental services, and clinical techniques and strategies necessary to achieve them.

Measurement: Feedback from clinical team staff. Clinical team staff and Supervising Pediatric Dentist standardization and calibration. Observation of the level of comfort experienced by the Supervising Pediatric Dentist and clinical team staff during orientation.

1. The following core topics are reviewed during an annual orientation taking place the first week of September:
    a. NYU Dentistry Caried*Away* Program Background
        i. NYC PCORI Clinical Kickoff (R. Niederman)
            1. New York City School-Based Dental Caries Prevention
            2. The Clinical Problem & Backstory
            3. The Business Case for ITR and SDF
            4. Evidence-Based Dentistry
            5. SDF and ITR Implementation and Fallacies
        ii. Research to Optimize School-Based Caries Programs (R. Ruff)
        iii. CariedAway Background and Introduction to Dental Diagnosis (T. Barry Godin and/or Clinical Team Manager(s)
        iv. Clinical Team Field Orientation (T. Barry Godin and/or Clinical Team Manager(s)
        v. Community Engagement (N. Santiago-Galvin)
    b. In advance of the scheduled orientation, Clinical Team Manager(s):

i. Send original lectures slides to their respective authors
    1. Navigate to:
        a. PCORI Managers Folder/Clinical Team Training/Clinical Team Training (2019)/PCORI Orientation/Original Lectures
ii. Request author review and update or amendment, as applicable
iii. Save updated/amended lecture slides to the appropriate Box folder
    1. Navigate to:
        a. PCORI Managers Folder/Clinical Team Training/ Clinical Team Training (2020)/PCORI Orientation/Updated Lectures

2. The following diagnostic lectures and their corresponding standard operating procedures are reviewed during an annual orientation taking place the first week of September:
    a. Surface-Level Diagnosis of Teeth
        i. See corresponding SOP (SURFACE-LEVEL DIAGNOSIS OF TEETH)
    b. Preventive Care (Dental Materials, Clinical Protocol and Practicum)
        i. Oral Hygiene Instruction
            1. See corresponding SOPs (ORAL HYGIENE TECHNIQUES, ORAL HYGIENE INSTRUCTION (GUIDED TOOTHBRUSHING))
        ii. Silver Diamine Fluoride
            1. See corresponding SOP (SILVER DIAMINE FLUORIDE)
        iii. Fluoride Varnish
            1. See corresponding SOP (FLUORIDE VARNISH)
        iv. Sealant
            1. See corresponding SOP (SEALANTS)
        v. Interim therapeutic Restoration
            1. See corresponding SOP (INTERIM THERAPEUTIC RESTORATION (ITR))
    c. Dental Development
        i. Dental Age; Eruption of Teeth
        ii. Dental Anomalies
    d. 4-Handed Dentistry
    e. Record Keeping
        i. NE Dental (electronic health record)
            1. Quality of Life
                a. Navigate to:
                    i. PCORI Managers Folder/Clinical Team Training (2020)/NESS/Quality of Life Training
    f. Oral Health Education
        i. Curriculum
        ii. Scripts
            1. Individual
            2. Group
    g. Behavior Management

i. Promoting positive behavior among children, adolescents and their caregivers
ii. Dental fear, anxiety and phobia

h. Mobile Dentistry
i. Clinic Set-Up
ii. Infection Control and Waste Management
iii. Audit Procedures
iv. Emergency Protocol
v. Ergonomics

i. Smiles for Life, A National Oral Health Curriculum (Registered Nurses only)
i. The Relationship of Oral to Systemic Health
ii. Child Oral Health
iii. The Oral Examination
iv. Caries Risk Assessment, Fluoride Varnish and Counseling
v. To access:
1. Navigate to https://smilesforlifeoralhealth.org
2. Select "Learn Online"
3. Select course.
4. Select "Launch Course"
5. On title slide, select "Next"
6. Register as new user or log in to earn continuing education credit for course completion.

2. Clinical Application
a. In-Field Standardization
b. In-Field Calibration

3. NYU Dentistry Caried*Away* Administration
a. Program Overview
i. Scheduling
1. Program
a. Implementation Timeline
2. Personnel
a. Clinic
b. Community Engagement
ii. Recruitment
1. Program Promotion
a. Strategies
i. Parents
ii. School Personnel
2. Informed Consent
a. Answering FAQs
iii. Supply, packing, and inventory

4. NYU Dentistry

a. All employees are referred to the Office of Compliance and Emergency Response for the following online mandatory training programs, completed annually through NYUiLearn, a portal for professional development at NYU:
    i. COM 102: NYU Dentistry HIPAA
    ii. COM 103: NYU Dentistry Overview of Medicaid & Regulatory Compliance for Deficit Reduction and False Claims Acts
    iii. COM 104: NYU Dentistry Emergency Response and Fire Safety
    iv. COM 106: NYU Dentistry Hazardous Waste Management/Handling
    v. COM 107: NYU Dentistry OSHA Bloodborne Pathogens
b. In addition to the above annual trainings, the below courses are completed once:
    i. COM 105: NYU Dentistry Safe Handling of Hazardous Chemicals
    ii. COM 108: NYU Dentistry Statement of Responsibilities Acknowledgment
    iii. COM 109: NYU Dentistry Management of Child Abuse, Elder Abuse and Domestic Violence
c. To access:
    i. Sign into NYU Home using your netID and password.
    ii. Once in NYU Home, go to the Work tab and click on the 'NYUiLearn Login' button.
    iii. Click on My Enrollments, then click on College of Dentistry Courses and then on Compliance Modules.
    iv. For each course (COM 102, COM 103, COM 104, COM 105, COM 106, COM 107, COM 108 and COM 109), click the Open button and then the Launch button to start the program.

CariedAway job descriptions, credentials, responsibilities, and annual performance evaluations are maintained by the Office of Human Resources and Faculty Services, 345 East 24th Street, 630S, New York, NY 10010.

REGISTERED NURSE (RN) TRAINING CURRICULUM

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Registered Nurses, Rory Meyers School of Nursing Co-Investigators
Issuing Authority: n/a

Desired Outcome: Registered Nurses demonstrate meaningful understanding of oral and systemic health and preventive dental services, and clinical techniques and strategies necessary to implement them.

Measurement: Registered Nurses complete Smiles for Life curriculum exam for each course with a score of 80% and send Co-Investigators the associated completion certificate. Feedback from Registered Nurses. Clinical team staff and Supervising Pediatric Dentist standardization

and calibration. Observation of the level of comfort experienced by the Supervising Pediatric Dentist and Registered Nurses during orientation.

1. Day 1
    a. Oral Health Education Nursing and Practice (OHNEP)
        i. Purpose of OHNEP and OHNEP projects
        ii. OHNEP Website
            1. Documents
                a. Surgeon General's Report
                b. Institute of Medice Reports
                    i. Advancing Oral Health in America
                    ii. Improving Access to Oral Health for Vulnerable and Underserved Populations
                c. Interprofessional Educcation Collaborative (IPEC)
                    i. Integration of Oral Health and Primary Care Practice
                    ii. Qualis White Paper
                    iii. HEENOT article
                    iv. Oral Health in Pregnancy National Consensus Statement
    b. Oral Systemic Connection
        i. Smiles for Life – Course 1
            1. Discuss the meaning of oral health and the prevalence and consequences of oral disease
            2. Recognize relationships between oral and systemic disease
            3. Highlight the role of primary care and community health teams in promoting oral health
            4. Understand concepts and impact of interprofessional education and collaborative practice
            5. Review 3 case studies
    c. Child Oral Health
        i. Smiles for Life - Course 2
            1. Describe the consequences, etiology, and prevalence of dental caries through childhood
            2. Recognize the stages of Early Childhood Caries (ECC) on oral examination
            3. Assess child's risk of developing caries, including ECC
            4. Discuss caries management strategies
            5. Discuss prevention through risk assessment, oral hygiene, fluoride, diet, and establishment of a dental home
            6. Review common oral concerns in children and adolescents and offer appropriate guidance
            7. Discuss child, family, and community influences on oral health outcomes of children

8. Review 3 case studies

2. Day 2
    a. Fluoride Varnish
        i. Smiles for Life – Course 6
            1. Review the prevalence, etiology, and consequences of early childhood caries (ECC)
            2. Perform an oral examination on 10-year-old manikin head
            3. Discuss use of a Caries Risk Assessment Tool to:
                a. Identify specific risk factors and protective factors
                b. Document clinical findings
                c. Provide appropriate anticipatory guidance and timely dental referrals
            4. Discuss the effects, sources, and benefits of fluoride
            5. Describe the benefits and indications for fluoride varnish
            6. Demonstrate the application of fluoride varnish on typodonts
            7. Describe strategies for an effective school-based varnish program
            8. Discuss was to advise families on strategies to prevent caries
            9. Review 3 case studies
    b. Oral Exam
        i. Smiles for Life - Course 7
            1. Describe basic oral anatomy and characteristics of healthy teeth
            2. Demonstrate proper use of readily available equipment to perform an oral examination on adults, infants, and children
            3. Demonstrate oral examination of 10-year-old Manikin head
            4. Discuss normal and abnormal findings
            5. Discuss and demonstrate primary and permanent tooth letters/numbers
            6. Review 3 case studies
3. Send Co-Investigators associated Smiles for Life completion certificates, indicating at least 80% scores for each exam

ORIENTATION MATERIALS

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist, Principal Investigators, Rory Meyers School of Nursing Co-Investigators
Issuing Authority: n/a

Desired Outcome: Clinical team staff are presented with materials and resources that support program orientation efforts.

Measurement: Feedback from clinical team staff. Clinical team staff and Supervising Pediatric Dentist standardization and calibration. Observation of the level of comfort experienced by the Supervising Pediatric Dentist and clinical team staff during orientation.

1. Materials and resources are compiled for review by clinical staff during an annual orientation taking place the first week of September
    a. Materials may include:
        i. One-pagers, for inclusion in a hard-copy folder
            1. Team Face Sheet
            2. Study Summary
            3. CariedAway Team Training Agenda
        ii. Physical materials
            1. GC America Tooth Models
                a. Prepared for new sealants and ITRs on an annual basis
                    i. Remove sealants and ITRs manually; or
                    ii. Submit for re-order by contacting the following:
                        1. Mary Davis (mdaviscphdh@gmail.com)
                        2. Mark A. Heiss (Mark.Heiss@gc.dental)
                        3. Angela Hill (angela.hill@gc.dental)
                        4. Carol Muir (Carol.Muir@gc.dental)
                    iii. The following prepared teeth are requested for GC America Model #
                        1. #2 Occlusal lingual
                        2. #3MO-B
                        3. # 4 MOD
                        4. # 5 DO
                        5. #11 Class V
                        6. #12 MOD lingual
                        7. #13 Occlusal
                        8. #14 MOD
                        9. #19 3/4 crown
                        10. #20 Occlusal
                        11. #24 Class III
                        12. #27 Class V
                        13. #29 DO
                        14. #30 MO
                        15. #31 Occlusal
2. In advance of the scheduled orientation, Clinical Team Manager(s):
    a. Review materials, hand-outs, and resources
        i. Navigate to:
            1. PCORI Managers Folder/Clinical Team Training/Clinical Team Training (2019)/PCORI Orientation/Materials, Hand-Outs, and Resources
    b. Update or amend, as applicable

        i. Coordinate efforts with administrative staff, where applicable
    c. Save updated/amended orientation materials to the appropriate Box folder
        i. Navigate to:
            1. PCORI Managers Folder/Clinical Team Training/ Clinical Team Training (2020)/PCORI Orientation/Materials, Hand-Outs, and Resources

CALIBRATION AND STANDARDIZATION

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Clinical team staff demonstrate meaningful understanding of surface-level dental diagnosis of teeth.

Measurement: Feedback from clinical team staff. Clinical team staff and Supervising Pediatric Dentist standardization and calibration. Observation of the level of comfort experienced by the Supervising Pediatric Dentist and clinical team staff during calibration and standardization.

1. Clinical staff engage in didactic training (PowerPoint presentations) and discussions of adapted ICDAS codes and protocol for examination
    a. Clinical staff complete Google Forms assessments designed by clinical team managers to test major concepts proposed by the Surface-Level Diagnosis protocol
    b. Clinical team managers assess responses for accuracy and demonstrated understanding
    c. Clinical team managers engage staff in peer learning to solidify concepts
2. Clinical staff engage in examiner training using live subjects, as feasible, presenting with carious lesions with severity ranging
3. The examination findings of all examiners should be reviewed to identify differences in interpretation
    a. Examinations are to be repeated until agreement is reached among the examiners
    b. This exercise should be conducted by a “senior examiner” (Supervising Pediatric Dentist)
        i. A senior examiner is a dentist with experience in using the surface-level diagnosis protocol, has high degree of intra-examiner reliability, and has been calibrated and is reliable with another experienced examiner
4. Standardization is conducted for all new clinical personnel and at least once per year for all clinical personnel

Examination Process:

1. A dental mirror, dental explorer, and source of frontal light will be used to complete the oral examination
2. A recorder will use an electronic data entry device (iPad)
3. The examiner will provide name and location of teeth, so the recorder can enter the clinical findings into the electronic device
4. For detection of dental disease, two rounds of visual inspection will be conducted by the examiner into the mouth of participants
    a. In each round, inspection will always start with the upper right-most tooth and follow mesially, crossing the midline, and continuing towards the upper left-most tooth
    b. The inspection is repeated starting with the lower left-most tooth, following mesially, crossing the midline, in the direction of the lower right-most tooth
    c. Once the end of each quadrant is completed, the examiner will say, "check" so that the recorder knows that the examiner has completed the quadrant
5. If there is no agreement between examiner's codes and the recorder's, examiners and recorders will not try to reconcile which codes are correct and which are not
    a. They will start again from the tooth after the final correct "check"
6. In the first cycle, examiners will use the ADA notation to identify teeth (1-32 for permanent and A to T for primary)
7. In each tooth, examiners will provide two options: "present" or "missing"
    a. For example, examiners may start saying "3-present, A-present, B-missing…." Give time for the recorder to make the notations in the device
    b. For "missing" teeth, clinicians should take into consideration the patient's dental age
        i. For example, for a child missing a lower right central incisor:
            1. Child of dental age 6 years is missing tooth P
            2. Child of dental age 12 years is missing tooth 25
8. In the second cycle, examiners will assess each tooth surface
    a. To identify each tooth, the examiner will use the same ADA notation adding the name of the surface
        i. For example, "Tooth 14, mesial sound, occlusal decay, distal sound, etc."
    b. The examiner could use any sequence in their assessment of each surface so far as the examiner uses it systematically
    c. When the tooth is restored with a crown, the examiner could use the term "crown"
        i. For example, "Tooth B, Crown"

ONBOARDING EMPLOYEES

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)

Issuing Authority: NYU Human Resources

Background: Getting new employees off to a good start can make a big difference in their feeling welcomed and in their effectiveness on the job. Do all you can to make the onboarding process as smooth as possible for them.

Desired Outcome: Officially welcome and orient your new employees to their part of the organization.

Measurement: New hire feedback. Report and evidence of preparedness following onboarding.

1. Refer your new employee to onboarding resources
    a. Your new hire should have viewed the online orientation and onboarding resources, sponsored by the Human Resources Division, on their first day of work, which provided your new employee with a broad overview of the NYU organization, as well as the main services, privileges and resources that are available to them
2. Provide the new hire with a formal orientation within their first week of work
    a. Officially welcome your new employee
    b. Introduce new hires to the entire department
    c. Review department/program's mission and goals
    d. Provide historical overview
    e. Explain organizational structure
    f. Give tour of relevant offices
    g. Suggest peers take new hires out to lunch
    h. Provide new hires with a first week agenda
        i. Program procedures
        ii. People they will meet
        iii. Technology they will be learning, etc.
    i. Review job responsibilities
    j. Provide a copy of the job description and review job functions, competencies, and expectations for working in the department
    k. Explain departmental/program-wide policies, procedures and available resources
        i. See corresponding SOPs (PRE-ARRIVAL CHECKLIST, FIRST DAY/WEEK CHECKLIST)
    l. Review Significant University Policies
        i. Significant policies are discussed at the NYU New Hire Orientation Program, as well as on the University Policies & Guidelines page on the NYU website
            1. Remind your new hires of these resources
    m. Review security, safety and confidentiality procedures for your unit
    n. People to meet/contact
        i. Set up a meeting with HR Officer to introduce new hires to HR services and processes

ii. Provide a list of key contact people in the unit
iii. Consider assigning a mentor or buddy for new hires
iv. Set up a meeting with department head and any other administrators and staff members, if appropriate

PRE-ARRIVAL CHECKLIST

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Desired Outcome: Clinical Team Manager(s) contact new hires in advance of their start date to set expectations, and provide background, context, and resources for employee success.

Measurement: New hire feedback. Report and evidence of preparedness following onboarding.

1. Call or e-mail the new employee and welcome them a few days before they start work
    a. Inform them of new hire orientation
2. Secure a copy of employee's job description
3. Prepare workspace/office assignment:
    a. Keys/Codes:
        i. Supply building
        ii. Codes for copy machines
    b. Systems:
        i. Set-up new hire's computer with e-mail, NetID and internet account privileges, and software applications
            1. NE Dental
            2. NYU CariedAway Box folders
            3. NYU CariedAway Google Drive folders and calendar
4. Schedule training with department administrators and staff on department systems, if applicable
5. Send an informal announcement/e-mail to your department announcing the new hire and their background
6. Prepare the first day and first week agenda for the new hire
7. Prepare "A day in the life…" description of a typical day for the new hire's job
8. Review Google Calendar to schedule appropriate meeting times during the new hire's first month

FIRST DAY/WEEK CHECKLIST

Effective date: 08/01/2020

Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Desired Outcome: Clinical Team Manager(s) prepare new hires to contribute meaningfully to the program, contextualize how they can fully serve the community, and establish NYU Dentistry as a place where employees will enjoy working.

Measurement: New hire feedback. Report and evidence of preparedness following onboarding.

1. Ensure that the new hire attends orientation
2. After orientation, discuss the agenda for the first week
3. Ensure that new hire gets ID Card
4. Officially introduce the new hire to the entire department
5. Review department's mission and strategic plan
    a. Review "A day in the life…" document with the new hire
    b. Complete the rest of the new employee's orientation including descriptions of:
        i. What our program provides to the communities we serve, our guarantee as practitioners, and/or what we stand for in the dental industry
        ii. How we carry on this tradition and continue to maintain a successful and professionally fulfilling dental program
        iii. Our Standards of Service, including:
            1. What our staff and program are known and recognized for
            2. Team core values

        3. Factors that have led to our continuous success; and
        4. CariedAway's mission statement
    c. Individual standards for personal areas of responsibility, including:

i. Job functions, competencies and expectations for working in the department
    1. Physical Requirements: Adhering to local, state and federal labor laws prohibiting any form of discrimination
    2. Hazards: OSHA, local, state and federal regulatory agencies
    3. Competencies: Related to personal and professional skills
    4. Skills: materials, computer programs, and dental equipment the position is expected to use
    5. NYU Valued Behaviors
        a. See corresponding SOP (NYU VALUED BEHAVIORS)
    6. Performance Standards
        a. See corresponding SOP (PERFORMANCE STANDARDS)

6. Ensure that new employee demonstrates recognition and understanding of the position description and understands that they are expected to abide by the standards as outlined, will be evaluated on these standards after their probationary period, as needed throughout the year, and annually on March 31st
    a. After the employee has completed orientation, review and address the following:
        i. Is the employee clear on the mission and vision for the program?
        ii. Position Summary
            1. Is the employee clear on the physical requirements and job hazards associated with the position?
            2. Does the employee have any questions about the competencies, skills, and/or equipment they will be required to use or master on the job?
        iii. Position Task Inventory
            1. Is the employee clear on the job tasks they are expected to perform on a daily, weekly, monthly, annually, and periodic basis?
            2. Is the employee clear on their role in any shared or backup duties assigned?
        iv. Does the employee have any questions about any of the value behaviors listed?
            1. Does the employee feel they can meet or exceed these standards consistently?
        v. Overall Evaluation and Performance Plan
            1. Explain the forms that will be used during subsequent performance reviews
7. Discuss department's policies and procedures:
    a. Timesheets
        i. Attendance
        ii. Punctuality
            1. Work schedule
            2. Lateness
            3. Personal calls

        iii. Accrued time
            1. Vacation
            2. Personal
            3. Sick
        iv. Overtime
    b. Communications
        i. E-mail regulations
        ii. Google calendar(s)
            1. Work schedule
        iii. Mid-Week Report
        iv. Week-in-Review
    c. Dress code
    d. Lunch
    e. Travel
        i. Supply transfer
    f. Community Engagement
        i. Inclement weather
        ii. Reporting
            1. Community Engagement Daily Report
8. Review Security and Safety procedures
9. Conduct tour of floor, building, other appropriate facilities, etc.
10. Consider assigning a mentor or "buddy" for the new hire
    a. Ask a peer to take the new hire out to lunch
    b. Set up brief meeting with department head and other administrators and staff members, if appropriate
11. Encourage new hire to jot down any notes and questions
12. Remind new hire to go to the "New Employees" page on HR website to review other information on resources and services available at NYU

NYU VALUED BEHAVIORS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Desired Outcome: Clinical Team Manager(s) describe NYU valued behaviors to clinical staff during onboarding procedures and employee performance communication. Clinical Team Manager(s) provide realistic examples of how to demonstrate valued behaviors.

Measurement: Clinical staff report familiarity with NYU valued behaviors and recognize their contribution to meaningful discussions of performance evaluation.

1. Service Excellence:
    a. Serve internal and external customers accurately, competently, efficiently, and in a timely manner
    b. Anticipate needs
    c. Seek to deliver complete solutions that extend beyond the customer's stated request
2. Interpersonal Skills:
    a. Build and maintain productive work relationships, collaborate with others to achieve common goals, listen and communicate in a way that respects and supports others
    b. Express thoughts clearly and concisely
3. Adaptability:
    a. Adjust own behavior to work efficiently and effectively in light of new information, changing situations, and/or different environments
    b. Support change and seek to learn, innovate, and improve services, processes, practices, and knowledge
4. Collaboration:
    a. Value the diverse backgrounds and perspectives of others
    b. Seek and value the contribution of others and use their input to guide actions and decisions
    c. Find common ground and solve problems for the good of all, across department, school/unit, and/or geographic boundaries. Gain trust and support of others
    d. Be a cooperative team player
5. Planning, Organizing and Execution:
    a. Clearly define tasks, process, and milestones to achieve objectives, and ensure the optimal use of resources to meet those objectives
    b. Be accountable to deliver results and meet commitments to others
6. Problem Solving & Decision Making:
    a. Make sound decisions and solve problems involving varied levels of complexity, ambiguity, and risk
    b. Understand the impact of decisions on stakeholders and include change management planning as needed
7. Professional Conduct:
    a. Uphold University/unit policies, procedures, and Code of Conduct
    b. Be respectful, honest, and truthful
    c. Demonstrate appropriate discretion when dealing with confidential/sensitive information
    d. Admit mistakes, take responsibility for own actions, and do not misrepresent self for personal gain
    e. Project a positive and professional image
8. Leadership (for Managers only):
    a. Leading Self:
        i. Set a positive example, be honest and trustworthy, exhibit humility
    b. Leading Others:

        i. Inspire commitment, encourage and support collaboration and teamwork, provide feedback and positive reinforcement to employees, provide development opportunities
    c. Leading Results:
        i. Help others achieve success, provide direction
    d. Leading Thinking:
        i. Provide vision, promote and ensure alignment with school/unit and NYU's goals and values

PERFORMANCE STANDARDS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Desired Outcome: Clinical Team Manager(s) describe performance standards to clinical staff during onboarding procedures and employee performance communication. Clinical Team Manager(s) provide realistic examples of how to demonstrate performance standards.

Measurement: Clinical staff report familiarity with performance standards, tasks or expectation of their position, and criteria by which each task should be performed or achieved.

