



MANUAL OF PROCEDURES

NEW YORK UNIVERSITY COLLEGE OF DENTISTRY Department of Epidemiology & Health Promotion
433 First Avenue, Seventh Floor, New York, NY 10010

Preface to the Manual of Procedures

Version 4.0 (November 15, 2020)

The purpose of the New York University College of Dentistry CariedAway Manual of Procedures is to provide the administrative policies, procedures, and guidelines pertaining to school-based health center dental program (SBHC-D) clinical operations and patient care. The CariedAway program will also be providing care in community-based locations.

Administrators and staff are expected to read the Manual and become familiar with its contents. Knowledge of the Standards of Care and the policies and procedures in this Manual is essential for providing patient care of the highest quality. Noncompliance with any of the policies and procedures referenced in this Manual may result in disciplinary action.

The CariedAway Manual of Procedures 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 a quarterly basis by the CariedAway Clinical Research Coordinator. The information in the Manual will be reviewed by the CariedAway Associate Program Director regularly and at least annually. Any substantive changes to policy and/or procedure will be communicated accordingly. *The version maintained by the Clinical Research Coordinator supersedes any printed copy of this Manual.*

**NEW YORK UNIVERSITY COLLEGE OF DENTISTRY CARIEDAWAY
MANUAL OF PROCEDURES**

Table of Contents

1. Introduction
 - 1.1 Type of Intervention
 - 1.2 Scope of Services Provided
 - 1.3 Appointment and Recall Schedule
2. Administrative
 - 2.1. Leadership Structure (Position Descriptions)
 - 2.1.1. Organization Chart
 - 2.1.2. Roles and Responsibilities, Sponsoring Facility (Article 28 Sponsor/Back-up Facility)
 - 2.1.3. Roles and Responsibilities, CariedAway
 - 2.1.4. Roles and Responsibilities, School and Community-Based Locations
 - 2.2. Hiring Procedures
 - 2.2.1. Staff Orientation
 - 2.2.2. In-Service Training
 - 2.2.2.1. Recognition and Reporting of Suspected Child Abuse
 - 2.2.2.2. Policy on Infection Control
 - 2.2.2.3. Emergency Care Services
 - 2.2.2.4. Policy on CPR Certification
 - 2.2.3. Continuing Education Opportunities
 3. Regulatory
 - 3.1. Informed Consent
 - 3.1.1. Parent Involvement
 - 3.2. Policy on Responsibilities Regarding Information Privacy, Security, and Confidentiality
 - 3.3. Statement on Confidentiality
 4. Enrollment
 - 4.1. School Recruitment
 - 4.2. Memorandum of Understanding
 5. Program Implementation
 - 5.1. Linkages with Dental Providers When the Child Has Another Provider
 - 5.2. Transfer of Client Specific Information
 - 5.3. Provision of Or Access to Care During Non-School Hours
 - 5.4. Referral for Non-Covered Services
 - 5.5. Follow-Up on Referrals and Missed Appointments
 - 5.6. Management of Medical Emergencies and Medical Emergency Protocol
 - 5.7. Documentation of Medical Emergencies and Other Incidents in The Clinical Treatment Area

6. Financial Procedures and Payment
 - 6.1. Financial Procedures – General Information
 - 6.2. Obtaining Third Party Reimbursements for Billable Dental Services
7. Data Management and Evaluation of Services
 - 7.1. Patient Health Information
 - 7.2. Evaluation of Services
8. Quality Assurance Measures
 - 8.1. Quality Assurance Plan

Appendices

- Appendix 1A: American Dental Association Smile Smarts Dental Health Curriculum
- Appendix 1B: Standing Orders
- Appendix 1C: Section 751.7 of Title 10 NYCRR
- Appendix 2A: Organizational Chart
- Appendix 2B: Bloodborne Pathogens Exposure Control Written Program
- Appendix 2C: Safety Data Sheets
- Appendix 2D: Preparation of The Dental Exam/Treatment Area
- Appendix 2E: Occupational Exposure
- Appendix 3A: Informed Consent Form
- Appendix 4A: Memorandum of Understanding
- Appendix 5A: Scope of Care Template
- Appendix 5B: Authorization for Release of Health Information
- Appendix 5C: NYC DOE/Department of Health and Mental Hygiene Referral Form
- Appendix 5D: Emergency Protocol form
- Appendix 6A: Policy on Management of Patient Incidents/Complaints
- Appendix 7A: NeForm Security Summary
- Appendix 8A: CariedAway COVID-19 In School Checklist
- Appendix 8B: CariedAway Community-Based COVID-19 Checklist

1. Introduction

New York University College of Dentistry (NYUCD) Department of Epidemiology and Health Promotion is committed to providing evidence-based frameworks for the development, monitoring, and dissemination of novel approaches to oral health education, prevention, and disease control in the Americas and globally. One of only 10 World Health Organization (WHO) Dentistry Collaborating Centers in the world, the Department of Epidemiology and Health Promotion engages in education, research, and scholarly exchange on behalf of three principal aims:

1. To provide technical cooperation in designing novel effective and efficient surveillance systems for oral diseases, conditions and behaviors that measure disease burden, quality of life, and impact of preventive interventions.
2. To develop and disseminate protocols for the prevention and control of oral diseases across the lifespan.
3. To develop educational content for the prevention and control of oral diseases among seniors and the elderly by primary healthcare professionals working in community and health centers.

CariedAway addresses the first two of these principal aims by engaging elementary schools in the Bronx, an area with a scarcity of dental care providers and clinics that serve low-income, Hispanic/Latino families. More than half of U.S. elementary school-age children have had a dental cavity, and more than 20 percent have untreated cavities. The prevalence of cavities in the Bronx – the poorest borough in New York City– is almost twice the national average.

Children with dental cavities and associated toothaches face multiple disadvantages, including reduced quality of life, school absences, difficulty paying attention in school, and lower standardized test scores. Unfortunately, traditional office-based dental care presents multiple barriers to treatment, including cost, fear of dentists, and geographic isolation. Bringing care to children instead of children to care eliminates these barriers.

The overall goal of the program is to measurably improve oral health equity by implementing an effective, patient-centered, and efficient school and community-based cavity prevention protocol to reduce untreated cavities by two thirds. The primary responsibility is to provide quality preventative dental care and education to students twice per school year while ensuring that other necessary services are available through referral. Clinical team members will assess untreated cavities, quality of life, and student achievement to review the outcomes of CariedAway.

1.1. Scope of Services Provided

Effective date: 10/21/2020

Supersedes: 8/1/2019

Responsible officer: Associate Program Director

Issuing Authority: N/A

CariedAway, a school-based health center dental program (SBHC-D), is an approved dental health services delivery program that provides dental health services to New York City schools during school

hours. Dental services include basic screenings, preventive services, and referrals. Services are provided directly and are designed to meet the needs of children and youth within the context of the family, culture, and environment. Services are also being provided in community-based locations.

CariedAway is located in communities and schools designated as high need based on an assessment of community needs and resources. Schools with a larger proportion of students with the highest prevalence of unmet dental need and limited access to oral health resources and services have been targeted for the establishment of services.

All children enrolled in an approved school, if they meet service criteria, are eligible to receive the full range of preventive services provided, regardless of age or grade level, contingent on parental consent. Dental services are mobile, utilizing portable equipment and resources, and provide on-site access during the academic day when school is in session or at a community-based location during regular hours.

CariedAway meets the following 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:

II. Health Education and Promotion Program

- Dental health education is incorporated in the school curriculum through the development and implementation of specific age-appropriate activities to promote dental health (Appendix 1A).
- Dental health education is provided in a group or classroom setting; it is also provided to parents and teachers.
- The curriculum covers basic information about oral health, including age-appropriate oral hygiene practices (brushing, flossing, dental visits), caries prevention, nutrition and dental health.
- The provision of comprehensive health education includes:
 - One-on-one patient education;
 - Group/targeted education;
 - Family and community oral health education; and
 - Oral health education for school staff.

III. School and Community-Based Preventive Program (dental assessments, counseling, screenings and referral)

- All enrolled children undergo a general dental assessment or screening by a dental hygienist, nurse, or other health professional for the purposes of:
 - Collecting oral health surveillance data;
 - Determining current oral health status;
 - Identifying current oral health problems and treatment needs; and
 - Making referrals for any needed dental care and treatment.
- Oral health assessments consist of an oral health history, including the name of the child's dentist and date of the last visit an inspection of the mouth, and identification of observable problems.

- When screenings indicate the need for additional services, the parent or caregiver is informed of the options available for follow-up services, as well as any charges that might be incurred by the family.
- IV. School and Community-Based Clinical Preventive Program
 - Clinical Preventive Services: All dental services are provided in accordance with current standards of professional practice, are within the scope of practice of dentistry as defined by the American Dental Association and are in accordance with NYS regulations.
 - Oral [toothbrush] prophylaxis (cleaning)
 - Sealants
 - Pit and fissure sealants: performed for asymptomatic, posterior teeth whose pits and fissures exhibit no clinical signs of occlusal or proximal caries
 - Therapeutic sealants: performed for asymptomatic teeth whose pits and fissures exhibit clinical signs of occlusal or proximal caries as caries control prior to the placement of definitive restorations, by referral
 - Not intended to maintain or replace the dentition to proper anatomical, functional and esthetic form
 - Reapplication, if necessary, is available at all repeat visits
 - Fluoride applications
 - Refers to semi-annual topical fluoride treatment when professionally administered in accordance with appropriate standards
 - Fluoride varnish
 - Silver Diamine Fluoride (SDF): applied to sound pits and fissures and surfaces exhibiting clinical signs of caries for asymptomatic posterior teeth
 - Administration
 - Clinical preventive services are provided to all enrolled children in accordance with school randomization assignments to receive either simple or complex preventive services defined as follows:
 - Preventive services:
 - Review of chief complaint
 - Review of medical history
 - Intra/extraoral screening
 - Oral hygiene assessment
 - Dental screening/assessment including hard and soft tissue
 - Oral [toothbrush] prophylaxis (cleaning)
 - Fluoride varnish
 - Simple preventive services:
 - i. Silver Diamine Fluoride
 - Complex preventive services:
 - Sealants
 - i. Pit and fissure sealants
 - ii. Therapeutic sealants
 - Every student is provided with a toothbrush and fluoridated toothpaste for home use.

- Clinical preventive services are provided to all enrolled children in accordance with standing orders by the supervising dentist (*Appendix 1B*).
- Delivery
 - Clinical preventive services are provided by a dental hygienist, nurse, or other health professional once per six-month period.
 - CariedAway ensures the presence of dental health care professionals during normal school and community-based location hours. The actual numbers of staff, as well as the amount of time staff spend on-site at schools or community-based locations, are dependent on the number of students enrolled in the program and the identified needs of students.
- Follow-Up and Referrals
 - Please refer to *Referral for Non-Covered Services* (page 43) and *Follow-Up on Referrals and Missed Appointments* (page 43).
- Continuity of Care – 24 Hour, 7day/Week Coverage
 - Please refer to *Provision of Or Access to Care During Non-School Hours* (page 42).
- Maintenance of medical/clinical records as per Section 751.7 of Title 10 NYCRR (the health portion of NYS Code of Rules and Regulations)
 - Clinical preventive services are provided in compliance with Section 751.7 of Title 10 NYCRR (*Appendix 1C*).
- Coordination of Care with Another Provider
 - Please refer to *Linkages with Dental Health Providers When the Child Has Another Provider* (page 41).
- Transfer of Client Specific Information Among Providers, Article 28 Sponsor, And Back-up Facility
 - Please refer to *Transfer of Client Specific Information, With Parental Approval, Among Providers, School and Back-up Facility, And the Child's Primary Care Dentist, Where Applicable* (page 42).

1.2. Appointment and Recall Schedule

Effective date: 10/21/2020

Supersedes: 8/1/2019

Responsible officer: Clinical Research Coordinator

Issuing Authority: N/A

Clinical preventive services are typically done once per six-month period (twice per school year). Individual appointment times and duration are dependent on school and community-based location preference and availability, attendance, behavior and assent, oral health status and treatment needs.

Examination and care will be provided, by classroom, based on the school schedule to allow for a 30-minute eating free time following our care. Based on active signed parental/guardian informed consents, students are collected in groups of three or four from a classroom and escorted by Parent Coordinators to and from the clinical room. Every attempt will be made to screen and provide preventive dental services to each student on the same day. If this is not possible, preventive dental services will be provided the

following day. Examination and care is also being provided in community-based locations. The parent or guardian will bring their child to and from the community-based location.

The regular school operating hours of the CariedAway program are Monday – Friday 8:00 am – 3:00 p.m. while schools are in session. The community-based location hours of the CariedAway program will vary based on each community-based location.

2. Administrative

2.1. CariedAway Leadership Structure

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Clinical Research Coordinator

Issuing Authority: N/A

The clinical research staffing plan for the NYUCD Department of Epidemiology and Health Promotion Based CariedAway program includes full-time faculty and staff members from the Department of Epidemiology and Health Promotion.

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 and by the Clinical Research Coordinator.

Co-Principal Investigators: Provide general administrative oversight and supervision of the program. Maintain a quality dental clinical staff.

Associate Program Director: Coordinates and provides oversight of CariedAway services; Ensures that appropriate linkage is maintained between the Article 28 sponsoring facility and CariedAway; Provides ongoing communication and administrative direction in conjunction with the Article 28 sponsoring facility; Is directly involved and/or coordinates with others in data collection, budget and finance, preparation of statistical reports and narratives, purchasing, staff supervision, and scheduling; Functions as a liaison with the school and community-based location, Article 28 sponsoring facility/back-up provider, community, and funding sources; Serves as a member of the Community Advisory Committee; Coordinates and oversees all quality assurance activities; and is responsible for program development and program evaluation.

Supervising Pediatric Dentist: Provides general supervision for dental staff and is available for monitoring, consultation, diagnosis and evaluation; and authorizes dental hygienists and nurses to perform services and exercises the degree of supervision appropriate for the circumstances.

Community Engagement Administrator: Recruitment of schools and community-based locations; aids in implementing and administering effective outreach to participating schools and community-based locations; facilitates communication and involvement within school and community-based locations; Chair of community engagement board. Work with Dental Champion to provide opportunities for home care, oral hygiene instruction, and nutritional counselling to school communities.

Clinical Research Coordinator: Monitors and coordinates program performance; Reviews technical operations ensuring that all processes, protocols and procedures are followed; Coordinates writing, submission and administration of reports; and ensures that all program activities are completed following Good Clinical Practices and all current local, state, & federal laws, regulations, guidance, policy and procedure developed by the Institutional Review Board.

Billing Assistant: Codes and enters confidential patient information into database from various source documents (patient charts, payment records, patient treatment progress, schedules and clinical data); Reviews computer printouts and verifies accuracy of data entered; Processes medical insurance, self-pay and third-party billing; Calculates anticipated payments and prepares related reports; Reviews and resubmits previously rejected claims; and verifies and processes corrections.

Clinic Coordinator: Provides general oversight and management of Clinical Dental Team. Provides individual and group health education, as well as classroom education where possible. Responsible for administrative duties corresponding with clinical care.

Registered Dental Hygienist: Provides preventive dental services including health education, screenings, toothbrush prophylaxis, fluoride applications, and sealants; and provides individual and group health education, as well as classroom education where possible.

Registered Nurse: Provides preventive dental services including health education, dental assessments, toothbrush prophylaxis, and fluoride applications; and provides individual and group health education, as well as classroom education where possible.

Dental Assistant: Assists dental hygienist and dentist in chair side procedures; and provides individual and group health education, as well as classroom education where possible.

2.1.1. Organizational Chart

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

An organizational chart was developed to clearly reflect the lines of authority for administration of CariedAway (Appendix 2A). The chart illustrates the roles and responsibilities of the sponsoring facility (Article 28 sponsor), SBHC-D, and school, described in detail below. The organizational chart is periodically reviewed and revised as needed.

Dental Champions are identified by Schools' Principals and may represent parent, teacher, or school administrative interest and investment in the CariedAway program. Parent Coordinators typically occupy this role and serve as the primary liaison for CariedAway administrative and clinical staff, and elementary school leadership, to ensure that the program runs smoothly with limited opportunity for interruption to students' academic schedules.

Parent coordinators are non-instructional State Education Department school-based positions that support NYC schools throughout the year in specific focus areas, which range from non-instructional administrative duties to community outreach responsibilities. Each New York City elementary school and middle school, as well as some high schools, have one. A parent coordinator serves as the school's point person for students' families and is often a parent of the public schools themselves.

2.1.2. Roles and Responsibilities, Sponsoring Facility

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

CariedAway is implemented by New York University College of Dentistry Department of Epidemiology and Health Promotion. The College serves as the SBHC-D's Article 28 sponsor and back-up facility, providing appropriate coverage and emergency services/urgent care to enrolled children during out-of-school hours, during school vacations, and on weekends.

CariedAway is implemented in compliance with the New York University College of Dentistry Clinic Manual detailing administrative policies, procedures, and guidelines pertaining to clinical operations and patient care. The Chair of the Department of Epidemiology and Health Promotion and *CariedAway* Associate Associate Program Director have overall responsibility for ensuring that program policies reflect current professional standards and that these standards are fulfilled. The Associate Dean for Clinical Affairs serves as the Dental Director for the College, reviews the information in the Clinic Manual regularly and at least annually, assures that standards of treatment are met, and is the final authority on clinical matters.

All billable clinical preventive and treatment services for reimbursement are submitted by New York University College of Dentistry (the Article 28 sponsor) to Medicaid, Child Health Plus, or to the child's private dental health insurance carrier, as appropriate.

2.1.3. Roles and Responsibilities, SBHC-D (*CariedAway*)

Effective date: 10/21/2020

Supersedes: 8/1/2019

Responsible officer: Associate Program Director

Issuing Authority: N/A

CariedAway ensures that:

- The relationship between New York University College of Dentistry (the Article 28 sponsor) and the school district includes regular meetings with school principals and administration.
- Dental program services are routinely publicized to the student body at least twice a year. Methods of outreach include:
 - Contact during school registration, orientation, and back-to-school events
 - PTA meeting attendance and parent-teacher conferences
 - Mail outs/send home notes
 - Bulletin boards/posters

- Teacher/staff referrals
 - Outreach during community events
- The space designated by the school and community-based location for clinical activities meets the following criteria:
 - Solid wastes, including biological infectious wastes, hazardous wastes, and sharps are properly collected, stored and disposed of;
 - All exits and access to exits are marked with prominent signs;
 - Adequate ventilation is provided;
 - Passage ways, corridors, doorways and other means of exit are kept clear and unobstructed;
 - Sites are kept clean and free of safety hazards;
 - Medical, fire and emergency instructions and other procedures, including telephone numbers, are posted;
 - Smoke detectors and general purpose and chemical fire extinguishers are in working order and within easy access; and
 - The patient's bill of rights is posted and available in other languages as necessary.

Roles and responsibilities of the SBHC-D, school and community-based locations are further detailed in the Memorandum of Understanding. Please refer to *Memorandum of Understanding* (Appendix 4A).

2.1.4. Roles and Responsibilities, School and Community-Based Organizations

Effective date: 10/21/2020

Supersedes: 8/1/2019

Responsible officer: Associate Program Director

Issuing Authority: N/A

Participating schools and community-based locations assist CariedAway in many ways, including:

- Providing space for CariedAway, at no cost to the program, that meets the following requirements:
 - Adequate to accommodate dental program staff; and
 - A minimum of one exam/treatment area;
 - A sink within reasonable access to exam area;
 - Access to a counseling room or private area;
 - An accessible toilet facility;
 - A designated waiting area;
 - Secure storage space for supplies and other materials; and
 - A clerical area.
 - Affords patients verbal/physical privacy;
 - Allows for ease in performing necessary clinical and clerical activities; and
 - Maintenance of the dental site where the preventive dental services will be provided, including cleaning of the floors and adjacent areas.
- Marketing CariedAway to facilitate and promote utilization of services in schools;
 - Helping to obtain informed parental consent;
 - Helping to obtain information on insurance status and Medicaid status, including any enrollment in managed care plans; and
- Collaborating in establishing a Dental Program Community Advisory Committee.

Community Advisory Committee

CariedAway 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 CariedAway in obtaining community input. Community advisory committee meetings are scheduled on a regular basis and minutes of all meetings distributed to all committee members.

The following topics are discussed:

- Findings from the community needs assessment and process evaluation, the scope of the problem, and establishment of school-based dental services;
- Program planning, implementation, and development;
- Oversight of dental services;
- Identification of emerging oral health issues and appropriate interventions;
- Identification of funding; and
- Program advocacy.

Roles and responsibilities of the SBHC-D school and community-based location are further detailed in the Memorandum of Understanding. Please refer to *Memorandum of Understanding* (page x).

2.2. Hiring Procedures

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

All health professionals are licensed and registered pursuant to Title VIII of the NYS Education Law. Licensure is verified online through the NYS Office of Professions prior to onboarding. Pursuant to Section 305, paragraph 30 (a) of the Education Law, all staff affiliated with CariedAway who have direct contact with students are required to be fingerprinted.

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 and by the Clinical Research Coordinator.

2.2.1. Staff Orientation

Effective date: 10/21/2020

Supersedes: 8/1/2019

Responsible officer: Associate Program Director

Issuing Authority: N/A

All *CariedAway* clinical professional staff undergo orientation prior to program implementation and initiation of treatment in schools and community-based locations. The objective of the orientation is to ensure that all dental services are provided in accordance with current standards of professional practice, are within the scope of practice of dentistry as defined by the American Dental Association and are in accordance with NYS regulations.

Standard 1	Consent for treatment is signed by patient or legal guardian.
Standard 2	All chart entries are written in grammatically correct English, either sentence or point form. All forms related to the procedures performed, including progress notes, are filled out completely. All chart entries are electronically signed by clinical professional staff.
Standard 3	Patients are presented with a treatment plan taking into consideration the patient's personal values, beliefs, desires and goals of treatment. They are advised of the benefits and/or associated risks and have the opportunity to accept the proposed treatment. The patient has the right to refuse care and was advised of the risks associated without treatment.
Standard 4	Each chart includes a review of the patient's reported medical history. An initial health history will be taken, recorded and updated at a frequency appropriate to the patient's condition; no less frequently than annually. A medical management plan, if needed, will be determined specific to the patient's conditions and documented in the record, including the use of a data alert box.
Standard 5	The child patient should be treated using accepted behavior management techniques and non-pharmacological pain and anxiety management techniques to aid in the development of a lifelong dental patient.
Standard 6	Extra-oral and intra-oral soft tissue screenings will be performed with a referral note made for any patient with abnormal soft and/or hard tissue findings. Parents will be informed of abnormal findings that are identified using the Take Home Report form.
Standard 7	Every child should have a dental assessment of the developing dentition. This may include screening for normal and abnormal growth patterns, habit evaluation, space analysis, space management and, an orthodontic consultation, as appropriate.
Standard 8	Patients have their oral hygiene evaluated periodically using a quantitative measure to determine degree of inflammation and level of plaque control.
Standard 9	Screening for decay, restorations, and pathology will be identified by visual and tactile examination.
Standard 10	Patients will be provided with appropriate preventive and therapeutic dental hygiene services.

Standard 11	Patients will be provided with health education strategies for the prevention of oral disease and promotion of health; All patients are educated in oral hygiene practices, home care maintenance, and nutritional counseling. Patients with identified risk factors associated with oral disease(s) will receive counseling, referral, and/or education to reduce or eliminate such factors.
Standard 12	Whenever possible, all sealants will be accomplished with isolation of the teeth to be sealed from the surrounding soft tissues, saliva and other causes of intra-oral moisture.
Standard 13	All dental screening note entries are entered using the guided notes in the Electronic Health Records (EHR). All notes clearly describe the procedures completed in each appointment. If any form is incomplete, then a note or reason is appropriately indicated and addressed during the patient's next visit.
Standard 14	Proper procedure codes must be entered into EHR for each patient.
Standard 15	A Take Home Report note regarding previous treatment outcome and a recommendation for the next dental visit will be documented in the treatment record.

2.2.2. In-Service Training

Effective date: 10/21/2020

Supersedes: 8/1/2019

Responsible officer: Associate Program Director

Issuing Authority: N/A

All direct CariedAway HCP are trained in infection control

All CariedAway HCP are referred to the Office of Compliance and Emergency Response for the following online mandatory infection control training tutorials, completed annually through NYUiLearn, a portal for professional development at NYU. These tutorials are required by human resources for all members of the College:

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:

1. COM 102: NYU Dentistry HIPAA
2. COM 103: NYU Dentistry Overview of Medicaid & Regulatory Compliance For Deficit Reduction and False Claims Acts
3. COM 104: NYU Dentistry Emergency Response and Fire Safety
4. COM 106: NYU Dentistry Hazardous Waste Management/Handling
5. COM 107: NYU Dentistry OSHA Bloodborne Pathogens

In addition to the above annual trainings, the below courses are completed once:

6. COM 105: NYU Dentistry Safe Handling of Hazardous Chemicals
7. COM 108: NYU Dentistry Statement of Responsibilities Acknowledgment
8. COM 109: NYU Dentistry Management of Child Abuse, Elder Abuse and Domestic Violence

In addition, the below courses are completed once:

9. COM 111: Dentistry in COVID-19 Assessment

10. COM 111: Dentistry in COVID-19

CarriedAway 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 and by the Clinical Research Coordinator.

2.2.2.1. Recognition and Reporting of Suspected Child Abuse

Effective date: 1/22/2014

Supersedes: n/a

Responsible officer: Associate Dean for Clinical Affairs

Issuing Authority: NYU Dental Center Board of Directors

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 school teachers. 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.

Procedures for Filing a Report with the State Central Register (SCR)

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.) The following numbers are open 24 hours a day, seven days a week:

SCR Statewide Toll-Free Number: 1-800-342-3720

For the Deaf or Hard of Hearing: 1-800-638-5163

Public Hotline: 1-800-342-3720

Oral reports should include the following information, if known:

1. The child's age, sex, and race.
2. The names and addresses of the child and his/her parents or other person responsible for his/her care;
3. Family composition; the name and address of the residential care facility or program in which the child resides or is receiving care.
4. The nature and extent of the child's injuries, abuse or maltreatment, including any evidence of prior injuries, abuse or maltreatment to the child or his/her siblings.
5. The name of the person or persons responsible for causing the injury, abuse or maltreatment.
6. The source of the report.
7. Actions taken by reporting source, or any additional information that may be helpful.
8. Signed, written reports (Form DSS-221A) will be filed within 48 hours of oral reports. In addition, written reports will be submitted to the appropriate local child protective services agency, except for

cases involving children in foster homes, residential care, or otherwise cared for away from their homes, in which additional reports will be submitted to:

State Central Register
New York State Department of Social Services
40 North Pearl Street
Albany, New York 12243

Forms are available in the following languages: Spanish, Arabic, Chinese and Russian.