1. Consistently recognizes the needs and desires of other people (Supervising Pediatric Dentist, staff, patients, and business associates)
    a. Treats them with respect and courtesy
    b. Inspires respect and confidence
2. Provides a motivational environment by encouraging and supporting individual growth and development as a means to superior teamwork and greater success
3. Appropriately uses conflict resolution and problem-solving skills in managing interpersonal conflict, patient complaints, and other discord
4. Effectively manages own time and workspace to accomplish individual and program objectives
5. Consistently keeps workspace and department neat and orderly
6. Cheerfully and without hesitation assists colleagues and performs backup duties as needed and requested
7. Appropriately and conscientiously uses Clinical Treatment Area supplies
8. Consistently maintains professional education in relative areas
9. Maintains productive and efficient use of program time, demonstrating good attendance, on-time arrivals, and completed work shifts
10. Constantly aware of total quality management and recommends improvements when and where needed
11. Immediately reports any unsafe working conditions

12. Adheres to policies outlined in the program protocol regarding code of conduct, attendance, appearance, administrative requests, and confidentiality
13. Consistently and accurately performs all tasks as outlined in Standard Operating Procedures
    a. Promptly and thoroughly corrects all errors
14. Communicates clearly and tactfully with patients and parents of minor children, following program philosophy guidelines and verbal as outlined in SOPs for specific circumstances
15. Responds promptly to inquiries and requests from the patients, staff, Clinical Team Managers and Supervising Pediatric Dentist
16. Accurately maintains patient records and charts to ensure easy retrieval and complete documentation of all patient treatment and transactions
17. Participates fully in staff development through morning huddles, staff meetings, continuing education courses, and evaluations
18. Promotes team cohesiveness by interacting with team members using common courtesy, active listening skills, respect, and non-judgmental attitude
19. Responds promptly and efficiently to inquiries and requests from clinical colleagues and program administrators
20. Uses discretion in confidential management and/or employer-employee relations matters

MANAGING EMPLOYEES

Effective date: 08/26/2013
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Background: NYU Performance Communication Cycle: "SPEAK" (Success: Performance, Engagement, Alignment & Knowledge), NYU's performance communication process, is divided into three types of discussions that happen at specific times during the year.

Desired Outcome: Effective communication and feedback about performance are critical to the success of every employee and to the success of the University overall. At its core, performance communication is an ongoing dialogue between employees and their managers/supervisors that provides the following benefits:

- Creates a shared understanding of goals, valued behaviors, and other expectations that are critical for success
- Fosters an environment of continuous feedback and professional development
- Provides employees with the opportunity to assess their own performance
- Helps employees improve what they do and how they do it, thus enabling them to provide greater support to the goals of their school or unit and the University

Measurement: Annual completion of the NYU Performance Communication Goal Setting, Performance Communication, and NYU Performance Communication Self-Assessment forms, Clinical Team Discussion Record

1. At the beginning of the year:
    a. Manager and employee meet to discuss and establish goals, priorities, and valued behaviors along with other performance expectations including any school or unit-specific competencies for the coming year
    b. These discussions are documented at the beginning of the year in the NYU Performance Communication Goal Setting Form
        i. Navigate to:
            1. PCORI Managers Folder/Communication/Staff Performance Tracking/Forms, Templates, Guides, and Calculators/Staff Communication/Human Resources/Performance Communication/NYU Performance Communication Goal Setting Form
2. Throughout the year:
    a. Manager and employee meet regularly (weekly, monthly, quarterly) to discuss progress on goals and performance and, if necessary, realign or reprioritize goals
3. At the end of the year:
    a. Employee assesses their own performance against goals and expectations
    b. Manager assesses employee's performance based on their own observations, the employee's self-assessment, and feedback gathered from other sources
    c. Employee and manager meet to discuss, review, and reach understanding of performance on goals, competencies, and any other expectations
        i. These discussions are documented at the end of the year on the NYU Performance Communication Form
            1. Navigate to:
                a. PCORI Managers Folder/Communication/Staff Performance Tracking/Forms, Templates, Guides, and Calculators/Staff Communication/Human Resources/Performance Communication/Annual Evaluation Forms/Technical Staff
        ii. Employees are encouraged to keep notes on their performance in the NYU Performance Communication Self-Assessment Form throughout the year to make it easier to track progress and prepare for performance discussions
            1. Navigate to:
                a. PCORI Managers Folder/Communication/Staff Performance Tracking/Forms, Templates, Guides, and Calculators/Staff Communication/Human Resources/Performance Communication/NYU Performance Communication Self-Assessment Form

iii. Likewise, managers are encouraged to keep notes on their employee's performance throughout the year
    1. Navigate to:
        a. PCORI Managers Folder/Communication/Staff Performance Tracking/Clinical Team Discussion Record

THE BEGINNING OF THE YEAR: SETTING GOALS AND EXPECTATIONS

Effective date: 08/26/2013
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Background: Setting goals and establishing clear performance expectations with employees at the beginning of the performance cycle provides the opportunity to ensure alignment between the employee's goals and the goals of the school/unit and the University and is an important driver of employee performance and job satisfaction.

Desired Outcome: Goal setting is a "cascading" process from the strategic level to the individual level, with goals getting more narrowly defined as they cascade. Employees understand how their goals support the goals set for the program, and how the programmatic goals support the goals of the department and the University overall.

Measurement: Authoring of SMART goals by Clinical Team Manager(s) for dissemination to clinical staff. Clinical staff understand the evolving needs of the program and adapt their actions and behavior to support and accommodate those goals.

1. Before the Goal Setting meeting with your employee:
    a. Meet with your own manager to discuss the goals of the program and how you and your employees will support them
    b. Review the employee's previous performance evaluation, the position description, goals of the program and department
    c. Ask the employee to review the same materials
    d. Identify the key responsibilities of the employee for the coming year, including critical duties, projects, and goals
        i. Consider what you and your customers expect of the employee
    e. Familiarize yourself with the goal setting form
        i. Navigate to:
            1. PCORI Managers Folder/Communication/Staff Performance Tracking/Forms, Templates, Guides, and Calculators/Staff Communication/Human Resources/Performance Communication/NYU Performance Communication Goal Setting Form

        ii. Consider how the valued behaviors apply to the employee's roles and responsibilities
    f. Write "SMART" Goals: Well defined goals should always include the following "SMART" characteristics:
        i. Specific: Describing in precise terms what will be done
        ii. Measurable: Describing how you will know whether or not the goal was met
        iii. Achievable: Defining a goal that is challenging but attainable
        iv. Relevant: Connecting and aligning the employee's role with the objectives of the program
        v. Time-bound: Specifying the time frame within which the goal should be completed
2. During the Goal Setting meeting:
    a. Discuss and agree upon performance expectations (including valued behaviors) and goals for the upcoming year
    b. Identify the key responsibilities using the job description, specific assignments, tasks, projects, and operational goals
    c. Discuss the valued behaviors and ensure a common understanding of performance expectations
    d. Schedule a time for regular performance progress follow up meetings (weekly, monthly, quarterly)
3. After the Goal Setting meeting:
    a. Input the agreed upon goals and priorities along with any additional performance expectations into the NYU Performance Communication Goal Setting Form
    b. Employee and manager both sign and date the form, and each keep a copy of the completed form for future reference
    c. Provide a copy of the completed form to the employee and keep a copy for your records
        i. If required, provide a copy of the form to your HR Officer or HR Business Partner

THROUGHOUT THE YEAR: ONGOING FEEDBACK AND DIALOGUE

Effective date: 08/26/2013
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Background: Progress meetings should take place throughout the year, so it's a good idea to schedule several follow-up progress meetings after the initial Goal Setting meeting. These meetings give you a chance to:

- Provide coaching and feedback—let the employee know if they are "on track"

- Provide positive reinforcement and recognition
- Correct behavior before problems get out of hand
- Adjust your task or goal expectations as conditions and priorities change
- Listen to the employee's responses to your feedback on their progress

Desired Outcomes: Clinical Team Manager(s) keep notes on progress employees have achieved and/or improvement needed toward achieving goals and other performance expectations, and how the valued behaviors were demonstrated during the year.

Measurement: Comprehensive evaluation and constructive feedback provided to clinical staff by Clinical Team Manager(s).

Note: Progress meetings are a time to formally discuss the employee's performance. They are not a substitute for the regular, day-to-day feedback and guidance that you give to an employee. When a specific problem occurs, or to reinforce desired behavior, it is best to give the feedback as soon as possible after the behavior is demonstrated.

Manager Follow-Up Progress Meeting Process:

1. Clinical Team Manager(s) will host brief follow-up progress meetings on a monthly basis to compliment NYU Performance Communication Cycle meetings
2. In advance of the follow-up progress meeting:
    a. Schedule and assign follow-up progress meetings on the Manager's Google Calendar
    b. Generate MyTime Managers Reports for the period elapsed since the last progress/NYU Performance Communication Cycle meeting
        i. See corresponding SOP (TIME, ATTENDANCE, AND PUNCTUALITY)
    c. Assess personal and professional skills and performance as compare to:
        i. NYU Valued Behaviors
            1. See corresponding SOP (NYU VALUED BEHAVIORS)
        ii. Performance Standards
            1. See corresponding SOP (PERFORMANCE STANDARDS)
        iii. Compliance with all relevant program protocols, policies, and guidelines
            1. Reference individual accounts of errors noted, or challenges observed by date in the Clinical Team Communication Record
                a. Navigate to:
                    i. PCORI Managers Folder/Communication/Staff Performance Tracking/ Clinical Team Discussion Record
    d. Prepare documentation needed to initiate/continue progressive discipline, as appropriate
        i. Progressive discipline is to be initiated following employee receipt of a:
            1. First warning

a. Delivered at first progress meeting for which employee only partially or does not meet expectations in a performance category
b. Follow-up with written email

2. Second warning and notice of risk of counseling
    a. Delivered at second progress meeting for which employee only partially or does not meet expectations in a performance category
    b. Follow-up with written email
3. Third warning and scheduled date of counseling
    a. Determined in advance of third progress meeting for which employee only partially or does not meet expectations in a performance category
    b. Inform employee via written email that the scheduled progress meeting will take the form of a counseling

ii. Note:
1. Each cause for discipline has its own progressive discipline track
2. During routine progress meetings, Clinical Team Manager(s) should not utilize the terms "meets expectations," "partially meets expectations," etc.
    a. These terms are reserved for annual evaluations only
    b. Instead, focus on whether an employee does or does not "require improvement" in a performance category

iii. See corresponding SOP (PROGRESSIVE DISCIPLINE PROCESS)

3. During the follow-up progress meeting:
    a. Delivering Feedback Effectively: Whether you are giving feedback in a progress meeting or on an informal, day-to-day basis, the principles are the same
    b. Remember that employees need <u>both</u> positive and constructive feedback
        i. The process for delivering positive feedback is listed below
            1. Give <u>positive</u> feedback when you want to *reinforce* and *encourage* a particular behavior or result:
                a. Identify the specific behavior
                b. Describe the behavior's positive impact
                c. Look for ways to build on the behavior
                d. Emphasize the future and how you can help the employee to reproduce the positive results achieved already
                e. Encourage the employee to share his or her views
        ii. Give <u>constructive</u> feedback when an employee needs to understand when their results or behaviors are having a *negative* impact on their performance
            1. Discussing performance problems can sometimes be a challenging aspect of supervision; however, delivering "constructive" feedback should not be avoided

2. If your employees are used to receiving regular feedback (both positive and constructive) it makes it much easier to discuss a problem if it arises
3. It also helps the employee to build and maintain a high level of performance and therefore makes the program and University stronger
4. The process for delivering constructive feedback is listed below:
    a. Identify the specific result or behavior that needs to change
    b. Avoid attributing motive to behavior
    c. Focus on the issue, not on the person
    d. Describe the negative impact of the result or behavior
    e. Ask the employee what they think is causing the problem
    f. Practice active listening by using paraphrasing to convey your understanding of what the employee is saying
    g. Ask the employee what they think might work to improve the situation
    h. Evaluate solutions and reach agreement upon the best approach
    i. Strive for understanding, not necessarily agreement
    j. Agree upon next steps, including a timeline for action and follow up

4. Complete documentation needed to initiate/continue progressive discipline, as appropriate
    a. See corresponding SOP (PROGRESSIVE DISCIPLINE PROCESS)
    b. Save Notation of Discussion with Employee form to Box
        i. Navigate to:
            1. PCORI Managers Folder/Communication/Staff Performance Tracking/Progressive Discipline (Notation of Discussion)
    b. Submit Notation of Discussion with Employee form to HR, as necessary
5. Document the conversation in the Clinical Team Discussion Record
    a. Navigate to:
        i. PCORI Managers Folder/Communication/Staff Performance Tracking/ Clinical Team Discussion Record

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MID-YEAR CHECK IN

Effective date: 08/26/2013
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Background: The Mid-Year Check In is an optional step that can be added to document the discussion of the employee's progress at mid-year and make any adjustments to goals or expectations for the remainder of the year.

Desired Outcome: Clinical Team Manager(s) provide a short performance recap to clinical staff that is less detailed than the Year End Performance Review.

Measurement: Level of agreement and understanding between Clinical Team Manager(s) and staff regarding expectations for performance improvement. At the end of this discussion, both the manager and employee should walk away with a clear understanding about what the employee has accomplished so far and what he/she needs to focus on for the reminder of the year.

Note: In order to make it easier to remember accomplishments and results achieved or improvements needed during the year, managers and employees are encouraged to keep notes about the employee's performance throughout the year.

Mid-Year Check In process steps:

1. Employee enters progress to date on goals, priorities, or responsibilities, along with any other accomplishments, along with how the valued behaviors were demonstrated into the NYU Performance Communication Self-Assessment Form and provides a copy to the manager
2. Manager reviews input from employee and other sources on results and valued behaviors to date and enters comments into the NYU Performance Communication Form
3. Manager and employee meet to review progress to date and make adjustments if necessary, to goals for the reminder of the year
    a. Any other notes or changes as a result of this discussion should be added and both manager and employee keep a copy of the form

ANNUAL PERFORMANCE REVIEW: THE END OF THE YEAR

Effective date: 08/26/2013
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Desired Outcome: The employee and manager to look back over the past year to discuss the employee's performance results, accomplishments, and development.

Measurement: Success of conversation that summarizes the ongoing feedback and communication that has happened all year long between the manager and employee.

Annual Performance Review process steps:

1. Employee enters results for goals, priorities, and other accomplishments, how they demonstrated the valued behaviors, and summary comments into the NYU Performance Communication Self-Assessment Form
2. Manager incorporates self-assessment input from the employee and any other sources of feedback, along with feedback on goals, priorities, other accomplishments, valued behaviors, and indicates performance level on goals and priorities, and valued behaviors, and summary comments into the NYU Performance Communication Form
3. Manager and employee meet to review and discuss the employee's performance over the previous year
    a. Any additional information coming from the discussion is added to the NYU Performance Communication Form by the manager, and both manager and employee sign and retain a copy of the form
    b. The HR representative also requires a copy of the form

Determining Overall Performance Level:

1. Use the grid below to determine an accurate overall performance level for the employee that reflects performance on goals/priorities/accomplishments and on valued behaviors
    a. Place an X in the appropriate box to indicate the employee's overall performance on both (A); job responsibilities, additional goals and priorities, and other accomplishments and (B); valued behaviors
    b. A suggested overall performance level rating is indicated for each box and should be transferred the performance communication form

(B) Valued Behaviors				
	Exceeds Expectations	_____ Partially or Successfully Meets Expectations	_____ Surpasses Expectations	_____ Far Exceeds Expectations
	Meets Expectations	_____ Partially Meets Expectations	_____ Successfully Meets Expectations	_____ Surpasses Expectations
	Improvement Needed	_____ Does Not Meet Expectations	_____ Partially Meets Expectations	_____ Partially or Successfully Meets Expectations
		Improvement Needed	**Meets Expectations**	**Exceeds Expectations**
	(A) Job Responsibilities, Goals/Priorities & Accomplishments			

Your judgment and managerial discretion play an important role in determining an overall performance level and there may be times when your overall rating does not fit the

recommendations in the grid. Here are a couple of examples that can help guide your thought process:

1. Employee A is rated on the low side of Exceeds Expectations on results and on the low side of Meets Expectations on behavior
    a. The overall assessment for this employee may be Successfully Meets Expectations (Not Surpasses Expectations)
2. Employee B is rated as Exceeds Expectations on results and on the high side of Improvement Needed on behavior
    a. The overall assessment for this employee may be Successfully Meets Expectations (if the Manager does not think a rating of Partially Meets is appropriate)

Tips for conducting a successful performance review:

1. Prepare:
    a. Arrange for a private location and allow approximately one hour
    b. Review the guidelines above for Delivering Feedback Effectively
    c. Ask the employee to bring his or her self-evaluation and recommendations for areas of development
    d. Provide a copy of the review to the employee a few days in advance of the discussion
    e. Gather your documentation (e.g. position description, past evaluations, key responsibilities, etc.)

Open the discussion with a high-level overview of the employee's performance:

1. Use your Summary Comments to guide your opening overview

Review each of the goals/priorities/responsibilities, and valued behaviors individually:

1. Ask the employee to comment on their performance and then add your own perspective
2. Be sure to recognize and acknowledge successes to reinforce positive messages
3. Focus your comments on results and behavior and their impact on performance
4. Talk fairly and objectively about the employee's performance; use specific examples to illustrate your points
5. Be clear about areas of improvement and offer alternatives for how things might have gone better
6. Ask the employee to offer ideas about what they can do to build upon strengths and improve upon areas needing further development
7. Reinforce positive results by discussing performance strengths

Summarize performance and document next steps:

1. Use your Summary Comments to guide your closing comments
2. Review the overall performance level
3. Give the employee the opportunity to add any additional comments to the form
4. Sign the form and ask the employee to sign

a. Note: Signing the form does not necessarily indicate agreement with the information presented but does indicate that the information was reviewed

After the meeting:

1. Be sure to follow through on your commitments
    a. For example; schedule any milestone meetings that have been agreed upon
2. Keep a copy of the completed, signed performance communication form along with the employee's self-evaluation for your records
3. Give a copy of the final form to the employee
4. Ask your HR Representative if/when they require a copy of the form
    a. If you require additional assistance, please contact your HR representative or call PeopleLink at 212-992-5465 or via email at askpeoplelink@nyu.edu

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TIME, ATTENDANCE, AND PUNCTUALITY

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) perform routine assessments of staff time, attendance, and punctuality. Clinical staff are provided with effective communication regarding relevant expectations in this regard.

Measurement: All employees meet expectations time, attendance, and punctuality.

1. Access and download MyTime Manager Reports
    a. Navigate to:
        i. NYU Home/MyTime/Reporting/View Reports/Manager Reports
            1. Attendance Reports/Arrived Late
            2. Time Off Reports/Absence Summary
    b. Review reports for discrepancies and amend as appropriate
2. Assess availability and use of accrued employee time off
    a. Note any shortages and consider implications for staff performance
3. Calculate average performance across all employees during the elapsed period under review:
    a. Quantity (n) of individual occasions of lateness
    b. Quantity of time (minutes) late
4. For each employee, compare quantity of individual occasions of lateness and quantity of time late to calculated employee averages
    a. Determine whether:
        i. Calculated averages exceed both values
            1. Meets expectations

ii. Calculated averages exceed only one value
    1. Partially meets expectations
    2. Initiate/continue progressive discipline
iii. Both values exceed calculated averages
    1. Does not meet expectations
    2. Initiate/continue progressive discipline

b. Note: During routine progress meetings, Clinical Team Manager(s) should not utilize the terms "meets expectations," "partially meets expectations," etc.
    i. These terms are reserved for annual evaluations only
    ii. Instead, focus on whether employees do or do not "require improvements" to their time, attendance, and punctuality record

DEVELOPING EMPLOYEES

Effective date: 08/26/2013
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Desired Outcome: As part of NYU's Performance Communication Process, managers and employees meet at least once each year to set Development Goals and a Development Plan that will help the employee build new knowledge, skills, and abilities.

Measurement: Clinical Team Managers follow the 70-20-10 formula when planning development for their employees.

1. 70% on-the-job experiences:
    a. Assignments, projects and other work that challenge the employee to develop new capabilities and skills
2. 20% coaching and feedback:
    a. Informal feedback and guidance provided on a day-to-day basis, supplemented by formal feedback and coaching provided through the formal Performance Communication Process
3. 10% formal courses and training program:
    a. Throughout the year, the Office of Talent, Learning & Organizational Development offers workshops designed to enhance the skills of support staff, administrators, and management staff
        i. Some of these programs are provided on an open-enrollment basis to all employees across the University, and some are offered online
        ii. Login to NYUiLearn via NYUHome for more information about courses currently scheduled or contact NYU PeopleLink at askpeoplelink@nyu.edu

GOAL SETTING AND INDIVIDUAL DEVELOPMENT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Background: While NYU's annual Performance Communication Process ensures an ongoing dialog between employees and their managers about performance, the following Career Development templates provide a way for employees to discuss with managers their longer-term career goals.

Desired Outcome: Managers work with their employees on a Career Development Action Plan to illustrate where an employee sees their career going in the next 1-2 years, and also longer term over the next 3-5 years. Employee describes steps that they may possibly take now and in the next few years to make progress toward their career goals.

Measurement: Feedback from new employees. New employee, clinic manager and Supervising Pediatric Dentist level of satisfaction with the discussion.

1. The NYU Employee Development Discussion form is available on Google Drive
    a. Direct clinical staff to navigate to: https://forms.gle/7qEktSEAv8qgHmMcA
2. The NYU Individual Development Plan form is reviewed by semester:
    a. Fall
        i. Direct clinical staff to navigate to: https://forms.gle/UEj7eA8Bix8YGC2g6
    b. Spring
        i. Direct clinical staff to navigate to: https://forms.gle/5terzKPHzCH1zTra9
3. Prepare the following for the meeting:
    a. Two copies of each of the Google Form responses, one for the employee and one their personnel file
    b. Their personnel file
4. Open the meeting with the following statement: “The purpose of this meeting is to review your Individual Development Plan forms. My goal is for you and me to review this document together, answer any questions you may have, and complete the necessary documentation for your personnel file.”
5. Make sure the employee does not have any final questions
6. Ask the employee to sign and date the Individual Development Plan forms
    a. Sign and date as the manager on both forms
7. File the signed copies in the employee’s personnel file
    a. Give the employee a copy of the signed document for their records

OFFBOARDING EMPLOYEES

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Background: The knowledge and experience of clinical staff is of immense value to us as we make decisions regarding the direction and needs of our organization.

Desired Outcome: Members of the University community given access to substantial information regarding the programs business operations and clientele engage in an orderly transition of responsibilities for which they have been mainly accountable.

Measurement: Utility of responses to the following questions:

1. Personal Information
    a. Name
    b. Job Title
    c. Manager
    d. Last Day with Department
2. List of all projects, ongoing tasks, tips, information and other open items on which you are currently working
    a. Are there key people (internal/external contacts) to whom we should be introduced before you leave the organization? If yes, please list and indicate when we might plan for such introductions?
    b. Identify external agencies and regulatory groups (i.e., City/State/Federal) with whom it is necessary for us to interact in order to fulfill duties of your position
3. Are there specific files/records related to current or past projects that should be retained over a defined period of time?
    a. If yes, please list, identify the location of each, and include the retention period
4. List important historical/reference documents, if any, in your possession
5. What equipment was assigned to you for use?
    a. Where is the equipment?
6. Is there other information not requested that you feel it would be helpful for us to know?
    a. If yes, please provide

EMPLOYEE RELATIONS

Effective date: 02/10/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist

Issuing Authority: NYU Human Resources and Faculty Services

Employee Relations Philosophy: We believe that we all work best when conflicts are well-managed. We are committed to supporting our managers in their supervision of union and nonunion staff. To this end we advise on the policies and procedures that govern employee relations and we facilitate conflict resolution.

1. Fair Labor Standards Act (FLSA)
    a. The FLSA establishes minimum wage, overtime pay, recordkeeping, and youth employment standards affecting employees in the private sector and in Federal, State, and local governments
    b. Overtime pay at a rate not less than one and one-half times the regular rate of pay is required
    c. There are two classifications under the FLSA:
        i. Exempt –not eligible for overtime; salaried employees
        ii. Non-Exempt –eligible for overtime; hourly employees
            1. Employees are paid overtime for any hours worked over 35 hours in one work week
    d. All administrators are exempt and all staff (union) employees are non-exempt
    e. Timekeeping for hourly employees must be in accordance with wage and hour laws
2. Differences Between Union and Non-Union
    a. There are two unions at the College: Local 3882 and Local 2110
        i. Local 3882 includes all staff clerical employees (code 104) and staff technical employees (code 104)
        ii. Local 2110 includes all non-DDS graduate students
    b. Both unions have a collective bargaining agreement available, in which all employment terms for members are listed
    c. All administrators and researchers are non-union employees
        i. Must adhere to all NYU and NYU Dentistry policies and procedures
3. Probationary Period
    a. The probationary period is when performance is monitored for a specific period of time after hiring and discussed with the new hire
    b. It's an opportunity to determine if the new hire can meet the job requirements and if they are a good fit for the role
        i. For Local 3882 employees, there is a 3-month probationary period
        ii. For administrators/researchers, there is a 6-month probationary period
    c. At the end of the probationary period, a Probationary Review Form must be completed by the manager and submitted to Human Resources and Faculty Services
        i. If employees are not going to pass probation, it is required for departments to contact Human Resources and Faculty Services prior to the probationary period end date to discuss

ii. Documentation is still required to show why the employee is being terminated and that measures were taken before termination to assist the employee in meeting job requirements

4. Employment-At-Will and Just Cause
    a. Employment-At-Will: Either party in work relationship can sever the relationship at any time for any reason
    b. Just Cause Employment: The employer has the right to discipline, suspend or discharge an employee for just cause –the burden of proof is on management
        i. 7 Tests of Just Cause
            1. Reasonable Rule or Order
                a. Is the departmental work rule reasonably related to the orderly, efficient and safe operation of the department?
            2. Notice
                a. Did employee have adequate notice of work rule or performance standards? Is there evidence?
            3. Sufficient fact-finding or investigation
                a. Did you conduct a timely investigation or fact-finding before taking disciplinary action?
                b. Did the employee have an opportunity to respond?
            4. Fair fact-finding or investigation
                a. Was your investigation or fact-finding conducted fairly and objectively?
            5. Proof
                a. Did you find proof of misconduct or of performance discrepancy?
            6. Equal treatment
                a. Have you dealt with your employees equally and without discrimination?
                b. Have similarly situated bargaining unit employees received the same discipline?
            7. Appropriate discipline
                a. Is the discipline reasonably related to the seriousness of the problem?
                b. To the employee's record?
5. Weingarten Rights
    a. In 1975, the U.S. Supreme Court held that a unionized employee had the right to union representation at an investigatory interview when the employee reasonably believes that the investigatory interview could lead to disciplinary action
    b. An investigatory interview is when an employee is questioned to obtain information that could be used as a basis for discipline or asks an employee to defend their conduct
    c. Three rules apply when conducting an investigatory interview:

i. The employee must make a clear request for union representation before or during the interview
    1. Employees cannot be punished for making the request
ii. If a request for union representation is made, the investigator must either:
    1. Grant the request and delay questioning until union representation arrives
    2. Deny the request and end the interview immediately
    3. Give the employee a choice of having the interview without representation or ending the interview
iii. If the request is denied and questioning continues, the investigator is committing an unfair labor practice and the employee has a right not to answer
    1. The employee also cannot be disciplined for such refusal, but is required to sit until supervisor terminates the interview

d. Employees have no right to union representation when:
    i. Conveying work instructions, training or communication work techniques
    ii. Purpose of interview is to inform or impose discipline
    iii. Discussion about the previously determined discipline, which is initiated by the employee

6. Union Grievance Process
    a. After receiving a discipline, an employee or the union can present a grievance within twenty days of the discipline being issued
    b. Grievance Steps:
        i. Step 1 -supervisor
        ii. Step 2 -NYU Dentistry Human Resources
        iii. Step 3 -NYU Office of Employee Relations
    c. Arbitration
        i. Top 5 Reasons Employers Lose at Arbitration
            1. Lack of supporting documentation
            2. Mitigating circumstances (e.g. circumstances unlikely to occur again)
            3. Procedural errors (e.g. not allowing union representation during disciplinary meetings)
            4. Overly harsh discipline for rule infraction
            5. Management partly at fault (e.g. incorrect application of policy)

PROGRESSIVE DISCIPLINE PROCESS

Effective date: 02/10/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: NYU Human Resources and Faculty Services

Desired Outcome: Improving performance or correcting inappropriate behavior when coaching, counseling and/or performance discussions have not been successful –also known as progressive discipline.

1. The performance evaluation is not to be considered as a part of the constructive discipline process
2. Progressive Discipline Steps:
    a. Oral Warning
    b. Written Warning
    c. Suspension
    d. Termination
3. Progressive discipline should be issued in a timely manner and have supporting documentation justifying the discipline being issued
4. Each cause for discipline has its own progressive discipline track

EMPLOYEE RELATIONS CONSULTING

Effective date: 08/26/2013
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: NYU Human Resources

Background: The Office of Employee Relations counsels employees and provides assistance in informally resolving work-related problems. The office also provides consulting services to managers and HR Officers on the interpretation of collective bargaining agreements and work-related policies and procedures, including the application of the University's progressive disciplinary policy.

Desired Outcome: Managers or supervisors who are planning to take disciplinary action against an employee, especially if that action is suspension or termination of employment, consult their HR Officer or, in the absence of that person, contact the Office of Employee Relations at once.

Measurement: Clinical Team Manager preparedness in addressing questions and concerns on progressive discipline, policy, etc.

1. Office of Employee Relations services may be requested by contacting PeopleLink at askpeoplelink@nyu.edu or 212-992-LINK (5465)
2. Additional Services
    a. Advice and coaching for managers on performance and other on-the-job problems
    b. Clarification and advice on University policy, compliance with laws governing employment such as FMLA, ADA, EEO

c. Advice and assistance to employees seeking to resolve work-related problems

MEETINGS

AGENDA

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) prepare for and moderate/facilitate successful employee meetings. Clinical staff are provided with meaningful context and relevant resources that support leadership messaging and reinforce program quality improvement efforts.

Measurement: Satisfactory completion and dissemination of meeting agendas. Feedback from clinical staff and Supervising Pediatric Dentist concerning the utility of the agenda and related documents.

Meeting preparations to help run an effective meeting:

1. Sharpen your meeting objective
    a. Ask yourself the following questions:
        i. What do we want to accomplish?
        ii. What are our desired *outcomes*?
        iii. Why do we want to accomplish these *outcomes*?
        iv. How important is the final result?
        v. When should the desired result be accomplished by?
        vi. How will we measure success?
        vii. How can this result best be accomplished?
    b. Sharp meeting objectives are specific, purposeful and timely
        i. Specific
            1. Identify the desired outcome and how you plan to achieve it
            2. Work backwards to determine your actions
                a. Action examples:
                    i. Identify, review, select, determine, recommend, prioritize, solve, resolve, brainstorm, plan, etc.
        ii. Purposeful
            1. By adding purpose to your meeting *objective*, you highlight the importance of the desired outcome
            2. Ask yourself the following questions:
                a. Why do you want this *objective* accomplished?

        b. What will happen if your *objective* isn't accomplished? What will happen if it is accomplished?
        c. How much impact will it have on the program?
    3. The motive for an outcome can be just as important as the outcome itself
    4. By stating the purpose in your meeting objective ahead of time, you lead the direction of the discussion and make efficient use of the team's time
  iii. Timely
    1. Identify when the outcome can be achieved
    2. Ask yourself the following questions:
        a. When should the objective be met?
        b. Is it realistic to think that you can achieve this objective with a single meeting?
    3. By making your objective timely, you also provide a timeline to your attendees, adding an additional level of accountability
2. Decide how many resources should be allocated to the meeting/s in order to achieve your desired outcome/s
    a. This sharpening will also help you decide what kind of meeting you should have:
        i. Face-to-face meeting
        ii. Video conference
    b. If the outcome is high-value and complicated, you may require more resources to ensure that your meeting objective is achieved
        i. Examples:
            1. Difficult conversations/cultural competency
                a. Video meeting with a professional facilitator
            2. Technical meeting
                a. On-site meeting with a faculty expert
3. Identify your best participants
4. Ensure everyone is prepared

After answering the above questions and identifying and securing necessary resources, prepare your agenda:

1. Navigate to:
    a. PCORI Managers Folder/Forms, Templates, Guides, and Calculators/Staff Communication/Agenda Template
2. Specify the following:
    a. Type of meeting
        i. Clinical Team Remote Work
            1. Mid-Week Meeting
            2. End-of-Week Debrief
        ii. Clinical Team Meeting
            1. Orientation
            2. Quality Improvement

    b. Date
    c. Facilitator/Note taker
    d. Meeting objectives
    e. Announcements
    f. Reminders
    g. Follow-through checks (parking lot)
        i. Provide meaningful context and background on issues proposed by clinical staff during previously held meetings
        ii. Elucidate actions needed, next steps taken, or activities in progress to seek resolution
    h. Assignments
    i. Goals
3. Share your agenda with the team in advance of the meeting
4. During the meeting, the note taker should amend the agenda with the following:
    a. Attendees
        i. Late
    b. Additional:
        i. Announcements
        ii. Reminders
        iii. Follow-through checks
    c. Problems
    d. Possible solutions
5. Send and/or share the agenda to/with clinical staff (and administrators, as appropriate)
    a. Change the title from “Agenda” to “Meeting Minutes”

MORNING HUDDLES

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) identify/create relevant content, coaching, and peer learning opportunities in promotion of quality improvement, and moderate/facilitate morning huddles to ensure team communication and active group problem solving that results in achieving production goals and work cultural change.

Measurement: Feedback from staff, Clinical Team Manager(s) and Supervising Pediatric Dentist. Level of success in meeting production goals, achieving work cultural change, or implementing ideas to improve quality.

1. Quality improvement

a. Prepare and facilitate/moderate morning huddles that address the following topics or test relevant concepts, preferably on a routine (i.e. weekly) schedule:
    i. Professional Development
        1. Examples:
            a. Leadership
            b. Emotional intelligence
            c. Cultural competency
    ii. Standard Operating Procedure (SOP) Review
        1. Examples:
            a. Infection control
            b. Surface-level diagnosis
    iii. Skills Sharing (RN-, RDH-, and DA-moderated)
        1. Tips and tricks to improve:
            a. Clinical productivity
            b. Behavior management
        2. Continuing education
            a. Literature review
            b. Conferences, webinars attended
    iv. Team Building
        1. Build rapport within and between teams
        2. Identify and resolve common program barriers
            a. Theoretical and evidence-based strategies
        3. Develop program/culture improvement tools
    v. CariedAway Updates
        1. For dissemination to employees following weekly:
            a. Manager meetings
            b. Administrative team meetings
b. Prepare and provide relevant content to solidify and test concepts:
    i. Resources
        1. Presentations
            a. Novel content creation by Clinical Team Manager(s)
            b. iLearn modules
            c. LinkedIn Learning
            d. Ted Talks
        2. Manuals
        3. Links to useful articles, websites
        4. Recordings of learning sessions
        5. FAQs
        6. Notification of additional training opportunities
    ii. Assessments
        1. Google Forms
2. Elicit employee feedback
    a. Identify challenges to the previous day's clinical schedule and/or activities
3. Set expectations

a. Provide the previous day's consent report
    i. New consents
    ii. Total consents
    iii. Percent enrolled
    iv. Patients seen
    v. Patients remaining
b. Review ATS cross-reference lists to assess the number of students enrolled and remaining for receipt of preventive care
    i. Confirm final schedule for the day with the Dental Champion
    ii. Identify and plan for delays or interruptions to patient turnover attributable to:
        1. Pre-K/Kindergarten breakfast periods
        2. Pre-K/Kindergarten nap times
        3. Lunch periods
        4. Pre-testing/testing
        5. Field trips
        6. School emergencies (i.e., fire drills, lockdowns)
        7. Special patient care
        8. Absence
    iii. Permit for additional time, as appropriate
c. Identify special tasks outside of daily routine
    i. Stock and inventory

4. Storytelling (data sharing, success stories)
    a. Praise employees and provide special recognition for tasks done particularly well

WEEKLY MANAGER'S MEETING

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), NYUCD CariedAway Administrative Team
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) review and summarize Google Forms Daily Report submissions for presentation to the NYUCD CariedAway administrative team and request updates for dissemination to clinical staff. Clinical Team Manager(s) engage in reflection and subsequent problem-solving to identify and eliminate barriers to success and/or facilitate quality improvement efforts.

Measurement: Weekly Manager's Meeting minutes.

1. Clinical Team Manager(s) review the following topics:
    a. Confirm status of:
        i. Transportation

1. Specify delays, cancellations, etc.

ii. Documentation
    1. RN Standing Orders
        a. Prepared and available for signature/signed in Box
    2. ATS Cross-Reference Lists
        a. ATS alphabetized roster available
        b. ATS class roster available
    3. Emergency protocol completed and returned
    4. Urgent referrals
        a. Prior week's urgent referrals have been compiled and sent to the PC via Virtru
    5. Following week's binder
        a. Prepared and available in clinic

iii. Coordination and collaboration with school administrators
    1. School wi-fi and password obtained
    2. Phone/extension list available by class
    3. Pre-testing/testing/field trips/assemblies confirmed
    4. Lunch schedules confirmed
    5. Time of release for last student of the day confirmed
    6. Debrief meetings
        a. Date/time of debrief meeting proposed
        b. Debrief meeting minutes uploaded to Box
    7. Locked room available for secure storage

iv. Clinic Operations
    1. Request visit by Supervising Pediatric Dentist for behavioral management/treatment of special needs, as indicated
        a. Specify date
    2. Indicate audit status
        a. See corresponding SOPs (CLINICAL AUDIT, CLINICAL TIMING AUDIT, CLINICAL AUDIT LOG, BINDER AUDIT)
    3. Indicate staff absence/late/sickness or request for time off
        a. Assess impact to clinical productivity and/or anticipate needs
        b. Suggest clinical staff substitutions, as appropriate
    4. Specify morning huddle topics addressed
        a. See corresponding SOP (MORNING HUDDLES)
        b. Specify evening huddle topics addressed, as applicable
    5. Perform assessment of staff morale
        a. Engage in relevant problem-solving
        b. See corresponding SOPs (CONFLICT RESOLUTION, QUALITY IMPROVEMENT CURRICULUM DEVELOPMENT)
    6. Perform individual performance assessments, as indicated
        a. See corresponding SOPs (NYU VALUED BEHAVIORS, PERFORMANCE STANDARDS)

b. Provide supply/inventory update, as applicable
    i. See corresponding SOP (IN-FIELD INVENTORY REPORT)
    ii. Follow-up with written communication to Administrative Aide II and Supervising Pediatric Dentist informing them of the update and urgent supply needs
    iii. Indicate request for new sharps containers
        1. See corresponding SOP (PROCESSING AND TRANSFER OF WASTE)
c. Provide equipment update, as applicable
    i. See corresponding SOPs (EQUIPMENT MAINTENANCE TRACKING, MAINTENANCE REPORT, EQUIPMENT MAINTENANCE)
d. Provide NESS update, as applicable
    i. See corresponding SOP (NE DENTAL FORM/IPAD ERROR LOG)
e. Request updates from the Administrative Aide II concerning amendments or revisions to NYU Dentistry supply room inventory
    i. Brand and/or unit quantity
    ii. Commit edits to In-Field Inventory/Packing List Generators as described
f. Specify school-based challenges, as applicable
g. Share success stories, as applicable

2. Review consent reports
    a. Perform self-assessment of clinical flow
        i. See corresponding SOP (MAXIMIZING CLINIC FLOW/PATIENT TURNOVER)
    b. Engage in relevant problem-solving
        i. Anticipate needs
            1. Identify and eliminate barriers
            2. Evaluate the feasibility of adjusting clinical staff assignments to compensate for schedule delays
3. Submit request for schedule amendments, as necessary
    a. Indicate need for early transfer of equipment
        i. To next school
            1. Estimate date
            2. Request subsequent coordination and communication by Research Coordinator
    b. To NYUCD supply room
        i. Estimate date
        ii. Notify Alex (supply room Super)
            1. P: (646) 533-4938
            2. E: aconforti@absre.com
4. Request administrative team updates for dissemination to clinical staff during morning huddle
    a. See corresponding SOP (MORNING HUDDLES)

COMMUNITY ADVISORY COMMITTEE (SCHOOL DEBRIEF)

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Background: Caried*Away* plans for and operates dental health services by seeking the involvement of individuals that represent different constituencies within the community. Community involvement and collaboration with the school district, school staff (teachers, administrators, and support staff) parents, students, community service organizations (dental health professionals, community health centers, local health department), and community leaders (local governing body) is essential for garnering greater acceptance and support of the program and in helping to ensure its ultimate success.

A community advisory committee representative of its constituency and oriented to clinical services (school staff, community members, health providers, and parents and students) provides oversight of dental services and assists Caried*Away* in obtaining community input. Community advisory committee meetings are scheduled on a regular basis and minutes of all meetings distributed to all committee members.

Desired Outcome: Clinical Team Manager(s) discuss the following topics with members of the school community: (1) findings from the community needs assessment and process evaluation; (2) the scope of the problem, and establishment of school-based dental services; (3) Program planning, implementation, and development; (4) Oversight of dental services; (5) Identification of emerging oral health issues and appropriate interventions; (6) Identification of funding; and (7) Program advocacy.

Measurement: Receipt and documentation of positive and negative feedback from school community members.

1. Upon arrival to the school, propose a debrief meeting time with appropriate school staff
    a. Principal, Dental Champion, etc.
2. Prior to the meeting, print copies of the agenda for all attendees
    a. Navigate to:
        i. PCORI Managers Folder/Communication/School Communication Templates/Community Advisory Committee Meeting
    b. Complete the Daily Report table
    c. Complete “Main Objectives of the Meeting”
        i. Summary of the past year’s treatment and CE events
            1. CE Events
                a. Indicate number and dates of promotional programs
                    i. Number of families reached
                    ii. Promotional materials distributed
            2. Oral Health Education
                a. Indicate number of sessions held, and topics covered

3. Use of services
    a. Indicate intervention and duration
    b. Indicate number of informed consent forms distributed
        i. Indicate % returned (enrollment)
    c. Frequency of missed appointments
        i. # students absent
        ii. # students incomplete/in-progress/partial treatment
    d. Number of children in need of referrals and % referred
        i. Referred for urgent treatment: % (n=)
3. If available, provide findings from the prior semester's community needs assessment (evaluation plan) to illustrate the scope of the problem
    a. Navigate to:
        i. PCORI Managers Folder/Communication/School Communication Templates/Community Advisory Committee Evaluation Plan
    b. Note: form must be sent to Principal Investigator Ryan R. Ruff for completion prior to school entry
4. During the meeting, document:
    a. Meeting attendees
    b. "Feedback from School"
        i. What worked and what didn't work?
        ii. Where can we improve?
        iii. What can we do to make this program more successful?
    c. Consumer satisfaction (patient/student, family and school personnel)
        i. Complaint investigation
5. Assess school's additional resource/material needs
6. Program advocacy
    a. Discuss Dental Champion role(s)
        i. If an alternate or additional Dental Champion was identified by you, discuss the opportunity to include those individuals in future correspondence
7. Discuss and propose potential scheduling for 6-month recall
    a. Refer to Google Calendar to assess if a proposed date has been pre-entered
8. Save Community Advisory Committee Meeting (Debrief) minutes to NYU Box
    a. Navigate to:
        i. PCORI/PCORI Schools
9. Report successful completion and upload using the Google Forms Daily Report

QUALITY IMPROVEMENT PROGRAM

QUALITY IMPROVEMENT CURRICULUM DEVELOPMENT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) screen for and compile content intended to promote quality improvement efforts, valued behaviors, and professional standards by clinical staff.

Measurement: Quantity and quality of content presented to clinical staff. Feedback from Supervising Pediatric Dentist and clinical staff. Utility and replicability of educational and training efforts. Impact to organizational performance.

1. Assess the following by appropriate means (staff survey, focus groups, individual staff meetings, etc.)
    a. Workplace characteristics and circumstances
        i. Physical work environment
        ii. Work characteristics
        iii. Workforce
    b. Climate and culture
        i. Organizational climate and culture
        ii. Safety climate and culture
    c. Management and colleagues
        i. Management attitudes and behaviors
        ii. Co-worker attitudes and behaviors
        iii. Management of safety
    d. Employee characteristics
        i. Employee demographics
        ii. Career and job attitudes
        iii. Safety characteristics
        iv. Lifestyle
    e. External
        i. Governmental bodies
        ii. Stakeholders
        iii. Socio-economic
2. Posit or determine the impact of the above influences to:
    a. Performance
        i. Safety-related performance
        ii. Organizational performance
    b. Safety outcomes
        i. Incidents
        ii. Accidents

iii. Injuries

3. Engage in problem solving:
    a. Evidence-based practice
        i. Assess current practices
            1. “Look back”
        ii. Ask clinical questions
            1. “Identify”
        iii. Acquire literature
            1. “Explore”
                a. Pre-approved sources
                    i. NYU Dentistry Departments
                        1. Professional Development
                        2. Clinical Affairs
                        3. Epidemiology and Health Promotion
                    ii. Regulatory Bodies
                        1. World Health Organization
                        2. Centers for Disease Control and Prevention
                        3. Occupational Safety and Health Administration
                    iii. Organizations
                        1. American Dental Association
                        2. American Academy of Pediatric Dentistry
                        3. American Dental Hygienists Association
                    iv. Peer-Reviewed Journals
                        1. The Journal of the American Medical Association
                        2. The Journal of the American Dental Association
                        3. The Journal of Dental Hygiene
        iv. Appraise strength of evidence
            1. “Define”
                a. Specify precise program/quality improvement goals and desired outcomes
                    i. Learning objectives
                    ii. Recommended and required reading
                b. Seek curriculum approval from Supervising Pediatric Dentist and/or Principal Investigator(s), as appropriate
        v. Act on findings
            1. “Action”
        vi. Announce your results
            1. See corresponding SOPs (HYGIENE UPDATES AND RELATED ISSUES, MORNING HUDDLES)

HYGIENE UPDATES AND RELATED ISSUES

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: A staff that is well-informed and aware of timely and topical issues regarding modern dentistry and hygiene.

Measurement: Feedback from co-workers and Supervising Pediatric Dentist. Verbal skills of hygienists and registered nurses implementing hygiene services. Efficiency of treatment explanations.

1. As pertinent information is made known to Clinical Team Manager(s), such as journal or news articles, interesting clinical studies, essays, and other dentistry or oral health related materials:
    a. Disseminate to clinical staff for review and discussion during morning huddles
2. If you attend professional meetings, consider sharing information from the scientific sessions you attend
    a. Many associations offer audiocassettes of these sessions, which make excellent educational materials for staff meetings
    b. Your retention of the information you heard at the session will improve when you share it

FORMAL, NON-BINDING AGREEMENT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) guide clinical staff in the development of formal, non-binding agreements that represent program-wide and individual responsibility standards. Clinical staff compare notes on what they want, what they think they have, and "the gap" to agree on a common quality world picture, then problem-solve differences and brainstorm solutions.

Measurement: Quantity of staff willing to sign a formal, non-binding agreement in promotion of a shared communal identity.

1. Encourage staff to define the following:

a. What We Want: Our Quality World
    i. List words or phrases that describe your "ideal world" for the situation or issue being addressed
        1. Quality world pictures represent an ideal world
            a. How we would like our life, or a particular situation, to be
            b. We know what is in our quality world
                i. If we didn't know, we wouldn't know when we don't have it and would not be unhappy
b. What We Think We Have: Our Perceived World
    i. List the words or phrases that describe your perception of the current situation
        1. All we know
            a. What we perceive we have
            b. What we perceive is currently happening
            c. This is our own unique spin on the situation at hand
c. The Gap
    i. List the words and phrases that describe these discomforts
        1. When we evaluate what we want (our Quality World) against what we believe we have (our Perceived World), we are unhappy
            a. The discomforts we experience as a result of the difference between the two worlds all occur in the Gap
            b. Discomforts can be anything (including physiological and emotional problems, not just observable problems)

2. Encourage staff to describe what the program provides to the community you serve, their guarantee as practitioners, and/or what they stand for in the dental industry
    a. List what program is known and recognized for, and/or descriptions of what factors have led to continuous success
3. Encourage staff to work together to author a formal, non-binding agreement that outlines how we carry on this tradition and continue to maintain a successful and professionally fulfilling dental program
4. Review the statement and make edits to fit program policies
5. Encourage staff to sign the formal, non-binding agreement:
    a. "I have reviewed the formal non-binding agreement and understand that I am expected to abide by the performance standards as outlined. I understand that my colleagues will engage in self-advocacy and assertive communication in holding me accountable to these standards…"

INFORMED CONSENT

DELIVERY

Effective date: 08/01/2020

Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Informed consent forms are printed, organized, packaged, and labeled for delivery and distribution to the appropriate school designee.