The NYU Dental Center requires all staff members to complete this in-service training.

2.2.2.2. Policy on Infection Control

Effective date: 11/15/2020

Supersedes: 10/21/2020

Responsible officer: Associate Dean for Clinical Affairs and Hospital Relations

Issuing Authority: NYU Dental Center Board of Directors

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 in fulfilling mandatory health requirements. All personnel medical records are kept on the 11th floor Health Screening Unit. Health Screenings are required to be completed annually for all employees.

The Health Screening Unit (HSU) office is located at NYU Dentistry, 345 East 24th Street, New York, New York 10010 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 a HBV DNA blood test.

INFECTION CONTROL PROTOCOLS: PROTECTION FOR THE CARE PROVIDER

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.
- CariedAway HCP's hair shall be either short or tied away from the face.
- CariedAway HCP should perform hand hygiene before and after all student contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

- CariedAway HCP should perform hand hygiene by using alcohol-based hand sanitizer (ABHS) with 60-72% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to use ABHS.
- CariedAway HCP are responsible for ensuring that adequate supplies of ABHS are available at the clinical site or that soap and access to a water source are readily available.

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 and community-based facilities, including all clinical locations. *Note: Alcohol-based hand sanitizers are not to be utilized if hands are visibly soiled.*

Environmental Infection Control and Barrier Protection

Surfaces contacted by CariedAway HCP during patient encounters may become contaminated with potentially infectious viruses and bacteria due to droplets or spatter from dental procedures or contact with contaminated gloves:

Clinical contact surfaces: CariedAway HCP are responsible for ensuring that:

- CariedAway HCP must wear clean gloves when performing any intraoral procedure, while using the iPad for charting in the electronic dental record at chairside and when cleaning up after completing patient treatments.
- CariedAway HCP must wear clean 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.
- 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 re-gloving. Paper towels may be used as an intervening barrier to turn or shut off water faucets. Gloves are not to be worn outside clinical.
- Where practical, fluid impervious surface barriers will be used to protect clinical contact surfaces.
- A protective plastic iPad barrier cover is placed over each iPad screen. While wearing clean gloves the plastic iPad cover is wiped down with a disinfectant wipe after each patient's electronic dental record is completed and signed off by the clinician. When the plastic iPad barrier cover turns foggy over time due to the disinfecting process, the plastic barrier cover is removed, thrown away and replaced with a new plastic iPad barrier cover.
- CariedAway HCP will always wear the appropriate PPE (gloves, gown, mask and safety goggles) whenever utilizing an EPA registered intermediate level surface disinfectant.
- All portable or non portable dental units and chairs must be disinfected after every treatment session using an EPA registered intermediate level surface disinfectant based on the manufacturer's guidelines.
- Housekeeping surfaces (tables, seating floors etc.) are generally the responsibility of school and community-based authorities, but CariedAway HCP must ensure that environmental surfaces are not visibly soiled or dusty prior to initiating patient encounters and for ensuring that housekeeping

surfaces that are visibly soiled with blood or other potentially infectious materials are immediately cleaned and disinfected.

- For hard surface floors, advise school and community-based personnel of the need for floor cleaning prior to use by students or staff.

Personal Protective Equipment and Training

The Department of Epidemiology and Health Care Promotion is responsible for providing appropriate PPE for CariedAway HCP in accordance with OSHA PPE standards (29 CFR 1910 Subpart I).

1. Training

CariedAway must receive training on and demonstrate an understanding of:

- when to use PPE.
- what PPE is necessary.
- how to perform hand hygiene prior to donning PPE.
- how to properly don, use, and doff PPE in a manner to prevent self-contamination.
- how to properly dispose of or disinfect and maintain PPE.
- the limitations of PPE.

2. Disposable gowns

- Personal scrubs or other attire worn to and from the work site are not considered PPE.
- A new clean disposable gown should be worn for each student.
- 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. Remove and discard the gown in a dedicated container for waste before leaving the care area.
- After completing treatment of a patient, CariedAway HCP will wear full PPE while cleaning and disinfecting the dental clinical treatment area.

3. Hair Bonnets

- Disposable hair bonnets are placed over the top of the head and hair. They are disposed of at the end of each day unless visibly soiled and then they are replaced right away.

4. Booties

- Disposable booties are placed over the shoes. They are disposed of at the end of each day unless visibly soiled and then they are replaced right away.

5. Face Masks

- CariedAway HCP that have been medically cleared and who are required to wear an N95 respirator must be fit tested for a specific respirator. They are placed against the face with a surgical face mask on top.
- Surgical face masks are replaced between patients.
- CariedAway HCP individual N95 face masks are placed in a labelled and dated paper bag, placed in a secure location and disposed of after in the clinical waste receptacle after 1 week of use.

6. Eye Protection
 - a. CariedAway HCP must wear safety goggles. Then wear a face shield over their protective safety goggles. Impact resistance is not required since no rotary instrumentation is used.
 - b. Eye protection will be in place before washing hands.
 - c. After completing treatment of a patient, CariedAway HCP are to continue wearing eyewear for cleaning and disinfecting the unit and cubicle.
 - d. Eyewear must be cleaned and disinfected with an antimicrobial soap with residual activity after each patient-treatment session.
 - e. A portable eyewash device will be immediately available in the event of eye exposure to chemicals or potentially infectious materials.
 - f. Chemical splash to the eye requires fifteen minutes of flushing to the eye(s). A blood exposure requires five minutes of flushing to the eye(s).
7. Gloves
 - a. CariedAway HCP must wear clean, gloves when performing any intraoral procedure, and when cleaning up after completing patient treatment.
 - b. CariedAway HCP must wear clean gloves when dispensing supplies and dental equipment.
 - c. After completing treatment of a patient, CariedAway HCP are to continue wearing gloves for cleaning and disinfecting the unit and cubicle.
 - d. 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.
 - e. CariedAway HCP must wear clean gloves while using the iPad for charting in the electronic dental record at chairside.
 - f. 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.
 - g. 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 re-gloving. Paper towels may be used as an intervening barrier to turn or shut off water faucets. Gloves are not to be worn outside clinical or laboratory areas.

INFECTION CONTROL PROTOCOLS: INFECTIOUS AND HAZARDOUS WASTE DISPOSAL

All waste generated (medical, infectious, contaminated, hazardous) will be handled and disposed of in accordance with the EPA, OSHA Bloodborne Pathogens Standard (29 CFR part 1910.1030) and NY State regulations for transfer and disposal of Regulated Medical Waste.

1. 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:

1. Patient bib
2. Gloves
3. Face masks (surgical) / N95 will be disposed of safely each week
4. Disposable gowns
5. Disposable bonnets
6. Disposable booties
7. Gauze
8. Cotton tip applicators
9. Floss
10. Mixing wells
11. Microbrushes
12. Fluoride varnish lollipaks and applicator brushes
13. Non-amalgam filling materials
14. Barrier wrappings (e.g. for dental chair and any cart or table, which may be utilized during the course of treatment)

Sharps Management

Disposable sharp instruments (i.e. explorers) must be handled with care and must be disposed into designated containers that are puncture resistant and has a biohazard label, located under the dirty table in the clinical 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.

Sharps waste generated by the CariedAway program includes but is not limited to disposable explorers. All sharps will be placed in a sharps container:

1. The sharps container is placed on the barrier protected dirty table which is 6' away from the clean table.
2. The lid on the container will be closed and locked when it is $\frac{3}{4}$ full or to the indicated fill line.
3. Sharps containers to be disposed of are properly sealed and wrapped in red biohazard bags, with a biohazard label affixed to the outside of the bag. The bag is then transported in a combination locked Agnus Bag (suitcase) to NYU for disposal per NYUCD protocol.

CariedAway Enhanced Precautions for Prevention of Transmission of COVID-19 in School and Community-Based Location Settings (Approved by the NYU Langone IRB on October 21, 2020)

1. The first day of the school visit the CariedAway HCP will review the school's policies for prevention of coronavirus transmission among students, staff and faculty using the CariedAway School COVID-19 Checklist. If there is any reason to believe that schools policies would put CariedAway HCP or students at risk, the CariedAway HCP will contact the Principal Investigator to determine the appropriate course of action.

CariedAway Community-Based Location COVID-19 Checklist (Appendix 8B)

1. Once an alternate community-based location has been identified and is interested in participating, our CariedAway HCP will meet with the community organization staff to review COVID-19 safety precautions at the community-based location, clinical protocols, room size and safe distancing requirements. CariedAway HCP will fill out the CariedAway COVID-19 community-based checklist. If the community-based location does not meet the requirements listed in the checklist, the CariedAway will notify the Principal Investigator that the site is not an acceptable location for providing safe care.
2. If the community-based location meets the requirements of the CariedAway COVID-19 community-based checklist and wishes to participate, the CariedAway HCP will review the Memorandum of Understanding (MOU). As community organizations are identified and sign an MOU we will submit their name and location to the IRB.

COVID-19 Pre-Screening and Screening Procedures

The following procedures are performed:

1. NYU CariedAway HCP Screening
 1. All CariedAway HCP are required to complete the COVID-19 NYU daily screener. Any CariedAway HCP who fails on the "screener pass" will automatically be referred to the NYU COVID prevention & response team and will not report to work.
2. Screening of Community-based Staff
 - a. We will review and follow the community-based locations protocol for COVID-19 screening of their staff.
3. Telephone Pre-screening of Children, Parent/Guardians at the Community-based Location
 - a. 24 hours prior to the child's appointment the CariedAway HCP will telephone the parent/guardian and ask them the following questions:
 - i. Have you or your child had close contact with anyone who has a confirmed or suspected COVID-19 diagnosis in the past 14 days?
 - ii. Have you or your child had any flu-like symptoms like fever, coughing, shortness of breath or difficulty breathing in the past 14 days?
 - iii. Have you or your child had at least two of the following symptoms in the past 14 days: chills, repeated shaking with chills, muscle pain, headache, diarrhea, sore throat, new loss of taste or smell?
 - iv. Have you or your child traveled within a state designated by New York State's Governor's office as a restricted state?

If the parent/guardian answers **yes** to any of the above questions, the child's appointment will be rescheduled in approximately 2 weeks.

Waiting Area Preparation

The following procedures are performed:

1. On entry to the waiting area, a hand sanitation station is set up with:
 - a. Alcohol-based hand sanitizer
 - b. An EPA registered intermediate level surface disinfectant based on the manufacturer's guidelines
 - c. Contact free thermometer
2. CariedAway HCP will set up chairs for the waiting area ensuring a 6' distance.
3. Any toys, reading material, or any other objects that are difficult to clean will be removed.
4. A designated area will be assigned to perform the quality of life questionnaire (if applicable).

Screening of Students and Escorts in the waiting area

The following procedures will be followed in-school or at a community-based location:

1. Upon arrival the dental assistant will confirm that the child and individual escorting them are wearing face masks or covering. If not, they will be supplied with a mask.
2. The dental assistant will encourage the student and escort to apply hand sanitizer.
3. The dental assistant will ask the student and escort the following COVID-19 screening questions:
 - a. Have you had close contact with anyone who has a confirmed or suspected COVID-19 diagnosis in the past 14 days?
 - b. Have you had any flu-like symptoms like fever, coughing, shortness of breath or difficulty breathing in the past 14 days?
 - c. Have you had at least two of the following symptoms in the past 14 days: chills, repeated shaking with chills, muscle pain, headache, diarrhea, sore throat, new loss of taste or smell?
 - d. Have you traveled from within a state designated by New York State's Governor's office as a restricted state?
 - i. In the event, child or escort does not pass the screening, they will be deferred to seek primary care evaluation and appointment will be postponed.
4. If the student and escort pass the screening questions the dental assistant will take the temperature of the child and escort with a contact free thermometer. Note: If the child or escort has a temperature of 100.4 °F or greater they will be deferred to seek primary care evaluation and the appointment will be postponed.
5. If the child and escort has a temperature of less than 100.4 °F the dental assistant will escort the child to the treatment area where they will seat the child in the dental chair.

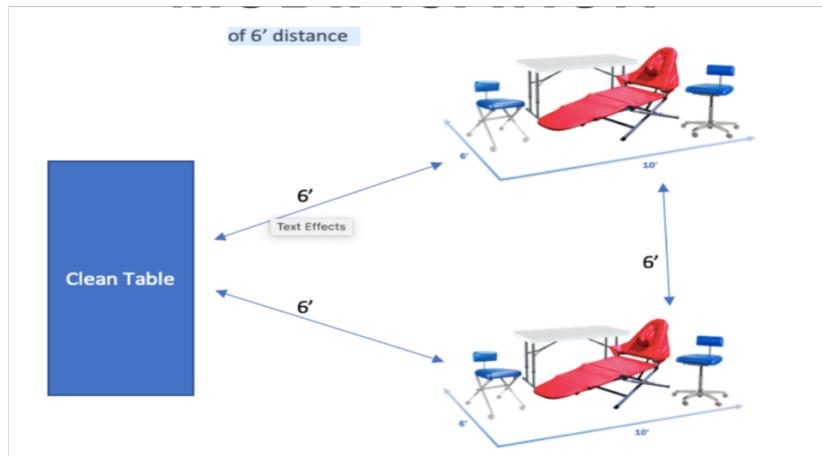
If appropriate, the person escorting the child will be seated in the waiting are with their mask on until the child has completed their treatment visit.

The waiting room seats will be spaced 6' apart and disinfected with CaviWipes between seating.

Clinical Room Set-Up

The following procedures are performed

1. The clinical treatment room set up will vary based on room size and ability to provide care at a safe distance. If the clinical room is small, only 1 station will be set up to provide care to 1 child at a time. If the clinical room is large (eg: auditorium stage or large empty room), individual stations (up to 3) will be set up and spaced at a minimum of 6' apart.
2. The clinical work area is disinfected with an EPA registered intermediate level surface disinfectant based on the manufacturer's guidelines before supplies needed for the day are removed from suitcases or backpack. Supplies needed for the day are placed on a barrier protected clean table at least 6' away from the dental chair using a clean pair of gloves. The suitcase is then placed under the barrier protected clean table for storage.
3. A barrier protected dirty table is set up at least 6' away from the clean clinical supply table. The barrier protected dirty table is used for the disposal of used PPE, use disposable clinical supplies, and used non-disposable clinical supplies which are placed in a biohazard labeled sharps container which is placed under the barrier protected dirty table.
4. Clinical room diagram. See illustration below:



Dispensing

All supplies are removed from the locked roller suitcases or locked backpacks.

Using clean gloves clinical supplies are placed on a barrier protected clean table at least 6' away from the clinical treatment station and 6' away from the barrier protected dirty table.

Disposal

1. After each individual procedure is performed, disposable items are brought to the barrier protected dirty table which is at least 6' away from the barrier protected clean table. Disposable items are placed in the trash. All non-disposable sharps are placed in the sharps container labeled with a biohazard sticker which is located under the barrier protected dirty table. Solid waste is disposed of into the receptacles lined with clear plastic bags. If any of the materials contain or may contain absorbed droplets of blood, they are placed in a red biohazard bag with a biohazard label affixed to the outside of the bag. The bag is then transported in a combination locked Agnus Bag (suitcase) to NYU for disposal per NYUCD protocol.

Breakdown

1. After completing treatment at a location, all non-used clinical supplies from the barrier protected clean table are placed back in the suitcase or backpack. The outside of the suitcase and backpack are disinfected with CaviWipes and then locked. All portable dental equipment and their holding cases (tables, dental chairs, dental stools, iPads, printers and routers) are disinfected and transported back to NYUCD where they are placed in a locked closet on the 8th floor.

Policy on Bloodborne Pathogens

NYUCD is committed to addressing issues related to bloodborne pathogens, such as Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV), in a spirit of cooperation, compassion, flexibility, and sensitivity to individual needs as well as to community welfare.

The purpose of this policy is to minimize the risk of transmission of a bloodborne pathogen from an infected health care worker to a patient. Under New York State regulations, a licensed health care institution is responsible for ensuring that its health care workers do not have any physical impairments resulting from infection by bloodborne pathogens that would interfere with the performance of their clinical responsibilities or create a health risk for patients.

The College of Dentistry recognizes that knowledge and information about bloodborne pathogens continues to change. Therefore, this policy will be reviewed annually, and changes will be recommended as appropriate.

Admissions and Employment:

Discrimination against employees and applicants for admission or employment based solely on health status is unlawful.

Infection Control Procedures:

All health care workers are required to follow 'Standard Precautions', which is the basis of the practices and procedures set forth in the College of Dentistry's Bloodborne Pathogen Exposure Control Program (available on file).

HBV Immunization:

Immunization for HBV is available and is recommended for all College of Dentistry employees, faculty and staff.

HIV Testing:

Testing of health care workers for HIV is not required by the College of Dentistry. However, health care workers who perform invasive or exposure-prone procedures on patients/students are encouraged to be tested voluntarily in order to know their HIV status.

Obligation to Report:

A health care worker, who is infected with HIV, HBV, HCV or another bloodborne pathogen, is encouraged to report his/her status to the College of Dentistry's Associate Dean for Clinical Affairs or his/her designee. A health care worker, who is infected with HIV, HBV, HCV or another bloodborne pathogen, is not required to inform patients.

Confidentiality:

All information concerning the health status of a health care worker infected by a bloodborne pathogen shall be disclosed only in accordance with applicable federal, state and local laws and regulations, including Article 27-f of the New York State Public Health Law and its regulations concerning HIV and AIDS-related Information.

Limitation of Activity:

Each health care infected with HIV or another bloodborne pathogen shall have his/her clinical practices evaluated by a panel established by NYUCD. The evaluation shall be confidential. At the request of the health care worker, the evaluation will be completed anonymously based on information presented to the panel by the Associate Dean of Clinical Affairs or his/her designee. The panel will provide timely advice and consultation concerning the health care worker's clinical practices. The panel may recommend practice limitations or modifications where evidence suggests that there is a significant risk to the health of a patient/student or to the health of the infected health care worker. The panel's determinations may take into account the nature of the clinical activity, the technical expertise of the infected individual, the risk of transmission, and the infected individual's impairments.

Recommendations by the panel shall be based on criteria established by the New York State Department of Health and the Centers for Disease Control and Prevention. The panel will continue to periodically review the practices of any health care worker who has been evaluated by the panel.

In completing its evaluation of an infected health care worker, the panel shall include or consult with the following:

1. A public health professional
2. An infectious disease expert
3. An infection control expert
4. The individual's private physician
5. A dentist with expertise in the procedures (to be) engaged in by the infected clinician
6. A New York University or College of Dentistry administrator

Enforcement of Practice Limitations or Modifications:

Any health care worker who engages in unsafe and/or careless clinical practices, which create risks to the health of patients/students, employees, faculty and staff, shall be subject to disciplinary action under the rules of the University and the College of Dentistry. When such actions are brought to the attention of the College of Dentistry administration, the health care worker may be suspended immediately from all patient/student care activities pending a full investigation of the matter. Other sanctions may be imposed by state licensing agencies.

Exposure to Bloodborne Pathogens:

Health care workers who are exposed to a bloodborne pathogen in the course of their work at the College of Dentistry are expected to follow the procedures set forth in the College of Dentistry's Bloodborne Pathogen Exposure Control Program.

Patients/students who have been exposed to bloodborne pathogens while being treated at the school or community-based clinic shall be offered free counselling and testing. Results from such testing shall be disclosed only in accordance with applicable federal and state laws.

Dental Units and Chairs

All surfaces that have not been barrier wrapped must be disinfected after every treatment session using an EPA registered intermediate level surface disinfectant.

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

Hazard Communications Program

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 work place. 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

CariedAway 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 CariedAway 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 (*Appendix 2B*), SDS (*Appendix 2C*) and Clinic Manuals are updated annually and available in every clinical area. Additionally, specific written protocols are posted or otherwise available in every clinic. *These include, but are not limited to, overviews of:*

- Preparation of the dental exam/treatment area (*Appendix 2D*)
- Occupational exposure (*Appendix 2E*)

2.2.2.3. Emergency Care Services/Urgent Care

Effective date: 10/1/2018

Supersedes: 9/20/2017

Responsible officer: Associate Dean for Clinical Affairs

Issuing Authority: Clinical Affairs Committee; NYU Dental Center Board of Directors

Location and Contact Information

New York University College of Dentistry Emergency Services/Urgent Care
345 East 24th Street
212-998-9660

Hours of Operation

Monday – Thursday, 8:30am – 8:00pm, 2nd floor of Schwartz Building (*on a first-come, first-served basis*)

Friday, 8:30am – 4:00pm, 2nd floor of Schwartz Building (*on a first-come, first-served basis*)

Saturday, 8:30am – 4:00pm, 1st floor of Schwartz Building (*on a first-come, first-served basis*)

Sunday (*refer to section on Hospital Affiliates*)

Urgent dental care is managed 24 hours/day, 7 days per week at NYU Dentistry through a variety of programs that engage both pre-doctoral and post-graduate students and oral and maxillofacial surgery residents at our hospital affiliates. Services during normal operating periods are provided under the supervision of the Department of Oral and Maxillofacial Surgery (OMFS).

Emergency Visit Procedures

Urgent care for patients with pain, excessive bleeding, swelling, oral infection, and/or trauma is provided with no appointment necessary. No patient is dismissed due to their inability to pay the emergency care fee.

Patients who are registered at the College, in active care, and require emergency services are referred to and treated in their assigned patient care area.

First time patients requiring emergency care are registered and treated in Urgent Care where their emergency care needs are triaged, diagnosed, and treated where appropriate by a student under the supervision of attending faculty. The patient can be referred, if necessary, to a specialty or postgraduate clinic as recommended by the attending faculty. The patient is also offered the opportunity to register as a new comprehensive care patient.

Scope of Emergency Services

- **Pain**– this may result from a variety of processes. It will always be the goal to eliminate or reduce pain through procedural (see below) or pharmacologic methods. When analgesic medication is necessary, generally speaking acute pain can be adequately managed using over the counter (OTC) medications, non-controlled medications (NSAID, salicylate) or those limited to Schedule III. On-site attending faculty will authenticate prescriptions according to NYU Dentistry's prescription management policy.
- **Infection**– definitive management of odontogenic and other oral infections can be achieved definitively through various procedures (see below) or pharmacologic means. On-site attending faculty will authenticate prescriptions according to NYU Dentistry's prescription management policy.
- **Serious Infection**– conditions which may place the patient at significant risk (serious infection, swelling which adversely affects, or could adversely affect, the airway; cellulitis in fascial planes that can result in spread to high-risk areas) will be evaluated and the patient referred to a hospital affiliate.
- **Trauma**– minor dento-alveolar trauma limited to stabilization, pulp therapy or removal of precarious tooth fragments can be managed in an ambulatory setting. More complex trauma (dento-alveolar, and all forms of fracture involving the maxilla or mandible) will be evaluated and the patient referred to a hospital affiliate.
- **Restorative Problems**– the loss of non-esthetic restorations can be managed by replacement with an interim restoration and should be followed by an appointment for comprehensive care at the College of Dentistry. Loss of esthetic restorations (anterior teeth) can be addressed on a limited basis.

Hospital Affiliates

Every effort is made to see all patients presenting for urgent care in a timely manner. Due to the unpredictability of the nature of urgent care, however, some patients may be referred to our hospital affiliates for care.

During times when Emergency Services/Urgent Care at the College of Dentistry is unavailable, patients with pain, excessive bleeding, swelling, oral infection and/or trauma should seek treatment at their nearest hospital emergency room.

The emergency rooms closest to NYU College of Dentistry are located at our hospital affiliates:

Bellevue Hospital

462 First Avenue (at 27th Street)
New York, NY 10010
212-562-3015

NYU Langone Health

570 First Avenue (at 33rd Street)
New York, NY 10016
212-263-5550

Fees Associated with Emergency Services/Urgent Care

Patients presenting for Emergency Services/Urgent Care will be assessed a \$75 fee which covers the cost of a limited examination and applicable radiographs. Additional treatment including palliative procedures to relieve patients from pain will be charged separately.

Emergency Room fees and related expenses incurred at another emergency center are the responsibility of the patient.

2.2.2.4. Policy on CPR Certification

Effective date: 10/24/2018

Supersedes: 9/20/2017

Responsible officer: Associate Dean for Clinical Affairs

Issuing Authority: Clinical Affairs Committee; NYU Dental Center Board of Directors

Policy Statement

It is a mandatory requirement that all staff involved in the direct delivery of patient care maintain an active CPR certification.

Protocol

New York University College of Dentistry accepts two types of CPR certification:

- American Heart Association Basic Life Support Provider ("AHA - BLS Provider")
- American Red Cross Basic Life Support for Healthcare Providers ("ARC – BLS for Healthcare Provider")

Staff

It is the individual's responsibility to maintain an active CPR certification. Individuals who do not attend a scheduled on-site course can contact the Office of Human Resources & Faculty Services to reschedule, if possible. Otherwise, they must take an approved CPR course outside of the College *at their own expense* and provide proof to the office that is responsible for monitoring their compliance that they successfully completed that course.

Staff are notified by the Office of Human Resources & Faculty Services when they are due for re-certification and when a course is available on-site. The Office of Human Resources & Faculty Services monitors compliance for faculty and staff and informs the Office for Clinical Affairs when an individual is out of compliance.

The Office for Clinical Affairs oversees and enforces CPR certification compliance for all members of NYU Dentistry who are involved in clinical activities and patient care.

Waivers and Exemptions

Staff with medical conditions which preclude them from participating in CPR certification must present a valid medical excuse to the office that is responsible for monitoring their compliance. Even if the exemption is granted, the individual must successfully pass the written portion of the CPR certification examination.

Penalties

Staff who are noncompliant may lose clinical privileges and/or be subject to disciplinary action.