Measurement: Feedback from school administrators and/or the Dental Champion. Successful and timely distribution of informed consent forms to parents of unenrolled students.

1. Informed consent forms are printed in English and in Spanish and stapled together
2. Consent forms are organized by grade and classroom for ease of distribution
    a. Specifically:
        i. ATS Cross-Reference [class] lists are affixed to the front of each manila form
            1. Highlighted names indicate those students already enrolled in the program
                a. Students already enrolled in the program should not be provided with new informed consent form
                b. Their original consent form is valid for 5 years or as long as the child is in enrolled in NYC schools
                c. Exception: If guardianship of the child has changed, a new informed consent form will need to be signed
3. Instructions for appropriate completion are provided
    a. Specifically:
        i. A completed example form is affixed to the front of each manila form
            1. Highlights indicate the minimum requirements for form completion in order for it to be accepted for screening by a Clinical Team Manager for accuracy and completion
                a. At a minimum, forms must have:
                    i. First name
                    ii. Last name
                    iii. Date of birth
                    iv. OSIS number
                    v. Parental consent signature and date of signature
                        1. Blue or black ink
                    vi. HIPAA consent signature and date of signature
                        1. Blue or black ink
4. All outgoing envelopes and packages are provided for direct delivery by clinical staff to the designated:
    a. Dental Champion
    b. School administrator
    c. Teacher
        i. Professional Development meetings

5. Alternative forms of consent for distribution include:
    a. Inclusion with blue cards during orientation week(s)
    b. Inclusion with orientation packets during orientation week(s)
    c. Morning Drop-Off and Afternoon Pick-Up Tabling
    d. Community Engagement Events
        i. Student Pre-Registration and Registration
        ii. Kindergarten Orientation
        iii. PTA/PLC Monthly Meetings
        iv. Back-to-School Night
        v. Principal Café
        vi. Parent-Teacher Conferences
        vii. Health Fairs/Health Week
        viii. Community or Cultural Gatherings/Events

SCREENING

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: All patient demographic information and parent/legal guardian details required to confirm receipt of legally effective informed consent are verified for accuracy of completion.

Measurement: Informed consent form content reflects information documented by Automate the Schools (ATS) Cross-Reference lists. Protected health information (PHI) collected on paper-based informed consent form is consistent with information documented by the NE Form electronic health record. Internal audits of paper-based and digital informed consent forms and electronic health records reflect procedures as described by relevant Standard Operating Procedures.

1. Informed consent forms are screened upon receipt for the following elements:
    a. Patient demographics
        i. First name
        ii. Last name
        iii. Date of birth
        iv. Online Student Information System (OSIS) number
    b. Parent/legal guardian details
        i. Informed parental consent signature and date of signature
        ii. HIPAA consent signature and date of signature

2. Features of informed consent forms that warrant the return or provision of a new informed consent form to the patient and their parent/legal guardian include:
    a. Signature irregularities
        i. Missing signatures
        ii. Entry error
            1. Signatures completed in pencil/ink other than blue/black
            2. Aberrant input
                a. Entry made outside of designated signature field
    b. Date of signature irregularities
        i. Missing dates of signature
        ii. Incorrect dates of signature
            1. Form dated after scheduled commencement of study procedures
            2. Form dated outside of IRB approved range
        iii. Entry Error
            1. Overwritten/illegible dates of signature
            2. Dates changed (e.g. “back dating”)
            3. Mistakes corrected (e.g. “striking out” and re-entering “correct” date or signature)
            4. Correction fluid used (white out)
            5. Dates of signature completed in pencil/ink other than blue/black
        iv. Aberrant input
            1. Entry made outside of designated date of signature field
            2. Entry exceeds the number of characters indicated by the date of signature field (mm/dd/yyyy)
            3. Entry falls short of the number of characters indicated by the date of signature field (partial dates of signature)
3. Students should be provided with guidance on how their parent or legal guardian should amend/complete the informed consent form:
    a. Highlight missing entry fields
    b. Use Post-Its or other temporary markers to indicate entries that must be completed in blue/black ink.
4. Encourage students to have their parents amend/complete the form for return to the Dental Champion the following day:
    a. Ask the school’s Dental Champion to contact the parent or legal guardian to this effect and/or request that they present to the school in advance of the day of treatment to:
        i. Amend errors or omissions, or
        ii. Complete new paperwork, as appropriate.
    b. If consent is obtained the same day that the subject's involvement in the study begins, it is incumbent on the Clinic Manager to document that consent was obtained prior to participation in the research:

        i. Amend the Manage Subject [notes] section of the patient's electronic health record with the following:
            1. "All informed consent signatures and dates of signature were obtained prior to the receipt of care."
            2. Initials
            3. Time
            4. Date
5. The following elements are verified for accuracy of completion by Clinic Managers prior to the provision of preventive dental services:
    a. Date of birth
        i. Reflects the date of birth verbally reported by the patient upon presentation for care (verification of patient identity)
            1. When patients are too young or otherwise incapable of verifying their date of birth, accuracy of the date of birth submission documented by the informed consent form is confirmed by referencing the school's ATS Cross-Reference list
            2. Discrepancies in date of birth reported by the patient/parent/legal guardian and/or ATS Cross-Reference list should be brought to the attention of, and resolved by, the Dental Champion prior to the commencement of study-related procedures
    b. OSIS number
        i. Reflects the OSIS number documented by the ATS Cross-Reference list
            1. Informed consent forms missing OSIS numbers should be brought to the attention of, and resolved by, the Dental Champion prior to the commencement of study-related procedures
            2. The Dental Champion will amend missing OSIS numbers by reckoning the following identifiers with the school's ATS Cross-Reference list:
                a. First name
                b. Last name
                c. Date of birth
6. The following identifiers comprise protected health information (PHI) and are ineligible for verification by Clinic Managers:
    a. Names
    b. Dates, except year
    c. Telephone numbers
    d. Social Security numbers
    e. Health plan beneficiary numbers
    f. Any unique identifying number or code (OSIS)

TRACKING AND MAINTENANCE

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: All valid consents for active patients are highlighted on the ATS Cross-Reference list and class roster.

Measurement: Daily reports authored by Clinic Managers accurately reflect paper-based informed consent form quantity and quality. Internal audits of paper-based and digital informed consent forms and electronic health records produce findings consistent with standards outlined by relevant Standard Operating Procedures. Ability of Supervising Pediatric Dentist, relevant stakeholders, and auditors to accurately and efficiently ascertain patient enrollment status.

Visit One:

1. Alphabetized ATS cross-reference list
    a. Highlight, in yellow, one student entry for every paper-based informed consent form screened for accuracy of completion (enrolled)
    b. Verify:
        i. The total number of paper-based informed consent forms contained by the binder should equal the number of highlighted names on the alphabetized cross-reference list, plus
        ii. The total number of entries reflected by the Verify Enrollment Log
2. Class rosters
    a. Highlight, in yellow, one student entry for each enrolled student indicated by the alphabetized ATS cross-reference list
    b. Verify:
        i. The total number of highlighted names reflected by the class rosters should equal the number of highlighted names on the alphabetized cross-reference list

Recall Visit:

1. Alphabetized ATS cross-reference list
    a. Generate a comprehensive list of recall patients (those previously enrolled):
        i. NESS Administrative site Report 4, or
        ii. Prior semester's highlighted alphabetized ATS cross-reference list

b. Highlight, in pink, one student entry for every patient retained between semesters
    i. Those students for whom consent was withdrawn by the parent/legal guardian/principal investigator by receipt of email, letter, or verbal request for withdrawal, or
    ii. Not otherwise reflected on the alphabetized ATS cross-reference list and whose status as "aged-out" or "left school" has been confirmed by the Dental Champion
    iii. Are categorized as withdrawn
        1. See corresponding SOP (WITHDRAWING FORMERLY ENROLLED PATIENTS)
c. Highlight, in yellow, one student entry for every new paper-based informed consent form screened for accuracy of completion
d. The receipt of a paper-based informed consent form associated with a student entry already highlighted is categorized as a duplicate
    i. Duplicate forms containing any of the following elements not found on the original informed consent form are to be retained (stapled to the back):
        1. Race/ethnicity data
        2. Telephone numbers
        3. Social Security numbers
        4. Health plan beneficiary numbers
    ii. Redundant duplicates should be provided to the Dental Champion for secure shred and disposal
e. Verify:
    i. The total number of paper-based informed consent forms contained by the A-Z, New Consent, and Verify Enrollment sections of the binder should equal the number of highlighted names on the alphabetized cross-reference list, plus
    ii. The total number of entries reflected by the Verify Enrollment Log

2. Class rosters
    a. Highlight, in pink, one student entry for every patient retained between semesters
    c. Highlight, in yellow, one student entry for each newly enrolled student indicated by the alphabetized ATS cross-reference list
    d. Verify:
        i. The total number of pink and yellow highlighted names reflected by the class rosters should equal the number of pink and yellow highlighted names on the alphabetized cross-reference list

BINDER PREPARATION AND ORGANIZATION

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Emergency Protocol information, Safety Data Sheets, and paper-based informed consent forms are readily available and accessible in the event of emergency or audit.

Measurement: Preparedness of Clinic Managers in the event of emergency or audit. Internal audits of paper-based informed consent form binders are consistent with standards outlined by relevant Standard Operating Procedures. Ability of Supervising Pediatric Dentist, relevant stakeholders, and auditors to accurately and efficiently ascertain emergency preparedness, patient enrollment status, and demographic information.

1. School binder is identifiable by name and color on the cover and binding:
    a. Yellow: Complex prevention
    b. Pink: Simple prevention
2. The following are acquired prior to presentation to a school for delivery of care:
    a. Emergency Protocol Form
        i. See corresponding SOP (EMERGENCY PROTOCOL)
    b. Safety Data Sheets
        i. See corresponding SOP (SAFETY DATA SHEETS)
    c. ATS-Cross Reference Lists:
        i. Alphabetized
        ii. Class Rosters
3. Relevant sections of the binder should include:
    a. New Consents
        i. All paper-based informed consent forms are organized by grade and class preceding digital scan into the NE Form
            1. All paper-based informed consent forms awaiting digital scan are subject to relevant screening protocols
                a. See corresponding SOPs (SCREENING, TRACKING AND MAINTENANCE)
        ii. Forms entered into the NE Form by clinicians providing chairside care are subsequently placed in a pre-sorting bin maintained by the Clinical Team Manager
    b. A-Z tabs
        i. All paper-based informed consent forms are filed alphabetically, by last name, following digital scan into the NE Form

1. See corresponding SOP (ACESSSING A PATIENT'S ELECTRONIC HEALTH RECORD)

c. In Progress
    i. Paper-based duplicate of parent take home form indicating "refused visit"
        1. Indicates completion of a "Screening Only" visit by a patient who formerly refused care and/or was unable to cooperate due to:
            a. Dental fear, anxiety
            b. Behavior management
            c. Specials needs
        2. Indicates clinician perception that variable timing or availability of additional support (Supervising Pediatric Dentist, school personnel) may result in a more favorable treatment outcome
    ii. Amend the Manage Subject [notes] section of the patient's electronic health record with the following:
        1. Details pertaining to the refused visit and rationale for a repeat attempt
        2. Initials
        3. Date
d. Urgent Referrals
    i. Paper-based duplicate of parent take home and attached urgent referral form
e. Withdrawn
    i. All paper-based informed consent forms associated with patients formerly enrolled but lost to follow-up due to:
        1. Consent withdrawn by parent, guardian or Principal Investigator
            a. Parent/Guardian
                i. Email (date and reason for withdrawal, if provided)
                ii. Letter (date and reason for withdrawal, if provided)
                iii. Telephone call (date and reason for withdrawal, if provided)
            b. Principal Investigator (date and reason for withdrawal, if provided)
        2. Age-out
            a. Former 5th graders, for K-5 schools
            b. Former 8th graders, for K-8 schools
        3. Left school/transfer
            a. Known transfer students will be tracked by the Patient Transfer Log
            b. See corresponding SOPs (PATIENT TRANSFER LOG)
f. Verify Enrollment

i. Paper-based Verify Enrollment Letter Template
    1. See corresponding SOP (VERIFY ENROLLMENT)
    2. All paper-based informed consent forms for individuals not reflected by the ATS Cross-Reference List(s) whose enrollment has yet to be verified by the Dental Champion

TRANSFER AND STORAGE

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: All informed consent forms are filed appropriately and transferred and stored securely.

Measurement: Daily reports authored by Clinic Managers accurately reflect paper-based informed consent form and electronic health record quantity. Absence of findings consistent with breach of confidentiality violations during internal audit procedures.

1. All iPads and informed consent form binders are maintained by the Clinic Manager in maximum security, combination locking mobile chests
    a. See corresponding SOP (CLINICAL TREATMENT AREA CLOSING AND SECURITY)
2. Mobile chests are kept in secure, locked offices when not in use
3. Following transfer of mobile chests to NYU College of dentistry, paper-based informed consent forms are maintained according to the following criteria:
    a. The confidentiality of subjects must be maintained;
    b. Binders containing paper-based informed consent form must be stored appropriately, locked, and accessible only to those listed in the approved study
        i. binders are transferred to locked cabinets in locked offices maintained by the Supervising Pediatric Dentist and/or Clinic Manager(s)
    c. Paper-based informed consent forms must be kept for the required time periods:
        i. Signed informed consent documents and HIPAA authorizations are securely stored for a minimum of 6 years
    d. At the end of the require retention period, documents identifying subjects (e.g. signed informed consent forms) should be effectively and securely destroyed

Confidentiality
The confidentiality of research subjects is of the utmost importance when handling and receiving the signed informed consent forms. Signed consent forms should only be accessible

only by individuals who are approved to be on the study team and who have been properly trained regarding their obligations to ensure participant confidentiality.

Storage
Signed informed consent forms must be stored in a manner that assures confidentiality and that limits access to approved members of the research team (e.g., locked file cabinet, secure electronic files, etc.). Copies should not be kept in unlocked cabinets in shared offices, on shared public computers, unencrypted portable devices, or other electronic settings that do not adequately restrict access. Further, consent forms should be stored in a manner that prevents connection of individuals with their research data.

BINDER AUDIT

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Paper-based informed consent form binders are organized in accordance with the following SOPs: SCREENING, TRACKING AND MAINTENANCE, BINDER PREPARATION AND ORGANIZATION, WITHDRAWING FORMERLY ENROLLED PATIENTS.

Measurement: Daily Reports are consistent with audit findings.

1. Ensure Google Chrome settings are consistent with requirements
    a. See corresponding SOP (SECURE DOWNLOAD OF NESS ADMINISTRATIVE REPORTS)
2. Log in to NESS administrative site (https://www.nessform.net/dental2/)
3. Navigate to Report 4, “Edit Student IDs and Demographics”
    a. Select School
    b. Select “Generate Report to Excel” to visualize the following:
        i. Student ID
        ii. First Name
        iii. Last Name
        iv. Date of Birth
        v. School
        vi. Current Status
        vii. Health-Consent-Form
        viii. Visit Count
4. Select Column A
    a. Right-click to select “Clear Contents”

b. Edit title to “CODE”
c. The following codes are acceptable for audit purposes:
    i. Black X: Enrolled student highlighted on alphabetized ATS cross-reference list
    ii. Blue X: Formerly enrolled student no longer reflected on the alphabetized ATS cross-reference list (withdrawn)
    iii. Red X: Enrolled student associated with an informed consent form available in digital form through the NESS database, but for whom a paper-based consent form is not present in the binder (lost/missing/misfiled)
    iv. Green X: An enrolled student whose Patient Summary page indicates former receipt of clinical care (completed visit)
    v. Black/Blue/Red/Green X#: Enrolled student with suspected duplicate record(s)

5. Initiate binder audit:
    a. Referencing the alphabetized ATS cross-reference list:
        i. Place a black X under “code” for each entry associated with a highlighted name on the alphabetized cross-reference list
        ii. Confirm accurate documentation of:
            1. Student ID
            2. First Name
            3. Last Name
            4. Date of Birth
        iii. Suspected duplicate entries should be highlighted and coded as described below
    b. Referencing the Verify Enrollment Log:
        i. Place a black X under “code” for each entry associated with a student whose enrollment has been verified by the Dental Champion
        ii. Suspected duplicate entries should be highlighted and coded as described above
        iii. Verify: The total number of black Xs (minus duplicate entries) should equal the total number of highlighted names on the alphabetized cross-reference list plus entries associated with students whose enrollment has been verified by the Dental Champion
            1. Discrepancies indicate failure to create an electronic health record for enrolled students
                a. Identify paper-based informed consent forms for which there is no associated electronic health record
                b. Add Subjects
                    i. See corresponding SOP (ACESSSING A PATIENT’S ELECTRONIC HEALTH RECORD)

c. Note number of records for which this criteria applies

c. Referencing the Withdrawn section of the paper-based informed consent form binder:
    i. Place a blue X under "code" for each entry associated with a paper-based informed consent form filed in this section
    ii. Suspected duplicate entries should be highlighted and coded as described above
    iii. Verify: The total number of blue Xs (minus duplicate entries) should equal the total number of paper-based informed consent forms filed in this section
        1. Discrepancies indicate failure to create an electronic health record for formerly enrolled students
            a. Identify paper-based informed consent forms for which there is no associated electronic health record
            b. Add Subject
                i. See corresponding SOP (ACESSSING A PATIENT'S ELECTRONIC HEALTH RECORD)
            c. Adjust enrollment status
                i. See corresponding SOP (WITHDRAWING FORMERLY ENROLLED PATIENTS)
d. Identify any entries not associated with either a black or blue X:
    i. Confirm that entries are not suspected duplicates falling into either "enrolled" or "withdrawn" categories formerly described
    ii. Compare entry to alphabetized ATS cross-reference list
        1. Presence of associated name on the alphabetized cross-reference list indicates:
            a. Lost/missing/misfiled paper-based informed consent form
                i. Verify presence or absence of complete, valid digital informed consent form in NESS database
                    1. See corresponding SOP (SCREENING)
                    2. Red X: Enrolled student associated with a complete, valid informed consent form available in digital form through the NESS database, but for whom a paper-based consent form is not present in the binder (lost/missing/misfiled)
                    3. Note parental consent date of signature* (date of enrollment)
                ii. Verify presence of absence of completed visits:

1. Green X: An enrolled student whose Patient Summary page indicates former receipt of clinical care (completed visit)
2. Note earliest date of treatment*

b. Failure of Clinic Manager to comply with requirements
   i. See corresponding SOP (TRACKING AND MAINTENANCE)
   ii. Compare the entry to alphabetized ATS cross-reference list
   iii. If present, highlight the associated student entry on both the alphabetized and class rosters in a color consistent with their date of enrollment
      1. Yellow: current semester
      2. Pink: prior semester
   iv. Place an "M" for "missing" to the left of the highlighted entry
   v. Amend the "Total Enrolled" submission of relevant Reports to reflect the change

e. Identify duplicate records:
   i. Examples:
      1. X1: 1234 Doe Jhn 01/02/2003 Active
      2. X1: 1234 Doe John 01/02/2003 Active
      3. X2: 5678 Doe Jane 01/02/2003 Active
      4. X2: ____ Doe Jane 01/02/2003 Active
   ii. Note: In the above examples, John and Jane Doe are presumed to be twins born on the same date
      1. John's enrollment has been verified according to the alphabetized ATS cross-reference list, and so each of his records receives a black X
         a. John's records are the first set of duplicates identified in the database for this school and so each black X is followed by a "1" to indicate the presence of multiple entries associated with him
         b. John's patient ID and date of birth are consistent for each of his associated records; however, his first name has been misspelled; The error is highlighted
      2. Jane's enrollment has been withdrawn according to the forms contained by the Withdrawn section of the paper-based informed consent form binder and so each of her records receives a blue X
         a. Jane's records are the second set of duplicates identified in the database for this school and so each blue X is

followed by a “2” to indicate the presence of multiple entries associated with her

b. Jane’s first and last name and date of birth are consistent for each of her associated records. However, her OSIS number has been omitted from one record; The error is highlighted
c. Both records associated with Jane list her Current Status as “Active” which conflicts with our records of her “Withdrawn” status
    i. Confirm the presence of documentation indicating submission of parent/legal guardian letter, email, or telephone call withdrawing patient from the study
        1. See corresponding SOP (PARENT COMMUNICATION LOG)
        2. Absence of such documentation indicates failure of Clinic Manager to comply with requirements
            a. See corresponding SOP (TRACKING AND MAINTENANCE)
            b. Compare the entry to alphabetized ATS cross-reference list
            c. If present, highlight the associated student entry on both the alphabetized and class rosters in a color consistent with their date of enrollment
                i. Yellow: current semester
                ii. Pink: prior semester
            d. File the paper-based informed consent form behind the appropriate A-Z tab
            e. Amend the “Total Enrolled” and “Withdrawn” submissions of relevant Reports to reflect the change(s)
        3. Presence of such documentation indicates failure of Clinic Manager to comply with requirements

a. See corresponding SOP (WITHDRAWING FORMERLY ENROLLED PATIENTS)
b. Amend enrollment status

iii. Confirm presence/absence of completed treatment for each duplicate record, and dates of treatment, if applicable
1. Compare dates of treatment
a. If multiple instances of completed care were completed within a 6-month period, access each duplicate record to ensure the absence of redundant care
b. Redundant care is defined as receipt of any treatment (sealants, ITR, FV, SDF) in excess of one instance per 6-month period, per tooth

f. Identify records in need of deletion:
i. No evidence of hard-copy consent form
ii. No evidence of patient visit

6. Confirm the presence of a code for all entries in the database
7. Record findings in the NESS Internal Audit Log:
a. School
b. Numerical quantity of each of the following:
i. Colored Xs
1. Black
2. Blue
3. Red
4. Red/Green
5. Green
ii. Missing:
1. Student ID
iii. Entry Error:
1. Student ID
2. First Name
3. Last Name
4. Date of Birth
iv. Duplicate records
1. Redundant Care
v. Enrolled; Not Highlighted on ATS Cross-Reference List
vi. No EHR Created
1. Enrolled
2. Withdrawn
vii. Possible Transfer
viii. Deletions Needed

RN STANDING ORDERS

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Registered professional nurses (RN) execute medical regimens (i.e. administer anti-cariogenic topical fluoride medicaments) in compliance with the creation of the nonpatient specific standing order as a legal entity by the New York State Legislature.

Measurement: The lawful development of a standardized list of orders designed for a given patient population which mandates that each list of orders be signed by the patient's primary care provider (i.e. Supervising Pediatric Dentist) and customized to the particular needs of a specific patient (i.e. absence of contraindications to care).

Note: RN standing orders must be developed and signed by the Supervising Pediatric Dentist for each school designated for simple treatment by an RN no later than the Friday preceding the first scheduled day of treatment. Adequate creation of RN standing orders therefore necessitates the collection and screening of paper-based informed consent forms, and subsequent creation of electronic health records for enrolled students, in advance. RN standing orders may be amended as needed to reflect enrollment additions. Enrollment additions not reflected by signed RN standing orders are ineligible to receive medical regimens from an RN.

1. Navigate to:
    a. PCORI Managers Folder/Forms, Templates, Guides, and Calculators/RN Standing Orders
2. Select template according to primary care provider
3. Ensure Google Chrome settings are consistent with requirements
    a. See corresponding SOP (SECURE DOWNLOAD OF NESS ADMINISTRATIVE REPORTS)
4. Log in to NESS administrative site (https://www.nessform.net/dental2/)
5. Navigate to Report 4, “Edit Student IDs and Demographics”
    a. Select School
    b. Select “Generate Report to Excel” to visualize the following:
        i. Student ID
        ii. First Name
        iii. Last Name
        iv. Date of Birth
        v. School
        vi. Current Status
        vii. Health-Consent-Form

        viii. Visit Count
    c. Save to: PCORI Managers Folder/Logs/Secure Download of NESS Reports
6. Copy columns detailing first name, last name, and date of birth into the appropriate RN standing orders template
    a. Delete Report 4 from the temporary folder: PCORI Managers Folder/Logs/Secure Download of NESS Reports
7. Input/update the following elements of the template:
    a. School name
    b. Dates of clinical treatment
    c. Date of signature
8. Print as PDF and save to: PCORI Managers Folder/RN Standing Orders
    a. File by semester
    b. Specify "RN Standing Orders" followed by school name
9. Close the template
    a. Do not save
10. Copy Box link containing the file for send to Supervising Pediatric Dentist with a request for signature and subsequent upload
11. Report successful completion and upload using the Google Forms Daily Report
12. If there are circumstances that hinder the deadline of Standing Orders' availability:
    a. Communicate promptly with the Supervising Pediatric Dentist
        i. Detail hindrances
        ii. Provide a reasonable timeframe for expected completion

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VERIFY ENROLLMENT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: The enrollment of students not reflected by alphabetized and class ATS cross-reference lists is verified by the Dental Champion.

Measurement: Accuracy of enrollment and daily consent reports.

1. All paper-based informed consent forms for individuals not reflected by the ATS Cross-Reference List(s) whose enrollment has yet to be verified by the Dental Champion are entered into the Verify Enrollment Letter Template
    a. Navigate to:
        i. PCORI Managers Folder/Forms, Templates, Guides, and Calculators/School Communication/Verify Enrollment Letter Template
    b. Enter all the information requested in the table, as listed and available:

        i. Patient first name
        ii. Patient last name
        iii. Patient date of birth
        iv. Patient OSIS
        v. Patient grade
        vi. Patient class
2. Author email for send to the Dental Champion
    a. See corresponding SOPs (HIPAA COMPLIANCE: SENDING SECURE AND ENCRYPTED E-MAILS, VIRTRU EMAIL TEMPLATE)
    b. Attach Verify Enrollment Letter
    c. Request updated ATS cross-reference list(s) that reflect to-date enrollment of listed students, as applicable
    d. Request completion of any missing fields for enrolled students
3. Upon return receipt:
    a. Amend ATS cross-reference list(s)
        i. See corresponding SOP (TRACKING AND MAINTENANCE)
    b. File verified paper-based informed consent forms
        i. See corresponding SOP (BINDER PREPARATION AND ORGANIZATION)
    c. Shred paper-based informed consent forms for students not verified
    d. Amend enrollment reports
        i. See corresponding SOP (BINDER AUDIT)
    e. File the completed Verify Enrollment Letter under the Verify Enrollment tab

CLINIC OPERATIONS

SCHOOL ARRIVAL

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) and clinical staff present in a timely fashion, demonstrate professionalism and respect, and express gratitude for the opportunity to provide care in schools.

Measurement: Feedback from school community stakeholders, namely, security staff and school administrators including the Principal and Dental Champion. Quantity of communications demonstrating programmatic support and approval by schoolteachers and administrative staff (e-mail blasts, Class Dojo, school bulletin, etc.).

1. Upon arrival to the school, clinical staff check in with the security desk and provide identification and signature
    a. Clinical Team Manager(s) request directions to the location of the Dental Champion's office
2. Clinical Team Manager(s) present to the Dental Champion's office
    a. Graciously thank Dental Champion for welcoming the CariedAway team
        i. Request the opportunity to meet the Principal and to thank them in kind
            1. See corresponding SOP (PRINCIPAL INCENTIVIZATION SPEECH)
    b. Request directions to the clinical treatment area
        i. Clarify whether any instructions are in effect for the safe and efficient transfer of equipment and supplies to the clinical treatment area
            1. Ensure compliance by clinical staff
    c. Provide a summary overview of CariedAway services
        i. See corresponding SOP (KEY MESSAGES TO CONVEY)
    d. As appropriate, summarize opportunities for community engagement
        i. See corresponding SOP (COMMUNITY ENGAGEMENT OPPORTUNITIES)
    e. The Dental Champion should be alerted to the likelihood of continued return of informed consent forms during the dates of clinical care, during Community Engagement activities, and past the date of departure
        i. Encourage Dental Champion to send reminders to:
            1. Parents to complete and return informed consent forms
                a. Daily verbal reminders
                b. Printed announcements
                c. School Twitter/Instagram/Facebook/LinkedIn/Vimeo
                d. School-wide or teacher/classroom specific e-mail listservs
                e. Class Dojo, Class 123, Schoolify, and other classroom management tools
            2. Teachers to collect informed consent forms
    f. Request that Dental Champion compile informed consent forms for daily provision to the Clinical Team Manager
        i. Remind Dental Champion that all returned consent forms must be screened upon receipt for:
            1. Accuracy of completion
                a. See corresponding SOP (SCREENING)
            2. Missing demographic and contact information not submitted with the form
        ii. If still attached, Principal Recruitment Letters should be removed from complete informed consent forms and returned to students for their parents to keep on-file
3. Clinical Team Manager(s) introduce the Dental Champion to clinical staff
4. Clinical Team Manager(s) collect or request completion of the Emergency Protocol Form, for signature by the principal prior to the initiation of patient care
    a. Emergency Protocol Form is reviewed by all clinical staff upon arrival
        i. See corresponding SOP (EMERGENCY PROTOCOL)

b. The Clinical Team Manager will be shown and announce the locations of:
    i. Fire alarm boxes within or closest to the clinical treatment area
    ii. AED
    iii. School health services staff
        1. School nurse
        2. Psychologist

5. Clinical staff will prepare the clinical treatment area
    c. See corresponding SOPs (CLINICAL TREATMENT AREA LAYOUT: DIAGRAMS, NON-DISPOSABLE EQUIPMENT SETUP, STOCKING PATIENT DENTAL CARE STATIONS, OPENING THE CLINICAL TREATMENT AREA)

PRINCIPAL INCENTIVIZATION SPEECH

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Principal and Dental Champion understand the positive impact of CariedAway in their community. Schoolteachers and administrators to implement enrollment incentivization appropriate for their community and circumstances.

Measurement: Implementation of incentivization techniques demonstrating programmatic support and approval by school administrators. Increased consent return. Invested interest of students, teachers, and school administrators, namely, the Principal.

1. Upon arrival to the school, request the opportunity to meet the Principal to thank them for the opportunity to serve their school
2. Impress upon them the impact of positive oral health
    a. The rate of dental decay more than 2x the national average
    b. Our program aims to reduce cavities, which relates to:
        i. Increased attendance
        ii. Improved test scores and academic performance
    c. Discuss the negative impact of poor oral hygiene, as documented in our surveys:
        i. Children avoid interacting with peers due to bad breath
        ii. Report lacking confidence because of their smile
        iii. Do not speak/read out loud in class because of bad breath
        iv. Report being bullied/teased because of their teeth, etc.
3. Mention the need for a minimum number of consents needed to support our claims made in 2(b) to the Department of Education
4. Discuss how many consents have been received, and how many are needed to make the program viable
    a. Calculate 40% of school population before entering the meeting

        i. Talk in whole numbers, not percentages
    b. Discuss how many schools in the past have overcome this hurdle by incentivizing students and teachers alike
    c. Provide examples of previous schools and their success rate
        i. Example:
            1. "At a school last week, we only had 70 consents on Day 1. After starting a pizza party incentive for the class with highest returns, we received an additional 200 consents in 2 days!"
        ii. Emphasize that this result has been replicated in many schools with various incentives, including:
            1. Pizza Party
            2. Extra recess for students and prep time off for teachers
            3. Dojo points (for students only)
5. Inform the Principal that if the incentives are started the same day, they can see similar success
6. Once approval is obtained, request:
    a. A school wide announcement of the incentive be made
    b. If possible, a second set of consents can be printed and distributed to students prior to dismissal
7. Thank the Principal for investing their efforts in helping us improve their students' dental health

Example script:

1. "Thank you very much for having us into your school again! Last semester, we enrolled X number of kids, representing Y% of the student population. That's wonderful, but here's the thing, we are trying not only to prevent cavities, but also to improve school performance."
2. "We already know that kids in the Bronx have 2x the national average of decay. We also know that stopping this decay can improve their attendance, increase their test scores, and impact the way that students interact with their friends and their teachers- we survey these students, and a lot of kids that have these cavities feel self-conscious smiling, are worried about bad breath, and have low self-esteem."
3. "Now, in order to persuade the Department of Education that our program is capable of inspiring these changes, we have to provide substantial evidence. We enrolled X number of kids last semester, but this semester, we need Z (Z= 0.4x total population of the school; 40% of total school enrollment) number of kids."
4. "Here's what we have noticed so far: both children and teachers respond well to personal incentives. We love that kids and teachers respond to Class Dojo, and it's fantastic that we make RoboCalls, but that approach can be quite passive, and puts most of the pressure on the parents at home."
    a. "What we have noticed? Kids love a pizza party! Kids love getting class Dojo points for returning a form! Teachers love their prep time!"
    b. "…We had one school recently that returned only 15 consent forms when we first came in. After speaking with the PC and learning more about the school,

they came up with an incentive that…for the class with the highest consent return, the teacher would get extra prep time off, and the students would get an extra recess. We left that school the same week with 100 consents. We had another school, same thing, except any class that got 100% consent return received a pizza party. We left that school 4 days later with more than 300 students enrolled."

5. "What do you think would work best for your school? Would you be able/interested in implementing this strategy before we return to collect consents on March 23rd?"

CONFIRMING THE CLINICAL SCHEDULE

Effective date: 08/01/2019
Supersedes: 08/01/2020
Responsible officer: Clinical Team Manager(s), Research Coordinator
Issuing Authority: n/a

Desired Outcome: Clinical care is scheduled accurately, permitting for the appropriate distribution of time to see all enrolled students.

Measurement: Feedback from the Research Coordinator, Clinical Team Manager(s)

1. No less than 10 days prior to a school visit, review and confirm that the appropriate amount of clinical time has been allotted for treatment of all enrolled students
    a. For the Fall, 2020 semester, estimates are based on average capacity by the clinical team in Spring, 2019
        i. Complex Prevention: 14 patients/hygienist/day
        ii. Simple Prevention: 17 patients/hygienist/day
    b. Calculate team capacity per day according to the number of available clinicians
        i. Examples:
            1. Complex Prevention: 3 hygienists at 14 complex patients/hygienist/day = 42 patients/day
            2. Simple Prevention: 3 clinicians at 17 simple patients/hygienist/day= 51 patients/day
    c. Divide total number of students enrolled (or estimated enrollment, calculated at 30%) by team capacity per day to determine number of days required to provide treatment for all enrolled students
        i. Example: 122 total enrolled students for complex care
        ii. Calculation: 122 total enrolled students/42 patients/day = 2.9 days
        iii. Round up to permit sufficient time for:
            1. Receipt of additional consents prior to and during the week of treatment
            2. Unforeseen complications to patient flow
                a. Pre-K/Kindergarten breakfast periods

b. Pre-K/Kindergarten nap times
c. Lunch periods
d. Pre-testing/testing
e. Field trips
f. School emergencies (i.e., fire drills, lockdowns)
g. Special patient care
h. Absence

3. Clinic set-up, clinic break-down and transport of materials to and from secure storage
4. Community engagement events before and after school (i.e., drop-off and pick-up tabling)
5. Transportation to and from NYUCD or preceding/following school

d. Compare estimate to schedule as recorded by Google Calendar
    i. Send written communication to Supervising Pediatric Dentist and Research Coordinator informing them of any scheduling discrepancies and request Google Calendar update, as feasible
        1. Requests for more time in a school
            a. May be granted at the discretion of the school, following request and coordination by the Research Coordinator
            b. May be rendered unnecessary through the addition of extra clinician-assistant pairs from other teams on a temporary basis
        2. Fewer days required than originally scheduled may occur if informed consent return falls short of the calculated target for that school
            a. Confirm estimate with Supervising Pediatric Dentist and Research Coordinator
    ii. Contact Dental Champion to inform them of any changes
        1. When speaking with the Dental Champion, always maintain professional and courteous communication
            a. Example:
                i. "Good morning, Ms. Smith. This is Priyanka calling from NYU Dentistry to confirm our visit to your school beginning next week—October 2nd at 7:30 am. We look forward to seeing you."
            b. Remind the Dental Champion of special instructions (i.e., tabling during student drop-off before, and during student pick-up after delivery of clinical care)
        2. If you leave a message on an answering machine, include the date and time of the scheduled visit
            a. Ask that they call back to confirm receipt of the message
            b. Provide a call-back number
            c. Repeat the estimated date and time of arrival
        3. Follow up verbal contact with written communication

iii. Send written communication to the Research Coordinator and Supervising Pediatric Dentist indicating the outcome of Dental Champion contact:
    1. Appointment confirmed
    2. Message, answering machine
    3. Message with person other than the intended audience
    4. No answer
    5. Busy
iv. Confirm special instructions with the Supervising Pediatric Dentist (i.e., dates and times of special patient care visits) in writing
    1. Copy Supervising Pediatric Dentist, Research Coordinator
v. Once implemented, send written communication to clinical team regarding any schedule changes, including update to times and locations, as appropriate

MAXIMIZING CLINIC FLOW/PATIENT TURNOVER

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Research Coordinator
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) implement strategies to maximize the number of enrolled students that receive preventive dental services each day and limit the amount of time those students spend outside of the classroom. Patient turnover occurs in an efficient manner.

Measurement: Number of patients seen relative to number of patients remaining at the close of the workday. Clinician timing audits are consistent with proposed averages.

1. Estimate the length of individual appointments:
    a. Generally, the length of an appointment will increase with dental age, barring complications with behavior management
        i. Primary Dentition
            1. Dental Age 2-6 years
            2. 20 teeth, barring the presence of dental anomalies
        ii. Mixed dentition
            1. Dental age 6 -12 years
            2. 20-24 teeth, barring the presence of dental anomalies
        iii. Adult Dentition
            1. Dental age 12+ years
            2. 24-32 teeth, barring the presence of dental anomalies
    b. Generally, the length of an appointment will increase from simple to complex treatment for all first visit patients

i. Primary dentition
    1. Application of silver diamine fluoride or sealants to posterior dentition only
    2. 8 teeth total
ii. Mixed dentition
    1. Application of silver diamine fluoride or sealants to posterior dentition only
    2. 8-12 teeth total
iii. Adult dentition
    1. Application of silver diamine fluoride or sealants to posterior dentition only
    2. 12+ teeth

c. Generally, the length of an appointment will increase from complex to simple treatment for all recall visits, assuming all posterior sealants and/or ITRs are complete or intact, respectively
    i. Receive minimum-possible intervention:
        1. Dental screening
        2. Oral hygiene instruction
        3. Guided tooth-brushing
        4. Fluoride varnish

d. The length of an appointment will increase depending on the oral health status of a patient, from cavity-free to active caries and/or partial sealants/ITR for complex preventive care only
    i. The application or reapplication of silver diamine fluoride is indicated for all posterior pits, fissures, and cavitations regardless of caries activity

2. Estimate additional time that may be required for:
    a. Students from an identified grade and classroom to present or be escorted to the clinical treatment area by the Dental Champion
        i. Confirm grades permitted to present and return to class according to Emergency Protocol Form:
            1. Independently
            2. In pairs
            3. With all participating classmates
    b. Students requiring the implementation of behavioral management strategies
        i. Special patient care
        ii. Dental anxiety, fear, or phobia
    c. Students scheduled to receive care in proximity of:
        i. Pre-K/Kindergarten breakfast periods
        ii. Pre-K/Kindergarten nap times
        iii. Lunch periods
        iv. Pre-testing/testing
        v. Field trips
        vi. School emergencies (i.e., fire drills, lockdowns)
3. Implement specific strategies to maximize clinic flow/patient turnover

a. For Simple treatment (assuming the presence of 3 clinicians):
    i. Call 10 patients at a time
    ii. Once 5 students remain in the waiting area, call an additional 7-8 students
b. For Complex treatment (assuming the presence of 3 clinicians):
    i. Call 6 students at a time
    ii. Once 3 students remain in the waiting area, call an additional 5-6 students
c. Complete digital scan of paper-based informed consent forms into the NE Form prior to rendering patient care
d. Access the electronic health record to determine if a Quality of Life (QoL) survey is required prior to rendering patient care
    i. If yes, seat the child away from the waiting area and designate a member of the clinical staff to complete the survey with the student
    ii. If no, place the open chart next to the printer for the next available clinician to access
e. Where pre-K/kindergarten classes receive a breakfast period, begin the day with older children/advanced grades
    i. At the completion of the breakfast period, transition to younger classes
    ii. Clarify nap times for these classes, as applicable
f. Stop calling students from class 30 minutes prior to their designated lunch period
g. End the day with older children/advanced grades one hour before dismissal
h. Thirty minutes before dismissal:
    i. Submit request to teachers that students be dismissed directly from the clinic
    ii. Confirm that the students being called do not take the bus (i.e. early dismissal)

SYSTEM LOG-IN AND BACK-UP

Effective date: 08/01/2019
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

The following instructions are based on the NE Dental software program.

Desired Outcome: The electronic health records system back-up is performed consistently and accurately on a daily basis. Successful re-installation when needed.

Measurement: Feedback from computer system.

1. Remove the iPad from the locked carrying case
2. The on/off button is located at the top upper right edge of the iPad
    a. Press the on/off button to turn on the iPad
3. Once the iPad is powered up, a lock icon will appear requesting "Touch ID or Enter Passcode"
    a. Enter the passcode for the iPad to navigate to the home screen
4. Select the NE Dental icon
5. Select "Synchronize"
6. Proceed systematically to synchronize all iPads in sequence
7. Repeat sequence

The electronic health record system back-up (full system) takes approximately 30 minutes. The back-up is performed every day before and after the provision of clinical care.

Ensure the system does not indicate an error reading. It will indicate if there has been an error during the backup process. If there is an error, repeat steps 1-5 above.

DAY-END PROCEDURES

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Consistently and accurately complete the day-end processes.

Measurement: Review of time sheets, supply logs, and informed consent records for accuracy and timely processing.

Following the completion of clinical care, and assuming prompt (next day) return:

1. Ensure the efficient and appropriate close and security of the clinical treatment area
    a. See corresponding SOP (CLINICAL TREATMENT AREA CLOSING AND SECURITY)
2. Locate the Dental Champion and inform them that the team is departing for the day
    a. Remark on the day's successes, challenges, and suggestions for improvement
3. Extend gratitude to school staff and administrators (principal, security guards, etc.)
4. Complete the Google Forms Daily Report by the 4pm deadline
    a. See corresponding SOP (GOOGLE FORMS DAILY REPORT)

SUPPLY & INVENTORY

Effective date: 08/01/2020
Supersedes: 08/01/2019

Responsible officer: Clinical Team Manager(s), Administrative Aide II, Grants Administrator, Department Manager
Issuing Authority: n/a

Desired Outcome: Routine maintenance of clinical treatment area equipment and supplies in accordance with par levels (n=2000).

Measurement: Level of agreement between in-field inventory and comprehensive supply lists.

Note: The comprehensive supply list is maintained by the Administrative Aide II according to the direct input and assistance of the Clinical Team Manager(s). It contains a list of all disposable, non-disposable, and program promotion items available to and required by the CariedAway program. The Administrative Aide II is tasked with resolving in-field inventory reports against the comprehensive supply list/supply room inventory, and with maintaining expense awareness. However, Clinical Team Manager(s) are encouraged to routinely review prices from different vendors through sales brochures and catalogs, and to conduct a semi-annual review of overall prices in helping to determine long-term cost-efficiency and opportunities for potential program savings.

Relevant data points include:

1. Item name, description
2. Unit price
3. Quantity in stock
4. Inventory value
5. Reorder level
    a. N=1000
6. Reorder time in days
7. Quantity in reorder
8. Discontinued
9. Complex report
10. Simple report
11. Total

Items are organized according to the following categories:

1. Disposable
    a. Burrito (elements)
    b. Toothbrushes
    c. PPE
    d. Simple team
    e. Complex team
    f. Disinfection/sterilization
    g. Administrative
    h. Program promotion
2. Non-disposable

    a. Eyewear
    b. Bags
    c. Infection control
    d. Fuji IX
    e. Headlamps
    f. Printers
    g. Mi-Fi
    h. Wireless routers
    i. Tables
    j. Equipment transfer and storage
    k. Mirrors
    l. Toy chest
    m. Administrative
    n. iPads
    o. Lapboards
    p. Chairs
    q. Miscellaneous
3. Community Engagement (Office "704")
    a. Items to be moved to supply
    b. Administrative
    c. Equipment parts
    d. Training and orientation
    e. iPads
    f. OHE
    g. Referrals
    h. Promotional materials

Semi-Annual Audit

1. Twice a year, take a comprehensive inventory of supplies
2. Gather current catalogs from vendors and compare to the most recent invoices
3. Strategically plan purchases over the next six months according to cash flow projections
4. Establish a supplies budget based on the updated prices
5. Take advantage of bulk purchases if storage space is available

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IN-FIELD INVENTORY REPORT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Administrative Aide II
Issuing Authority: n/a

Desired Outcome: In-field inventory reports are generated weekly according to treatment designation. Reports to Administrative Aide II reflect inventory output, calculated according to program enrollment and estimated patient turnover.

Measurement: Agreement between in-field inventory report and availability of clinical equipment and supplies. Appropriate and timely communication with Administrative Aide II regarding inventory input, output, and restocking procedures.

1. Navigate to:
    a. PCORI Managers Folder/Forms, Templates, Guides, and Calculators/Inventory/In-Field Inventory/Packing List Generator
2. Select calculator according to treatment designation (simple or complex)
3. Confirm accuracy of par level
    a. Weekly par level as per Spring, 2020 established at n=250, assuming 3 clinicians
    b. Amendments to the number of clinicians scheduled to be in-field necessitate subsequent adjustments to par level (column C)
        i. Example:
            1. Fall, 2020 estimate for patients/clinician/day = 15 = 75/week
        ii. Reference Comprehensive Supply List for per-patient estimates
        iii. Provide for excess (back-up) supplies relative to estimated need
        iv. Calculator will adjust accordingly
    c. Amendments by the Administrative Aide II to the brand or unit of inventory supplies should be communicated during the weekly manager meeting and reflected as updates to the Comprehensive Supply List and In-Field Inventory/Packing List Generators
        i. See corresponding SOP (WEEKLY MANAGER'S MEETING)
4. Enter the quantity of supplies remaining under column D, "In-field Inventory Remaining"
    a. Note units listed under "Item name, description)
        i. Examples
            1. Individual, n=150
            2. 100/box, n=1
        ii. Items whose total units are measured by box, cannister, etc. should be estimated according to partial quarter-units available in-field (.25 = ¼ box, .5 = ½ box, .75 = ¾ box, etc.)
5. A suggested packing list is reflected by column E, "(Estimate) To Be Packed"
    a. Remove supplies from the NYUCD inventory supply room according to this estimate, pending availability
6. Confirm the exact quantity of supplies removed
    a. Reflect supply room output under column F, "Packed, Remove from Inventory"
7. Amend the In-Field Inventory/Packing List Generator as needed with additional "Notes"
    a. Example: If an item appears to be depleted…
        i. See appropriate SOP (DISTRIBUTING LOW STOCK ITEMS)
8. Send the In-Field Inventory to the Administrative Aide II
    a. Request subsequent update to the Comprehensive Supply List

b. Copy the Supervising Pediatric Dentist

DISTRIBUTING LOW STOCK ITEMS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Administrative Aide II, Department Manager
Issuing Authority: n/a

Desired Outcome: Clinical teams are equitably and sufficiently prepared for the provision of clinical care as determined by the availability of in-field and NYUCD supply room inventory.