2.2.3. Continuing Education Opportunities

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

CariedAway shall conduct periodic continuing education programs for all clinical staff engaged in patient care to assure that each individual is thoroughly conversant with all materials, safety practices, and state and federal rules and regulations.

New York University College of Dentistry Office of Professional Development provides continuing dental education units offered in conjunction with the Linhart Continuing Education Program. Program participants must pre-register and sign in at the event for eligible programs in order to receive Continuing Education credit.

3. Regulatory

3.1. Informed Consent

Effective date: 10/21/2020

Supersedes: 8/1/2019

Responsible officer: Associate Program Director

Issuing Authority: N/A

New York establishes the age of the majority at 18 years. Parental consent must be signed by the parent or legal guardian of any individual under the age of 18 years before any dental assessment or treatment is rendered.

CariedAway, through cooperation with participating schools provides consent forms and other written information to parents about services available through the SBHC-D in nine languages certified by medical translators and approved by New York University and New York City Department of Health and Mental Hygiene International Review Boards (NYU, NYC DOHMH IRB). A principal recruitment cover letter addressed to elementary school parents/guardians and signed by the principal describes the program and specifies the services to be provided (*Appendix 3A*). A second school-based or community-based parent/guardian recruitment letter is sent to parent/guardian and signed by the principal investigator. (*Appendix 3A*).

Information includes:

1. The scope of services offered and ability to provide services in collaboration with/that complement those provided by the child's existing dental care provider;
2. The staffing pattern, including how dental coverage will be assured in those schools or community-based locations where the full-time presence of a dentist or dental hygienist is not provided;

3. How children can access 24-hour/7-day dental treatment coverage when the school is closed or not in session;
4. The option of joining their child during the provision of the services (whenever possible and within the guidelines of adolescent confidentiality);
5. Details on HIPAA compliant release of oral health information;
6. Notification after services are provided, informing them of the outcome of the encounter; and
7. Education on the importance of prevention and the appropriate use of the dental health care system, including the role of the primary dental care provider (whenever possible).

All children enrolled in an approved school, if they meet service criteria, are eligible to receive the full range of preventive services provided, regardless of age or grade level and independent of race, ethnicity, sex, or ability to pay, contingent on parental informed consent.

The consent form is valid for 5 years or as long as the child is enrolled in NYC schools. Parent Coordinators will alert CariedAway administrators to produce a new informed consent in the event of changes to guardianship designation.

The parental informed consent form requests the following information:

- Child's name;
- Address;
- Date of birth;
- Name of parent/guardian;
- Child's social security number;
- The child's dental health services insurance carrier;
- As applicable, the child's insurance, Medicaid, and Child Health Plus identification number;
- The name and address of the child's dental care provider, or designation of the Article 28 sponsor/back up facility as the dental care provider; and
- Authorization for the release of dental information.

The parent/guardian receives and is encouraged to retain a copy of the informed consent.

Student's refusal of assent of any dental treatment is also documented. If the ideal preventive treatment cannot be established, the reason must be noted in the electronic health record, i.e., inability to cooperate.

3.1.1. Parent Involvement

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

Parent involvement helps address patient difficulties and facilitate the utilization of program services by all enrolled children in a timely and humane fashion. All staff should be attentive to the needs, questions and concerns of patients and their families. If a school administrator or program staff member cannot answer a specific question or concern, he/she should direct the issue to the *CariedAway Clinical Team Manager(s)* or

supervising pediatric dentist. If the issue remains unresolved, the Associate Program Director or Co-Principal Investigators should be consulted.

Consent forms for pediatric patients will be authorized by parents or guardians during the registration process. Questions the patient, parent, or guardian may have regarding the consent form will be answered by the school's designated Dental Champion (Parent Coordinator, Social Worker, etc.) where they assume patient advocate responsibilities. Additionally, CariedAway staff and clinical team managers will provide liaison services to help patients understand and receive appropriate preventive care.

3.2. Policy on Responsibilities Regarding Information Privacy, Security, and Confidentiality

Effective date: 7/1/2016

Supersedes: n/a

Responsible officer: Assistant Dean, Compliance and Emergency Response

Issuing Authority: NYU Dental Center Board of Directors

Policy Statement:

New York University College of Dentistry values, respects, and places a high priority on maintaining the confidentiality of its records, documents, agreements, and all other sensitive information, whether spoken, written, or electronic. The intent of this policy is to ensure that all Restricted, Protected, and Confidential information as designated in the NYU Data Classification Table¹, including patient information, remains secure and confidential and will be utilized in strict conformance with applicable laws and the College of Dentistry's and New York University's policies on privacy, information security, and confidentiality.

The College of Dentistry is guided in this by University Policies (see Related Policies and Regulations sections of this policy) and by federal, state, and local regulations and statutes including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA), and Federal Educational Rights and Privacy Act (FERPA).

All faculty, students, staff, volunteers, and contract employees at the College of Dentistry must take HIPAA Security and Data Privacy training upon employment or beginning of service at the College and must take HIPAA refresher training on an annual basis. Other training may be required based on an individual's role and responsibilities and the types of sensitive, confidential, and/or proprietary information that they use in the performance of their duties. Access to confidential information is solely for the purpose of performing an individual's responsibilities within this institution, and for no other purpose.

Scope of this Policy

This policy is applicable to all faculty, students, staff members, volunteers, and contract employees of the College of Dentistry as applicable based on their duties, roles, and responsibilities.

Related Policies

Federal Educational Rights and Privacy Act (FERPA): <http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/FERPA.html>

¹ <http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/data-classification.html>

Policy on Personal Identification Numbers: <http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/policy-on-personal-identification-numbers.html>

Data Classification: <http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/data-classification.html> HIPAA Policies: <http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/hipaa-policies.html>

Regulations

Health Insurance Portability and Accountability Act (HIPAA): <https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/PrivacyandSecurityStandards.html>

Federal Educational Rights and Privacy Act (FERPA):
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

3.3. Statement on Confidentiality

Effective date: 7/1/2016

Supersedes: n/a

Responsible officer: Assistant Dean, Compliance and Emergency Response

Issuing Authority: NYU Dental Center Board of Directors

CariedAway employees may be given access to confidential information about patients and their families who participate in our research. Guidelines for clinical conduct and patient care are set forth in the New York University College of Dentistry Competency Assessment Manual that delineates appropriate interactions with the patient and, where applicable, the patient's parent(s) or guardian(s), by the dental care provider; demonstration of professional behavior in all aspects of clinical patient care; adherence to the College's policies concerning protected health information; and, maintenance of an accurate patient record with appropriate chart entries.

Educational training sessions for information privacy and security for all staff are conducted during their respective orientations; all are required to take annual refresher training. Access to confidential information is for the purpose of performing one's responsibilities within this institution, and for no other purpose. Any purposeful violation of this trust may be cause for immediate termination of access to confidential information and/or disciplinary action, up to and including termination.

The NE Dental Electronic Health Record allows CariedAway to provide a secure, confidential environment for the storage, retrieval and access of patient information. It also provides administrative controls within the system which restrict access to unauthorized individuals; provides identification and verification requirements to all system users; and creates rights of access which restricts individuals to view patient health information (PHI) on a minimum necessary, need to know basis.

In the provision of quality care, dialogues involving patient care are inherent; however, discretion in public areas is very important. It is the responsibility of all employees, faculty, and staff to refrain from discussing patients in inappropriate areas. This information should not be disclosed with anyone at NYUCD except those with a legitimate need to know the information in connection with patient care, clinic administration, or quality assurance. Confidential information should never be discussed with anyone outside the CariedAway program. Conversations regarding patients in schools, elevators, and/or public areas are considered a breach of patient confidentiality.

Information generated through contact between students and the CariedAway clinical staff is confidential. This confidentiality extends to all forms and formats in which the information is maintained and stored including, but not limited to, hard copy, photocopy, and e-mail or automated electronic form. The information on a student's electronic dental chart is confidential and should not be disclosed without the student/parent/guardian knowledge and consent. There are occasions where there is a legal obligation or duty to disclose information.

3.3.1. Electronic Health Record

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

Patient records at New York University 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.

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 or community-based clinics (Appendix 7A).

3.3.2. NEFORM

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

Components of electronic dental record include the signed informed consent from the parent/guardian, the dental pathology report, dental screening report, dental treatment report and the student/parental/guardian take-home form report and referral form.

The electronic dental record is a legal document, property of the NYUCD Department of Epidemiology and Health Promotion and cannot be downloaded. It is the record of the patient's health information and history of treatment. As such; the record contains highly sensitive and private information. Chart documentation and the management of health information must be considered an essential component of the responsibilities of an oral health care provider.

Information known or contained in the student's electronic dental record shall be treated as confidential and will be released in appropriate circumstances only with the written consent of the parent or legal guardian. All persons providing services at NYUCD who have access to information concerning students including employees, faculty and staff must hold such information in strict confidence.

The electronic health record contains the following information:

1. Patient Registration Information
 - a. Student Last Name
 - b. Student First Name
 - c. Student Date of Birth
 - d. Student Sex
 - e. Student ID
 - f. Student Medicaid Number
2. Informed Consent Information:
 - a. Student Last Name
 - b. Student First Name
 - c. Student Date of Birth
 - d. Student Address
 - e. School
 - f. Teacher's Name
 - g. Grade
 - h. Medical Information
 - i. When the medical status of the student contraindicates dental treatment, it is documented in the electronic dental record.
 - j. Mother's Last Name
 - k. Mother's First Name
 - l. Father's First Name
 - m. Father's Last Name
 - n. Legal Guardian's Last Name (if applicable)
 - o. Legal Guardian's First Name (if applicable)
 - o. Relationship of Guardian to student (if applicable)
3. Contact information for Parent or Guardian
 - a. Home Telephone Number
 - b. Work Telephone Number
 - c. Cell Telephone Number
 - d. Email Address
4. Additional Emergency Contact Information
 - a. Name
 - b. Home Telephone Number
 - c. Work Telephone Number
 - d. Cell Telephone Number
 - e. Relationship to Student
 - f. Email Address
5. Insurance Information
 - a. Student Medicaid Number (if applicable)
 - b. Student Child Health Plus Number (if applicable)
 - c. Which plan
 - d. Other Health Insurance (if applicable)
 - i. Health Plan Name
 - ii. Security Number
 - iii. Health Insurance Telephone Number
 - iv. Insured Adults Name

- v. Insured Adults Date of Birth
- 6. Dental Examination and Treatment Record
 - a. Quality of Life Questionnaire (50% of students > 8 years old)
 - b. Pathology and Notes
 - c. Screening/Exam Data
 - d. Treatment Data
 - e. Treatments Received
 - f. Additional Visit Notes

Electronic dental records are available to the student's parent/guardian and/or referral sources upon receipt of written permission by the student's parent/guardian.

Because this project is regulated by various public agencies (NYC DOHMH, NYC DOE, etc.) it is constantly open for audit and/or inspection. There should be no changes to the notes in the electronic dental record after 24 hours. Additional notes can be made and must be dated and initiated.

3.3.3. Data Safety Monitoring Plan

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

All protocol amendments, other than minor administrative changes will be submitted in a prospective manner to the NYU School of Medicine IRB for approval.

I. Informed Consent

Each participating school will obtain consent in accordance with their local circumstances.

II. Risk

Risks associated with program participation include potential loss of privacy of the data. The strict security and Data Monitoring Plan outlined below will help reduce this potential risk. Monitoring will be carried out by the Principal Investigators and Associate Program Director.

III. Implementation

1. On a daily basis, performance sites will upload data to New England Survey Systems (NESS).
2. On a weekly basis, NESS will upload data to the Biostatistics and Epidemiology Data Analytics Center (BEDAC) formerly the Boston University Data Coordinating Center (DCC).
 - a. The BEDAC will maintain records for each performance site that includes patients seen and data.

- b. The BEDAC will provide weekly reports to the Principal Investigators, Associate Program Director, and clinical research associate (CRA) for each performance site that includes the daily reports.
 - c. These reports will be matched with the MOPs to ensure timely recruitment and data reporting.
 - d. If results are out of expected range, the CRA will contact the clinical team to determine the cause and develop a plan to resolve the problem.
3. Monthly, quarterly, and yearly reports will be generated by the BEDAC and provided to the Principal Investigators and Program Director.
 - a. The initial reports will include recruitment data.
 - b. Subsequent reports will include recruitment, retention, and databases for analysis.

IV. Confidentiality

Protection of Subject Privacy: Subject Confidentiality is strictly held in trust by the investigators, program staff, and the sponsor(s) and their agents.

1. The program protocol, documentation, data, and all other information generated will be held in strict confidence.
2. No information concerning the program, or the patient data will be released to any unauthorized third party without their prior written approval.
3. All patient information will be stored on password protected tablet computers (iPads).
4. Participant data is uploaded at the end of each day through a secure transmitting server to a specialty Biostatistics Epidemiology Data Analytics Center secure server at Boston University.
 - a. The BEDAC verifies validity of data and erases data from the tablet.
 - b. The BEDAC has additional data security protocols in place for data fidelity and security.
 - c. Finally, the BEDAC provides de-identified data to the analytic team.
 - d. The BEDAC and the NYU IRB will perform data monitoring, quality assurance and quality control.
5. The Health Evaluation and Analytics Lab at New York University's Wagner School of Public Service and New York University's School of Medicine will act as a third party to carry out the linkage between the oral health outcomes data collected through CariedAway and New York Medicaid claims, encounter, and eligibility data.
 - a. The linkage will be carried out using the Medicaid billing IDs collected through the implementation of the CariedAway program and/or first name, last name, and residential zip code of the student.
 - b. The Health Evaluation and Analytics Lab (HEAL) will then remove all "facial" identifiers (IDs, addresses, etc.) from the data provided for analysis to construct a HIPAA-defined "limited data set". We will exclude children from the analysis who did not consent to providing their oral health outcomes data and Medicaid claims data.
 - c. The Medicaid claims, encounter, and eligibility data (and any other data with personal identifiers) will be maintained on password-protected computers locked inside metal cabinets that would in turn be fastened to office infrastructure, inside locked offices in limited-access buildings.

- d. Additionally, the cage will be bolted down to the floor to prevent the physical removal of the hard drive and the data from the cage and from the office. These computers would not have any connection to the internet except briefly periodically to upgrade software.
 - e. All data backups would be maintained on password protected encrypted external hard drives stored in locked cabinets in locked offices. These specifications are in accordance with the agreement between the Centers of Medicare and Medicaid Services, the NYU School of Medicine, and NYU Wagner for the release and analysis of the New York Medicaid claims data.
- 6. The PI will use only indirect patient identifiers to minimize the likelihood of identification.
 - 7. No attempts will be made to identify patients in the data, and in the case where subgroup analysis leads to small sample sizes at risk of identification, data will be aggregated, or the subgroup enlarged to prevent identification from occurring.

4. Enrollment

4.1. School Recruitment

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

Selection criteria for New York City school enrollment by CaredAway include:

- 1. Population income level: Greater than 80% of the children should be low income based on the state's definition of low-income eligibility for free or reduced-price lunch; Transitional Aid to Families; or food stamps; or less than 300% of the poverty line.
- 2. Low access to care: Community health centers with a two-month waiting list for non-emergency care, or no community health center, or no dentist taking Medicaid; no dentist in the near vicinity; or no transportation.
- 3. Low education attainment/literacy levels.
- 4. Unemployment, part-time employment, seasonal worker families.

Multiple methods are required for school and community-based location recruitment: recruitment letters, a referral email, an outline of the program, and a request for an appointment are techniques that can be used to establish initial contact with New York City school administrators. In addition:

- 1. Identification of schools based on target populations from the selection criteria, demographics, and recommendations from the Department of Public Health for referrals to appropriate school system health officers and school nurse.
 - a. Among the key criteria identified to us as affecting acceptance of a caries prevention program are:
 - i. School absence (reduced absences equal greater state funding)
 - ii. Performance on standardized tests
 - iii. Use of class time for activities other than learning
 - 1. To address concerns that may arise because the program operates during school hours, program leadership should offer methods for tracking school

- absence, standardized test performance and time out of class for children in the prevention program compared to classmates who do not participate.
2. To ensure comprehensive care, it is essential to collaborate/link with a local community health center or dentist for follow-up care.
 2. Discussion with the school system health officer and school nurse for verification of need, determination of interest, and referral to appropriate school system administrator.
 - a. District administrators identify principals at qualified schools, who in turn identify nurses and teachers in grades PK-8.
 - b. Support of a school principal and community-based organization administrator is critical to success:
 - i. Provides the leadership for nurses, teachers, and parents/guardians;
 - ii. Authorizes the parent coordinator or school nurse to designate space for clinical activities; and
 - iii. Reviews school emergency procedures and protocols.

4.2. Memorandum of Understanding

Effective date: 10/21/2020

Supersedes: 8/1/2019

Responsible officer: Associate Program Director

Issuing Authority: N/A

For each school and community-based location at which dental health services are to be implemented, a Memorandum of Understanding (MOU) is signed by the school principal or the community-based location representative and the Commissioner/Director of Public Health (Appendix 4A). Two copies of the MOU with all original signatures are submitted; one copy of the MOU is retained by the Bureau of Dental Health, New York State Department of Health.

The MOU is reauthorized at least once every five years and documents the responsibilities of the school, community-based location and service provider. It is reviewed and amended annually or as needed to reflect changes or additions in dental health services and program requirements and to incorporate findings from continuous quality improvement/quality management plan/program evaluations that garner greater acceptance and support of the program, helping to ensure its ultimate success. In addition, the MOU provides assurance that there will be collaborative relationship between CariedAway staff and school personnel and establishes methods for addressing priorities and resolving differences.

5. Program Implementation

5.1. Linkages with Dental Health Providers When the Child Has Another Provider

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

Children having 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. Upon enrollment, CariedAway initiates a written communication process with the child's existing or designated dental care provider, including:

- Notification that the child has enrolled in CariedAway; and
- The scope of services offered by CariedAway (*Appendix 5A*).

5.2. Transfer of Client Specific Information

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

All information contained in the student's electronic dental record is confidential and shall be disclosed only to authorized persons. The CariedAway Supervising Pediatric Dentist shall handle all requests for copies of information. However, all of the staff should be aware of the student's right 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. 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.

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 signed copy of the appropriate dental release authorization form (*Appendix 5B*); and
- A request for the child's dental information, including the results of the most recent dental screening and current treatment plan.

CariedAway is equipped with a private telephone and fax line to ensure confidentiality and adequate access to the student/parent/guardian and back-up providers.

5.3. Provision of or Access to Care During Non-School Hours

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

CariedAway assures that appropriate dental treatment coverage is provided for continuity of care, such as making arrangements for appropriate coverage during out-of-school hours, during school vacations and on weekends. Access to needed treatment services are made available during non-school hours at New York University College of Dentistry (the Article 28 sponsor/back up facility) or through referral to another provider.

As an academic dental center, NYU College of Dentistry follows an academic calendar and is closed on some federal holidays. 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

5.4. Referral for Non-Covered Services

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

When dental screenings indicate the need for additional services and on-site treatment of dental problems are not feasible, the parent or caregiver is notified of the options available for follow-up services, as well as any charges that might be incurred by the family. Options include one of the following:

- Referral to another provider:
 - Local providers designated to provide 24-hour/7-day emergency treatment services during non-school hours are located 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.
 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
- Referral to the back-up facility for the provision of treatment services during non-school hours at the Article 28 main site:
 - New York University College of Dentistry will provide dental treatment services during non-school hours/days and/or when dental treatment services outside of the scope of services provided by CariedAway are indicated and a parent/guardian does not desire referral to another provider.

If the child is in a managed care plan, the referral for services is made within the plan network and follows the plan's service access requirements.

5.5. Follow-Up on Referrals and Missed Appointments

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

Take Home Reports are automatically generated for all student encounters. Dental screenings that result in the finding of likely caries are recommended for a comprehensive oral evaluation by a registered dentist within 30 days in accordance with the NYC Department of Education/Department of Health and Mental Hygiene referral form (Appendix 5C). Dental screenings that result in the finding of likely infection (pain, abscess, or mobility) are recommended for a comprehensive oral evaluation by a registered dentist within 7 days.

The provision of emergent/urgent referrals for patients with infection, pain, or extensive treatment needs is to be coordinated between the CarriedAway Clinical Coordinator, Supervising Pediatric Dentist, school's Dental Champion, and the patient's parent or guardian. An individual NYC Department of Education/Department of Health and Mental Hygiene referral form is generated and sent for distribution either with the parent take-home form at the completion of a student visit, or to the Dental Champion via an encrypted file sharing system, Box.

The Dental Champion will contact the parent or guardian to remind them of the need for follow-up visits on a schedule determined by the school principal as specified on the Emergency Protocol Form (Appendix 5D).

Emergency treatment services are available at New York University College of Dentistry or through referral to another provider. Please refer to *Emergency Care Services* (page x).

5.6. Management of Medical Emergencies and Medical Emergency Protocol

Effective date: 10/21/2020

Supersedes: 8/1/2019

Responsible officer: Associate Program Director

Issuing Authority: N/A

The key elements to ensure safe, prompt and effective prevention and management of medical emergencies are adequate training and equipment coupled with a review of incidents and appropriate outcome assessment. All staff involved in patient care receive training in the prevention, recognition and management of medical emergencies and are certified or re-certified in Basic Life Support for Health Care Providers on a biannual basis.

MEDICAL EMERGENCY PROTOCOL

Unless otherwise indicated on the Emergency Protocol form (Appendix 5D) authorized and signed by the school Principal, when an emergency occurs during patient care, the treating clinician will call for help from the school's Safety Officer and/or school nurse, or community-based location administrator and initiate basic life support and vital sign monitoring. The school's Safety Officer and/or school nurse should call 911 to summon the Emergency Medical Service (EMS). First responders may call for the New York City EMS System (911) if in their judgment the emergency requires immediate activation of this system.

The treating clinician will stay with his/her patient at all times until the patient improves or care is transferred to the EMS. The treating clinician and the Clinic Coordinator or Supervising Pediatric Dentist supervising the clinician will initiate basic life support measures and monitor vital signs as appropriate. Public Safety personnel, who are also BLS trained, will respond to the scene of the emergency with an Automatic External Defibrillator.

The first responder 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 and vital signs, as appropriate. On arrival, the EMS will assume responsibility for care, and determine if transfer to an Emergency Medical facility via EMS is indicated.

5.6.1. Documentation of Medical Emergencies and Other Incidents in the Clinical Treatment Area

Effective date: 7/1/2016

Supersedes: n/a

Responsible officer: Associate Dean for Clinical Affairs

Issuing Authority: NYU Dental Center Board of Directors

Policy Statement:

Incidents can occur at any time. These may include medical emergencies, disruptive behaviors (non-medically related), accidents or other mishaps.

Some medical emergencies are preventable; however, it is most important to be prepared to manage a medical emergency. To that end, all personnel involved in direct patient care are required to be certified in Basic Life Support.

Other incidents may involve accidents such as slips, trips or falls; many of these are preventable by ensuring that wet floors or spills for example, are isolated until properly cleaned and dry; aisles are free of boxes, equipment or other clutter; and patients with an unsteady gait or who are visually impaired should be escorted and seated securely. Finally, other incidents such as disruptive behaviors may be preventable or diffusible; however, sometimes these behaviors escalate to a point at which safety for those directly or indirectly involved must be considered.

In the event of a Medical Emergency or other incident (slip, trip fall, accidental swallow of foreign object) that occur inside the clinical area, it is imperative that the documentation regarding the incident, the management and the sequelae be recorded in Electronic Health Record. The elements include describing the nature of the incident, the management, the involved parties the sequelae and the follow up contact post incident.

6. Financial Procedures and Payment

6.1. Financial Procedures – General Information

Effective date: 9/20/2017

Supersedes: 7/1/2016

Responsible officer: Associate Dean for Clinical Administration & Clinical Revenue Cycle

Authority: Clinical Affairs Committee

An important function of the administrative staff at the New York University College of Dentistry is to collect and process payments for dental services, verify patients' insurance eligibility, address patient concerns, and answer patients' financial questions.

The CariedAway team works closely with the school community to make certain that parents understand the program's financial policies. The parent/guardian of each patient signs an informed consent form that acknowledges their financial responsibilities as part of the registration process. Parents/guardians are expected to provide all insurance information for their child. That includes private dental insurance, private health insurance, Medicaid and Child Health Plus (CHP). The NYU College of Dentistry accepts some private commercial dental insurances as a form of payment.

No child will be denied treatment services based solely on the family's lack of insurance or inability or refusal to pay. Additionally, all school and community-based dental screenings, education, and referral services are provided to students free of charge, with no out-of-pocket expenses to students or their families. For children lacking dental health care coverage, coordination with the school's Dental Champion is initiated to provide families of enrolled children with help in obtaining Medicaid/Child Health Plus coverage.

Financial questions that cannot be answered by the clinical staff can be forwarded to either the Clinic Coordinator or the Supervising Pediatric Dentist.

6.2. Obtaining Third Party Reimbursements for Billable Dental Services

Effective date: 9/20/2017

Supersedes: 7/1/2016

Responsible officer: Associate Dean for Clinical Administration & Clinical Revenue Cycle Issuing

Issuing Authority: NYU College of Dentistry

Third party reimbursement is sought for all billable school-based dental health services provided to Medicaid recipients, including those provided to children enrolled in Medicaid managed care programs. All billable clinical preventive and treatment services for reimbursement are submitted by the Article 28 sponsor (New York University College of Dentistry) to Medicaid, Child Health Plus, or to the child's private dental health insurance carrier, as appropriate.

Patients with Commercial Insurance

The College currently accepts a limited number of third-party commercial insurance plans. The Patient Care Center's Clinic Management team is able to verify a patient's eligibility. The acceptance of an insurance plan allows the patient to be responsible only for their coinsurance amounts, deductibles, anything over their yearly maximum pay out, and non-covered services.

Medicaid / Managed Care Patients

CariedAway accepts Medicaid reimbursement. Patients who are Medicaid recipients and are not assigned to a Managed Care provider are billed directly to the State of New York for reimbursement of these covered services. For Managed Care patients, the College of Dentistry bills the patient's Medicaid Managed Care provider directly for these same services.