Measurement: Equitable report by clinical staff in their ability to provide clinical care in accordance with protocol.

1. Resolve in-field inventory suggested packing lists against NYUCD supply room inventory
2. Anticipate colleague needs
3. Engage in relevant problem-solving
    a. Example: If an item appears to be depleted…
        i. Confirm total available quantity
            1. In-field (all teams); and
            2. NYUCD supply room inventory
        ii. Calculate the relative number of potential patients served
        iii. Identify subsequent impact to:
            1. Material need
                a. Rush-order/emergency request (delivery deadline)
            2. Clinical productivity
                a. Patient turnover
                b. Partial treatment (i.e. protocol adjustment)
                    i. See corresponding SOP (MEMO TO FILE)
            3. Material delivery
                a. Clinical staff presentation
                    i. NYUCD supply room
                    ii. NYUCD administrative day
                b. Transportation
4. Communicate presumed needs to the Administrative Aide II
    a. Copy the following on all correspondence:
        i. Clinical Team Manager(s)
        ii. Supervising Pediatric Dentist
        iii. Department Manager
    b. Request estimated date of resolution, as applicable, or submit request for emergency (rush) re-order

ORDERING & RECEIVING

Effective date: 08/01/2020
Supersedes: 08/01/2019
Responsible officer: Clinical Team Manager(s), Administrative Aide II, Grants Administrator, Department Manager
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) communicate with Administrative Aide II to order and procure clinical treatment area equipment and supplies for the provision of clinical care.

Measurement: Timely and appropriate confirmation of material receipt and processing.

The ordering and receiving process for program equipment and materials is as follows:

1. Ordering
    a. To place an order, log in to i-Buy
    b. Add items to the cart
    c. When all items are ready, contact the Administrative Aide II and Grants Administrator to review and submit payment for ordered items
2. Receiving
    a. Upon receiving supplies previously ordered, compare the supplies received with the invoice and inventory to ensure accuracy
    b. If there is a discrepancy, request that the Administrative Aide II contact the vendor immediately and make the appropriate arrangements to correct the error
    c. Maintain the packing slip or invoice
    d. Document receipt of the order in the ordering inventory application and put the supplies away immediately to avoid a clutter
3. Communicate updates, amendments, or changes to supplies during Weekly Manager Meetings to ensure accuracy of in-field inventory calculators and comprehensive inventory
    a. See corresponding SOPs (WEEKLY MANAGER'S MEETING, IN-FIELD INVENTORY REPORT)

COMMUNICATION

ANSWERING THE TELEPHONE

Effective date: 08/01/2019
Supersedes: 08/01/2020
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist

Issuing Authority: n/a

Desired Outcome: To answer the telephone by the third ring, using a warm, friendly voice. Identifying the dental program and oneself. Accurately assessing and meeting the needs of the caller.

Measurement: Feedback from community stakeholders, Supervising Pediatric Dentist.

Note: The first contact some parents, teachers and other school administrators may have with the CariedAway program is over the phone. Your voice and verbal skills will set the tone for the encounter and ultimately affect the final outcome. It is crucial to initially demonstrate that student, parent, teacher and/or school administrator needs will be met promptly and professionally. Regardless of what their needs may be, they will still require a sense of empathy and sincere concern from the first person they speak with.

1. Promptly pick up the phone after no more than two rings and in a cheerful voice, greet the caller
    a. Example: "Good morning, NYU Dentistry Cavity Prevention Program, this is Priyanka. How may I help you?"
2. If you must place the individual on hold, ask for their consent first and wait for an answer
    a. Example: "Good morning, NYU Dentistry Cavity Prevention Program, this is Priyanka. Would you hold a moment, please?"
        i. If yes, "Thank you. I'll be with you shortly."
        ii. If no, there may be several reasons (i.e. emergency, prefers not to or unable to hold), "How may I help you?"
3. Take the time to listen to their current need and determine the next step:
    a. Urgent referral
        i. If the Supervising Pediatric Dentist is not present to take the call:
            1. Inform the individual calling that the Supervising Pediatric Dentist will return their call
            2. Ask for the Caller's:
                a. Name
                b. Best time to return their call
                c. Phone number where they can be reached
            3. Repeat the phone number and Caller's name to ensure accuracy
            4. Provide relevant contact information and details to the Supervising Pediatric Dentist using the Google Forms Daily Report
    b. Clinical affairs
        i. Address all routine questions related to clinical affairs to reflect the information contained by appropriate SOPs

VERIFYING PARENT/GUARDIAN IDENTITY

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) and Supervising Pediatric Dentist successfully verify the identity of a patient's parents/guardians/legal representatives prior to disclosing any information relevant to their child's receipt of dental care, including the need for urgent referrals and subsequent referral to local providers.

Measurement: Accurate record of verified identity and subsequent communication with patient parents/guardians/legal representatives in the Parent Communication Log.

Definitions: Caller means a person who calls the Clinical Team Manager(s)/Supervising Pediatric Dentist or whom the Clinical Team Manager(s)/Supervising Pediatric Dentist calls on the telephone to communicate protected information.

Basic Rules:

1. Protected information may only be given over the phone if:
    a. The person receiving the information has a right to receive it, AND
    b. The identity of the person receiving the information has been verified
2. The standards described in both (a) and (b), below, must be met:
    a. Callers only have a right to receive protected information if they are an authorized legal representative of the person who is the subject of the information
    b. No protected information may be released to a Caller without first verifying the identity of the Caller by requesting the full name of the patient or member, plus at least two (2) of the following pieces of information:
        i. Membership/insurance ID number
        ii. Insurance account number or medical record (OSIS) number
        iii. Date of birth (correct month, day and year); AND
        iv. One other piece of information that exists on the paper-based informed consent form or as recorded by the electronic health record, such as current address or phone number
3. When you verify a Caller's identity, ask the Caller for the information you need
    a. DO NOT tell the Caller the information and ask the Caller to confirm
        i. Instead, compare the information the Caller reports with the information you have on record
            1. If the information provided by the Caller does not match the information in our records, then the requested protected information should not be given to the Caller

        a. Staff and providers should express an apology to the Caller and explain that that our privacy standards do not allow release of information if we are not able to verify the Caller's identity – and explain that this is for the protection of our patients and members
    2. If a Caller gives you verification information that is almost – but not quite – correct, you may give the Caller an opportunity to correct the mistake, but do not suggest what the error is
        a. For example, if a person seems to have transposed digits in an identification number, you can tell the Caller that the number is not correct and ask the Caller to read it again
4. If the Caller requests general information that is not specific to a particular patient or member, we can give that information to the Caller without verifying his or her identity
    a. Examples: clinic hours or days of operation remaining in the week
5. Practical Tips:
    a. Do not be shy about asking the Caller to verify their information
    b. If you are polite but firm, most will understand that this is for the protection of our patients
    c. If a Caller is reluctant to provide the information, it is important to clarify why you are asking: To protect the patient's privacy
    d. If you have left a message for a parent or guardian to call you, make sure to ask for the Caller verification information when the call is returned
    e. If you are concerned that the Caller is not who they say they are, even if they provide accurate verification information, you have a couple of good options:
        i. Politely place the Caller on hold, explain your concerns to the Supervising Pediatric Dentist and ask them to resume the call, or
        ii. Politely tell the Caller that you will call them back shortly and call back at a number we already have documented in our system

HIPAA COMPLIANCE: SENDING SECURE AND ENCRYPTED E-MAILS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: NYU College of Dentistry Technology and Informatics Services (TIS)

Background: Virtru is a G Suite (formerly known as Google Apps) add-on that may be used to encrypt emails and attachments. One can use Virtru to send encrypted messages without their recipients downloading any software or creating any passwords. Once can also start encrypted "conversations" with an unlimited number of recipients.

Since standard email is not private or encrypted, Virtru provides an encrypted method of messaging and file transfer. Virtru can only be a HIPAA compliant means of communication if

Virtru's encryption is enabled AND an individual is using a licensed account. The only licensed are the following (please do not use email aliases):

RW117 - Rachel Whittemore
TBF221 - Tamarinda Barry Godín
PS2601 - Priyanka Sharma
CMM22- Catherine McGowan
JCR388 - Julianna Reitz
TM91 - Topaz Murray

Any emails sent, even using the free Virtru plugin, that are NOT in this list, are not sent in a way that is HIPAA compliant.

Let dental.security@nyu.edu know who should be added/removed from the list. This is because a standard Virtru account, although encrypted, allows Virtru employees to view your emails. Our paid account encrypts the content even from them, which is required as part of compliance requirements.

The only approved use-case for Virtru at present is the research described to us by Topaz Murray. Please message dental.security@nyu.edu about any additional uses you would like to approve.

Follow a few quick steps to get started:

1. Download the appropriate Virtru plug-in from the Virtru website
    a. You must be using Google Chrome to send Virtru from Gmail in the browser
2. Click 'Add To Chrome'
3. Open your NYU Gmail account
4. Click 'Compose,' and turn on the Virtru protection bar at the top right of your message
    a. The plug-in provides the best experience, but it is not required for recipients
    b. People without the plugin will be brought to a website where they can view and reply to the email like similar secure email providers

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VIRTRU EMAIL TEMPLATE

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: NYU College of Dentistry Technology and Informatics Services (TIS)

Desired Outcome: Recipients are alerted to the new format of secure and encrypted Virtru e-mails.

Measurement: Feedback from Dental Champions. Ease of communication when sharing protected health information.

Subject: NYU Dentistry CariedAway New Email Tool

Hi [YOUR RECIPIENT'S NAME],

Some of the emails I'll be sending to you might look a bit different going forward, and I want to let you know why.

We recently adopted a new tool called Virtru here at NYU Dentistry CariedAway to encrypt our emails and attachments. Virtru makes it easy for us to share sensitive information with you in a safe and compliant manner.

All you need to do is click 'Unlock Message' and follow the prompts that appear. You don't have to create any new passwords or accounts or go to a portal. It's super easy.

If you want to read and respond to my Virtru messages directly from your inbox, you can download Virtru's free product here: https://www.virtru.com/why-virtru/. Otherwise, you can access my messages from your web browser using the above instructions – as long as you are not using Internet Explorer 9 or older.

NYU Dentistry CariedAway has benefited from the easy protection Virtru provides. I hope you will, too.

Please email or call me with any questions and check out Virtru's FAQ page if needed.

Thanks,
Clinical Team Manager
Epidemiology and Health Promotion
New York University College of Dentistry
433 First Avenue, 7th Floor, #726
New York, NY 10010

DEALING WITH THE HOSTILE SCHOOL ADMINISTATOR, PARENT/GUARDIAN

Effective date: 08/01/2019
Supersedes: 08/01/2020
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: To calm a hostile school administrator or parent/guardian and diffuse the situation as quickly as possible, ensure minimal disruption to programmatic goals and reduce individual stress when faced with conflict.

Measurement: Successfully calming a hostile school administrator or parent/guardian, feedback from co-workers and supervisors, and the level of one's individual stress at that moment.

1. Introduce yourself
    a. People find it harder to yell and scream at someone they know
2. Sincerely express to the school administrator, parent or guardian that you understand how frustrating the situation is and ensure them that you are interested to discuss the problem and possible solutions
3. Be controlled, polite, quiet, secure, and interested
    a. Listen and acknowledge the caller's frustration and anger
    b. Above all, any response you make must be sincere
4. Offer the caller a choice of available solutions to help them gain control
    a. Example: "I know that it's frustrating to have to find a dental provider on such short notice. Would you like assistance contacting a dentist that accepts your insurance in your neighborhood?"
5. If the school administrator, parent or guardian continues to complain forcefully, ask them what solution would be most satisfactory to them
    a. Be prepared for the kind of response you might expect
6. Reassure them that the Supervising Pediatric Dentist and program staff have their best interest at heart
    a. Example: "I agree, it would be more convenient if the Silver Diamine Fluoride did not stain the lip. However, when we see that same color change in a cavity, we can rest assured that the solution worked and will prevent the hole from growing larger."
7. Document the complaint
    a. See corresponding SOP (DOCUMENTING COMPLAINTS, COMPLAINT LOG)
    b. Follow up
        i. Each hostile encounter with a parent or guardian can be an opportunity to develop a strong, loyal bond provided the situation is handled carefully and the appropriate follow up is done
        ii. Thanking the parent or guardian for their understanding and cooperation

NON-URGENT AND URGENT REFERRALS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Parent take-home reports are generated for all student encounters. An individual Department of Health referral form is generated for every patient with caries and/or requiring urgent referral and sent for distribution to the Dental Champion via an encrypted file sharing system, Virtru.

Measurement: Quantity of patients with caries, per school. Quantity of patients in receipt of urgent referral, per school.

Note: When dental screenings result in the finding of likely caries on individual teeth, care by a registered dentist is recommended within 30 days. When dental screenings result in the finding of pathology (pain, abscess, fistula, mobility) emergent care by a registered dentist is recommended within 7 days. The patent take-home report serves as a non-urgent referral for routine visits with a registered dentist, twice per year or every 6 months.

Emergency treatment services is available at New York University College of Dentistry or through referral to another provider.

Article 28 Main Site/Back Up Facility

Children are provided access to needed emergency dental treatment services through an on-call system during non-school hours, weekends, and vacation periods*, or when *CariedAway* is not in operation at:

NYU College of Dentistry
Emergency Services/Urgent Care
345 E. 24th Street (corner of First Avenue) in Manhattan
(212) 998-9660

Monday-Thursday: 8:30 am - 8:00 pm (on a first-come, first-served basis)
Friday-Saturday: 8:30 am - 4:00 pm (on a first-come, first-served basis)

**As an academic dental center, NYU College of Dentistry follows an academic calendar and is closed on some federal holidays. Patients presenting for Emergency Services/Urgent Care will be assessed a $75 fee, which covers the cost of a limited examination and applicable radiographs. Palliative procedures to relieve patients from pain are charged additionally.*

During times when the College of Dentistry is closed, patients with pain, excessive bleeding, swelling, oral infection and/or trauma should seek treatment at their nearest hospital emergency room**. The closest emergency room to NYU College of Dentistry is:

Bellevue Hospital
Emergency Room
462 1st Avenue (at 27th Street) in Manhattan

(212) 562-3015

***Please note that emergency room fees and related expenses incurred at Bellevue Hospital are the responsibility of the patient.*

LOCAL PROVIDER LIST

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Research Coordinator
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) generate a list of local dental providers in close proximity or within reasonable distance to school sites in order to facilitate the receipt of treatment services and minimize travel time and transportation expenses. Families that require assistance in finding a local dental provider are encouraged to reference the local provider list or seek direct referral through clinical staff.

Measurement: Urgent Referral Log and/or Parent Communication Log annotation of discussion.

1. Clinical Team Manager(s) navigate to: https://www.insurekidsnow.gov/coverage/find-a-dentist/index.html
2. Select:
    a. "Find a Dentist"
    b. "New York" ("State" drop-down menu)
    c. Benefit Plan
        i. Dental clinics that offer low-cost dental services
        ii. Dental clinics that accept Medicaid-Fee for Service
        iii. Dental clinics that accept Medicaid-Managed Care
        iv. Dental clinics that accept CHIP Managed Care
3. Enter the school address
4. Select:
    a. "5 Miles" ("Within" drop-down menu)
    b. "Yes" (Accepting New Patients" indicator)
5. Search
6. Print PDF
7. Open downloaded PDF, and select Print
    a. In the printing menu under the "Pages" tab, change "ALL" to "Custom"
    b. Input the number 1 to print just the first page
    c. Print
8. Repeat for each of the above listed Benefit Plans

URGENT REFERRAL FOLLOW-UP (PARENT/GUARDIAN)

Effective date: 08/01/2019
Supersedes: 08/01/2020
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: To communicate verbally with a parent or guardian of a child referred for urgent care after they have returned home, demonstrating that we care for them. Parents or guardians are called to provide answers to any questions they may have about the details listed on the parent take-home and urgent referral form. Responses are accurately documented in the Urgent Referral and/or Parent Communication Log. The parent or guardian's appreciation and completion of the urgent referral will reflect the success of the follow-up calls.

Measurement: Feedback from the parent or guardian. Increased patient referrals for program enrollment and satisfaction. Receipt of completed urgent referral forms from local providers. Review of the patient's electronic health record and Urgent Referral Log.

1. Urgent referral follow-up should be initiated no later than one week following the conclusion of clinical care in a school for the following types of patients:
    a. Patients referred for urgent care/emergency services (pain, mobility, pulpal involvement fistula/abscess, swelling)
    b. Patients whose parent or guardian requested personal assistance in connecting with a local dental provider
2. Post-op calls to parents/guardians should be pleasant and brief
    a. Possible conversation/questions should be:
        i. "We really enjoyed your child's visit with our dental program on (date)."
        ii. "Do you or your child have any questions concerning their treatment?"
        iii. "Is your child experiencing any discomfort right now?"
        iv. "If you ever have a question or concerns, please do not hesitate to call us at (212) 998-9363."
    b. If explicit follow-up care directions were given, review them with the parent/guardian again
        i. Examples:
            1. Visit with a dental provider for urgent care/emergency services within 7 days
            2. Visit with a dental provider for comprehensive examination by a licensed dentist and routine dental care within 30 days
    c. Confirm receipt of the urgent referral form and brochure for a free dental exam, x-rays, cleaning, and fluoride treatment at New York University College of Dentistry, Department of Pediatric Dentistry, as available and applicable
    d. Connect a parent/guardian with a dental provider
        i. See corresponding SOPs (LOCAL PROVIDER LIST, DIRECT REFERRALS)

e. Document the date and time of call and the parent/guardian's responses in the Urgent Referral Log and/or Parent Communication Log
    i. See corresponding SOPs (URGENT REFERRAL LOG)
f. The Dental Champion will track the status of the referral and resolution
g. The Supervising Pediatric Dentist or Clinic Team Manager will follow up with the Dental Champion on a schedule determined by the principal on the Emergency Protocol Form, to ensure that children requiring urgent or emergency treatment have received appropriate follow-up care
    i. Receipt via fax of an urgent referral form, completed by a local dental provider, indicates initiation of care and is the desired outcome tracked by NYC and NYS DOH/DOHMH officials

URGENT REFERRAL FOLLOW-UP (DENTAL CHAMPION)

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: All patient encounters resulting in the creation of an urgent referral form are reflected by the Urgent Referral Log. Urgent referrals are catalogued and transmitted via an encrypted file sharing system for dissemination and follow-up by the Dental Champion.

Measurement: Timely and efficient communication by Clinical Team Manager(s) with school Dental Champions as reflected by the Urgent Referral Log.

1. Urgent referral follow-up should be initiated no later than one week following the conclusion of clinical care in a school for patients referred for urgent care/emergency services (pain, mobility, pulpal involvement fistula/abscess, swelling)
2. Ensure Google Chrome settings are consistent with requirements
    a. See corresponding SOP (SECURE DOWNLOAD OF NESS ADMINISTRATIVE REPORTS)
        i. Generate urgent referral list
            1. Navigate to: https://www.nessform.net/dental2/
                a. Log in
            2. Select report "6. Exam/Treatment Report"
                a. Next Step
            3. Remove all but the following from "Fields to Show" by selecting the "Move to Hide List" button:
                a. Schoolorsite
                b. Patientid
                c. Firstname
                d. Lastname

e. DOB
f. Gender
g. Visitdate
h. Urgentyesno

4. Select
    a. School
    b. Start date
    c. End date
5. Select “Generate Report to Excel”
6. Save to: PCORI Managers Folder/Urgent Referrals
    a. Year
    b. School name
7. In Excel, navigate to the “Data” tab
    a. Select all column headers A-H
        i. Sort by “urgentyesno”
            1. Select all rows corresponding with blank “urgentyesno” column
                a. Delete
            2. Only rows corresponding with “urgentyesno” column response “Yes” should remain
        ii. Select all column headers A-H
            1. Sort by “visitdate”
8. Save as: “Excel 1997-2004 Workbook.xls”
    a. Replace
9. Copy content into Comprehensive Urgent Referral Log
    a. Navigate to: PCORI Managers Folder/Urgent Referrals/Comprehensive Urgent Referral Log
    b. See corresponding SOP (COMPREHENSIVE URGENT REFERRAL LOG)

3. Author email for send to the Dental Champion
    a. See corresponding SOPs (HIPAA COMPLIANCE: SENDING SECURE AND ENCRYPTED E-MAILS,VIRTRU EMAIL TEMPLATE, URGENT REFERRAL LETTER TEMPLATE)
    b. Attach Report 6
4. The Dental Champion will track the status of referrals and their resolution
5. The Supervising Pediatric Dentist or Clinic Team Manager will follow up with the Dental Champion on a schedule determined by the principal as indicated by the Emergency Protocol Form, to ensure that children requiring urgent or emergency treatment have received appropriate follow-up care
        i. See corresponding SOP (EMERGENCY PROTOCOL)
6. Copy content of Report 6 to Comprehensive Urgent Referral Log
    a. Navigate to:

i. PCORI Managers Folder/Urgent Referrals/Comprehensive Urgent Referral Log
    1. See corresponding SOP (URGENT REFERRAL LOG)

URGENT REFERRAL LETTER TEMPLATE

Dear Dental Champion,

Thank you for providing our dental team with the opportunity to provide your students with excellent dental health. We take pride in and are committed to providing your school's children with quality oral health care in a comfortable, gentle, and professional environment, and look greatly forward to our next visit with your students in 6 months.

In the following email, please find a link to access an encrypted folder that contains a list of students for whom an urgent visit to a dentist is recommended within the next 7 days. In order to access the folder, you will need to open a Box account. Clicking on the link will walk you through the simple process of setting up and viewing the contents of the encrypted folder. We will use this account to share all sensitive documents pertaining to our program and your students moving forward.

Each of these students was provided with a parent take-home and urgent referral form detailing the findings of their dental screening and a brochure for a free dental exam, x-rays, cleaning, and fluoride treatment at New York University College of Dentistry, Department of Pediatric Dentistry.

To facilitate the timely receipt of dental treatment and to minimize family travel time and transportation expenses, please also find four attachments listing local dental providers in close proximity or within reasonable distance to your school. These include:

1. Dental clinics that offer low-cost dental services
2. Dental clinics that accept Medicaid-Fee for Service
3. Dental clinics that accept Medicaid-Managed Care
4. Dental clinics that accept CHIP Managed Care

We look forward to contacting you in 1 week to confirm that the children listed have been connected with a dental provider and have initiated treatment.

Please do not hesitate to contact us if you or a parent/guardian require assistance to connect with a local dental provider. I can be contacted after hours at: (212) 998-9363.

Best Regards,

Clinical Team Manager
Epidemiology and Health Promotion
New York University College of Dentistry
433 First Avenue, 7th Floor, #726
New York, NY 10010

COMPREHENSIVE URGENT REFERRAL LOG

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: All patient encounters resulting in the creation of an urgent referral form are reflected by the Urgent Referral Log.

Measurement: NYC DOH/NYS DOHMH quarterly reports generated by Boston University are consistent with the Comprehensive Urgent Referral Log.

1. Follow steps 1-9 of the URGENT REFERRAL FOLLOW-UP (DENTAL CHAMPION) SOP
2. Submit the following for each follow-up contact attempt and indicate outcome
    a. See corresponding SOPs (URGENT REFERRAL FOLLOW-UP (PARENT/GUARDIAN), URGENT REFERRAL FOLLOW-UP (DENTAL CHAMPION))
        i. Date
        ii. Type of contact
            1. Telephone
            2. Left voicemail
            3. E-mail
        iii. Point of contact
            1. Parent coordinator (and/or Dental Champion)
            2. School nurse
            3. Other (specify)
        iv. Response
            1. Favorable
            2. Unfavorable
            3. None (n/a)
        v. Comments
3. Upon fax receipt of an urgent referral from by a dental provider, the following urgent referral dental provider information is recorded:
    a. Name
    b. Phone number
    c. Address
4. As appropriate, indicate treatment status report:

a. No treatment is necessary
b. Treatment is in progress
c. Treatment is complete

ADMINISTRATIVE ACTIVITIES & REPORTING

DENTAL HOME LOG

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Patient chart reflects an established dental home. Accurate documentation proving continual communication between our program and the recorded dental home.