Under Departmental Regulation 10 NYCRR 86-4.9, services by a registered dental hygienist or nurse in a clinic setting are performed pursuant to an individual order/treatment plan from a clinic dentist and thus constitute a Medicaid billable threshold service. The College is paid a rate calculated under the Ambulatory Patient Groupings (APG) formula that has been determined by the State of New York. Rate code 1446 (Routine Visit, D&T Center) includes oral prophylaxis or cleaning, sealants, topical fluoride applications, and restorations.

The following procedures are in place that ensure Medicaid and third-party billing of encounters:

- Encounter forms are generated for all billable visits;
- All Medicaid claims for dental services, regardless of the recipient's managed care enrollment status, are submitted to the State's Fiscal Agent, Computer Sciences Corporation (CSC), for processing and payment;
 - The Clinical Revenue Cycle office is responsible for applying insurance payments. This office also oversees the denial management process.
- All claims are submitted electronically in a HIPAA-compliant format using the HIPAA 837 Institutional (837I) transaction;
 - Electronic Provider Assisted Claim Entry System (ePACES) is a web-based application which allows NYU Dentistry to create and submit claims and other transactions in HIPAA format, and is utilized to verify eligibility of patients who are Medicaid recipients;
- There are established procedures for determining and obtaining information on Medicaid eligibility and managed care plan enrollment using methods such as the Name Search software available from the Department of Health or other equivalent alternatives;
- Medicaid and third-party revenues are readily identifiable by using correct Medicaid billing codes;
- Dental services provided to Medicaid recipients are paid through the eMedNY system; and
- Reimbursements are returned to CariedAway.

Procedure for Rejected Medicaid Or Other Third-Party Claims

NYU Dentistry has a documented denial management process that focuses on ensuring all billable procedures are paid through a continuous process improvement approach supported by root cause analytics. Denied claims are classified into priority appealable denials – which may result in the claim being paid, and permanent denials which are either written off or, if appropriate, the charge is transferred to the patient. Follow-up on appealable denials is based on whether the denial represents an isolated incident, or a trend with a particular payor, or whether it is due to an error made by NYU Dentistry. All denials require documentation within NYU Dentistry's EHR system, which is a three-fold process:

- (1) Recording of a claim or treatment level EOB reason code which indicates why the procedure was denied
- (2) An adjustment code which indicates the type of final action taken on the claim to close it out, and
- (3) A transaction note in the patient's chart, as needed, to document and support the follow-up action taken on the claim if it is not obvious from the EOB reason code or adjustment code

Reports are run on a periodic basis to analyze root causes, write-offs and adjustment amounts, and appropriateness of documentation.

NYU Dentistry is able to provide a more specific response to this finding once it receives details of the specific patient record where documentation did not demonstrate that denied claims received appropriate follow-up.

7. Data Collection and Evaluation of Services

7.1. Patient Health Information Management

Effective date: 9/1/2017

Supersedes: 3/16/2016

Responsible officer: Associate Dean for Clinical Affairs

Issuing Authority: NYU Dental Center Board of Directors

The dental record is a legal document. It is the record of the patient's health information and history of treatment as such; the record contains highly sensitive and private information.

Chart documentation and the management of health information must be considered an essential component of the responsibilities of an oral health care provider.

Patient Registration:

- Informed consent
- Medical History and Medical History Update
- Medical History Detail
- Head and Neck Examination, as appropriate

Dental Screening Records:

- Dental Findings
- Risk Factors – Susceptibility to Oral Diseases

Sequential Treatment Plan with Problem List

- Treatment Plan

Clinical Notes:

- Treatment/Progress Notes
- Referral and/or recommendation for comprehensive oral examination by a registered dentist

Signatures

Parent/guardian approval and acceptance of General Procedure Consents, HIPAA, and other pertinent documents.

EHR Error Correction:

When it is determined that an approved entry in the electronic health record contains incorrect information, a subsequent entry needs to be placed in the record with the correct information. The entry should make reference to the date of the incorrect entry. No other patient's information should ever be referenced in another patient's chart. An incorrect entry may be deleted only by specific individuals who are given that electronic permission.

7.2. Evaluation of Services

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

The Program Manager is responsible for the preparation and submission of NYSDOH quarterly and other reporting forms. Reports are submitted to the NYS DOH Bureau of Dental Health within 30 days of the end of each reporting period. Program or staffing changes are reported immediately.

Process-related data is collected and analyzed on a quarterly basis. Based on the findings and identification of any problems or deficiencies, modifications in the provision of services are made in a timely manner in order to best meet the needs of the target population. Results of the evaluation are, where applicable, incorporated into the CariedAway continuous quality improvement plan. Evaluation results are shared with school administration and members of the community advisory committee at annual debrief meetings scheduled for July and August preceding each new school year.

8. Quality Assurance Measures

8.1. Continuous Quality Assurance Plan

Effective date: 1/22/2014

Supersedes: 9/28/2009

Responsible officer: Associate Dean for Clinical Affairs

Issuing Authority: NYU Dental Center Board of Directors

Quality Assurance refers to the composite of those activities or progress throughout the clinic designated to evaluate patient care and identify, study, and correct deficiencies found in the patient care process.

PURPOSE

The purpose of the Quality Assurance and Performance Improvement Plan is to ensure that the patients of the New York University College of Dentistry CariedAway program are provided with high quality of care in an environment of minimal risk:

1. Ensure by evaluation, review, and analysis, that clinical practice meets professionally recognized standards of care.
2. Ensure that services are provided in a setting, which is suited to the dental needs of the students.

OBJECTIVES

To assure the following:

- That CariedAway Associate Program Directors, clinical and administrative staff oversee, monitor and evaluate the quality of patient care and clinical performance, resolve identified issues of concern and report the information to the Co-Primary Investigators to assist in fulfilling their responsibility for the quality of patient care services.

- That all pertinent information is communicated among staff and partners when opportunities to improve patient care require a multidisciplinary approach.
- The status of identified issues is tracked to assure correction actions are taken and improvements are made to prevent recurrence.
- The objectives, the scope of services, the organization and effectiveness of the activities to assess and improve performance are evaluated annually and revised as necessary.
- Important aspects of care to the health and safety of patients are identified: those which occur frequently or affect large numbers of patients; place patients at risk for serious consequences or deprivation of substantial benefit if care is not provided correctly or not provided when indicated;
- That the risk management functions are related to the clinical aspects of care in the day to day operations of CariedAway.

SCOPE OF CARE

CariedAway defines the scope of services provided with respect to clinical procedures that are performed daily in the outpatient setting as well as the age group(s) of the patients, the types of conditions and diagnosis, the methods used to assess and determine the plan of care and finally, the treatment and activities performed to meet the needs of the patient.

The qualification(s) of the staff are reviewed internally through peer review and externally by the state licensing board as well as the professional board with whom they may be certified. CariedAway provides evidence based dental care in a manner consistent with available science supported by the guidelines for best clinical practice adopted by the American Dental Association and American Academy of Pediatric Dentistry.

RESPONSIBILITY/OVERSIGHT

The Department of Epidemiology and Health Promotion Chair (Co-Principal Investigator) is ultimately responsible for ensuring that there is a planned, systematic, and ongoing process for monitoring, evaluating and improving the quality of care provided to patients. The Chair may share or designate the responsibilities for performing the monitoring and evaluation activities to the *CariedAway Associate Program Director* or other designee; including the following:

- Identifying important aspects of care
- Establishing clinical indicators and /or performance measures
- Collecting and analyzing data
- Evaluating care
- Identifying opportunities for improvement
- Creating corrective actions and evaluating the effectiveness of the actions
 - Develops and implements an action plan based on findings to improve dental health services and correct any possible deficiencies found;

Problem identification, investigation, and corrective action are the responsibility of the Associate Program Director.

CariedAway's continuous quality assurance process is integrated into and parallels the quality improvement processes of New York University College of Dentistry, the Article 28 sponsor, to ensure that appropriate facility involvement and support are provided. Two people are designated as the continuous quality improvement/quality management coordinators. The Co-Principal Investigators are responsible for

providing general supervision and administrative oversight of the SBHC-D are actively involved in the SBHC-D's continuous quality improvement process and oversee implementation of quality improvement activities.

Data will be collected monthly and reported to the Quality Assurance and Performance Improvement Committee quarterly. Results are disseminated to staff at both the sponsoring facility and school site(s) and to members of the Community Advisory Committee for each school.

The CQI Committee will meet annually in person as well as attend four quarterly calls to monitor and improve quality of the CariedAway program. A Quality Assurance audit will be performed and filed quarterly. All reports will be disseminated to the committee members by the Associate Program Director. This documentation is stored on the secure NYU Box server.

DEPARTMENT/COMMITTEE Agenda Items and Ongoing Performance Measures

- Patient Safety Issues
 - Includes the review of quality assurance elements and policies and procedures pertaining to dental health services in the school-based program;
- Point of Care Reviews (Chart Audits and Outcome Assessments)
 - Documentation of care
 1. Electronic Health Record review
 2. Successful transmission of patient health information to NESS.
 3. BEDAC Reports
 1. Congruence of unique identifier with demographics (for returning students), as well as in/out of range:
 1. Date of birth with grade
 2. Presence/absence and number and type of teeth
 3. Increasing occurrence of permanent teeth and decreasing occurrence of primary teeth
 4. Logic errors (e.g.: change from decayed to sound surface-level data)
 2. Records with apparent errors will be set aside for hand check.
 1. If errors cannot be rectified, a child's data for a given visit will be excluded from the analysis.
 - Incorporates findings from program evaluations
 - Collection and analysis of data for each area studied/assessed
 - Ongoing data management, program monitoring and service evaluation
- Consumer satisfaction (patient/student, family and school personnel)
 - Use of services
 - Patient Complaints/Incident Reports (*Appendix 5A*)
 - Patient Satisfaction Surveys
- Environment of Care
 - Site visits
 - Management of clinical conditions
 - Standards of care consistent with current practice
- Infection Control and Surveillance
- Equipment Issues

- Administrative
 - Written quality management policies and procedures re: staff qualifications
 - Provider credentials and maintenance
 - Professional continuing education
 - Pre-employment procedures
 - Staff evaluation
- Financial viability and sustainability
 - Budget information including all sites
 - Staffing titles listed in the budget are consistent with the titles of program staff reported under site-specific information
 - All funding sources disclosed, including third-party and other reimbursements, and equal projected expenses
 - The value of in-kind contributions (both personnel and equipment/supplies) is listed
 - All dental health-related grant funded programs are identified, and a description of funded services and the amount of the award provided
- Community outreach and education
- Structure, process and outcome measures appropriate to the area of study
 - Goals and objectives that clearly identify what the program wants to accomplish (reviewed regularly and updated annually)
 - Patient knowledge
 - Changes in patient behaviors
- Development and implementation of strategies to address areas of concern that need improvement
 - Corrective actions and timeframe
- Periodic re-evaluation of new strategies to assess effectiveness

Appendix 1A: American Dental Association Smile Smarts Dental Health Curriculum

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.

Lesson plans to promote oral health are presented during (dental health month, tooth brushing program) and are divided into the following age-appropriate modules:

- I. Shining Smiles! helps children ages 4 through 7 develop good dental health habits that can last a lifetime!

This program from the American Dental Association:

- Helps children ages 4 through 7 understand the importance of their teeth.
- Provides basic information, appropriate to their age and experience, about keeping teeth clean and healthy.
- Introduces the dentist as a friendly doctor who helps them take care of their teeth.
 - Module 1: Tiny Teeth Do Big Jobs
 - Module 2: Keeping Teeth Bright and Healthy
 - Module 3: A Visit to the Dentist

- II. A Lifetime of Healthy Smiles! is an engaging classroom lesson in good dental health habits for 2nd and 3rd grade students.

This program from the American Dental Association:

- Encourages students to think about and discuss the importance of their teeth.
 - Provides information on good dental health appropriate to their age and experience.
 - Reinforces dentists' instructions on properly caring for teeth.
 - Module 1: Teeth Are Terrific
 - Module 2: Plaque Attack
 - Module 3: You Have Power
- III. 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. Teeth to Treasure! reinforces good dental hygiene habits and focuses on special activities and conditions that require extra "tooth attention."

This program from the American Dental Association:

- Helps instill in students a sense of competence and responsibility for keeping their teeth clean and healthy.
- Provides information on good dental health and tooth protection appropriate to their age and lifestyle.
- Reinforces dentists' instructions on properly caring for teeth.

- Module 1: Protect Your Prized Possession
- Module 2: Extra Protection for Terrific Teeth

- IV. Watch Your Mouth! is a dynamic and thought-provoking classroom lesson for 7th and 8th grade students. Watch Your Mouth! shows how informed teens can make smart choices to protect their teeth and health. Watch Your Mouth! also reinforces good dental hygiene habits and focuses on special activities and conditions that require extra "tooth attention."

This program from the American Dental Association:

- Helps instill in students a sense of competence and responsibility for caring for their teeth and mouth.
 - Provides accurate and timely information on behaviors that can cause dental health problems, such as mouth piercing and tobacco use.
 - Reinforces dentists' instructions on properly caring for teeth.
- Module 1: Be Smart About Your Smile
 - Module 2: Going the Extra Smile

Appendix 1B: Standing Orders

STANDING DENTAL PROVIDER ORDER FOR APPLICATION OF SILVER DIAMINE FLUORIDE

Tamarinda J. Barry Godín, DDS, MPH authorizes the applications of silver diamine fluoride (SDF) for a five year period of time from month/date/year to month/date/year.

Program Requirements

1. Authorized registered dental hygienists (RDH) and professional nurses (RN) will provide SDF to participating New York City elementary school children in grades PK-8 (ages 5-14) presenting with active informed consent from the parental/legal custodian/guardian of the child, but without assent.
2. Clinical assessment by clinicians trained and standardized using validated criteria implemented by the Centers for Disease Control and Prevention (CDC) in the National Health and Nutrition Examination Surveys (NHANES) must be conducted and documented, toothbrush cleaning and oral hygiene instruction completed, and SDF applied by an authorized RDH or RN.

Schedule and Dosages

1. An authorized RDH or RN will dispense 1-2 drops of Elevate Oral Care Advantage Arrest Silver Diamine Fluoride 38% from an 8mL plastic bottle into a dappen dish prior to application for each patient.
Isolate the teeth with gauze and/or cotton rolls to protect the gingival tissue. Minimize product contact with gingiva and mucous membrane by using recommended amounts and careful application.
After cleaning and drying affected tooth surfaces, use Advantage Arrest Applicators to transfer the solution to all pits and fissures on bicuspids or molar teeth, and to all posterior, asymptomatic carious lesions for 30 seconds. Wipe any excess material from teeth with a 2x2 gauze or cotton roll. Do not light cure; air dry. Replace cap immediately after use.
2. Following application of SDF, Vanish 5% Sodium Fluoride White Varnish is applied.
3. Repeat the SDF application at the next (2nd) prevention visit.

Prescription

SDF to be used includes: Elevate Oral Care Advantage Arrest Silver Diamine Fluoride 38%

1. 1 drop (about .025 mL) of SDF is sufficient for children in the primary and early mixed dentition and can cover up to 5 affected sites per patient.
2. 2 drops (about .05 mL) of SDF is appropriate for older children in the mixed to late mixed and permanent dentitions.
3. No more than 2 drops will be dispensed regardless of number of affected sites per patient.

Contraindications

1. SDF should not be placed on exposed pulps
2. Known sensitivity to silver or other heavy-metal ions
3. Patients showing abnormal skin sensitization in daily circumstances

Post-application Instructions

1. The child can leave immediately after the application of SDF and fluoride varnish.
2. If accidental contact occurs, thoroughly wash the area with water, saline solution or ~3% hydrogen peroxide.

Side Effects

1. SDF may cause reversible short-term irritation to gingiva
2. SDF discolors soft tissue and demineralized tooth structure (brown or black)
 - a. A few hours to appear
 - b. Soft tissue fades in a few days
 - c. May shadow a restoration and can create less than optimal esthetic restorations
3. SDF stain skin, clothes, counter tops, instruments, floors, and cabinets

Adverse Reactions

Transient irritation of the gingiva has rarely been reported.

Caution

Do not freeze or expose to extreme heat. Store in original packaging or an air-tight container in a cool, dark place.

STANDING DENTAL PROVIDER ORDER FOR APPLICATION OF SODIUM FLUORIDE VARNISH

Tamarinda J. Barry Godin authorizes the applications of fluoride varnish for a fiveyear period of time from month/date/year to month/date/year.

Program Requirements

1. Authorized registered dental hygienists (RDH) and professional nurses (RN) will provide fluoride varnish to participating New York City elementary school children in grades PK-8 (ages 5-14) presenting with active informed consent from the parental/legal custodian/guardian of the child, but without assent.
2. An RDH or RN will provide a toothbrush cleaning and oral hygiene instruction, prior to a clinical assessment. Clinical assessments will be conducted in accord with NIH/NIDCR guidelines and documented in the electronic health record.
3. The same RDH or RN will then apply fluoride varnish will then be applied.

Schedule and Dosages

1. An authorized RDH or RN will dispense Vanish 5% sodium fluoride varnish onto a mixing surface or the back of a gloved hand.
2. The varnish is applied to all teeth in a thin coat with the supplied brush. Fluoride varnish is applied on the buccal surfaces of all teeth starting from the upper right, progressing to the lower right, then the upper left and finally the lower left.
After application, the patient is instructed to close their mouth to set the varnish. Rinsing or suctioning immediately after application is not recommended. You may see a thin coating on the teeth. The patient may feel the thin coating when rubbing the treated area with their tongue.
3. Repeat the fluoride varnish application Every six months.

Prescription

1. If using fluoride varnish in tubes:
 - a. Massage the fluoride tube to fully assure that the fluoride is evenly distributed within the varnish medium.
 - b. 1 – 2 pea-sized drops (about 0.3 ml) of varnish is sufficient for children with 1 – 8 teeth and 2 – 3 drops (about 0.5 ml) for older children.
2. If using fluoride varnish in single unit dosage container:
 - a. Stir the varnish thoroughly before applying to the teeth.

Contraindications

1. Known sensitivity to colophony or colophonium or copal:

Post-application Instructions

To keep the varnish on the teeth for as long as possible;

1. Allow for a 30-minute eating free time following care
2. The teeth should not be brushed until the next morning
3. The child should eat a soft, non-abrasive diet for the rest of the day

The child can leave immediately after the application.

Side Effects

It is normal for the teeth to appear dull and yellow in appearance until the teeth are brushed.

Adverse Reactions

In very rare instances, edematous swellings, dyspnea, nausea have been reported If indicated, varnish film can be removed with thorough tooth brushing.

Caution

Store varnish in a safe location at room temperature.

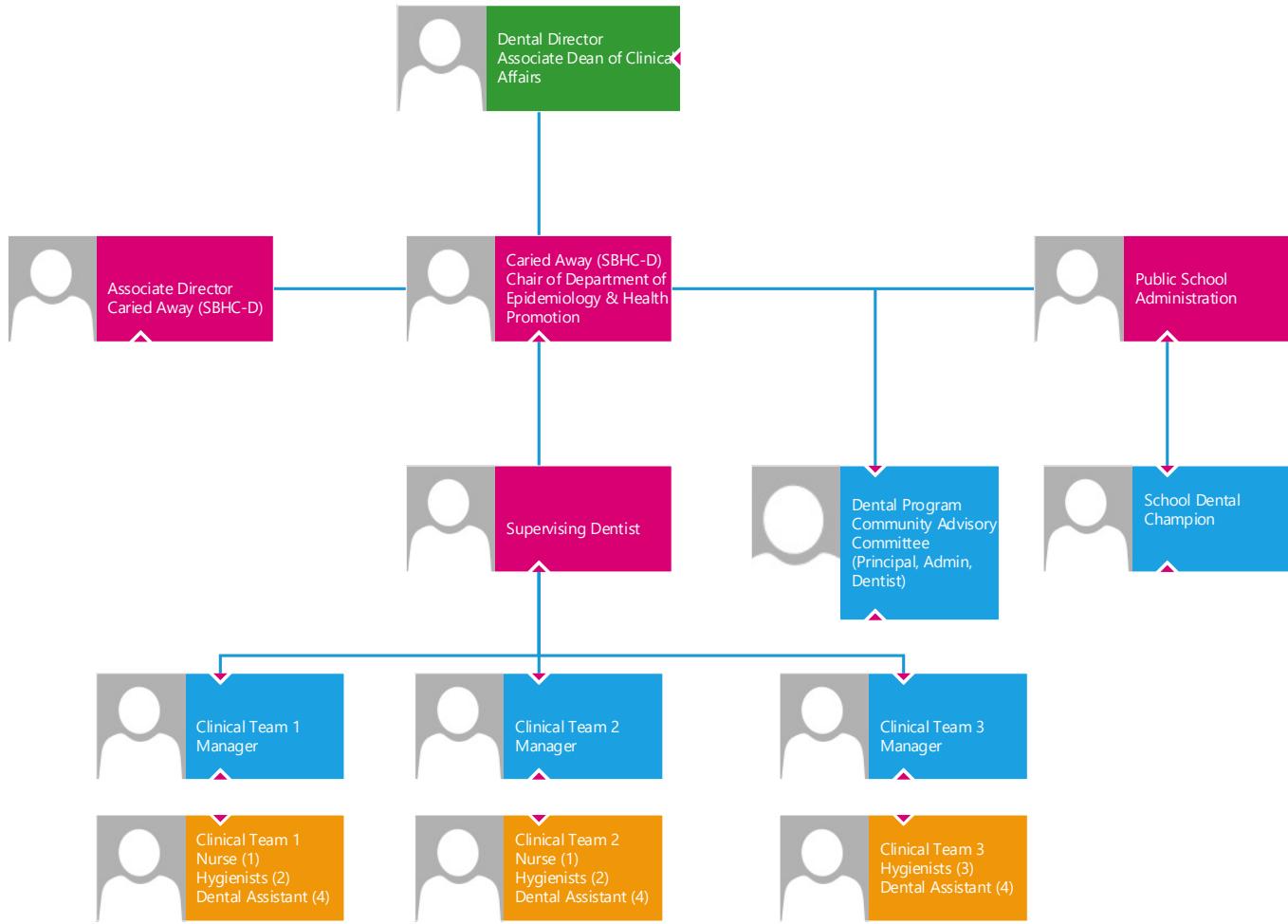
Appendix 1C: Section 751.7 of Title 10 NYCRR (the health portion of NYS Code of Rules and Regulations)

751.7 Medical record system. The operator shall:

- a. maintain a medical record system;
- b. designate a staff member who has overall supervisory responsibility for the medical record system;
- c. ensure that the medical record supervisor receives consultation from a qualified medical record practitioner when such supervisor is not a qualified medical record practitioner;
- d. ensure that the medical record for each patient contains and centralizes all pertinent information which identifies the patient, justifies the treatment and documents the results of such treatment;
- e. ensure that the following are included in the patient's record as appropriate:
 1. patient identification information;
 2. consent forms;
 3. medical history;
 4. special notation of allergic or adverse reactions to medications;
 5. consultative findings;
 6. diagnosis or medical impression;
 7. medical orders;
 8. documentation of the services provided, and referrals made;
 9. progress note(s);
 10. follow-up plans; and
 11. discharge summaries, when applicable;
- f. ensure that entries in the medical record are current, legible, signed and dated by the person making the entry;
- g. ensure that medical, social, personal and financial information relating to each patient is kept confidential and made available only to authorized persons;
- h. ensure that when a patient is treated by an outside health-care provider, and that treatment is relevant to the patient's care, a clinical summary or other pertinent documents are obtained to promote continuity of care. If documents cannot be obtained, the reason is noted in the medical record;
- i. maintain medical records at the center in a safe and secure place which can be locked, and which is readily accessible to staff; and
- j. retain medical records for at least six years after the last date of service rendered to a patient or, in the case of a minor, for at least six years after the last date of service or three years after he/she reaches majority whichever time period is longer.

Appendix 2A: Organizational Chart

NYU DENTISTRY
Carried Away
Organizational Chart



Appendix 2B: Bloodborne Pathogens Exposure Control Written Program

PENALTIES FOR NON-COMPLIANCE

The Occupational Safety and Health Administration (OSHA) has the authority to impose penalties of up to \$70,000 per violation for violations of the Bloodborne pathogens Standard. OSHA also has the authority to propose a separate penalty for each instance of a violation of the standard.

PROCEDURES FOR

IMPLEMENTATION

Responsibilities:

New York University (NYU) strives for excellence in its environmental health and safety program. For this written program compliance is achieved through the following structure:

Department of Environmental Health and Safety

1. Developing the Program
2. Developing a training program, and working with the Departments to ensure its implementation
3. Annually evaluating the effectiveness of The Program by 1) conducting audits, and 2) reviewing Employee Occupational Illness and Injury Reports and investigating relevant incidents
4. Updating the program as needed
5. Audit the program annually
6. In addition, the Director of Environmental Health & Safety functions as a consultant on an as needed basis to resolve technical, purchasing and other issues. For example, the Director will provide assistance in the selection of protective clothing and equipment.

Directors or Department Chairs

1. Allocating the resources necessary to comply with the program and pertinent regulations discussed therein.
2. Ensuring that Department Chairs, Department Heads and other responsible parties meet their responsibilities for implementing the program.
3. Ensure that students, staff and faculty comply with all the rules and regulations set by this written program ensuring that job titles of employees who may be exposed to bloodborne pathogens, and the tasks which may result in exposure are reported to the Director of Environmental Health & Safety [EH&S] or the Director of Infection Control for the Dental Center.
4. Ensuring that applicable employees attend the training sessions on exposure control conducted by EHS, Infection Control for the Dental School, or receive equivalent training, as well as any additional training that may be required by The Program, before they are assigned to tasks where they have potential occupational exposure.
5. If the department decides to use a training other than that provided by EH&S or the Infection Control dept. in the Dental School, the training record along with the outline of the training must be submitted to the EHS office no later than 10 days after the training session.
6. Ensuring that all employees, who may have potential occupational exposure to bloodborne pathogens are provided the hepatitis B vaccination [or to sign the declination form in Appendix C].
7. Ensuring appropriate protective equipment and clothing is readily available in each work area, and is used.
8. Investigating and documenting incidents in which employees do not use appropriate protective clothing and equipment.
9. Ensuring a post exposure evaluation by a qualified medical professional at no cost to the employee.

12. Ensuring each Departmental subunit (for example, laboratories) maintains a written schedule of any cleaning and decontamination that is not routinely provided by building maintenance or the contracted cleaning service.
13. Periodically monitoring the effectiveness of the program within the department, and reporting any problems to EH&S, Infection Control in the Dental Center, or Department Chair.
14. Notifying Human Resources and University Health Center of any employee accidents which includes exposure to bloodborne pathogens.
15. Coordinating with the University Health Center and the employee in arranging medical evaluations and consultations as outlined in section 7.14.

Director University Health Center

The Director of the University Health Center or their Designee is responsible for providing assistance in arranging confidential medical evaluations, post-exposure follow-up and referrals, and ensuring that medical records are maintained in accordance with the Bloodborne Pathogens Exposure Control Written program. Further, the Director is responsible for disseminating information contained within this Written program to all UHC employees and asking for feedback in the identification, evaluation and selection of effective engineering and work practice controls.

Employees who arrange for the services of outside Contractors

1. Assessing the potential for the contractor's employees to be exposed to bloodborne pathogens while working at NYU.
2. Ensuring that if there is a potential for exposure, the contractor has developed and implemented an Exposure Control Plan.
3. The Director of Environmental Health & Safety is available to assist in this process.

Employees who work with Bloodborne Pathogens

1. Reading and complying with all applicable sections of the Exposure Control Plan (Section 7).
2. Attending mandatory initial training sessions and thereafter participate in refresher training annually.
3. Reporting to their supervisor or Department Head to receive hepatitis B vaccinations or signing a declination statement.
4. Notifying their supervisors of exposures and of any pertinent problems, and assist in the identification, evaluation and selection of effective engineering controls and work practice controls.

WRITTEN PROGRAM DEFINITIONS

Blood means human blood, human blood components (plasma, platelets and serosanguineous fluids) and products (immune globulins, albumin and factors 8,9) made from human blood.

Bloodborne pathogens means pathogenic microorganisms present in human blood or OPIM that can infect and cause disease in individuals who are exposed to blood containing the pathogen. They include, but are not limited to, hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV), Human T-lymphotropic virus Type I (HTLV-I), Hepatitis C, Malaria, Syphilis, Babesiosis, brucellosis, Relapsing Fever, Arboviral infections, Plasmodium sp. and Treponema pallidum.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item, to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means technology and devices that isolate or remove the hazard of bloodborne pathogens from the workplace. Examples include safer medical devices, such as sharps with engineered sharp injury protection (SESIPs), needless systems as well as sharps disposal containers and self-sheathing needles.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin such as cuts, abrasions, dermatitis or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.

Exposure Profile refers to a list of the job titles of employees who may be exposed to bloodborne pathogens, and the tasks during which exposure may occur.

Hand Washing Facility means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person who is legally permitted scope of practice allows him/her to independently perform the activities included in Medical Surveillance.

Needless Systems means a device that does not use needles for the collection of bodily fluids or withdraws of body fluids after initial venous or arterial access is established, the administration of medicine or fluids or any other procedure involving the potential for occupational exposure to Bloodborne pathogens due to percutaneous injuries from contaminated sharps

NIOSH is an acronym for the National Institute for Occupational Safety and Health established under the U.S. Department of Health and Human Services.

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

OSHA is an acronym for the Occupational Safety and Health Administration.

Other Potentially Infectious Materials (OPIM) means:

1. human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. any unfixed tissue or organ (other than intact skin) from a human (living or dead);

3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and
4. blood, organs or other tissues from experimental animals infected with HIV or HBV.

Parenertal means piercing the skin barrier or mucous membranes through such events as needle-sticks, human bites, cuts and abrasions.

Personal Protective Equipment is specialized clothing or equipment, such as gloves, surgical masks, lab coats, scrubs, booties, or goggles, worn by an employee for protection against a hazard.

Regulated Medical Waste refers to items regulated under federal, state or local regulations. This includes but is not limited to experimental animal carcasses, pathological waste, blood, tissue, and body fluids.

Research Laboratory refers to a laboratory that is engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not include clinical laboratories engaged solely in the analysis of blood, tissues, and organs.

Sharps means any object or device that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wire.

Sharps with Engineered Sharps Injury Protections (SESIPS) are defined as a non-needle sharp or needle device used to withdraw body fluids, accessing a vein or artery or administering medication or other fluids with a built-in safety feature mechanism that will effectively reduce the risk of an exposure incident. These include, but are not limited to the following devices: syringes with guards or sliding sheaths that shield the attached needle after use; needles that retract into a syringe after use; shielded or retracting catheters used to access the bloodstream for intravenous administration of medication or fluids; intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a needle that is housed in a protective covering; blunt suture needles; and plastic (instead of glass) capillary tubes.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to employees. Examples include, but are not limited to, hospital and clinic patients, human remains, and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Standard Precautions, all human blood and other potentially infectious materials are treated as if known to be infectious for HIV, HBV or other Bloodborne pathogens. Standard Precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomitus unless the material contains visible blood. Standard Precautions do not apply to saliva except in dental procedures or when it contains visible blood.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed. An example is the prohibition of recapping needles by a two-handed technique.

EXPOSURE CONTROL PLAN

Occupational Exposure Determination:

1. The Potential Exposure Reporting Forms (PERFs) [see Appendix A] are used to identify 1) the job titles of employees who may be exposed, and 2) the tasks where occupational exposure could occur.
2. Each Department Chair and Department Head ensures that PERFs are completed for all sections within the department and returned to the Director of Personnel and either the Director of Environmental Health & Safety or the Director of Infection Control in the Dental Center.
3. The Directors of Environmental Health & Safety Services, Infection Control and Vice President for Human Resources use the PERFs to compile an Exposure Profile for the University. The Exposure Profile is kept in the offices of Environmental Health & Safety and Infection Control, depending on location.

Universal Precautions

1. All employees and students must observe the OSHA Universal Precautions. The OSHA Universal Precautions states that all human blood and certain human body fluids (see definition of Other Potentially Infectious Materials) are treated as if known to be infectious for HIV and HBV and other bloodborne pathogens.
2. Under circumstances in which it is difficult or impossible to differentiate between body fluid types, all body fluids must be considered infectious.
3. Treat all blood and other potentially infectious materials with appropriate precautions such as using gloves, masks, and gowns if blood or OPIM exposure is anticipated. In addition use engineering and work practice controls to limit exposure.

Hand Washing Facilities

1. NYU will ensure that hand washing facilities (hot running water, soap and single use towels or hot air dryers) are readily accessible in most areas where employees may come in contact with Bloodborne pathogens.
2. In areas where there are no hand washing facilities, NYU will provide either an antiseptic hand cleanser and paper towels or antiseptic towelettes.

General Strategy for Controlling Exposures

1. To the extent feasible, engineering and work practice controls are used to minimize or eliminate employee exposures.
2. If there is a potential for exposure after engineering and work practice controls have been implemented, protective clothing and equipment is used.

Engineering Controls

Engineering controls refer to technology and devices used to isolate or remove hazards from the worker. Examples include puncture resistant sharps containers, splash guards, biological safety cabinets, laminar flow hoods, mechanical pipetting devices, centrifuge safety cups, sealed centrifuge rotors, containment caging for animals, needleless IV

systems and self-sheathing syringes.

1. Where feasible, Departments will use engineering controls as the primary means to protect employees.
2. Each Department will develop written procedures to ensure that engineering controls are examined and maintained or replaced on a regular schedule to ensure that they function effectively. Where applicable, this will be done in accordance with the manufacturer's guidelines. Records of inspection and maintenance will be kept within the department.
3. Sharps Containers will be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.
4. Biological Safety Cabinets will be certified when installed, whenever they are moved, and at least annually. They must undergo decontamination procedures prior to being moved or discarded.
5. Arrangements for certification will be made through Environmental Health & Safety (x81450).

Standard Work Practice Controls:

1. Hand Washing
 - a. Employees will wash their hands immediately or as soon as feasible after removing gloves or other personal protective equipment.
 - b. In areas where no hand washing facility is available, employees must use an antiseptic hand cleanser and paper towels or antiseptic towelettes immediately after being exposed, then wash their hands with soap and running water as soon as feasible.
2. Needles and Sharps
 - a. Needles and other sharps may only be used in situations where there are no alternatives.
 - b. Contaminated needles and other contaminated sharps will not be bent, broken or sheared.
 - c. Contaminated needles and other contaminated sharps will not be recapped or removed, unless there is no feasible alternative (for example, following an arterial blood gas stick).
 - d. When needles must be recapped or removed, a one-handed technique or a mechanical device (for example, a needle re-capper) will be used.
 - e. Reusable Needles and Sharps: Immediately or as soon as possible after use, contaminated reusable sharps will be placed in appropriate containers until they are reprocessed. The containers will be puncture-resistant, leak-proof on the sides and bottom, and properly labeled (see Section 7.8) or color-coded (red). Contaminated needles and sharps will not be stored or processed in a manner that requires personnel to reach by hand into the containers that hold them.
3. Eating and Drinking
 - a. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are not permitted in areas where there is a reasonable likelihood of exposure.
4. Food Storage
 - a. Food and drink will not be placed in refrigerators, freezers, shelves, drawers, cabinets or on countertops/benchtops where blood or other potentially infectious materials are present.

- . Pipetting
 - a. Pipetting or suctioning by mouth is not permitted.
 - b. Mechanical pipetting devices will be used.
- 6. Splash/Spray Prevention
 - a. All procedures involving blood or other potentially infectious materials will be performed carefully to minimize splashing, spraying, spattering, and the generation of droplets.
- 7. Specimen Containers and Labeling
 - a. Containers: Specimens of blood or other potentially infectious materials will be placed in containers that prevent leakage during collection, handling, processing, storage, transport or shipping.
 - b. Labeling: Specimen containers will be either labeled (in accordance with Section 7.8) or color-coded
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 - c. Contaminated Specimen Containers: Any specimen container that is contaminated on the outside will be placed in another container that meets the container and labeling requirements listed above.
- 8. Servicing/Shipping Equipment
 - a. Equipment that may be contaminated (for example, blood gas analyzers, hemodialysis units, mechanical pipettors, suctioning devices, centrifuges and liquid chromatographs) will be examined and decontaminated prior to servicing or shipping, unless decontamination is not feasible.
 - b. When decontamination is not feasible, a readily observable label (in accordance with Section 7.8) will be attached to the equipment. The label will indicate which portions of the equipment are contaminated. This information will be conveyed to all affected downstream personnel (such as employees and servicing/manufacturer's representatives) so that appropriate precautions will be taken.

Protective Clothing and Equipment

Protective clothing and equipment is specialized clothing or equipment used to protect personnel from direct exposure to blood or other potentially infectious materials. It includes items such as gloves, gowns, scrubs, aprons, laboratory coats, head and foot coverings, face shields or surgical masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

- 1. Provision
 - a. Each department at NYU will provide employees with appropriate protective clothing and equipment.
 - b. Protective clothing and equipment will be selected to ensure that under normal conditions of use it does not permit blood or other potentially infectious materials to pass through to the employee's

- . Use
 - a. Employees will use protective clothing and equipment when performing tasks where it is reasonable to anticipate exposure to blood or other potentially infectious material.
 - b. An employee may decline to use personal protective clothing/equipment under rare and extraordinary circumstances if it is the employee's professional judgment that its use would prevent the delivery of health care services or would pose an increased hazard to the safety of the individual or a co-worker. (When an individual makes this judgment, the employee's supervisor must investigate and document the circumstances in order to determine whether changes can be instituted to prevent future occurrences.)
 - c. Gloves: Gloves will be worn when it can be anticipated that there will be hand contact with blood or other potentially infectious materials; when handling or touching contaminated items or surfaces; and during vascular access procedures.
 - d. Disposable (single-use) gloves, such as surgical or examination gloves will be replaced between patient contacts, when contaminated, torn, or punctured, or when their ability to function as a barrier is compromised. They will not be washed or decontaminated for reuse.
 - e. Utility gloves, such as rubber gloves, may be decontaminated for re-use if they show no signs of deterioration. They must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.
 - f. Surgical Masks, Eye Protection and Face Shields: Surgical masks in combination with eye protection (for example, goggles or glasses with solid side shields) or chin-length face shields will be worn if eye, nose, or mouth contamination can be reasonably anticipated. In general, this equipment is required whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated.
 - g. Other Protective Clothing: As a rule, other protective clothing is required whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated. Protective clothing will prevent exposure to blood or other potentially infectious materials under normal conditions of use.
 - h. Protective clothing such as lab coats, clinic jackets, gowns, smocks, scrubs, uniforms, aprons or similar clothing will be worn if there is a potential for exposure. The type and characteristic will depend upon the task and degree of exposure anticipated.
 - i. Surgical caps or hoods and/or shoe covers or boots will be worn in instances when gross contamination can reasonably be anticipated (for example, during autopsies and orthopedic surgery).
- 4. Contaminated Garments
 - a. If a garment is penetrated by blood or other potentially infectious materials, the garment will be removed immediately or as soon as feasible and disposed of as Regulated Medical Waste.
- 5. Removal
 - a. All personal protective clothing and equipment will be removed before leaving the work area. Care will be taken so as not to contaminate surfaces or hands. The clothing/equipment will be placed in designated containers for storage, washing, decontamination or disposal. Personal protective clothing will not be worn in public corridors or other public access areas.
- 6. Repair/Replacement
 - a. NYU will repair or replace all personal protective equipment as needed to maintain its effectiveness.
- 7. Cleaning/Laundering
 - a. NYU will provide for the cleaning or laundering of reusable protective clothing, such as uniforms and lab coats. In general, arrangements for laundering are made by the individual departments or at the College of Dentistry by the administration through contracting a private service.
 - b. If the intended function of a uniform or lab coat is to act as protective clothing, home laundering is

- not permitted, since it could lead to the migration of contaminants to the home.
- c. If a department allows employees to maintain and launder their own uniforms or lab coats, the uniforms and lab coats will be covered with protective clothing for tasks where it is reasonable to anticipate exposures to blood or other potentially infectious material.
8. Disposal
- a. Most disposable protective clothing and equipment can be discarded as regular (non-infectious) trash.
 - b. Items that are contaminated with soaked, caked or dripping blood or other potentially infectious material will be discarded as "red bag" waste (Regulated Medical Waste).

Warning Labels / Signage

1. Containers of blood, blood components, or blood products that are labeled to indicate their contents (for example, blood) and have been released for transfusion or other clinical use do not require additional warning labels.
2. Warning labels or tags will be affixed to refrigerators, freezers, incubators and containers used to store or transport blood and other potentially infectious materials. (Refrigerator labels are available from Environmental Health & Safety (x81450)).
3. Labels/tags will have a fluorescent orange or orange-red background, and contain the following lettering and symbol in black: the word "BIOHAZARD" and the universal biohazard symbol.
4. Labels/tags may be an integral part of the container or affixed as close as possible by string, wire, adhesive or other method that prevents their loss or unintentional removal.
5. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempt from the labeling requirement.
6. Red bags or red containers are a substitute for labels on bags/containers of regulated medical (infectious) waste. (These bags are already labeled.)

Housekeeping [Cleaning and Decontamination]

1. NYU will ensure that its facilities are maintained in a clean and sanitary manner.
2. All facilities will be cleaned by building services or the contracted cleaning service in accordance with the written schedules.
3. Each Departmental subunit (for example, laboratory or office) will maintain a written schedule of any additional cleaning and decontamination that is not routinely provided.
4. All equipment, working surfaces and the general environment will be cleaned and decontaminated after contact with blood or other potentially infectious materials. A 10% bleach solution is the recommended and approved hospital disinfectant that is tuberculocidal. The disinfectant should be poured starting from the outside going towards the center of the contaminated area. The disinfectant must be allowed to sit there for a minimum of 10 minutes, and then may be wiped clean using a disposable towel, while wearing gloves and the appropriate PPE.
 - a. Contaminated work surfaces will be decontaminated after completion of procedures when surfaces are overtly contaminated immediately after any spill of blood or other potentially infectious material and at the end of each work shift if the surface may have become contaminated since the last

- cleaning.
- b. Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper may be used to cover equipment and environmental surfaces. These coverings will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of each work shift if they may have become contaminated during the shift. At the College of Dentistry these coverings will be removed between each patient.
 - c. All reusable bins, pails, cans, and similar receptacles that may become contaminated will be inspected and decontaminated on a regularly scheduled basis. These receptacles will also be cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
 - d. Broken glassware that may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical means, such as a brush and dustpan, tongs, cotton or forceps.

Waste Disposal

All contaminated waste will be discarded in accordance with NYU's Regulated Medical Waste Program. Contact Environmental Health & Safety (x81450) for details.

Laundry

- 1. Contaminated laundry will be handled as little as possible, with minimal agitation.
- 2. Contaminated laundry will not be sorted or rinsed in the location of use (for example, in patient care areas).
- 3. Contaminated laundry will be placed in yellow bags at the location where it was used, and the bags closed prior to transport.
- 4. Whenever contaminated laundry is wet, it will be placed and transported in bags or containers that prevent soak through or leakage.
- 5. Employees who have contact with contaminated laundry will wear protective gloves and other appropriate protective clothing.
- 6. The regulatory requirements for shipping contaminated laundry off-site are available from Environmental Health & Safety (x81450).

Accidents/Exposures

- 1. Employees who are accidentally exposed should immediately treat the exposed area as follows:
 - a. For needlesticks or cuts, "milk" the area under running water (preferably warm) or a disinfectant (for example, dilute peroxide) to encourage bleeding.
 - b. In the case of skin contact, wash the area immediately with a disinfectant soap (for example, Hibiclens) and water.
 - c. For eye contact, flush the eyes with copious amounts of running water.
- 2. Following immediate treatment, as with any accident, the employee should report the incident to his/her supervisor / Department Head / Department Chair. Public Safety will be contacted to provide immediate transportation to the local hospital Emergency Room. Medical assistance will be arranged by the supervisors or designees of the various units of the University in coordination with the University Health Center or Personnel Office for the Dental Center (See Section 7.14.4).

General

- a. All personnel who may be exposed to bloodborne pathogens must receive training. Training must be provided before initial assignment to tasks where exposure might occur, and annually (within one year of previous training) thereafter.
- b. When changes occur, such as modification of tasks or procedures, or additional new exposure risks, personnel will receive additional training. The additional training may be limited to addressing the new exposures.
- c. All training will be provided at no cost to the employee during working hours.
- d. Trainers will be knowledgeable in the subject matter as it relates to the workplace.
- e. The material used for training will be appropriate in content and vocabulary level to the literacy and language of the trainees.
- f. Trainees will be given the opportunity for interactive questions and answers with the person conducting the training session.
- g. The responsibility for developing training programs rests primarily with Environmental Health & Safety or Infection Control Officer (Denise Murphy).
- h. The responsibility of ensuring personnel have been trained under the time constraints stated above is the responsibility of the supervisors.

2. Training Program

- a. Environmental Health & Safety or Infection Control Department in the Dental Center, are responsible for developing a training program and providing training. Departments that prefer to develop and conduct their own training may do so, as long as the training meets the requirements of the OSHA standard.
- b. As a rule, training sessions will last approximately one (1) hour, or will be conducted using a self-learning packet with a post-training test. The subject matter will include:
 - i. An explanation of the OSHA Bloodborne Pathogens Standard
 - ii. A general explanation of the epidemiology and symptoms of HIV and HBV and other bloodborne pathogens
 - iii. An explanation of the modes of transmission of HIV and HBV and other bloodborne pathogens
 - iv. An explanation of NYU's Bloodborne Pathogens Exposure Control Program
 - v. An explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
 - vi. An explanation of the use and limitations of standard precautions, engineering controls, work practices and personal protective equipment
 - vii. Information on the types, proper use, location, removal, handling, decontamination and/or disposal of personal protective equipment
 - viii. An explanation of the basis for selection of personal protective equipment
 - ix. Information on the hepatitis B vaccine, including its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine is available at no cost to employees
 - x. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
 - xi. An explanation of the procedure to follow if an occupational exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
 - xii. Information on post-exposure evaluation and follow-up
 - xiii. An explanation of the color-coding and signs and labeling that are used to identify Biohazardous materials
- c. The NYU-DC pamphlet: Facts About AIDS & Hepatitis B for Dental Center Personnel will be distributed to Dental Center employees during the training. Copies of the pamphlet are available at the Dental

Center.

3. Departmental Training Programs

- a. Each Department is responsible for providing training in the specifics of departmental protocols, practices and procedures
- b. Departments with laboratories are responsible for providing training in microbiological practices and techniques as needed
- c. Departments with "research laboratories" (see Section 5.0 for definition) will ensure that personnel who work in these laboratories:
 - i. Demonstrate proficiency in standard microbiological practices/techniques and in the practices/operations specific to the laboratory before being allowed to work with HIV or HBV
 - ii. Are experienced in the handling of human pathogens or tissue cultures prior to working with HIV or HBV.
- d. A training program will be provided to employees who have no prior experience in handling human pathogens.
- e. Initial work activities will not include the handling of infectious agents.
- f. A progression of work activities will be assigned as techniques are learned and proficiency is developed.
- g. The employee may participate in work activities involving infectious agents only after proficiency has been demonstrated.

4. Training Records

- a. All training will be documented. Examples of forms used to document training is included in Appendix B.
- b. Copies of all training records will be forwarded to EHS or Infection Control for the Dental Center, where they will be maintained for a minimum of 3 years. Duplicate copies must be kept in the departmental file for an employee.

Medical Surveillance

All medical evaluations and procedures will be made available at no cost to employees. All medical evaluations and consultations are to be arranged by the supervisors or designees of the various units of the University in coordination with the University Health Center or Personnel Office for the Dental Center. The Human Resources Department is to be sent all copies of medical records for University filing.

1. General

- a. All medical evaluations and procedures will be performed by or under the supervision of a licensed physician or other licensed healthcare professional.
- b. All medical evaluations and procedures will be provided according to the recommendations of the U.S. Public Health Service current at the time they take place.
- c. All laboratory tests will be conducted by an accredited laboratory, at no cost to the employee.
- d. All medical evaluations and procedures will be arranged by the supervisors or designees of the various units of the University in coordination with the University Health Center or Personnel Office for the Dental Center with the following exception during off-hour emergencies.
 - i. During off-hours, after immediately treating the area, employees will contact Public Safety who will document the incident and provide transportation to the nearest emergency room.
 - ii. Employees who have received emergency medical care will report to their supervisor, as soon as possible, to arrange for follow-up care.

2. Information Provided by NYU To The Physician/Healthcare Professional

- a. Professionals Providing Hepatitis B Vaccination: A copy of the Bloodborne Pathogens Standard (29 CFR 1910.1030) will be made available to all healthcare professionals responsible for hepatitis B

- vaccination by their department.
- b. Professionals Providing Post-Exposure Evaluation: The following information will be provided to healthcare professionals who evaluate employees following occupational exposure incidents:
- i. A copy of the Bloodborne Pathogens Standard (29 CFR 1910.1030) and its Appendices.
 - ii. A description of the exposed employee's duties as they relate to the exposure incident
 - iii. Documentation of the route(s) of exposure and circumstances under which exposure occurred. This information should be recorded on NYU's Notice of Accident in accordance with established procedures.
 - iv. Results of the source individual's blood testing, if available
 - v. Any University Medical Records (for example, records of vaccination status) relevant to the appropriate treatment of the employee.
 - vi. The requirement under the standard for the provider to supply the Human Resources Department with a copy of any medical records resulting from evaluations, treatment, and/or consultations.
3. Hepatitis B Vaccination
- a. NYU will provide the hepatitis B vaccination series to all employees who are exposed to bloodborne pathogens at no cost.
 - b. If employees want to be screened for antibodies to hepatitis B before being vaccinated, NYU will provide the necessary testing. Screening for antibodies to hepatitis B is not mandatory.
 - c. During the pre-employment physical, NYU will offer HBV vaccination to all employees who may be exposed to blood or other potentially infectious materials.
 - d. If in the course of employment an employee assumes responsibilities that introduce the potential for exposure, hepatitis vaccination will be made available within 10 working days. Each department is responsible for ensuring that employees are aware of this.
 - e. Employees who do not want to be vaccinated will sign a declination statement (see Appendix C). A copy of this statement is to be kept by the Human Resources Department in the employee's confidential medical file.
 - f. If an employee initially declines HBV vaccination but at a later date decides to be vaccinated, NYU will provide the vaccination.
 - g. NYU will provide HBV vaccination recipients with required routine booster dose(s) of hepatitis B vaccine, in accordance with the recommendations of the U.S. Public Health Service.
4. Post-Exposure Evaluation and Follow-up
- a. Employees who have any of the following exposures must report the incident to their supervisor:
 - i. Needle stick, cut, or other parenteral contact
 - ii. Eye, mouth or other mucous membrane contact
 - iii. Non-intact skin contact
 - iv. Skin exposures involving a large amount of blood or prolonged contact with blood
 - b. At the employee's request, NYU will immediately provide a confidential medical evaluation and follow-up. This will include the following:
 - i. Documentation of the route(s) of exposure and circumstances under which exposure occurred. This information will be recorded on NYU's Notice of Accident Report in accordance with established procedures.
 - ii. Identification and documentation of the source individual, unless such identification is infeasible or prohibited by state or local law

Exposed employee will not be given the results of HIV testing of the source Individual, as long as to do so is prohibited by New York State Law.