Measurement: Review of Log, Patient Chart, and Electronic Health Record.

1. Navigate to:
    a. PCORI Managers Folder/Logs/Dental Home Log
2. Clinical Team Manager(s) screen paper-based informed consent forms for the presence of complete and accurate dental provider information, including:
    a. Name of child's dentist
    b. Telephone number
    c. Email and/or fax number
    d. Date of last dental visit
3. In addition, enter all the information requested by the spreadsheet:
    a. Name of School
    b. Patient first name
    c. Patient last name
    d. Patient date of birth
    e. Patient OSIS number
    f. Date of dental assessment
4. Indicate the date of send for the following:
    a. Notification that the child has enrolled in CariedAway; and
    b. The scope of services offered by CariedAway
        i. See corresponding SOP (COORDINATION OF CARE WITH A PATIENT'S DENTAL HOME)
5. In the event of a request by a dental health provider for the transfer of client specific information:
    a. See corresponding SOP (Transfer of Client Specific Information)
    b. The Supervising Pediatric Dentist will amend the log with the dates of:

i. Request for the child's dental information
ii. Send of dental release authorization form
iii. Receipt of dental release authorization form
iv. Send of child's dental information

COORDINATION OF CARE WITH A PATIENT'S DENTAL HOME

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Children with an existing dental care provider are not denied dental health services. For children having an existing dental care provider, every effort is made to coordinate services with the dental care provider to avoid duplication of service and to ensure continuity of care. Patient, parent or guardian, and existing dental provider recognize the value and complementary nature of preventive dental services offered.

Measurement: Feedback from the patient's parent or guardian, successful coordination of care with the patient's existing dental provider.

1. Paper-based informed consent forms approved through 05/2021 feature a "Dental Provider Information" section for completion by the parent/guardian
2. Upon enrollment, Clinical Team Manager(s) initiate a written communication process with the child's existing or designated dental care provider, including:
    a. Notification that the child has enrolled in CariedAway; and

b. The scope of services offered by CariedAway in accordance with the NYUCD Scope of Care Template

SCOPE OF CARE TEMPLATE

The Department of (department/service) provides care_____daily in the inpatient/ outpatient setting.

a.) The Department of_____provides the following services:

b.) Age groups of patients served are (check all that apply)
_____Neonatal
_____Pediatric
_____Adolescent
_____Adult
_____Geriatrics

c.) The conditions and diagnosis or types of patients served are:

d.) Methods used to assess and meet patient are needs are:

e.) Treatments and activities performed for our patients include

f.) We determine the complexity of patient care needs by using:

g.) The typed of practitioners that are necessary and available to provide care/services are:

h.) The Department of_____strives to provide appropriate level of care and service to meet the patient needs.

The level of quality provide by the Department of_____meets the professional standards sets forth by (identify the Professional group or Association_____.

3. All relevant information is recorded by the Dental Home Log
    a. See corresponding SOP (DENTAL HOME LOG)
4. If the child's dental provider responds with questions or concerns regarding the coordination of care
    a. Assure them that the preventive care offered compliments and should not conflict with the dental provider's treatment plan
    b. Refer them to the Supervising Pediatric Dentist
        i. See corresponding SOP (Transfer of Client Specific Information)

PARENT COMMUNICATION LOG

Effective date: 08/01/2020
Supersedes: n/a

Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Parent/guardian requests for the provision of clinical care demonstrated to be inconsistent with protocol, or selective withdrawal of consent for the disclosure of attendance and/or testing records, are logged for subsequent dissemination to Principal Investigators. Adequate time is scheduled for Clinical Team Manager(s) or Supervising Pediatric Dentist to explain dental services offered by CariedAway and to answer the parent/guardian questions. Parent/guardian and Clinical Team Manager(s) or Supervising Pediatric Dentist do not feel rushed or experience any interruptions. The parent or guardian completely understands explanations of recommended treatment.

Measurement: Appropriate dissemination of information to Principal Investigators. Feedback from parents/legal guardians.

1. Clinical Team Manager(s) screen paper-based informed consent forms for amendments including, but not limited to:
    a. Questions/concerns/requests regarding treatment
    b. Disclosure of attendance and/or testing information
2. Parents are contacted to:
    a. Communicate the purpose of the program
    b. Answer questions
    c. Address concerns
    d. Offer the opportunity for parents to visit the clinical treatment area prior to enrolling their child
        i. Locate an appropriate appointment date and time for a clinic visit
        ii. Notify the Supervising Pediatric Dentist of the parent or guardian's intention to present to the dental clinic
        iii. Coordinate schedules so that they may be available for further consultation
3. Enter all the information requested in the Parent Communication Log:
    a. Patient Information
        i. Schoolorsite
        ii. Patientid
        iii. Firstname
        iv. Lastname
        v. DOB
        vi. Gender
        vii. Visitdate
    b. Parent/legal guardian information
        i. ID Verified
            1. See corresponding SOP (VERIFYING PARENT/GUARDIAN IDENTITY)
        ii. Name
        iii. Contact

iv. Paper-based informed consent form date of signature

c. Notes
    i. Messages communicated
    ii. Resolution or proposed resolution
        1. Steps taken or next steps
    iii. Outcome

4. Contact Supervising Pediatric Dentist to inform them of the log entry
    a. Determine appropriate timeline for communication of details relevant to protocol deviation to Principal Investigators

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NE DENTAL FORM/IPAD ERROR LOG

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical staff, Clinical Team Manager(s), Supervising Pediatric Dentist, Certified Research Administrator, NE Data Systems staff
Issuing Authority: n/a

Desired Outcome: All iPad/NE Dental Form errors are communicated by clinical staff to Clinical Team Manager(s) upon presentation, for immediate resolution by on-call NE Survey Systems technicians. Clinical Team Manager(s) track errors and resolution to determine maintenance patterns indicative of iPad replacement/refurbishment needs.

Measurement: NESS log maintenance. Prompt resolution of iPad/NE Form glitches.

1. Clinical staff present iPad errors to Clinical Team Manager(s)
2. Clinical Team Manager(s):
    a. Verify the error through replication
        i. NE Dental Form system log-out
        ii. iPad shut down/restart
            1. See corresponding SOP (NON-DISPOSABLE EQUIPMENT SETUP)
    b. Capture relevant screen shots and/or record a HIPAA-compliant video that illustrates the error
    c. Document the following information in the NE Dental Form/iPad Error Log
        i. Patient Information
            1. Schoolorsite
            2. Patientid
            3. Firstname
            4. Lastname
            5. DOB
            6. Visitdate
        ii. iPad identification #
        iii. Description of error

iv. Description of attempted resolution

d. Contact the Certified Research Administrator or NE Survey Systems Technicians
    i. Denise Guerrero, Certified Research Administrator: (781) 588-1577, dg149@nyu.edu
    ii. Michael Stanley, NE Survey Systems: (617) 935-7270, mikes@nesurvey.com
e. Provide the following secure Box links, as indicated, via e-mail:
    i. NE Dental Form/iPad Error Log
    ii. Folder containing relevant screen shots and/or HIPAA-compliant videos
    iii. Delete screen shots following send
f. Document resolution in the NE Dental Form/iPad Error Log
    i. Date of resolution

GOOGLE FORMS DAILY REPORT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist, Research Coordinator
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) develop predictable, reproducible routines to promote program needs and desired outcomes. Clinical Team Manager(s) engage in daily reflection and subsequent problem-solving to identify and eliminate barriers to success and/or facilitate quality improvement efforts.

Measurement: Timely submission of Google Forms Daily Reports by 4pm. Level of agreement between alternative indicators of clinical performance (feedback from clinical staff, Supervising Pediatric Dentist, school staff and administrators), and daily reports. Utility of information provided by daily reports.

5. Indicate:
    a. Name of Clinical Team Manager
    b. Date
    c. First clinical day (yes/no)
        i. Confirm:
            1. RN Standing Orders complete and signed
            2. Introductions made to School Staff
            3. ATS alphabetized roster available
            4. ATS class roster available
            5. Phone/extension list available by class
            6. School wi-fi and password obtained
            7. Emergency protocol completed and returned

8. Pre-testing/testing/field trips/assemblies confirmed
9. Lunch schedules confirmed
10. Time of release for last student of the day confirmed
11. Date/time of debrief meeting proposed
12. Locked room available for secure storage

ii. Request visit by Supervising Pediatric Dentist for behavioral management/treatment of special needs, as indicated
    1. Specify date

iii. Transportation update
    1. Specify delays, cancellations, etc.

d. Clinic day
    i. Indicate completion of audits
        1. See corresponding SOPs (CLINICAL AUDIT, CLINICAL TIMING AUDIT, CLINICAL AUDIT LOG)
    ii. Indicate staff absence/late/sickness or request for time off
        1. Assess impact to clinical productivity and/or anticipate needs
            a. Suggest clinical staff substitutions, as appropriate
        2. Amend Clinical Team Discussion Record, as appropriate
            a. Navigate to:
                i. PCORI Managers Folder/Communication/Staff Performance Tracking/Clinical Team Discussion Record
    iii. Specify morning huddle topics addressed
        1. See corresponding SOP (MORNING HUDDLES)
    iv. Specify evening huddle topics addressed, as applicable
    v. Perform assessment of staff morale
        1. Engage in relevant problem-solving
        2. See corresponding SOPs (CONFLICT RESOLUTION, QUALITY IMPROVEMENT CURRICULUM DEVELOPMENT)
    vi. Perform individual performance assessments, as indicated
        1. See corresponding SOPs (NYU VALUED BEHAVIORS, PERFORMANCE STANDARDS)
        2. Amend Clinical Team Discussion Record
            a. Navigate to:
                i. PCORI Managers Folder/Communication/Staff Performance Tracking/Clinical Team Discussion Record
    vii. Provide supply/inventory update, as applicable
        1. See corresponding SOP (IN-FIELD INVENTORY REPORT)
        2. Follow-up with written communication to Administrative Aide II and Supervising Pediatric Dentist informing them of the update and urgent supply needs
    viii. Provide equipment update, as applicable

1. See corresponding SOPs (EQUIPMENT MAINTENANCE TRACKING, MAINTENANCE REPORT, EQUIPMENT MAINTENANCE)

ix. Provide NESS update, as applicable
    1. See corresponding SOP (NESS Log)
x. Specify school-based challenges, as applicable
xi. Share success stories, as applicable
    1. Indicate availability of relevant pictures for dissemination with Week-in-Review
        a. See corresponding SOP (MID-WEEK REPORT/WEEK-IN-REVIEW)
xii. Indicate capture and subsequent upload of clinical photos for review and interpretation by Supervising Pediatric Dentist
xiii. Indicate request for new sharps containers
    1. See corresponding SOP (PROCESSING AND TRANSFER OF WASTE)

e. Last clinical day (yes/no)
    i. Submit deadline for RN standing orders
        1. See corresponding SOP (RN STANDING ORDERS)
    ii. Confirm:
        1. Debrief meeting complete
        2. Debrief meeting minutes uploaded to Box
        3. Email re: debrief meeting sent with link to:
            a. Community Engagement Administrator
            b. Supervising Pediatric Dentist
        4. Last week's binder has been self-audited and is ready for pick-up
        5. Last week's urgent referrals have been compiled and sent to the PC via Virtru
        6. Next week's binder is prepared and available in clinic
        7. Next week's RN standing orders are prepared and available for signature on Box
    iii. Indicate staff personal/vacation days scheduled for the following week
        1. Anticipate needs
            a. Estimate impact to clinical productivity
            b. Suggest clinical staff substitutions, as appropriate
    iv. Transportation update
        1. Specify delays, cancellations, etc.
f. Consent report
    i. Define school
    ii. Perform self-assessment of clinical flow
        1. See corresponding SOP (MAXIMIZING CLINIC FLOW/PATIENT TURNOVER)
            a. Engage in relevant problem-solving
                i. Anticipate needs
                    1. Identify and eliminate barriers

2. Evaluate the feasibility of adjusting clinical staff assignments to compensate for schedule delays

iii. Specify:
    1. Date of ATS alphabetized roster
    2. School total enrollment
    3. New consents
        a. Confirm absence of duplicates
    4. Total consents
    5. Percent enrolled
        a. = New consents/total consents x 100%
    6. Patients seen
    7. Patients remaining

iv. Indicate:
    1. Completion of morning/evening tabling

v. Submit request for schedule amendments, as necessary
    1. Indicate need for early transfer of equipment
        a. To next school
            i. Estimate date
            ii. Request subsequent coordination and communication by Research Coordinator
        b. To NYUCD supply room
            i. Estimate date
            ii. Notify Alex (supply room Super)
                1. P: (646) 533-4938
                2. E: aconforti@absre.com

MID-WEEK REPORT/WEEK-IN-REVIEW

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) provide CariedAway clinical staff and administrators with a comprehensive and accurate overview of the past week, upcoming assignments, announcements, updates, and reminders, and links to relevant resources and supporting materials. Foster communication and a shared communal identity.

Measurement: Feedback from clinical staff, Clinical Team Manager(s), Supervising Pediatric Dentist, and CariedAway administrators.

1. Forward the most recent NYU Dentistry CariedAway Mid-Week Report/Week-in-Review template
2. Remove the following lines from the forwarded template:
    a. Forwarded message
    b. Date
    c. From
3. Cut the "To" line from the body of the email template and paste into the recipient line
4. Amend the subject
    a. Remove "Fwd.:"
    b. Adjust title, as appropriate:
        i. "NYU Dentistry CariedAway [Semester] [Year] Week (X) in Review"
        ii. "NYU Dentistry CariedAway Remote End-of-Week Report"
        iii. "NYU Dentistry CariedAway Remote Mid-Week Report"
5. Amend headers
    a. Update the week # under the heading "Week __ in review"
    b. Update the week # under the heading "Here's a Preview for Week __"
6. Provide a general summary of the week's activities
    a. Remove and replace photos and captions
        i. Reflect program highlights, success stories, commendations, etc.
        ii. Ensure that all photos of minors are de-identified
7. Remove and replace consent report tables
    a. Ensure consistent reporting
        i. See corresponding SOP (GOOGLE FORMS DAILY REPORT)
8. Remove and replace clinical staff assignments
    a. Reference Google Calendar
        i. Specify assignment
            1. Community Engagement, Clinical Care
                a. School name and address
                b. Names of assigned clinical staff
                    i. Refer to the rotation schedule, as appropriate
                c. Equipment transfer needs
                    i. Dates and locations of pick-up/drop-off
                d. Community engagement events
                    i. Time
                        1. Arrival
                        2. Event
                    ii. Primary contact
                        1. Name
                        2. Phone number
                    iii. Equipment and supply needs
                    iv. Intended audience
                    v. Dress code
                    vi. Desired outcome
                    vii. Transportation

1. Mode
    a. Subway
    b. Car service
2. Compensation
    a. “Metrocards will be provided”
    b. “Call your Clinical Team Manager to request car service [Insert phone #]”

2. Administrative
    a. Names of assigned clinical staff
        i. Refer to the rotation schedule, as appropriate
    b. Room number(s)
        i. Time(s)
    c. Assignment summary
    d. Reporting details
        i. Supervision/oversight

b. Contact the Research Coordinator and Administrative Aide II for further clarification, as needed

9. Provide:
    a. Relevant updates, announcements, and reminders under a corresponding header
    b. Access to relevant links, resources, and meeting minutes
10. Review for accuracy and send by the designated deadline
    a. Week-in-Review/End-of-Week Report: Friday, 4 pm
    b. Mid-Week Report: Wednesday, 4 pm

CLINICAL AUDIT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: A complete and accurate chart audit to determine the accuracy of dental screening, appropriateness of preventive care, and competency in treatment delivery at least once per clinician per school. The accurate assessment and thorough documentation of current and pending treatment for all active patients.

Measurement: Usefulness of data gathered. Observation and feedback from Clinical Team Manager(s) and Supervising Pediatric Dentist regarding accuracy of information and appropriate implementation of clinical strategies.

1. The Clinical Team Manager(s) or Supervising Pediatric Dentist will carefully review each chart for accuracy of dental screening in the diagnosis of:

a. Pathology, including:
    i. Evidence of dry mouth
    ii. Visible plaque and inflammation
    iii. Non-oral:
        1. Injury
        2. Bruise
        3. Break
        4. Burns
    iv. Oral soft tissue lesions of the lips, palate, tongue, gingiva, throat, or cheeks
b. Oral hygiene assessment
c. Occlusal assessment, including identification of needed referral
    i. Class I/II/III
    ii. Crossbite
    iii. Overjet
    iv. Overbite
    v. Crowding
d. Screening/Exam Data
    i. See corresponding SOP (SURFACE-LEVEL DIAGNOSIS OF TEETH)
        1. Primary, Mixed, or Adult dentition
            a. Present
            b. Missing
            c. Annotation of dental anomalies
        2. Intact
        3. Decay
        4. Arrest
        5. Sealants
        6. Restorations
            a. ITR
            b. Filling
            c. Crown
        7. Presence of conditions associated with urgent referrals, including:
            a. Pain
            b. Mobility
            c. Pulpal Involvement
            d. Fistula/Abscess
e. Treatment data
    i. Evaluate for appropriateness i.e. no treatment rendered for teeth identified to have urgent/emergent treatment needs
f. Carefully assess the preventive care rendered, including:
    i. Appropriate removal of biofilm and retained food by toothbrush and floss
    ii. Completeness of sealants
        1. All occlusal fossa of teeth sealed
        2. Buccal (mandible) or lingual (maxilla) extensions, as appropriate

3. Absence of flash, contacts checked and verified

iii. Completeness of interim therapeutic restorations
1. Cavitations therapeutically sealed from oral environment (closed margins)
2. No occlusal interference
3. Absence of flash, contacts checked and verified

g. Carefully assess the completeness and accuracy of the patient record, including:
i. Parent/guardian informed consent form and medical history record or update
ii. Visit Summary Page
iii. Treatment urgency appropriate
iv. The following selections:
1. Oral health instruction
2. Toothbrush/toothpaste
3. Toothbrush cleaning
4. Soft tissue exam
5. Fluoride varnish
6. Glass Ionomer (as applicable)
v. Treatment notes present/dated/signed
vi. Selection of "screening"

2. Annotate all charts of patients for whom an audit was performed by assigning the Clinical Team Manager or Supervising Pediatric Dentist to the role of screener, and the clinician to the role of treatment provider
3. Charts audited in a chair-side capacity will be identified and logged in the "Clinical Audit Log"
a. See corresponding SOP (CLINICAL AUDIT LOG)

The following additional audit criteria are adapted from the New York City Department of Health and Human Hygiene and New York State IPRO checklists:

1. Consent form verified
2. Medical history reviewed
3. Workflow well organized
4. Policy and Procedure Manual present
5. Examination (Preventive)
a. Exam completed
b. Explorer used
c. Adequate lighting
d. Tooth status recorded
e. Mucosa status recorded
6. Prophylaxis – According to NYC Department of Health and Mental Hygiene, prophylaxis is "N/A."
a. Prophylaxis completed
b. Calculus/plaque present
c. Calculus/plaque removed

    d. Teeth polished
7. Sealant Placement and Technique
    a. Appropriate teeth sealed
    b. Adequate isolation
    c. Adequate etch
    d. Adequate curing
        i. Note: Fuji IX restorative material is a self-cure material
    e. Occlusion checked
        i. Note: Preliminary contour is formed following digital application of mixture directly into cavitation
        ii. Interim therapeutic restoration is intentionally under-filled to avoid occlusal interference
        iii. Patient is instructed to bite into centric occlusion prior to material set to confirm
    f. Re-do needed (immediate)
    g. Re-do needed from prior visit
8. Protective eyewear on child
9. Preventive Treatment Plan
    a. All preventative treatment completed on initial visit
10. Education
    a. Written education material provided in appropriate language
    b. Verbal education given
11. Infection Control (Preventive)
    a. Work area cleaned before and after treating patient
    b. Hospital grade disinfectants used
    c. Instruments sterile and sealed package
    d. Single use items disposed after each use
    e. Containers used for contaminating instrument transport
    f. Handwashing prior to treating patient
    g. Hand hygiene is performed correctly
        i. When hands are visibly soiled
        ii. After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva or respiratory secretions
        iii. Before and after treating each patient
        iv. Before putting on gloves
        v. Immediately after removing gloves
    h. Use of appropriate personal protective equipment (PPE)
        i. PPE is removed before leaving the work area
        ii. Hand hygiene is performed immediately after removal of PPE
        iii. Surgical masks and eye protection with solid side shields are worn during procedures that are likely to generate splashes or sprays of blood or other bodily fluids

1. Masks are changed between patients and during patient treatment if the mask becomes wet

iv. Gloves are worn for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment
   1. Gloves are changed between patients
   2. Remove gloves that are torn, but, or punctured and perform hand hygiene before putting on new gloves

v. Disposable gown is changed if visibly soiled

CLINICAL AUDIT LOG

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: A complete and accurate clinical audit is performed to determine the accuracy of clinician dental screenings and competency in treatment delivery at least once per clinician per week, and at least once per clinician per school.

Measurement: Consistency between Clinical Audit Log and electronic health records.

1. Ensure Google Chrome settings are consistent with requirements
   a. See corresponding SOP (SECURE DOWNLOAD OF NESS ADMINISTRATIVE REPORTS)
      i. Generate clinical audit list
         1. Navigate to: https://www.nessform.net/dental2/
            a. Log in
         2. Select report “6. Exam/Treatment Report”
            a. Next Step
         3. Remove all but the following from “Fields to Show” by selecting the “Move to Hide List” button:
            a. Schoolorsite
            b. Patientid
            c. Firstname
            d. Lastname
            e. DOB
            f. Gender
            g. Visitdate
            h. Whoscreen
            i. Whotreat
         4. Select
            a. School

b. Start date
c. End date
d. Format option
i. Just the data
5. Select “Generate Report to Excel”
6. Save to: PCORI Managers Folder/Logs/Clinical Audit Logs
a. Year
b. School name

2. Open Excel file and navigate to “Data” tab
a. Highlight all columns containing data
b. Select “Sort”
i. Sort by Column “Whoscreen”
c. Select rows listing a Clinical Team Manager under “Whoscreen” and separate clinician under “Whotreat”
d. Copy row content into Comprehensive Clinical Audit Log
i. Navigate to:
1. PCORI Managers Folder/Logs/ Clinical Audit Log
2. Save
e. Delete the school-based Excel file following the extraction of relevant data points
3. Indicate completion of audits in the Daily Report
a. See corresponding SOP (GOOGLE FORMS DAILY REPORT)

CLINICAL TIMING AUDIT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) perform complete and accurate clinical timing audits to identify provider-specific challenges to timely dental screening and treatment delivery. Subsequent action is taken to correct deficiencies.

Measurement: Submissions to and appropriate maintenance of Clinical Timing Audit log. Clinical staff understanding of clinical timing impact to program goals and objectives.