- d. Collection and testing of the exposed employee's blood for HIV antibody, HbsAg, anti-HBsAg and ALT tests. Prior to testing for HIV infection, an employee will sign the NYS DOH Informed Consent to HIV Antibody Test form.
- e. If an employee needs time to make a decision about HIV testing, the blood sample will be preserved for 90 days. If, within the 90 days the employee elects to have the sample tested, such testing will be done as soon as feasible.
- f. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- g. Counseling.
- h. Medical evaluation of any reported illness that occurs post-exposure

5. Healthcare Professional's Written Opinion

- a. Within 15 days of the completion of a medical evaluation, the University Health Center Department will ensure that a copy of the evaluating healthcare professional's written opinion is given to the employee. The employee's copy of the written opinion must include the following information (all other findings or diagnoses must remain confidential).
 - i. Hepatitis B Vaccination: The written opinion will state whether hepatitis B vaccination is indicated for the employee, and if the employee has received such vaccination.
 - ii. Post-exposure Evaluation and Follow-up: The written opinion will include a statement that the employee has been informed of the results of the evaluation, and has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

6. Medical Records

- a. Prior to providing medical service, the facility or physician will submit a copy of all related medical records to the Human Resources Dept. for retention in the employee's confidential medical file. The facility or physician providing the medical service will incorporate the following information (as applicable) into the medical chart of each employee covered by this program:
- b. A copy of the employee's hepatitis B vaccination records, including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- c. Post-exposure evaluations
 - i. A description of an exposed employee's duties as they relate to an exposure incident.
 - ii. Documentation of the route(s) of exposure and the circumstances under which exposure occurred.
 - iii. Reference to the results of the source individual's blood testing if available.
- d. A copy of all results of examinations, medical testing, and follow-up Procedures.
- e. A copy of the healthcare professional's written opinion.
- f. Medical records required by this program will be kept confidential. They will not be disclosed or reported to any person within or outside of NYU except as required by The Program, or as required by law.
- g. All medical records required by The Program will be kept for the duration of employment plus 30 years.
- h. The Human Resources Dept. will maintain a file of medical records for University employees.

7. HIV and HBV research laboratories

This section applies to laboratories and animal facilities that are working with the culture, production, concentration, experimentation, and manipulation of HIV or HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues or organs. Throughout this section, reference is made to other potentially infectious materials (OPIM). For a definition of OPIM, see Written program Definitions.

- a. Every HIV/HBV research laboratory will prepare or adopt a Biosafety Manual. The manual will be reviewed and updated at least annually. Personnel who work in HIV/HBV research labs will be advised of potential hazards and required to read as well as follow instructions on practices and procedures.
- b. Each HIV/HBV research laboratory will have a facility for handwashing and emergency eyewash readily available within the work area.
- c. Only authorized personnel will be permitted in HIV/HBV research laboratories. The Principal Investigator [PI] is responsible for establishing written policies and procedures whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures are allowed to enter the work areas and animal rooms.
- d. Warning signs will be posted on all access doors to work areas or containment modules when OPIM or infected animals are present. Signs are provided by Environmental Health & Safety (x81450).
- e. All doors to these laboratories will be closed when work with HIV or HBV is in progress.
- f. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing will be used in the work areas and animal rooms. Disposable protective clothing will be used whenever possible. Reusable protective clothing worn in HIV/HBV laboratories will be autoclaved before laundering.
- g. Hypodermic needles and syringes will be used only for injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (that is, the needle is integral to the syringe) will be used for the injection or aspiration of OPIM. Extreme caution will be used when handling needles and syringes. Needles will not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe will be promptly placed in a puncture-resistant container. Disposable needles will be discarded in accordance with the University's Regulated Medical Waste Disposal Program. Reusable needles will be decontaminated before reuse.
- h. Certified biological safety cabinets and other appropriate combinations of physical containment equipment (for example, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals) and personal protection (for example, face shields, surgical masks and special protective clothing) will be used for all activities involving OPIM. Work involving OPIM will not be conducted on an open bench.
- i. Special care will be taken to avoid skin contact with OPIM. Gloves will be worn when handling infected animals and when making hand contact with OPIM is unavoidable.
- j. Vacuum lines will be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency. This equipment will be checked routinely and maintained or replaced as necessary.
- k. Each HIV/HBV lab will have access to an autoclave for the decontamination of waste.
- l. Prior to disposal, all contaminated waste from work areas and animal rooms will be decontaminated by a method known to effectively destroy bloodborne pathogens. Autoclaving is the preferred method of decontamination.
- m. Contaminated materials that are to be decontaminated at a site away from the work area will be placed in a durable, leak-proof, labeled or color-coded (red) container that is closed before being removed from the work area.
- n. All spills will be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with concentrated infectious materials.

Each Department is responsible for developing any additional protocols needed to protect departmental employees from occupational exposure. The protocols should be submitted to Environmental Health & Safety or Infection Control for review.

9. Access to Records

- a. Training and medical records are available to OSHA and NIOSH for examination and copying
- b. Training records are available to employees, employee representatives, and OSHA and NIOSH in accordance with 29 CFR 1910.20
- c. Medical records are available for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to OSHA and NIOSH in accordance with 29 CFR 1910.20

Program Evaluation

1. Each Department will review and evaluate the effectiveness of The Program within the department at least annually, and whenever necessary to reflect new or modified tasks and procedures as well as new or revised employee positions. If problems are identified or programmatic changes needed, Environmental Health & Safety or Infection Control must be notified.
2. The Director of Environmental Health & Safety or the Infection Control Officer for the Dental Center is responsible for the following:
 - a. Conducting unannounced audits to monitor employee compliance with the program
 - b. Investigating all pertinent Employee Occupational Illness and Injury Reports
 - c. Reviewing the program annually and revising/updating it as needed

RELATED POLICIES

NYU Environmental Health and Safety Written program

RELEVANT RESOURCES

OSHA Standard, [Bloodborne Pathogens](#) (29 CFR 1910.1030) – See [OSHA Bloodborne Pathogens - 29 CFR 1910.1030](#)

Appendix 2C: Safety Data Sheets



Page 1/8

Safety Data Sheet acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

1 Identification

- **Product identifier**
- **Trade name:** GC Fuji IX GP (Powder, Shade: A2)
GC Fuji IX GP CAPSULE (Powder, Shades: A2, A3, A3.5, B2, and B3)
- **Relevant identified uses of the substance or mixture and uses advised against**
Dental material
The product is intended for professional use.
To avoid risks for humans and environment obtain instructions.
- **Application of the substance / the mixture** Dental filling material
- **Details of the supplier of the safety data sheet**
- **Manufacturer/Supplier:**
GC America Inc.
3737 W. 127th Street
Alsip, IL 60803
USA
sds@gcamerica.com
- **Information department:** Regulatory Affairs
- **Emergency telephone number:**
During normal opening times (Mon.-Fri. 8:00 AM-5:00 PM CST): +1 (708) 597-0900
Transportation (CHEMTREC®) Emergency Telephone No. +1 (800) 424-9300

2 Hazard(s) identification

- **Classification of the substance or mixture**
The product is not classified according to the Globally Harmonized System (GHS).
- **Additional information:**
The information provided is in regards to the toxicity and hazard rating(s) of the individual component(s) in the formulation. The associated risk(s) depends on the route(s) of exposure. The hazard rating system is based entirely on the existence of the risk(s) and does not take into account the likelihood of reduced risk(s) through proper usage and handling.

- **Label elements**
- **GHS label elements** Void
- **Hazard pictograms** Void
- **Signal word** Void
- **Hazard statements** Void
- **Classification system:**
- **NFPA ratings (scale 0 - 4)**



Health = 0
Fire = 0
Reactivity = 0

- **HMIS-ratings (scale 0 - 4)**



Health = 0
Fire = 0
Reactivity = 0

(Contd. on page 2)

USA

Safety Data Sheet

acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: GC Fuji IX GP (Powder, Shade: A2)
 GC Fuji IX GP CAPSULE (Powder, Shades: A2, A3, A3.5, B2, and B3)

(Contd. of page 1)

- Other hazards
- Results of PBT and vPvB assessment
- PBT: Not applicable.
- vPvB: Not applicable.

3 Composition/information on ingredients

- Chemical characterization: Mixtures
- Description: Mixture of the substances listed below with nonhazardous additions.
- Dangerous components: Void
- Additional information:
If a substance is marked with **, then substance is a trade secret. This is allowed under OSHA's Hazard Communication Standard (HCS) as a trade secret and under GHS as Confidential Business Information (CBI).

4 First-aid measures

- Description of first aid measures
- General information:
No special measures required.
If symptoms persist consult doctor.
- After inhalation:
Supply fresh air; consult doctor in case of complaints.
In case of unconsciousness place patient stably in side position for transportation.
- After skin contact:
Rinse with warm water.
If symptoms persist consult doctor.
- After eye contact:
Rinse opened eye for several minutes under running water. If symptoms persist, consult a doctor.
- After swallowing:
Rinse out mouth and then drink plenty of water.
If symptoms persist consult doctor.
- Information for doctor:
- Most important symptoms and effects, both acute and delayed
No further relevant information available.
- Indication of any immediate medical attention and special treatment needed
No further relevant information available.

5 Fire-fighting measures

- Extinguishing media
- Suitable extinguishing agents:
CO₂, extinguishing powder or water spray. Fight larger fires with water spray or alcohol resistant foam.
Use fire fighting measures that suit the environment.
- For safety reasons unsuitable extinguishing agents: Water with full jet
- Special hazards arising from the substance or mixture
Formation of toxic gases is possible during heating or in case of fire.

(Contd. on page 3)

USA

Safety Data Sheet

acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: GC Fuji IX GP (Powder, Shade: A2)
 GC Fuji IX GP CAPSULE (Powder, Shades: A2, A3, A3.5, B2, and B3)

- **Advice for firefighters**
 - **Protective equipment:** Wear self-contained respiratory protective device.
 - **Additional information**
Dispose of fire debris and contaminated fire fighting water in accordance with official regulations.
- (Contd. of page 2)

6 Accidental release measures

- **Personal precautions, protective equipment and emergency procedures**
Remove persons from danger area.
- **Environmental precautions:**
Do not allow product to reach sewage system or any water course.
Inform respective authorities in case of seepage into water course or sewage system.
Do not allow to penetrate the ground/soil.
In case of seepage into the ground inform responsible authorities.
- **Methods and material for containment and cleaning up:**
Pick up mechanically.
Dispose of the collected material according to regulations.
- **Reference to other sections**
See Section 7 for information on safe handling.
See Section 8 for information on personal protection equipment.
See Section 13 for disposal information.

7 Handling and storage

- **Handling:**
- **Precautions for safe handling**
Observe instructions for use.
Prevent formation of dust.
Any deposit of dust which cannot be avoided must be regularly removed.
- **Information about protection against explosions and fires:**
Dust can combine with air to form an explosive mixture.
- **Storage:**
- **Requirements to be met by storerooms and receptacles:**
Store only in unopened original receptacles.
- **Information about storage in one common storage facility:** Store away from foodstuffs.
- **Further information about storage conditions:** Observe instructions for use / storage.
- **Specific end use(s)** No further relevant information available.

8 Exposure controls/personal protection

- **Additional information about design of technical systems:** No further data; see item 7.
- **Control parameters**
- **Components with limit values that require monitoring at the workplace:**
The product does not contain any relevant quantities of materials with critical values that have to be monitored at the workplace.
- **Additional information:** The lists that were valid during the creation were used as basis.

(Contd. on page 4)
USA

Safety Data Sheet
acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: GC Fuji IX GP (Powder, Shade: A2)
GC Fuji IX GP CAPSULE (Powder, Shades: A2, A3, A3.5, B2, and B3)

(Contd. of page 3)

- **Exposure controls**
- **Personal protective equipment:**
- **General protective and hygienic measures:**
The usual precautionary measures for handling chemicals should be followed.
Do not inhale dust / smoke / mist.
Wash hands before breaks and at the end of work.
- **Breathing equipment:** Suitable respiratory protective device recommended.
- **Protection of hands:** Protective gloves
- **Material of gloves**
The selection of the suitable gloves does not only depend on the material, but also on further marks of quality and varies from manufacturer to manufacturer. As the product is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.
- **Penetration time of glove material**
The exact break through time has to be found out by the manufacturer of the protective gloves and has to be observed.
- **Eye protection:** Safety glasses

9 Physical and chemical properties

· Information on basic physical and chemical properties	
· General Information	
· Appearance:	
Form:	Powder
Color:	White
Odor:	Odorless
Odor threshold:	Not determined.
· pH-value:	Not applicable.
· Change in condition	
Melting point/Melting range:	Undetermined.
Boiling point/Boiling range:	Undetermined.
· Flash point:	Not applicable.
· Flammability (solid, gaseous):	Not determined.
· Ignition temperature:	Undetermined.
· Decomposition temperature:	Not determined.
· Auto igniting:	Product is not selfigniting.
· Danger of explosion:	Product does not present an explosion hazard.
· Explosion limits:	
Lower:	Not determined.
Upper:	Not determined.
· Vapor pressure:	Not applicable.
· Density:	Not determined.
· Relative density	Not determined.

(Contd. on page 5)
— USA —

Safety Data Sheet

acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: GC Fuji IX GP (Powder, Shade: A2)
 GC Fuji IX GP CAPSULE (Powder, Shades: A2, A3, A3.5, B2, and B3)

(Contd. of page 4)

· Vapour density	Not applicable.
· Evaporation rate	Not applicable.
· Solubility in / Miscibility with Water:	Insoluble.
· Partition coefficient (n-octanol/water):	Not determined.
· Viscosity:	
Dynamic:	Not applicable.
Kinematic:	Not applicable.
· Solvent content:	
Organic solvents:	0.0 %
· Solids content:	100.0 %
· Other information	No further relevant information available.

10 Stability and reactivity

- **Reactivity** No further relevant information available.
- **Chemical stability** Stable at ambient temperature.
- **Thermal decomposition / conditions to be avoided:** No decomposition if used according to specifications.
- **Possibility of hazardous reactions** No dangerous reactions known.
- **Conditions to avoid** No further relevant information available.
- **Incompatible materials:** No further relevant information available.
- **Hazardous decomposition products:** No dangerous decomposition products known.

11 Toxicological information

- **Information on toxicological effects**
- **Acute toxicity:**
- **LD/LC50 values that are relevant for classification:** No further relevant information available.
- **Primary irritant effect:**
- **on the skin:** No irritant effect.
- **on the eye:** No irritating effect.
- **Sensitization:** No sensitizing effects known.
- **Additional toxicological information:**
The product is not subject to classification according to internally approved calculation methods for preparations:
- **Carcinogenic categories**
- **IARC (International Agency for Research on Cancer)**
- poly(acrylic acid) | 3
- **NTP (National Toxicology Program)**
- None of the ingredients is listed.
- **OSHA-Ca (Occupational Safety & Health Administration)**
- None of the ingredients is listed.

(Contd. on page 6)

USA

Safety Data Sheet

acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: GC Fuji IX GP (Powder, Shade: A2)
 GC Fuji IX GP CAPSULE (Powder, Shades: A2, A3, A3.5, B2, and B3)

(Contd. of page 5)

- **Carcinogenic categories' legend:**
 - IARC Group 1: The agent is carcinogenic to humans.
 - IARC Group 2A: The agent is probably carcinogenic to humans.
 - IARC Group 2B: The agent is possibly carcinogenic to humans.
 - IARC Group 3: The agent is not classifiable as to its carcinogenicity to humans.
 - IARC Group 4: The agent is probably not carcinogenic to humans.
 - NTP K: Known to be human carcinogen.
 - NTP R: Reasonably anticipated to be human carcinogen.

12 Ecological information

- **Toxicity**
- **Aquatic toxicity:** No further relevant information available.
- **Persistence and degradability** No further relevant information available.
- **Behavior in environmental systems:**
- **Bioaccumulative potential** No further relevant information available.
- **Mobility in soil** No further relevant information available.
- **Additional ecological information:**
- **General notes:**
 - Water hazard class 3 (Self-assessment): extremely hazardous for water
 - Do not allow product to reach ground water, water course or sewage system, even in small quantities.
 - Danger to drinking water if even extremely small quantities leak into the ground.
- **Results of PBT and vPvB assessment**
- **PBT:** Not applicable.
- **vPvB:** Not applicable.
- **Other adverse effects** No further relevant information available.

13 Disposal considerations

- **Waste treatment methods**
- **Recommendation:** Smaller quantities can be disposed of with household waste.
- **Uncleaned packagings:**
- **Recommendation:** Disposal must be made according to official regulations.

14 Transport information

· UN-Number	Void
· DOT, ADR, ADN, IMDG, IATA	Void
· UN proper shipping name	Void
· DOT, ADR, ADN, IMDG, IATA	Void
· Transport hazard class(es)	
· DOT, ADR, ADN, IMDG, IATA	Void
· Class	Void
· Packing group	
· DOT, ADR, IMDG, IATA	Void

(Contd. on page 7)

USA

Safety Data Sheet
acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: GC Fuji IX GP (Powder, Shade: A2)
GC Fuji IX GP CAPSULE (Powder, Shades: A2, A3, A3.5, B2, and B3)

(Contd. of page 6)

- Environmental hazards:
- Marine pollutant: No
- Special precautions for user Not applicable.
- Transport in bulk according to Annex II of MARPOL73/78 and the IBC Code Not applicable.
- UN "Model Regulation": -

15 Regulatory information

- Safety, health and environmental regulations/legislation specific for the substance or mixture
- SARA (Superfund Amendments and Reauthorization Act)
- Section 355 (extremely hazardous substances):
None of the ingredient is listed.
- Section 313 (Specific toxic chemical listings):
None of the ingredients is listed.
- TSCA (Toxic Substances Control Act):
All ingredients are listed.
- Carcinogenic categories
- EPA (Environmental Protection Agency)
None of the ingredients is listed.
- TLV (Threshold Limit Value established by ACGIH)
None of the ingredients is listed.
- NIOSH-Ca (National Institute for Occupational Safety and Health)
None of the ingredients is listed.
- GHS label elements Void
- Hazard pictograms Void
- Signal word Void
- Hazard statements Void
- Chemical safety assessment: A Chemical Safety Assessment has not been carried out.

16 Other information

- Department issuing MSDS: Regulatory Affairs
- Contact:
Regulatory Affairs
Telephone No. +1 (708) 597-0900
sds@gcamerica.com
- Date of preparation / last revision 02/24/2015 / -
- Abbreviations and acronyms:
GHS: Globally Harmonized System of Classification and Labelling of Chemicals
HCS: Hazard Communication Standard (USA)
MSDS: Material Safety Data Sheet
SDS: Safety Data Sheet

(Contd. on page 8)

USA

Safety Data Sheet
acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: GC Fuji IX GP (Powder, Shade: A2)
 GC Fuji IX GP CAPSULE (Powder, Shades: A2, A3, A3.5, B2, and B3)

(Contd. of page 7)

ADN: Accord européen relatif au transport international des marchandises dangereuses par voies de navigation intérieures
 (European Agreement Concerning the International Carriage of Dangerous Goods by Inland Waterways)

ECHA: European Chemicals Agency

OSHA: Occupational Safety and Health Administration (USA)

ADR: Accord européen sur le transport des marchandises dangereuses par Route (European Agreement concerning the International Carriage of Dangerous Goods by Road)

IMDG: International Maritime Code for Dangerous Goods

DOT: US Department of Transportation

IATA: International Air Transport Association

ACGIH: American Conference of Governmental Industrial Hygienists

CAS: Chemical Abstracts Service (division of the American Chemical Society)

NFPA: National Fire Protection Association (USA)

HMIS: Hazardous Materials Identification System (USA)

LC50: Lethal concentration, 50 percent

LD50: Lethal dose, 50 percent

PBT: Persistent, Bioaccumulative and Toxic

vPvB: very Persistent and very Bioaccumulative

Sources

- Manufacturers' MSDSs/SDSs
- OSHA (<https://www.osha.gov/dts/chemicalsampling/toc/chmcas.html>)
- TOXNET (<http://toxnet.nlm.nih.gov/>)
- ECHA (<http://echa.europa.eu/>)
- EnviChem (www.echemportal.org)

Notes:

CAS Registry Number is a Registered Trademark of the American Chemical Society.

CHEMTRAC® is a registered service mark of the American Chemistry Council, Inc.

* Data compared to the previous version altered. This version replaces all previous versions.

Disclaimer:

The information contained herein is believed to be true and accurate. However, all statements, recommendations or suggestions are made without any guarantee, representation or warranty, express or implied, on our part. Therefore, no warranty is made or to be implied that the information set out in this document is accurate or complete, and we accordingly exclude all liability in connection with the use of this information or the products referred to herein. All such risks are assumed by the purchaser/user. The information contained herein is also subject to change without notice. For the avoidance of doubt, however, nothing in this document excludes or limits our liability for death or personal injury caused by our negligence or for fraudulent misrepresentation.

USA



Safety Data Sheet acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

1 Identification

- **Product identifier**
- **Trade name:** CAVITY CONDITIONER
- **Relevant identified uses of the substance or mixture and uses advised against**
Dental material
The product is intended for professional use.
To avoid risks for humans and environment obtain instructions.
- **Application of the substance / the mixture** Auxiliary for dental technology
- **Details of the supplier of the safety data sheet**
- **Manufacturer/Supplier:**
GC America Inc.
3737 W. 127th Street
Alsip, IL 60803
USA
- sds@gcamerica.com
- **Information department:** Regulatory Affairs
- **Emergency telephone number:**
During normal opening times (Mon.-Fri. 8:00 AM-5:00 PM CST): +1 (708) 597-0900
Transportation (CHEMTREC®) Emergency Telephone No. +1 (800) 424-9300

2 Hazard(s) identification

- **Classification of the substance or mixture**
Skin Corr. 1A H314 Causes severe skin burns and eye damage.
Aquatic Chronic 2 H411 Toxic to aquatic life with long lasting effects.
- **Additional information:**
The information provided is in regards to the toxicity and hazard rating(s) of the individual component(s) in the formulation. The associated risk(s) depends on the route(s) of exposure. The hazard rating system is based entirely on the existence of the risk(s) and does not take into account the likelihood of reduced risk(s) through proper usage and handling.

- **Label elements**
- **GHS label elements**
The product is classified and labeled according to the Globally Harmonized System (GHS).
- **Hazard pictograms**



GHS05 GHS09

- **Signal word** Danger
- **Hazard statements**
Causes severe skin burns and eye damage.
Toxic to aquatic life with long lasting effects.
- **Precautionary statements**
Do not breathe dusts or mists.
Wear protective gloves/protective clothing/eye protection/face protection.

(Contd. on page 2)

USA



Safety Data Sheet
acc. to OSHA HCS 29 CFR 1910.1200

Page 1/9

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

1 Identification

- **Product identifier**
- **Trade name:** CAVITY CONDITIONER
- **Relevant identified uses of the substance or mixture and uses advised against**
Dental material
The product is intended for professional use.
To avoid risks for humans and environment obtain instructions.
- **Application of the substance / the mixture** Auxiliary for dental technology
- **Details of the supplier of the safety data sheet**
- **Manufacturer/Supplier:**
GC America Inc.
3737 W. 127th Street
Alsip, IL 60803
USA
- **sds@gcamerica.com**
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2 Hazard(s) identification

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Skin Corr. 1A H314 Causes severe skin burns and eye damage.
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- **Additional information:**
The information provided is in regards to the toxicity and hazard rating(s) of the individual component(s) in the formulation. The associated risk(s) depends on the route(s) of exposure. The hazard rating system is based entirely on the existence of the risk(s) and does not take into account the likelihood of reduced risk(s) through proper usage and handling.

- **Label elements**
- **GHS label elements**
The product is classified and labeled according to the Globally Harmonized System (GHS).
- **Hazard pictograms**



GHS05



GHS09

- **Signal word** Danger
- **Hazard statements**
Causes severe skin burns and eye damage.
Toxic to aquatic life with long lasting effects.
- **Precautionary statements**
Do not breathe dusts or mists.
Wear protective gloves/protective clothing/eye protection/face protection.

(Contd. on page 2)
USA

Safety Data Sheet

acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: CAVITY CONDITIONER

(Contd. of page 1)

If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower.
 If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

Immediately call a poison center/doctor.
 Store locked up.

Dispose of contents/container in accordance with local/regional/national/international regulations.

- Classification system:
- NFPA ratings (scale 0 - 4)



Health = 2
 Fire = 0
 Reactivity = 0

- HMIS-ratings (scale 0 - 4)

HEALTH	2	Health = 2
FIRE	0	Fire = 0
REACTIVITY	0	Reactivity = 0

- Other hazards
- Results of PBT and vPvB assessment
- PBT: Not applicable.
- vPvB: Not applicable.

3 Composition/information on ingredients

- Chemical characterization: Mixtures
- Description: Mixture of the substances listed below with nonhazardous additions.

- Dangerous components:

7784-13-6	aluminum chloride hexahydrate
-----------	-------------------------------

1-5%

- Additional information:

If a substance is marked with **, then substance is a trade secret. This is allowed under OSHA's Hazard Communication Standard (HCS) as a trade secret and under GHS as Confidential Business Information (CBI).

4 First-aid measures

- Description of first aid measures

- General information:

Immediately remove any clothing soiled by the product.
 If symptoms persist consult doctor.

- After inhalation:

Supply fresh air; consult doctor in case of complaints.
 In case of unconsciousness place patient stably in side position for transportation.

- After skin contact:

Immediately wash with water and soap and rinse thoroughly.
 Seek medical treatment.

- After eye contact:

Protect unharmed eye.
 Rinse opened eye for several minutes under running water. Then consult a doctor.
 Call a doctor immediately.

(Contd. on page 3)
 USA

Safety Data Sheet

acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: CAVITY CONDITIONER

(Contd. of page 2)

- **After swallowing:**
Rinse out mouth and then drink plenty of water.
If symptoms persist consult doctor.
- **Information for doctor:**
- **Most important symptoms and effects, both acute and delayed**
No further relevant information available.
- **Indication of any immediate medical attention and special treatment needed**
No further relevant information available.

5 Fire-fighting measures

- **Extinguishing media**
- **Suitable extinguishing agents:**
CO₂, extinguishing powder or water spray. Fight larger fires with water spray or alcohol resistant foam.
Use fire fighting measures that suit the environment.
- **For safety reasons unsuitable extinguishing agents:** Water with full jet
- **Special hazards arising from the substance or mixture**
Formation of toxic gases is possible during heating or in case of fire.
- **Advice for firefighters**
- **Protective equipment:** Wear self-contained respiratory protective device.
- **Additional information**
Dispose of fire debris and contaminated fire fighting water in accordance with official regulations.

6 Accidental release measures

- **Personal precautions, protective equipment and emergency procedures**
Remove persons from danger area.
Avoid contact with the eyes and skin.
Wear protective clothing.
- **Environmental precautions:**
Do not allow product to reach sewage system or any water course.
Inform respective authorities in case of seepage into water course or sewage system.
Do not allow to penetrate the ground/soil.
In case of seepage into the ground inform responsible authorities.
- **Methods and material for containment and cleaning up:**
Use neutralizing agent.
Absorb liquid components with liquid-binding material.
Dispose of the collected material according to regulations.
- **Reference to other sections**
See Section 7 for information on safe handling.
See Section 8 for information on personal protection equipment.
See Section 13 for disposal information.

7 Handling and storage

- **Handling:**
- **Precautions for safe handling**
Observe instructions for use.
Ensure good ventilation/exhaustion at the workplace.
Prevent formation of aerosols.

(Contd. on page 4)
USA

Safety Data Sheet
acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: CAVITY CONDITIONER

(Contd. of page 3)

- Avoid contact with the eyes and skin.
- **Information about protection against explosions and fires:** No special measures required.
- **Storage:**
- **Requirements to be met by storerooms and receptacles:**
Store only in unopened original receptacles.
- **Information about storage in one common storage facility:** Store away from foodstuffs.
- **Further information about storage conditions:**
Observe instructions for use / storage.
Keep receptacle tightly sealed.
- **Specific end use(s)** No further relevant information available.

8 Exposure controls/personal protection

- **Additional information about design of technical systems:** No further data; see item 7.
- **Control parameters**
- **Components with limit values that require monitoring at the workplace:**
The product does not contain any relevant quantities of materials with critical values that have to be monitored at the workplace.
- **Additional information:** The lists that were valid during the creation were used as basis.
- **Exposure controls**
- **Personal protective equipment:**
- **General protective and hygienic measures:**
The usual precautionary measures for handling chemicals should be followed.
Avoid contact with the eyes and skin.
Wash hands before breaks and at the end of work.
Keep away from foodstuffs, beverages and feed.
Immediately remove all soiled and contaminated clothing.
- **Breathing equipment:** Suitable respiratory protective device recommended.
- **Protection of hands:** Protective gloves
- **Material of gloves**
The selection of the suitable gloves does not only depend on the material, but also on further marks of quality and varies from manufacturer to manufacturer. As the product is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.
- **Penetration time of glove material**
The exact break through time has to be found out by the manufacturer of the protective gloves and has to be observed.
- **Eye protection:** Safety glasses

9 Physical and chemical properties

- **Information on basic physical and chemical properties**
- **General Information**
- **Appearance:**

Form:	Liquid
Color:	Blue
Odor:	Odorless
Odor threshold:	Not determined.

(Contd. on page 5)

USA

Safety Data Sheet
acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: CAVITY CONDITIONER

(Contd. of page 4)

· pH-value at 20 °C (68 °F):	1.9
· Change in condition	
Melting point/Melting range:	Undetermined.
Boiling point/Boiling range:	Undetermined.
· Flash point:	Not applicable.
· Flammability (solid, gaseous):	Not applicable.
· Ignition temperature:	Undetermined.
· Decomposition temperature:	Not determined.
· Auto igniting:	Product is not selfigniting.
· Danger of explosion:	Product does not present an explosion hazard.
· Explosion limits:	
Lower:	Not determined.
Upper:	Not determined.
· Vapor pressure:	Not determined.
· Density:	Not determined.
· Relative density	Not determined.
· Vapour density	Not determined.
· Evaporation rate	Not determined.
· Solubility in / Miscibility with	
Water:	Fully miscible.
· Partition coefficient (n-octanol/water):	Not determined.
· Viscosity:	
Dynamic:	Not determined.
Kinematic:	Not determined.
· Solvent content:	
Organic solvents:	0.0 %
Water:	76.9 %
· Solids content:	20.0 %
· Other information	No further relevant information available.

10 Stability and reactivity

- **Reactivity** No further relevant information available.
- **Chemical stability** Stable at ambient temperature.
- **Thermal decomposition / conditions to be avoided:** No decomposition if used according to specifications.
- **Possibility of hazardous reactions** No dangerous reactions known.
- **Conditions to avoid** No further relevant information available.
- **Incompatible materials:** No further relevant information available.
- **Hazardous decomposition products:** No dangerous decomposition products known.

USA

(Contd. on page 6)

Safety Data Sheet
acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: CAVITY CONDITIONER

(Contd. of page 5)

11 Toxicological information

- Information on toxicological effects
- Acute toxicity:

- LD/LC50 values that are relevant for classification:

7784-13-6 aluminum chloride hexahydrate

Oral LD50 3311 mg/kg (rat (f+m))

- Primary irritant effect:

- on the skin: Strong caustic effect on skin and mucous membranes.

- on the eye:

Strong caustic effect.

Strong irritant with the danger of severe eye injury.

- Sensitization: No sensitizing effects known.

- Additional toxicological information:

The product shows the following dangers according to internally approved calculation methods for preparations:

Corrosive

- Carcinogenic categories

- IARC (International Agency for Research on Cancer)

poly(acrylic acid)	3
--------------------	---

Food Blue No. 1	3
-----------------	---

- NTP (National Toxicology Program)

None of the ingredients is listed.

- OSHA-Ca (Occupational Safety & Health Administration)

None of the ingredients is listed.

- Carcinogenic categories' legend:

IARC Group 1: The agent is carcinogenic to humans.

IARC Group 2A: The agent is probably carcinogenic to humans.

IARC Group 2B: The agent is possibly carcinogenic to humans.

IARC Group 3: The agent is not classifiable as to its carcinogenicity to humans.

IARC Group 4: The agent is probably not carcinogenic to humans.

NTP K: Known to be human carcinogen.

NTP R: Reasonably anticipated to be human carcinogen.

12 Ecological information

- Toxicity

- Aquatic toxicity:

7784-13-6 aluminum chloride hexahydrate

LC50/96h 0.671 mg/L (fish)

- Persistence and degradability No further relevant information available.

- Behavior in environmental systems:

- Bioaccumulative potential No further relevant information available.

- Mobility in soil No further relevant information available.

- Ecotoxicological effects:

- Remark: Toxic for fish

(Contd. on page 7)

USA

Safety Data Sheet
acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: CAVITY CONDITIONER

(Contd. of page 6)

· Additional ecological information:

· General notes:

Water hazard class 3 (Self-assessment): extremely hazardous for water
 Do not allow product to reach ground water, water course or sewage system, even in small quantities.
 Must not reach bodies of water or drainage ditch undiluted or unneutralized.
 Danger to drinking water if even extremely small quantities leak into the ground.
 Also poisonous for fish and plankton in water bodies.

Toxic for aquatic organisms

Rinse off of bigger amounts into drains or the aquatic environment may lead to decreased pH-values. A low pH-value harms aquatic organisms. In the dilution of the use-level the pH-value is considerably increased, so that after the use of the product the aqueous waste, emptied into drains, is only low water-dangerous.

· Results of PBT and vPvB assessment

· PBT: Not applicable.

· vPvB: Not applicable.

· Other adverse effects No further relevant information available.

13 Disposal considerations

· Waste treatment methods

· Recommendation:

Must not be disposed of together with household garbage. Do not allow product to reach sewage system.

· Uncleaned packagings:

· Recommendation: Disposal must be made according to official regulations.

· Recommended cleansing agent: Water, if necessary with cleansing agents.

14 Transport information

· UN-Number

· DOT, ADR, ADN, IMDG, IATA Void

· UN proper shipping name

· DOT, ADR, ADN, IMDG, IATA Void

· Transport hazard class(es)

· DOT, ADR, ADN, IMDG, IATA

· Class Void

· Packing group

· DOT, ADR, IMDG, IATA Void

· Environmental hazards:

· Marine pollutant: Yes

· Special precautions for user

Not applicable.

· Transport in bulk according to Annex II of
MARPOL73/78 and the IBC Code

Not applicable.

(Contd. on page 8)

USA

Safety Data Sheet
acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: CAVITY CONDITIONER

(Contd. of page 7)

- UN "Model Regulation": -

15 Regulatory information

- Safety, health and environmental regulations/legislation specific for the substance or mixture
- SARA (Superfund Amendments and Reauthorization Act)
- Section 355 (extremely hazardous substances):
 - None of the ingredient is listed.
- Section 313 (Specific toxic chemical listings):
 - None of the ingredients is listed.
- TSCA (Toxic Substances Control Act):
 - poly(acrylic acid)
 - water, distilled
- Carcinogenic categories
- EPA (Environmental Protection Agency)
 - None of the ingredients is listed.
- TLV (Threshold Limit Value established by ACGIH)
 - None of the ingredients is listed.
- NIOSH-Ca (National Institute for Occupational Safety and Health)
 - None of the ingredients is listed.

- GHS label elements
 - The product is classified and labeled according to the Globally Harmonized System (GHS).
 - Hazard pictograms



GHS05 GHS09

- Signal word Danger
- Hazard statements
 - Causes severe skin burns and eye damage.
 - Toxic to aquatic life with long lasting effects.
- Precautionary statements
 - Do not breathe dusts or mists.
 - Wear protective gloves/protective clothing/eye protection/face protection.
 - If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower.
 - If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
 - Immediately call a poison center/doctor.
 - Store locked up.
 - Dispose of contents/container in accordance with local/regional/national/international regulations.
- Chemical safety assessment: A Chemical Safety Assessment has not been carried out.

USA

(Contd. on page 9)

Safety Data Sheet
acc. to OSHA HCS 29 CFR 1910.1200

Printing date 02/24/2015

Version US-EN-Rev 1

Reviewed on 02/24/2015

Trade name: CAVITY CONDITIONER

(Contd. of page 8)

16 Other information

- **Department issuing MSDS:** Regulatory Affairs
- **Contact:**
Regulatory Affairs
Telephone No. +1 (708) 597-0900
sds@gcamerica.com
- **Date of preparation / last revision** 02/24/2015 / -
- **Abbreviations and acronyms:**
GHS: Globally Harmonized System of Classification and Labelling of Chemicals
HCS: Hazard Communication Standard (USA)
MSDS: Material Safety Data Sheet
SDS: Safety Data Sheet
ECHA: European Chemicals Agency
OSHA: Occupational Safety and Health Administration (USA)
ADR: Accord européen sur le transport des marchandises dangereuses par Route (European Agreement concerning the International Carriage of Dangerous Goods by Road)
IMDG: International Maritime Code for Dangerous Goods
DOT: US Department of Transportation
IATA: International Air Transport Association
ACGIH: American Conference of Governmental Industrial Hygienists
CAS: Chemical Abstracts Service (division of the American Chemical Society)
NFPA: National Fire Protection Association (USA)
HMIS: Hazardous Materials Identification System (USA)
LC50: Lethal concentration, 50 percent
LD50: Lethal dose, 50 percent
PBT: Persistent, Bioaccumulative and Toxic
vPvB: very Persistent and very Bioaccumulative
Skin Corr. 1A: Skin corrosion/irritation, Hazard Category 1A
Aquatic Chronic 2: Hazardous to the aquatic environment - Chronic Hazard, Category 2
- **Sources**
 - Manufacturers' MSDSs/SDSs
 - OSHA (<https://www.osha.gov/dts/chemicalsampling/toc/chmcas.html>)
 - TOXNET (<http://toxnet.nlm.nih.gov/>)
 - ECHA (<http://echa.europa.eu/>)
 - EnviChem (www.ecchemportal.org)
- **Notes:**
CAS Registry Number is a Registered Trademark of the American Chemical Society.
CHEMTREC® is a registered service mark of the American Chemistry Council, Inc.
- * **Data compared to the previous version altered.** This version replaces all previous versions.
- **Disclaimer:**
The information contained herein is believed to be true and accurate. However, all statements, recommendations or suggestions are made without any guarantee, representation or warranty, express or implied, on our part. Therefore, no warranty is made or to be implied that the information set out in this document is accurate or complete, and we accordingly exclude all liability in connection with the use of this information or the products referred to herein. All such risks are assumed by the purchaser/user. The information contained herein is also subject to change without notice. For the avoidance of doubt, however, nothing in this document excludes or limits our liability for death or personal injury caused by our negligence or for fraudulent misrepresentation.

USA



Safety Data Sheet

Advantage Arrest Silver Diamine Fluoride 38%

Section 1 - Chemical Product and Company Identification

Product Name: Advantage Arrest
Synonyms: Silver Diamine Fluoride 38%
Company Identification:
Elevate Oral Care
346 Pike Rd Suite 5
West Palm Beach, FL 33411
For information, call: 877-866-9113
Emergency Number: 877-866-9113 or poison control.
Product Use: Dental, for use in prevention/treatment of dentinal hypersensitivity
Limitations: For use by Dental Professionals

Section 2 - Composition, Information on Ingredients

Pictograms:

Signal Words: Causes erosion of glass and metals.
Light sensitive liquid. Store in a cool dry place in closed original container



Corrosive to metal or glass.

CAS #	Ingredient	Percentage
7775-41-9	Silver Fluoride	29 - 32
1336-21-6	Ammonia	8 - 10
3844-45-9	FD&C Blue #1	<1
7732-18-5	Deionized Water	<= 62.5

Section 3 - Hazards Identification

EMERGENCY OVERVIEW

EOC 1025, Rev 03 10/23/2019



Appearance:	Transparent blue liquid with ammonia odor
Physical Form (General & Specific):	Liquid, specific gravity 1.25
Immediate Health, Physical and Environmental Hazards:	Light sensitive liquid. Store in a cool dry place in closed original container. Prolonged exposure to light or evaporation will cause precipitation. 1, GHS08, H372

POTENTIAL HEALTH EFFECTS

This material is corrosive to metal and glass.

Eye Contact:

Rinse open eyes with running water for 15 minutes. Seek medical attention immediately.

Skin Contact:

Remove clothing that has contacted product. Wash exposed area immediately with running water. Calcium containing gel (KY jelly and 10% Calcium Gluconic Acid) may be applied to the area.

Inhalation:

Respiratory Tract Irritation: Signs/symptoms may include cough, sneezing, nasal discharge, headache, hoarseness, and nose and throat pain.

Prolonged or repeated exposure may cause:

Respiratory Effects: Signs/symptoms may include cough, shortness of breath, chest tightness, wheezing, increased heart rate, bluish colored skin (cyanosis), sputum production, changes in lung function tests, and/or respiratory failure. May be absorbed following inhalation and cause target organ effects.

Ingestion:

May be harmful if swallowed. Gastrointestinal Irritation: Signs/symptoms may include abdominal pain, stomach upset, nausea, vomiting and diarrhea.

Carcinogenicity:

May cause mottled teeth and fluorosis on bones with repeated exposure.

Section 4 - First Aid Measures

FIRST AID PROCEDURES

Eye Contact: Flush eyes with large amounts of water. Get medical attention.

Skin Contact: Remove contaminated clothing and shoes. Immediately flush skin with large amounts of water. Get medical attention if needed. Wash contaminated clothing and clean shoes before reuse. Calcium containing gel (KY jelly and 10% Calcium Gluconic Acid) may be applied to the area.

Inhalation: If signs/symptoms develop, get medical attention. Move victim to fresh air, loosen tight clothing, provide oxygen if difficulty breathing.

If Swallowed: Do not induce vomiting, give victim 100-200 ml of milk water. Never give anything by mouth to an unconscious person. Get immediate medical attention.

Section 5 - Fire Fighting Measures



EXTINGUISHING MEDIA

This material is not flammable.
Small fire, use powder, carbon dioxide, or water shower.
Large fire, use water shower, water mist or foam extinguisher.
May produce irritating, corrosive or toxic fumes.

PROTECTION OF FIRE FIGHTERS

Special Fire Fighting Procedures:

Unusual Fire and Explosion Hazards: Contact with reactive metals may produce flammable hydrogen gas. Firefighters should use protective masks for acidic gasses.

Section 6 - Accidental Release Measures

PERSONAL PRECAUTIONS, PROTECTIVE EQUIPMENT AND EMERGENCY PROCEDURES

Evacuate unprotected and untrained personnel from hazard area. The spill should be cleaned up by qualified personnel. Cover, but do not seal for 48 hours. Recover any material possible into a closed container. Wear protective gloves, mask, boots, goggles and other materials for splash prevention.

ENVIRONMENTAL PRECAUTIONS

For larger spills, cover drains and build dikes to prevent entry into sewer systems or bodies of water. Place in a metal, LDPE or HDPE container approved for use in transportation by appropriate authorities. If other material, the container must be lined with polyethylene plastic or contain a plastic drum liner made of polyethylene.

Clean-up methods

Observe precautions from other sections. Determine if spill qualifies for local, state or federal reporting.

Section 7 - Handling and Storage

HANDLING

Avoid breathing of vapors, mists or spray. Use general dilution ventilation and/or local exhaust ventilation to control airborne exposures to below Occupational Exposure Limits. If ventilation is not adequate, use respiratory protection equipment. Avoid eye and skin contact. Wash hands after handling and before eating.

STORAGE

Store in a dark, cool, dry place away from acids, alkaline materials, heat, and bleach. Store containers in a controlled, secure environment and do not agitate drop, drag or otherwise damage containers.

Section 8 - Exposure Controls, Personal Protection

ENGINEERING CONTROLS



Use with appropriate local exhaust ventilation, or in a well-ventilated area.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Eye/Face/Body Protection

Avoid eye contact. The following eye protection is recommended: Safety Glasses, gloves, apron/smock/scrubs.

Skin Protection

Avoid prolonged or repeated skin contact.

Respiratory Protection

Under normal use conditions, airborne exposures are not expected to be significant enough to require respiratory protection. Avoid breathing vapors, mists or spray.

Prevention of Swallowing

Do not ingest. Wash hands after handling and before eating.

EXPOSURE GUIDELINES

Occupational Safety & Health Administration (OSHA) exposure standards for Silver Diamine Fluoride are:

Ingredient	Authority	Type	Limit	Additional Information
Silver Diamine Fluoride	OSHA	STEL, as F	2 ppm	
Silver Diamine Fluoride	OSHA	TWA, as F	0.5 ppm	
FLUORIDES	OSHA	TWA, as F	2.5 mg/m ³	

Section 9 - Physical and Chemical Properties

Odor, Color, Grade:	Blue transparent liquid with ammonia smell
Physical Form:	Liquid
Autoignition temperature	<i>non flammable</i>
Flash Point	<i>non flammable</i>
Flammable Limits(LEL)	<i>non flammable</i>
Flammable Limits(UEL)	<i>non flammable</i>
Boiling Point	101-103 °C
Density	1.25 g/mL @ 20°C
Vapor Density	<i>No Data Available</i>
Vapor Pressure	<i>No Data Available</i>
Specific Gravity	1.25
pH	10-10.5
Melting point	<i>Not Applicable</i>
Solubility in Water	<i>this material is water based</i>
Also Soluble in	Ammonia, others unknown
Evaporation rate	<i>No Data Available</i>
Kow - Oct/Water partition coeff	<i>Not Applicable</i>
Viscosity	<i>No Data Available</i>

Section 10 - Stability and Reactivity

Stability: Stable in a sealed, opaque, corrosion resistant container.



CONDITIONS TO AVOID

Heat

MATERIALS TO AVOID

Acids, Metals, Glass. Causes erosion of glass and metals.

Hazardous Polymerization: Hazardous polymerization will not occur.

Electric or static electric discharge will not occur.

Hazardous Decomposition or By-Products

Substance	Condition
silicone tetra-fluoride	with contact to glass or silica
Hydrogen gas	with contact to metals
Hydrogen Fluoride	with heating

Section 11 - Toxicological Information

Hazardous ingredients: SILVER DIAMINE FLUORIDE
ORL LD50 520 mg/kg
SCU LD50 380 mg/kg

Section 12 - Ecological Information

Ecotoxicity: Not Determined
Chemical Fate: Not Determined
Physical: No information available
Other: No information available
Mobility: Readily absorbed into air, water and soil
Persistence and degradability: no data
Bioaccumulative potential: No bioaccumulation data

Section 13 - Disposal Considerations

Waste Disposal Method: Follow local, regional, state and national guidelines.

RCRA P-Series: None listed.

RCRA U-Series: None listed.



Section 14 - Transport Information

Precautions: Avoid direct sunlight; avoid damage to container that can result in fluid leakage.

The goods are regulated for transport by IATA, and have limited quantity exceptions and exemptions.

Commercial packages of Advantage Arrest Silver Diamine Fluoride 38% are excepted from labeling and packaging requirements under 49 CFR 173.154 and 49 CFR 173.203 respectively.

	US DOT
Shipping Name:	Aqueous Silver Diamine Fluoride 38%
Hazard Class:	8
UN Number:	3267, Corrosive Liquid, basic, organic, n.o.s. (Silver Diamine Fluoride 38%)
Packing Group:	PGIII

Section 15 - Regulatory Information

US FEDERAL

Classification:

Corrosive to metal 1, Skin Corrosive 1B, Eye Damage 1, STOT RE 1

TSCA

N/A

SARA Codes

34445-07-3

311/312 Hazard Categories:

H290: May be corrosive to metals.

H214: Causes severe skin burns and eye damage.

H318: Causes severe eye damage.

H335: May cause respiratory irritation.

H372: Causes damage to organs (bone, teeth) through prolonged or repeated exposure.

Precautionary Statements

P260: Do not breathe dust/fume/gas/mist/vapor/spray

P264: Wash hands thoroughly after handling

P270: Do not eat, drink or smoke while handling this product.

P272: Contaminated work clothing should not be allowed out of the work area.

P273: Avoid release to the environment.

P280: Wear protective gloves/clothing/face/eye protection.

Response Statements

EOC 1025, Rev 03 10/23/2019



P303 & P361: If on skin or hair, Remove contaminated clothing, rinse with water/shower.
P304 & P340: If inhaled, move victim to fresh air in a resting position comfortable for breathing.
P305, P351 & P338: If in eyes, remove contact lenses (if present) rinse with water for several minutes.
P309, P311 & P314: If exposed and you feel unwell, call poison control and seek medical attention immediately.
P363: Wash contaminated clothing before re-use.
P390: Absorb spills to prevent damage.

Storage & Disposal Statements

P405: Store in a locked location.
P460: Store in a corrosive resistant container with resistant inner liner
P501: Dispose of contents/container in accordance with local/regional/national regulations.

Safety Phrases:

S 7 Keep container tightly closed.
S24 Avoid contact with skin
S37 Wear suitable gloves

Section 16 - Additional Information

MSDS Creation Date: 04/07/2015

Revision Date: 03/11/2019

The information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. In no event shall Elevate Oral Care be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential or exemplary damages, howsoever arising, even if Elevate Oral Care has been advised of the possibility of such damages.



CaviCide™
Date Prepared: 7/14/2015

MATERIAL SAFETY DATA SHEET

1. Product And Company Identification

Product Name: CaviCide™

Manufacturer: METREX™ RESEARCH
1717 W. Collins Ave.
Orange, CA 92867
U.S.A.

Imported by: Sybron Canada LP
Brampton, Ontario L6W 4T5

Information Phone Number: 1-800-841-1428 (Customer Service)

Chemical Emergency Phone Number (Chemical Spills, Leaks, Fire, Exposure or Accident only):
CHEMTREC 1-800-424-9300 (in the US) 1-703-527-3887 (Outside the US)

MSDS Date Of Preparation/Revision: 7/14/2015

Product Use: Hard surface cleaner and disinfectant.

DIN: 02161656

2. Hazards Identification

Clear liquid with an alcohol odor.

EMERGENCY OVERVIEW

Flammable liquid and vapor. Causes moderate eye irritation. May cause mild skin irritation. Harmful if absorbed through the skin. Inhalation of concentrated vapors may cause irritation of the eyes, nose and throat and dizziness and drowsiness. Prolonged overexposure to ethylene glycol monobutyl ether may affect liver, kidneys, blood, lymphatic system or central nervous system.

3. Composition/Information On Ingredients

Component	CAS No.	Amount
Isopropanol	67-63-0	17.2%
Ethylene Glycol Monobutyl Ether (2-Butoxyethanol)	111-76-2	1-5%
Diisobutylphenoxyethoxyethyl dimethyl benzyl ammonium chloride	121-54-0	0.28%
Water	7732-18-5	70-80%

4. First Aid Measures

Inhalation: Move to fresh air if effects occur and seek medical attention if effects persist.

Skin Contact: Remove contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for further treatment advice.



Eye Contact: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. Call a poison control center or doctor for treatment advice.

Ingestion: If swallowed, get medical advice by calling a Poison Control Center or hospital emergency room. If advice is not available, take victim and product container to the nearest emergency treatment center or hospital. Do not attempt to give anything by mouth to an unconscious person.

5. Fire Fighting Measures

Extinguishing Media: Use water spray or fog, alcohol-resistant foam, carbon dioxide or dry chemical. Cool fire exposed containers with water.

Special Fire Fighting Procedures: Firefighters should wear positive pressure self-contained breathing apparatus and full protective clothing for fires in areas where chemicals are used or stored.

Unusual Fire Hazards: Flammable liquid and vapor. May form explosive mixtures in air at temperatures at or above the flashpoint. Flammable vapors may collect in confined areas. Vapors are heavier than air and may travel along surfaces to remote ignition sources and flashback. Fire exposed containers may rupture explosively.

Hazardous Combustion Products: Burning may produce carbon monoxide, carbon dioxide, nitrogen oxides, amines, chlorine and hydrogen chloride.

6: Accidental Release Measures

Eliminate all ignition sources. Ventilate area. Use explosion-proof equipment if large amounts are released. Stop leak if it is safe to do so and move containers from the spill area. Wear appropriate protective clothing and equipment (See Section 8). Collect material with an inert absorbent material and place in appropriate, labeled container for disposal. Refer to Section 13 for disposal advice.

7. Handling and Storage

Do not get in eyes or on clothing. Wear appropriate eye protection when handling (see Section 8). Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco or using the toilet. Remove and wash contaminated clothing before reuse.

Flammable liquid and vapor. Keep away from heat, sparks, open flames and all other sources of ignition. Do not smoke in storage or use areas. Keep containers closed when not in use. Do not reuse empty containers.

Store in a cool, well-ventilated area away from heat, oxidizers and all sources of ignition. Do not contaminate water, food or feed by storage.

Empty containers retain product residues and may be hazardous. Do not flame cut, drill, weld, etc. on or near empty containers, even empty.