1. Clinical Team Manager(s) will carefully perform timing audits at least once per clinician per school per week in accordance with the following guidelines:
a. Patient seating, introduction, and behavior management (1-2 minutes)
i. Concurrent with dental assistant completion of:
1. NE Dental Form
a. Electronic health record setup and retrieval
b. Manage Subject

b. Dental prophylaxis (30 seconds-1 minute)
    i. Concurrent with dental assistant completion of:
        1. Start new exam and treatment
            a. Pathology
c. Dental screening (1-2 minutes)
    i. Concurrent with dental assistant completion of:
        1. Screening data
    ii. Note: Additional time, not to exceed 1 minute, may be required for patients in the mixed/adult dentition with complex restorative histories
d. Dental treatment
    i. Concurrent with dental assistant completion of:
        1. Treatment data
        2. Visit summary, as appropriate
    ii. Simple treatment (3-10.5 minutes)
        1. Stepwise procedure
            a. Place/replace/remove isolation
                i. 30 seconds each
            b. Application of petroleum jelly
                i. 30 seconds
            c. SDF application
                i. Application and agitation of material for a minimum of 30 seconds to 3 minutes per carious posterior tooth surface
                ii. Minimum 1-minute drying time
        2. Recommended approach:
            a. Arch-specific/Half-mouth
                i. Apply SDF to all posterior:
                    1. Pits and fissures
                    2. Carious surfaces
                ii. Maintain the integrity of isolation
                iii. Return to carious surfaces and agitate material for a minimum of 30 seconds each
                iv. At completion of agitation for the last carious surface, initiate 1-minute drying time
                v. Remove isolation
                vi. Repeat for remaining arch/half-mouth
        3. Dentition-specific estimates:
            a. Primary
                i. 1.5 minutes, assuming a minimum of:
                    1. 8 sound posterior teeth
                        a. 30 seconds applying time, all teeth
                        b. 1-minute drying time
                ii. 5 minutes, assuming a minimum of:
                    1. 8 carious posterior teeth

a. 30 seconds applying time, per tooth
b. 1-minute drying time

b. Permanent
i. 4 minutes, assuming a maximum of:
1. 16 sound posterior teeth
a. 1-minute applying time, all teeth
b. 1-minute drying time
ii. 9 minutes, assuming a maximum of:
1. 16 carious posterior teeth
a. 30 seconds applying time, per tooth
b. 1-minute drying time

iii. Complex treatment (5-7 minutes)
1. Stepwise procedure
a. Place/replace/remove isolation
i. 30 seconds each
b. Application and rinsing of cavity conditioner
i. 30 seconds
ii. Concurrent with dental assistant completion of:
1. Fuji IX capsule activation, mixing, and loading
c. Application of Fuji IX
i. Working time is 2 minutes from the start of mixing
ii. Clinicians report average utilization of:
1. 1-2 capsules (2-4 minutes working time)
a. Note: Dentition-agnostic
d. Patient bites into centric occlusion, removal of flash
i. 30 seconds

e. Visit summary (1-2 minutes)
i. Patient anticipatory guidance
1. Take home form
2. Post-op instructions
ii. Dismissal

2. Compare individual timing audits to the estimated range:
a. Minimum length of appointment = 6.5 minutes
b. Maximum length of appointment = 17.5 minutes
3. Identify areas of potential improvement
a. Address deficiencies through appropriate relevant content, coaching, and peer learning opportunities
4. Submit results of clinical timing audits using the Daily Report
a. See corresponding SOP (GOOGLE FORMS DAILY REPORT)

DOCUMENTING COMPLAINTS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Purpose of Policy:
The purpose of this policy is to provide the Caried*Away* community with proper protocols around the management of patient incidents and/or complaints.

Policy Statement:
It is the right of all patients of the New York University College of Dentistry Caried*Away* program to voice a concern regarding preventive care, billing, facility maintenance, or other matters pertaining to their experience. It is the responsibility of Caried*Away* staff to guarantee a prompt and professional response through a process of investigation with the goal of delivering a resolution as well as identifying a plan of improvement to prevent recurrence.

Protocol:
Patient incidents/complaints are managed by Clinical Team Managers and/or the Supervising Pediatric Dentist, as appropriate.

1. Documentation of Patient Incidents/Complaints
    a. For all patient incidents/complaints that occur in person, via telephone, or in writing, the Clinical Team Manager or Supervising Pediatric Dentist will submit an entry to the Complaint Log within 24 hours
        i. See corresponding SOP (COMPLAINT LOG)
2. Investigation of Patient Incidents/Complaints
    a. All aspects of the investigation (interviews, patient record reviews) and plan for corrective action (as appropriate) must be completed within a 30-day period
        i. See corresponding SOP (Protocol Violation) as appropriate
3. Preventing Recurrence
    a. The Supervising Pediatric Dentist will investigate cases in consultation with the Principal Investigators and develop corrective action plans as needed
    b. All patient incidents/complaints shall be categorized, tracked, and trended along with their respective corrective action plan until resolved
    c. Detailed and aggregate data of this nature will be shared with school administrators and designated Dental Champions during Community Advisory Committee meetings to reduce and prevent undesirable occurrences
4. Incidents/complaints related to Treatment, Customer Service, and/or Communication
    a. If a patient or their parent/guardian expresses a concern regarding their care directly to the treating clinician, the clinician should make every effort to address the patient concern and document the discussion in the patient record
        i. The Supervising Pediatric Dentist is expected to support the clinician throughout the issue resolution process

b. If a patient or their parent/guardian expresses a concern regarding their care to a member of the *CariedAway* staff who is not directly involved in that patient's treatment, they shall notify the Clinical Team Manager(s)
    i. Clinical Team Manager(s) will inform the treating clinician and enter the details of the incident into the patient record and the Complaint Log
    ii. If the issue is related to treatment, the treating clinician, Clinical Team Manager(s) and Supervising Pediatric Dentist should attempt to resolve the concern directly with the patient and/or their parent or guardian
        1. If the matter cannot be resolved at the Supervising Pediatric Dentist level, the incident will be escalated to the Principal Investigator(s)

5. Billing/Insurance and Health Information Management
    a. In the event of a billing, payment, or insurance issue, or a concern pertaining to Health Information Management/Patient Records, the Clinical Team Manager shall be notified
    b. The Clinical Team Manager will make every reasonable effort to address and/or resolve the situation and enter the details of the incident into the Complaint Log within 24 hours of occurrence
    c. If the issue remains unresolved, or requires additional internal discussion and/or investigation, the Clinical Team Manager should reach out to the Supervising Pediatric Dentist

COMPLAINT LOG

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Concern regarding preventive care, billing, facility maintenance, or other matters pertaining to the patient experience are documented in a timely fashion. Clinical Team Manager(s) and Supervising Pediatric Dentist guarantee a prompt and professional response through a process of investigation with the goal of delivering a resolution as well as identifying a plan of improvement to prevent recurrence.

Measurement: Quantity of complaints logged. Speed and ease of resolution.

1. Upon receipt of a complaint, Clinical Team Managers document the following:
    a. Patient Information
        i. Schoolorsite
        ii. Patientid
        iii. Firstname
        iv. Lastname

v. DOB
vi. Gender
vii. Visitdate

b. Parent/legal guardian information
    i. ID Verified
        1. See corresponding SOP (VERIFYING PARENT/GUARDIAN IDENTITY)
    ii. Name
    iii. Contact
    iv. Paper-based informed consent form date of signature
c. Type of concern:
    i. Clinical adverse event
        1. Pain, mobility, pulpal involvement fistula/abscess, swelling
        2. Staining
        3. Other
    ii. Communication with parent/guardian
        1. Financial issue; billing/insurance inquiry
        2. Information request
    iii. Medical Event (related to care)
    iv. Medical Event (not related to care)
    v. Patient dissatisfied with treatment- no serious damages
    vi. Unprofessional behavior by staff
    vii. Other/Misc.
d. Details of complaint
e. Patient's desired outcome
f. Outcome
    viii. Apology (verbal)
    ix. Apology (written)
    x. Allegations unfounded
    xi. Policies explained
    xii. Facilitated communication
    xiii. Patient referral
    xiv. Other

2. Contact Supervising Pediatric Dentist to inform them of the complaint, including:
    a. Proposed resolution or resolution
        i. Next steps or steps taken

IN-PROGRESS VISIT AUDIT

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) ensure timely and accurate submission of all in-progress visits 24 hours prior to billing report audits. The accurate assessment and resolution of manual error.

Measurement: Usefulness of data gathered. Reimbursement for services rendered.

1. Ensure Google Chrome settings are consistent with requirements
    a. See corresponding SOP (SECURE DOWNLOAD OF NESS ADMINISTRATIVE REPORTS)
        i. Generate in-progress visit report
            1. Navigate to: https://www.nessform.net/dental2/
                a. Log in
            2. Select report "12. See List of Open Visits (Incomplete)"
                a. Next Step
            3. Select "Generate Report to Excel"
            4. Save to: PCORI Managers Folder/Logs/In-Progress Log
                a. Replace
2. Open Excel file
3. Review the list of open visits
    a. Note associated clinician
        i. Identify paired assistant
    b. If no clinician was assigned to the chart:
        i. Access the electronic health record, as possible
        ii. Identify the status of the record
        iii. Define next steps
        iv. Propose resolution to the Supervising Pediatric Dentist
4. Contact clinician-assistant pairs
    a. Alert them to the status of the open visits
    b. Request immediate resolution
    c. Copy Box link
5. Following resolution, permit 24 hours to elapse prior to running billing reports
    a. See corresponding SOP (BILLING REPORTS)

BILLING REPORTS

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

At the completion of each school, the Supervising Pediatric Dentist will log into the Ness Management website using their assigned username and password.

Desired Outcome: Patient billing records are securely populated and downloaded to NYUCD Box, accessed by the Clinical Team Manager(s), Supervising Pediatric Dentist, administrative staff, and NYUCD's billing department. A complete and accurate review of a school Billing Report that reflects appropriate services rendered. The accurate assessment and correction of manual error.

Measurement: Provided with an individual's name and birthday, a Medicaid number may be populated. This information may be requested from NYUCD's billing department for future inclusion as part of the child's electronic record. Usefulness of data gathered. Reimbursement for services rendered.

1. Ensure Google Chrome settings are consistent with requirements
    a. See corresponding SOP (SECURE DOWNLOAD OF NESS ADMINISTRATIVE REPORTS)
        i. Generate billing report
            1. Navigate to: https://www.nessform.net/dental2/
                a. Log in
            2. Select report "8. Billing Report"
                a. Next Step
            3. Select
                a. School
                b. Start date
                c. End date
            4. Select "Generate Report to Excel"
            5. Save to: PCORI/Billing/CariedAway2 Billing Reports/Original NESS Reports
                a. School name
                b. Semester
                    i. Spring
                    ii. Fall
                c. Year
2. Open Excel file
    a. Screen billing report for accuracy of completion:
        i. School or site
        ii. Grade
        iii. Patient ID
        iv. Current Patient Status (Active, Expired or Withdrawn)
        v. First Name
        vi. Last Name
        vii. DOB
        viii. Sex
        ix. Patient status at time of visit (Active, Expired or Withdrawn)
        x. Visit date
        xi. Screendate

1. D0190 (Registered Dental Hygienist only)
2. D0191 (Registered Nurse)

xii. Treatment date
xiii. Semester
xiv. Fluoride
1. D1206 (billed only for patients less than or equal to six years of age)

xv. Dental instruction
1. D1330

xvi. List caries
xvii. List sealants placed
1. D1351

xviii. List fillings placed
1. D2940 (permanent teeth only)
2. D2941 (primary teeth only)

xix. SDF placed on carious teeth
1. D1354 (caries arresting medicament)

xx. SDF placed on sound pits and fissures
1. D1208 (topical fluoride)

xxi. List SDF placed by tooth
xxii. Who screened or examined
xxiii. Who treated
xxiv. Auto summary of findings and service provided (including FV and SDF)
xxv. Medicaid ID number

3. Additions or amendments to the billing report are hand-entered by the Clinical Team Manager(s) and/or Supervising Pediatric Dentist
    a. Highlighted additions or amendments in yellow to indicate manual error and/or omission during chair-side charting
    b. Clinical Team Manager(s) should take note of repeat manual error and/or omission by clinician-assistant pairs
        i. Annotate Clinical Team Discussion Record
            1. Navigate to:
                a. PCORI Managers Folder/Communication/Staff Performance Tracking/Clinical Team Discussion Record
    c. Amendments due to treatment designation are entered into the Aberrant Entry Log for review
        i. See corresponding SOP (ABERRANT ENTRY LOG)
4. Billing reports for whom the Clinical Team Manager(s) or Supervising Pediatric Dentist is listed under “whoscreen” are to be included in the Clinical Audit Log
    a. See corresponding SOP (CLINICAL AUDIT LOG)
5. Save as file type: Microsoft Excel 97-2003.workbook(.xls)
6. Confirm upload of audited billing reports to the Administrative Billing Assistant and Department Manager
    a. Copy Supervising Pediatric Dentist

b. Indicate the number of records reflected by the billing report
7. Indicate completion of audits in the Daily Report
    a. See corresponding SOP (GOOGLE FORMS DAILY REPORT)

ABERRANT ENTRY LOG

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s)
Issuing Authority: n/a

Desired Outcome: Timely identification and efficient resolution of manual entry errors detected during billing report audits.

Measurement: Quantity of aberrant entries recorded by the Aberrant Entry Log.

1. While auditing a billing report, if an entry error is detected, the error and electronic health record information must be reported in the Aberrant Entry Log
2. Entry errors may include:
    a. Complex treatment code is present for a student enrolled in a school rendering simple treatment, or vice versa
        i. Possible patient transfer
            1. Verify current enrollment of student
                a. See corresponding SOP (VERIFY ENROLLMENT)
    b. Both simple and complex treatment codes are present on a single tooth
        i. Manual entry error
            1. Verify care designation for the school
3. Navigate to:
    a. PCORI Managers Folder/Logs/ Aberrant Entry Log
        i. Enter all the information requested in the spreadsheet:
            1. Name of School
            2. Treatment designation
            3. Patient last name
            4. Patient first name
            5. Patient date of birth
            6. Patient OSIS number
            7. Date of dental assessment
            8. Description of aberrant entry
            9. Next steps
            10. Resolution
                a. See corresponding SOP (AMENDMENTS TO A PATIENT'S ELECTRONIC HEALTH RECORD)

PATIENT TRANSFER LOG

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist, Principal Investigator(s)
Issuing Authority: n/a

Desired Outcome: Accurate and efficient identification and tracking of enrolled students whose school affiliations have changed. Appropriate documentation and communication of protocols for transfer students to clinical staff, including amendments to the electronic health record.

Measurement: Consistency between Patient Transfer Log, electronic health record, and data reporting by the Principal Investigator.

1. Navigate to:
    a. PCORI Managers Folder/Logs/Patient Transfer Log
2. Record:
    a. Today's date
    b. Patient Identifiers:
        i. Last name
        ii. First name
        iii. Date of birth
        iv. OSIS #
    c. Prior school recorded by electronic health record
        i. "Transfer from"
        ii. Protocol designation (i.e. simple or complex)
        iii. Date of last visit
    d. Current school recorded by electronic health record
        i. "Transfer to"
        ii. Protocol designation (i.e. simple or complex)
        iii. Date of first visit
3. "No Change" column indicates a presence/lack of complication by protocol designation
    a. "FALSE" indicates records requiring report to the Principal Investigator
        i. Reports are made to the Principal Investigator on a quarterly basis using secure e-mail correspondence (i.e. Virtru)
        ii. Please copy Supervising Pediatric Dentist on all correspondence
    b. "TRUE" indicates consistency in the protocol designation between schools

SECURE DOWNLOAD OF NESS ADMINISTRATIVE REPORTS

Effective date: 08/01/2020

Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: All NESS dental server reports are downloaded to a secure and encrypted [HIPAA compliant] Box folder using Google Chrome only.

Measurement: Absence of HIPAA violations.

1. In Google Chrome, navigate to the Chrome menu button (three vertical dots) in the upper-right corner of the window
2. Select "Settings" from the drop-down menu
    a. The "Settings" screen displays on a new tab
3. Scroll down to the bottom of the "Settings" screen and click "Advanced"
4. Under "Downloads" toggle the on/off switch for "Ask where to save each file before downloading" to the on position
5. Log in to NESS administrative site (https://www.nessform.net/dental2/)
6. Navigate to the report of your choosing
7. Select "Generate Report to Excel"
    a. A pop-up window will appear
    b. Enter an appropriate title for the document next to "Save as"
    c. Select a secure, encrypted Box folder next to "Where"
    d. Hit "Save"

MEMO TO FILE

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Clinical Team Manager(s), Supervising Pediatric Dentist, Research Coordinator
Issuing Authority: n/a

Desired Outcome: Clinical Team Manager(s) author and submit accurate documentation of amendments to standard operating procedures committed by clinical team staff for submission to and maintenance by the Research Coordinator. Amendments to standard operating procedures do not reflect protocol violations.

Measurement: Quantity of memos authored for send to the Research Coordinator.

1. Amend the Memo to File template to reflect appropriate content
    a. Navigate to:

i. PCORI Managers Folder/Forms, Templates, Guides, and Calculators/Memo to File/Memo to File Template

2. A note to file should:
    a. Be generated on a case-by-case basis
    b. Include the subject and protocol it refers to
    c. Be signed and dated by the individual who is writing it
    d. Be legible if handwritten
    e. Explain clearly and specifically the reason for the error/omission/discrepancy or process/policy it aims to address
    f. Should include any corrective action or follow-up when applicable
    g. Be filed with the document, subject file or behind the study binder tab to which it applies
    h. Include a research log, when motivated by content derived from relevant literature reviews
        i. Navigate to:
            1. PCORI Managers Folder/Forms, Templates, Guides, and Calculators/Memo to File/Memo to File Research Log Template
3. Save for send to the Research Coordinator
    a. Send e-mail notification of upload to the appropriate Box folder
        i. Navigate to:

SUPERVISING PEDIATRIC DENTIST

TRANSFER OF CLIENT SPECIFIC INFORMATION

Effective date: 08/01/2020
Supersedes: n/a
Responsible officer: Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: All staff are aware of students' rights to privacy and the program's obligation to maintain the confidentiality of student's electronic dental records and act accordingly when responding to request of information. All information contained in the student's electronic dental record is confidential and is disclosed only to authorized persons. The Caried*Away* Supervising Pediatric Dentist handles all requests for copies of information.

Measurement: Timely and appropriate exchange of information between dental health providers.

Note: This policy shall in no way interfere with the appropriate exchange of information between providers. Although the students' electronic dental record is the property of NYU Dentistry, the student/parent/guardian has the right of access to information contained within

the electronic dental record. Caried*Away* is equipped with a private telephone and fax line to ensure confidentiality and adequate access to the student/parent/guardian and back-up providers.

1. Transfer of client specific information among providers, school and back-up facility, and the child's primary care dentist, where applicable, requires parental approval in the form of:
    a. A signed copy of the appropriate dental release authorization form
    b. A request for the child's dental information, including the results of the most recent dental screening and current treatment plan
2. In the event of a request by a parent/guardian to release the child's dental information, the Supervising Pediatric Dentist will:
    a. Annotate the Dental Home Log
        i. See corresponding SOP (DENTAL HOME LOG)
    b. Send a dental release authorization form
        i. Navigate to:
            1. PCORI Managers Folder/Forms, Templates, Guides, and Calculators/Coordination of Care/Authorization for Release of Records
    c. Screen returned dental release authorization form for accuracy of completion
    d. Send child's dental information

DIRECT REFERRALS

Effective date: 08/01/2019
Supersedes: 08/01/2020
Responsible officer: Supervising Pediatric Dentist
Issuing Authority: n/a

Desired Outcome: Provide direct referrals (1) a local dental provider in close proximity or within reasonable distance to a child's school, (2) NYUCD Urgent Care/Emergency Services, or (3) NYUCD Department of Pediatric Dentistry.

Measurement: Appropriateness, particularly regarding quality, of care. Financial ability of parent/guardian to acquire needed services. Ready availability (dental clinic will know prior to referral whether the student will be seen in a timely fashion) and access to the referral facility.

1. Verify Parent/Guardian Identity
    a. See corresponding SOP (VERIFYING PARENT/GUARDIAN IDENTITY)
2. Confirm the following:
    a. Is your child a patient of our program?
    b. Does your child have an established dental home?

i. See corresponding SOPs (DENTAL HOME LOG, COORDINATION OF CARE WITH A PATIENT'S DENTAL HOME)

c. When was your child last seen by our program?

d. Is your child experiencing pain or swelling?

i. The patient should be seen the same day, if any of the following symptoms apply:

1. Confirmed trauma
2. Pain that keeps the patient awake at night
3. Current fever or swelling
4. Sudden onset of severe pain

ii. The patient can be seen within the next couple of days, if any of the following circumstances and symptoms apply:

1. The patient has a history of chronic toothaches that do not keep them awake at night or require medication
2. Broken or sensitive tooth causing mild discomfort

3. Access the patient's electronic health record, as applicable
   a. Record the information provided under "Manage Subject, Patient Notes"
4. Ask the parent/guardian if they require the names and contact information for local dental providers in their neighborhood, or if they would prefer to have their child seen at New York University College of Dentistry
   a. Local dental providers:
      i. Confirm patient dental insurance and reference local dental provider list
         1. See corresponding SOP (LOCAL PROVIDER LIST)
   b. New York University College of Dentistry:
      i. 345 East 24th Street (corner of First Avenue) New York, NY 10010
         1. The authorized handicapped entrance for the College is located at 338 East 25th Street, between First and Second Avenues
         2. Access-A-Ride:
            a. Patients with qualifying disabilities may arrange transportation by contacting Access-A-Ride at (877) 337-2017
         3. Subway:
            a. 6, N, R, F, C or E subway to the 23rd Street stop and transfer to the Eastbound M23 crosstown bus, to First Avenue and 23rd Street
         4. Bus:
            a. M15 Local & Select Bus Service (SBS) runs up First Avenue or down Second Avenue to 23rd Street
            b. M23 crosstown bus east along 23rd Street to First Avenue
            c. M16 crosstown bus east along 34th Street, down Second Avenue to 23rd Street and First Avenue
            d. M21 bus along Houston Street, up Avenue C to First Ave and 23rd Street
         5. Car:

a. The closest exit off the FDR Drive is 23rd Street
b. The closest parking garage is on 25th Street between First and Second Avenues

ii. Urgent Care/Emergency Services
1. Urgent care for patients with loose or broken restorations/fillings, excessive bleeding, swelling, oral infection, and/or trauma is provided with no appointment necessary
2. Treatment is available on a first come, first-served basis during the College's normal clinic hours:
a. Monday - Thursday, 8:00 am - 8:00 pm
b. Friday, 8:00 am - 3:00 pm
c. Please note that patients must arrive by 6:00 pm, Monday - Thursday, to be evaluated and treated in the evening session, or by 2:00 pm on Fridays
3. Emergency care is also available on most weekends and some holidays between 9:00 am and 3:00 pm
4. Patients presenting for Emergency Services/Urgent Care will be charged a $75 fee, which covers the cost of a limited examination and required X-rays
5. Palliative procedures to relieve patients in pain will be charged an additional fee, based on services provided
6. No patient is dismissed due to their inability to pay the emergency care fee
7. During all other times, patients with excessive bleeding, swelling, oral infection, and/or traumatic injuries should seek treatment at their nearest hospital emergency room
a. The closest emergency room to NYU College of Dentistry is the Bellevue Hospital Center Emergency Room located at 462 First Avenue (at 27th Street)
b. You can call the Bellevue Hospital Center directly at (212) 562-3015
8. Contact: (212) 998-9660

iii. Department of Pediatric Dentistry
1. Pediatric dental treatment and disease prevention for children (up to 14 years of age), with special facilities for infants and special needs patients
2. Services include preventive care, dental treatment under sedation or anesthesia, and urgent dental care
3. Community and school-based services are also available
a. Location: 9th floor, Weissman Building
b. Contact: (212) 998-9650
c. Accept the following insurance plans *only*:
i. Medicaid plans
ii. MetLife

iii. Cigna PPO

4. As available, offer parent/guardian a brochure for free dental exam, x-rays, cleaning, and fluoride treatment with the Department of Pediatric Dentistry

iv. Special Needs

1. Special patient care dentistry is provided by fourth-year DDS students under the close supervision of licensed faculty to those patients who have medically disabling, developmental, and/or acquired disabilities
2. Communication with all members of the healthcare team (family, caregivers, physicians, and social services) is essential to successful treatment outcomes
3. Care provided by: Predoctoral (DDS) students
    a. Location: 345 E. 24th Street (at First Avenue), 8th floor
    b. Contact: (212)998-9988

5. Provide phone numbers and/or offer to call and schedule an appointment on behalf of the patient and their parent/guardian
    a. Ask the parent or guardian if there is a particular date and/or time of day that they would prefer for an appointment
    b. Request their preferred contact information
    c. Call the appropriate office to request an appointment for the patient
        i. Ask the office to contact the patient with a fee estimate prior to the appointment
6. Confirm the following information with the parent or guardian:
    a. Appointment date and time
    b. Dental provider address, or address of New York University College of Dentistry, and easy-to-follow directions to the appropriate clinic
7. Once an acceptable and appropriate appointment date and time has been selected, enter all relevant information into the Dental Home Log
    a. See corresponding SOP (DENTAL HOME LOG)