8. Exposure Controls / Personal Protection

Exposure Limits

Chemical	Exposure Limit
Isopropanol	200 ppm TWA, 400 ppm STEL (Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Labrador, Nova Scotia, Prince Edward Island, Saskatchewan, Ontario 400 ppm TWA, 500 ppm STEL skin Nunavut, Northwest Territories, Yukon, Quebec
Ethylene Glycol Monobutyl Ether (2-Butoxyethanol)	20 ppm TWA (Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Labrador, Nova Scotia, Prince Edward Island, Ontario, Quebec 20 ppm TWA, 30 ppm STEL Saskatchewan 25 ppm TWA, 75 ppm STEL Nunavut, Northwest Territories 50 ppm TWA, 150 ppm STEL skin Yukon
Diisobutylphenoxyethoxyethyl dimethyl benzyl ammonium chloride	None Established

Ventilation: General ventilation should be adequate for normal use. For operations where the exposure limits may be exceeded, mechanical ventilation such as local exhaust may be needed to minimize exposure.

Respiratory Protection: None under normal use conditions with adequate ventilation. For operations where the occupational exposure limits are exceeded, a NIOSH/MSHA approved respirator with an organic vapor cartridges or supplied air respirator is recommended. Equipment selection depends on contaminant type and concentration. Select in accordance with applicable regulations and good industrial hygiene practice. For firefighting, use self-contained breathing apparatus.

Gloves: Impervious gloves such as butyl rubber or nitrile are recommended for operations which may result in prolonged or repeated skin contact.

Eye Protection: Splash proof goggles, face shield, or safety glasses are recommended to prevent eye contact.

Other Protective Equipment/Clothing: Wear protective clothing if needed to avoid prolonged/repeated skin contact. Suitable washing and eye flushing facilities should be available in the work area. Contaminated clothing should be removed and laundered before re-use.



9. Physical and Chemical Properties

Appearance And Odor: Clear liquid with an alcohol odor.

Boiling Point:	Not Determined	Specific Gravity:	0.972
Solubility in Water:	Complete	pH:	11.0 -12.49
Vapor Pressure:	43.3 mmHg @ 20°C (isopropanol)	Vapor Density:	2.1 (isopropanol)
Percent Volatile:	>95%	Melting/Freezing Point:	Not Determined
Coefficient of Water/Oil Distribution:	Not Determined		
Flash Point:	28.3°C (83°F)	Flammable Limits:	LEL: 2% UEL: 12.7%

10. Stability and Reactivity

Stability: Stable

Conditions To Avoid: Heat, sparks, flames and all other sources of ignition.

Incompatibility: Strong oxidizing agents, acids and strong reducing agents.

Hazardous Decomposition Products: Thermal decomposition will produce carbon monoxide, carbon dioxide, nitrogen oxides, amines, chlorine and hydrogen chloride.

Hazardous Polymerization: Will not occur.

11. Toxicological Information

Potential Health Effects:

Acute Hazards:

Inhalation: May cause irritation of the nose, throat and upper respiratory tract. High vapor concentrations may produce nausea, vomiting, headache, dizziness, drowsiness, weakness, fatigue, narcosis and possible unconsciousness. Not acutely toxic in rats.

Skin Contact: Prolonged or repeated exposure may cause mild irritation. No signs of toxicity or irritation were observed in a dermal toxicity study in rabbits. Non-irritating in a primary irritation study with rabbits. Negative in a skin sensitization study with guinea pigs.

Eye Contact: May cause irritation with tearing, redness and pain. Moderate irritant in an eye irritation study with rabbits. Effects reversed in 7 days.

Ingestion: Ingestion may cause gastrointestinal disturbances and central nervous system effects such as headache, dizziness, drowsiness and nausea. Not acutely toxic in rats.

Chronic Hazards: Prolonged overexposure to ethylene glycol monobutyl ether may affect liver, kidneys, blood, lymphatic system or central nervous system.

Medical Conditions Aggravated By Exposure: Due to its defatting properties, isopropyl alcohol may aggravate an existing skin condition.



CaviCide™
Date Prepared: 7/14/2015

Carcinogen: None of the components is listed as a carcinogen or potential carcinogen by IARC, NTP, ACGIH, or OSHA.

Acute Toxicity Values for CaviCide:

LD50 Oral Rat >5000 mg/kg

LD50 Dermal Rabbit >2000 mg/kg

LC50 inhalation LC50 rat >2.08 mg/L

12. Ecological Information

This product is not classified as aquatically toxic based on the GHS criteria for aquatic toxicity.

Toxicity:

Isopropanol: LC50 fathead minnows 11,130 mg/L/48 hr; LC50 brown shrimp 1400 mg/L/48 hr
Diisobutylphenoxyethoxyethyl dimethyl benzyl ammonium chloride: LC50 pimephales promelas 1.6 mg/L/96 hr, LC50 leporinus macrochirius 1.4 mg/L/96 hr.

Persistence and degradability: Isopropanol and 2-butoxyethanol are readily biodegradable in screening tests. Diisobutylphenoxyethoxyethyl dimethyl benzyl ammonium chloride is not readily biodegradable.

Bioaccumulative Potential: Isopropanol has an estimated BCF of 3 suggesting that the potential for bioaccumulation is low.

Mobility in Soil: Isopropanol is expected to have very high mobility in soil.

13. Disposal Considerations

Do not contaminate water, food, or feed by storage and disposal.

Solution Disposal: Dilute with water. Dispose of in ordinary sanitary sewer.

CONTAINER DISPOSAL: Triple rinse. Offer for recycling or reconditioning, or puncture and dispose of in a sanitary landfill, or incineration, or, if allowed by provincial and local authorities, by burning. If burned, keep out of smoke.

14. Transport Information

U.S. DOT Hazard Classification

Proper Shipping Name: Not Regulated per alcohol exception (49CFR 173.150(e))

Technical Name: N/A

UN Number: N/A

Hazard Class/Packing Group: N/A

Labels Required: N/A

DOT MARINE POLLUTANTS: This product does not contain Marine Pollutants as defined in 49 CFR 171.8.



CaviCide™
Date Prepared: 7/14/2015

Canada TDG

Proper Shipping Name: Not regulated per aqueous solution of alcohol exception (1.36)
Technical Name: N/A
UN Number: N/A
Hazard Class/Packing Group: N/A
Labels Required: N/A

IMDG Code Shipping Classification

Proper Shipping Name: Alcohols, n.o.s. (Isopropanol)
UN Number: UN1987
Hazard Class: 3
Packing Group: III
Labels Required: Flammable Liquid (Class 3)
Placards Required: Class 3
Not classified as a marine pollutant

ICAO Air Transport Classification

Proper Shipping Name: Alcohols, n.o.s. (Isopropanol)
ID Number: UN1987
Hazard Class: 3
Packing Group: III
Labels Required: Class 3

15. Regulatory Information

National Pollutant Release Inventory (NPRI): This Product Contains the Following Chemicals Subject to Annual Release Reporting Requirements NPRI:

Isopropanol	17.2%
Ethylene Glycol Monobutyl Ether	1-5%

CEPA Chemical Inventory: All of the components of this material are listed on the DSL or exempt.

WHMIS Classification: Class B-2, Class D-2-B

This product has been classified in accordance with the hazard criteria of the *Controlled Products Regulations* and the MSDS contains all the information required by the *Controlled Products Regulations*.

16. Other Information

NFPA Rating: Fire: 3 Health: 2 Instability: 0

The information and recommendations set forth herein are taken from sources believed to be accurate as of the date of preparation, however, METREX™ RESEARCH makes no warranty with respect to the accuracy or suitability of the recommendations, and assumes no liability to any use thereof.

SAFETY DATA SHEET (SDS)

In accordance with Hazard Communication Standard (HCS), 29CFR 1910.1200(g), 2012 revision

SECTION I - PRODUCT / COMPANY IDENTIFICATION

Product Name: FluoroDose®
Synonyms: Sodium Fluoride Cavity Varnish
Description: Colophony desensitizing dental varnish, tooth shade A2, in various flavors
Part (Item) Number: REF 360086, REF 360107, REF 360078, REF 360108,
REF 360105, REF 360109, REF 360087, REF 360110, REF 360077, REF 360111
REF 360106, REF 360112, REF 700001
Company Name: Centrix, Inc.
Address: 770 River Road
City, State, Zip: Shelton CT, 06484
Emergency Telephone Number: (203) 929-5582
Information Telephone Number: (800) 235-5862

SECTION II - HAZARD IDENTIFICATION

Designation of Risk: Xi, irritant ☷ ✗
Special Details of Risk (R-categories): 36-38
Detrimental effects/symptoms: Irritant in case of eye, skin and inhalation contact.
Harmful if swallowed. Contact with acids liberates very toxic gas. May cause sensitization by skin contact.

SECTION III - COMPOSITION / INFORMATION ON INGREDIENTS

Preparation: rosin-based varnish in ethanol carrier with 5% sodium fluoride
Hazardous Ingredients:

Hazardous Components:

Name	CAS-No.	Content	Symbol	R-Categories
Rosin	8050-09-7	50-70%		R43 EINECS: 232-475-7
Ethanol	64-17-5	10-30%		[F] R11 EINECS: 200-578-6
Sodium Fluoride	7681-49-4	1-10%	Xi	[T] R25; [-] R32; Xi R36/38 EINECS: 231-667-8

Exact % content withheld due to trade secret restrictions.

SECTION IV - FIRST AID MEASURES

Symptoms Action

Skin contact: There may be mild irritation at Wash immediately with plenty of soap and water. the site of contact.
Eye contact: There may be irritation and redness. Bathe the eye with running water for 15 minutes.
Ingestion: There may be irritation of the throat. Wash out mouth with water.
Inhalation: No symptoms. Consult a doctor.

SECTION V - FIRE-FIGHTING MEASURES

Extinguishing media: Suitable extinguishing media for the surrounding fire should be used.
Use water spray to cool containers.
Exposure hazards: In combustion emits toxic fumes.
Protection of fire-fighters: Wear self-contained breathing apparatus.
Wear protective clothing to prevent contact with skin and eyes.

SECTION VI - ACCIDENTAL RELEASE MEASURES

Personal Precautions: Avoid contact of skin or eyes. Wash hands with plenty of water.
Environmental Precautions: Do not let the material get in contact with sewerage systems.
Dispose in accordance with all federal, state, and local regulations.
Methods for Cleaning Up: Take up mechanically, use common absorbents.

SECTION VII - HANDLING AND STORAGE

Storage conditions: Store in cool, well-ventilated area. Keep container tightly closed.

SECTION VIII - EXPOSURE CONTROLS / PERSONAL PROTECTION

Hazardous Ingredients: ETHANOL

TWA 1920 mg/m³

Respiratory protection: Respiratory protection not required.
Hand protection: Protective gloves.
Eye protection: Safety glasses. Ensure eye bath is to hand.
Skin protection: Protective clothing.

SECTION IX - PHYSICAL AND CHEMICAL PROPERTIES

State: Paste
Colour: Off-white
Odour: Characteristic odour
Evaporation rate: Moderate
Solubility in water: Slightly soluble
Also soluble in: Ethanol.
Viscosity: Viscous
Other Data: Not available or none.

SECTION X - STABILITY AND REACTIVITY

Stability: Stable under normal conditions.
Conditions to avoid: Heat.
Materials to avoid: Strong oxidizing agents. Strong acids.
Hazardous decomposition products: In combustion emits toxic fumes.

SECTION XI - TOXICOLOGICAL INFORMATION

Exposure Route: Refer to section 4 of SDS for routes of exposure and corresponding symptoms.

LD50:

ETHANOL SODIUM FLUORIDE
IVN RAT LD50 1440 mg/kg ORL MUS LD50 57 mg/kg
ORL MUS LD50 3450 mg/kg ORL RAT LD50 52 mg/kg
ORL RAT LD50 7060 mg/kg SCU RAT LD50 175 mg/kg
NTP Listing: not a known or potential carcinogen

SECTION XII - ECOLOGICAL INFORMATION

Mobility: Readily absorbed into soil.
Persistence and degradability: Biodegradable.
Bioaccumulative potential: No bioaccumulation potential.
Other adverse effects: Negligible ecotoxicity.

SECTION XIII - DISPOSAL CONSIDERATIONS

NB: The user's attention is drawn to the possible existence of regional or national regulations regarding disposal.

SECTION XIV - TRANSPORT INFORMATION

ADR / RID UN no: -
Shipping Name: NOT CLASSIFIED AS DANGEROUS IN THE MEANING OF TRANSPORT REGULATIONS.
IMDG / IMO UN no: -
IATA / ICAO UN no: -

SECTION XV - REGULATORY INFORMATION

Hazard symbols: Harmful.
Risk phrases: R22: Harmful if swallowed.
R32: Contact with acids liberates very toxic gas.
R43: May cause sensitization by skin contact.
Safety phrases: S24: Avoid contact with skin.
S37: Wear suitable gloves.
PRECAUTIONARY PHRASES: Restricted to professional users.
Note: The regulatory information given above only indicates the principal regulations specifically applicable to the product described in the safety data sheet. The user's attention is drawn to the possible existence of additional provisions which complete these regulations Refer to all applicable national, international and local regulations or provisions.

SECTION XVI - OTHER INFORMATION

Risk phrases used in s.2: R43: May cause sensitization by skin contact.
R11: Highly flammable.
R25: Toxic if swallowed.
R32: Contact with acids liberates very toxic gas.
R36/38: Irritating to eyes and skin.

CAUTION: The above information is based on presently available data and to our best knowledge for handling the product under normal conditions. Any use of this product in any way not indicated on this document or using it together with any other process/procedure will be exclusively under the user's responsibility.

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CENTRIX INCORPORATED
770 River Road, Shelton, CT 06484 USA
(203) 929-5582 • (800) 235-5862 • FAX (203) 929-6804
www.centridental.com

EMERGO AUSTRALIA
Level 20, Tower II, Darling Park, 201 Sussex Street
Sydney, NSW 2000, Australia

SAFETY DATA SHEET



PURELL® Advanced Hand Sanitizer Gel

Version 1.1 Revision Date: 02/10/2015 MSDS Number: 36779-00002 Date of last issue: 12/12/2014
Date of first issue: 12/12/2014

SECTION 1. IDENTIFICATION

Product name : PURELL® Advanced Hand Sanitizer Gel

Manufacturer or supplier's details

Company name of supplier : GOJO Industries, Inc.

Address : One GOJO Plaza, Suite 500
Akron OH 44311

Telephone : 1 (330) 255-6000

Emergency telephone : 1-800-424-9300 CHEMTREC

Recommended use of the chemical and restrictions on use

Recommended use : Hand Sanitizer

Restrictions on use : This is a personal care or cosmetic product that is safe for consumers and other users under normal and reasonably foreseeable use. Cosmetics and consumer products, specifically defined by regulations around the world, are exempt from the requirement of an SDS for the consumer. While this material is not considered hazardous, this SDS contains valuable information critical to the safe handling and proper use of the product for industrial workplace conditions as well as unusual and unintended exposures such as large spills. This SDS should be retained and available for employees and other users of this product. For specific intended-use guidance, please refer to the information provided on the package or instruction sheet.

SECTION 2. HAZARDS IDENTIFICATION

GHS Classification

Flammable liquids : Category 3

Eye irritation : Category 2A

GHS Label element

Hazard pictograms :

Signal Word : Warning

Hazard Statements : H226 Flammable liquid and vapor.
H319 Causes serious eye irritation.

SAFETY DATA SHEET



PURELL® Advanced Hand Sanitizer Refreshing Gel

Version
1.1

Revision Date:
02/10/2015

MSDS Number:
36779-00002

Date of last issue: 12/12/2014
Date of first issue: 12/12/2014

H319 Causes serious eye irritation.

Precautionary Statements

: **Prevention:**

P210 Keep away from heat/sparks/open flames/hot surfaces. -

No smoking.

P233 Keep container tightly closed.

P241 Use explosion-proof electrical/ ventilating/ lighting/ equipment.

P242 Use only non-sparking tools.

P243 Take precautionary measures against static discharge.

P264 Wash skin thoroughly after handling.

P280 Wear protective gloves/ eye protection/ face protection.

: **Response:**

P303 + P361 + P353 IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower.

P305 + P351 + P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P337 + P313 If eye irritation persists: Get medical advice/ attention.

: **Storage:**

P403 + P235 Store in a well-ventilated place. Keep cool.

: **Disposal:**

P501 Dispose of contents/ container to an approved waste disposal plant.

Other hazards

Vapors may form explosive mixture with air.

SECTION 3. COMPOSITION/INFORMATION ON INGREDIENTS

Substance / Mixture : Mixture

Hazardous ingredients

Chemical Name	CAS-No.	Concentration (%)
Ethanol	64-17-5	>= 50 - < 70
Propan-2-ol	67-63-0	>= 1 - < 5

SECTION 4. FIRST AID MEASURES

General advice

: In the case of accident or if you feel unwell, seek medical advice immediately.

When symptoms persist or in all cases of doubt seek medical advice.

If inhaled

: If inhaled, remove to fresh air.
Get medical attention if symptoms occur.

In case of skin contact

: Wash with water and soap as a precaution.
Get medical attention if symptoms occur.

SAFETY DATA SHEET

PURELL® Advanced Hand Sanitizer Refreshing Gel



Version 1.1 Revision Date: 02/10/2015 MSDS Number: 36779-00002 Date of last issue: 12/12/2014
Date of first issue: 12/12/2014

In case of eye contact	: In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. If easy to do, remove contact lens, if worn. Get medical attention.
If swallowed	: If swallowed, DO NOT induce vomiting. Get medical attention if symptoms occur. Rinse mouth thoroughly with water.
Most important symptoms and effects, both acute and delayed	: Causes serious eye irritation.
Protection of first-aiders	: First Aid responders should pay attention to self-protection, and use the recommended personal protective equipment when the potential for exposure exists.
Notes to physician	: Treat symptomatically and supportively.

SECTION 5. FIRE-FIGHTING MEASURES

Suitable extinguishing media	: Water spray Alcohol-resistant foam Dry chemical Carbon dioxide (CO2)
Unsuitable extinguishing media	: High volume water jet
Specific hazards during fire fighting	: Do not use a solid water stream as it may scatter and spread fire. Flash back possible over considerable distance. Vapors may form explosive mixtures with air. Exposure to combustion products may be a hazard to health.
Hazardous combustion products	: Carbon oxides
Specific extinguishing methods	: Use extinguishing measures that are appropriate to local circumstances and the surrounding environment. Use water spray to cool unopened containers. Remove undamaged containers from fire area if it is safe to do so. Evacuate area.
Special protective equipment for fire-fighters	: In the event of fire, wear self-contained breathing apparatus. Use personal protective equipment.

SECTION 6. ACCIDENTAL RELEASE MEASURES

Personal precautions, : Remove all sources of ignition.

SAFETY DATA SHEET

PURELL® Advanced Hand Sanitizer Refreshing Gel



Version 1.1 Revision Date: 02/10/2015 MSDS Number: 36779-00002 Date of last issue: 12/12/2014
Date of first issue: 12/12/2014

protective equipment and emergency procedures	Use personal protective equipment. Follow safe handling advice and personal protective equipment recommendations.
Environmental precautions	: Discharge into the environment must be avoided. Prevent further leakage or spillage if safe to do so. Prevent spreading over a wide area (e.g. by containment or oil barriers). Retain and dispose of contaminated wash water. Local authorities should be advised if significant spillages cannot be contained.
Methods and materials for containment and cleaning up	: Non-sparking tools should be used. Soak up with inert absorbent material. Suppress (knock down) gases/vapors/mists with a water spray jet. For large spills, provide diking or other appropriate containment to keep material from spreading. If diked material can be pumped, store recovered material in appropriate container. Clean up remaining materials from spill with suitable absorbent. Local or national regulations may apply to releases and disposal of this material, as well as those materials and items employed in the cleanup of releases. You will need to determine which regulations are applicable. Sections 13 and 15 of this SDS provide information regarding certain local or national requirements.

SECTION 7. HANDLING AND STORAGE

Technical measures	: See Engineering measures under EXPOSURE CONTROLS/PERSONAL PROTECTION section.
Local/Total ventilation	: Use with local exhaust ventilation. Use only in an area equipped with explosion proof exhaust ventilation.
Advice on safe handling	: Do not breathe vapors or spray mist. Do not swallow. Do not get in eyes. Avoid prolonged or repeated contact with skin. Handle in accordance with good industrial hygiene and safety practice. Non-sparking tools should be used. Keep container tightly closed. Keep away from heat and sources of ignition. Take precautionary measures against static discharges. Take care to prevent spills, waste and minimize release to the environment.
Conditions for safe storage	: Keep in properly labeled containers. Keep tightly closed.

SAFETY DATA SHEET

**PURELL® Advanced Hand Sanitizer Refreshing Gel**

Version 1.1 Revision Date: 02/10/2015 MSDS Number: 36779-00002 Date of last issue: 12/12/2014
 Date of first issue: 12/12/2014

Keep in a cool, well-ventilated place.
 Store in accordance with the particular national regulations.
 Keep away from heat and sources of ignition.

Materials to avoid

- : Do not store with the following product types:
- Strong oxidizing agents
- Organic peroxides
- Flammable solids
- Pyrophoric liquids
- Pyrophoric solids
- Self-heating substances and mixtures
- Substances and mixtures which in contact with water emit flammable gases
- Explosives
- Gases

SECTION 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Ingredients with workplace control parameters

Ingredients	CAS-No.	Value type (Form of exposure)	Control parameters / Permissible concentration	Basis
Ethanol	64-17-5	TWA	1,000 ppm 1,900 mg/m ³	NIOSH REL
		TWA	1,000 ppm 1,900 mg/m ³	OSHA Z-1
		STEL	1,000 ppm	ACGIH
Propan-2-ol	67-63-0	TWA	200 ppm	ACGIH
		STEL	400 ppm	ACGIH
		TWA	400 ppm 980 mg/m ³	NIOSH REL
		ST	500 ppm 1,225 mg/m ³	NIOSH REL
		TWA	400 ppm 980 mg/m ³	OSHA Z-1

Biological occupational exposure limits

Ingredients	CAS-No.	Control parameters	Biological specimen	Sampli- ng time	Permissible concentra- tion	Basis
Propan-2-ol	67-63-0	Acetone	Urine	End of shift at end of work-week	40 mg/l	ACGIH BEI

Engineering measures

- : Minimize workplace exposure concentrations.
- Use only in an area equipped with explosion proof exhaust ventilation.
- Use with local exhaust ventilation.

SAFETY DATA SHEET



PURELL® Advanced Hand Sanitizer Refreshing Gel

Version 1.1 Revision Date: 02/10/2015 MSDS Number: 36779-00002 Date of last issue: 12/12/2014
Date of first issue: 12/12/2014

Personal protective equipment

- Respiratory protection : General and local exhaust ventilation is recommended to maintain vapor exposures below recommended limits. Where concentrations are above recommended limits or are unknown, appropriate respiratory protection should be worn. Follow OSHA respirator regulations (29 CFR 1910.134) and use NIOSH/MSHA approved respirators. Protection provided by air purifying respirators against exposure to any hazardous chemical is limited. Use a positive pressure air supplied respirator if there is any potential for uncontrolled release, exposure levels are unknown, or any other circumstance where air purifying respirators may not provide adequate protection.
- Hand protection
- Material : Impervious gloves
- Material : Flame retardant gloves
- Remarks : Choose gloves to protect hands against chemicals depending on the concentration specific to place of work. Breakthrough time is not determined for the product. Change gloves often! For special applications, we recommend clarifying the resistance to chemicals of the aforementioned protective gloves with the glove manufacturer. Wash hands before breaks and at the end of workday.
- Eye protection : Wear the following personal protective equipment:
Safety goggles
- Skin and body protection : Select appropriate protective clothing based on chemical resistance data and an assessment of the local exposure potential.
Wear the following personal protective equipment:
Flame retardant antistatic protective clothing.
Skin contact must be avoided by using impervious protective clothing (gloves, aprons, boots, etc).
- Hygiene measures : Ensure that eye flushing systems and safety showers are located close to the working place.
When using do not eat, drink or smoke.
Wash contaminated clothing before re-use.

SECTION 9. PHYSICAL AND CHEMICAL PROPERTIES

- Appearance : liquid
- Color : clear, Colorless to pale yellow
- Odor : citrus

SAFETY DATA SHEET



PURELL® Advanced Hand Sanitizer Refreshing Gel

Version 1.1	Revision Date: 02/10/2015	MSDS Number: 36779-00002	Date of last issue: 12/12/2014 Date of first issue: 12/12/2014
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Odor Threshold	: No data available
pH	: 6.5 - 8.5
Melting point/freezing point	: No data available
Initial boiling point and boiling range	: 70 °C
Flash point	: 25 °C
Evaporation rate	: No data available
Flammability (solid, gas)	: Not applicable
Upper explosion limit	: No data available
Lower explosion limit	: No data available
Vapor pressure	: No data available
Relative vapor density	: No data available
Density	: 0.8750 g/cm ³
Solubility(ies)	
Water solubility	: soluble
Partition coefficient: n-octanol/water	: Not applicable
Autoignition temperature	: No data available
Decomposition temperature	: The substance or mixture is not classified self-reactive.
Viscosity	
Viscosity, kinematic	: 3,500 - 23,000 mm ² /s (20 °C)
Explosive properties	: Not explosive
Oxidizing properties	: The substance or mixture is not classified as oxidizing.

SECTION 10. STABILITY AND REACTIVITY

Reactivity	: Not classified as a reactivity hazard.
Chemical stability	: Stable under normal conditions.
Possibility of hazardous reactions	: Flammable liquid and vapor. Vapors may form explosive mixture with air. Can react with strong oxidizing agents.

SAFETY DATA SHEET



PURELL® Advanced Hand Sanitizer Refreshing Gel

Version 1.1	Revision Date: 02/10/2015	MSDS Number: 36779-00002	Date of last issue: 12/12/2014
			Date of first issue: 12/12/2014

Conditions to avoid	: Heat, flames and sparks.
Incompatible materials	: Oxidizing agents
Hazardous decomposition products	: No hazardous decomposition products are known.

SECTION 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure

Inhalation
Skin contact
Ingestion
Eye contact

Acute toxicity

Not classified based on available information.

Product:

Acute oral toxicity : Acute toxicity estimate: > 5,000 mg/kg
Method: Calculation method

Ingredients:

Ethanol:

Acute oral toxicity : LD50 (Rat): > 5,000 mg/kg
Acute inhalation toxicity : LC50 (Rat): 124.7 mg/l
Exposure time: 4 h
Test atmosphere: vapor

Propan-2-ol:

Acute oral toxicity : LD50 (Rat): > 5,000 mg/kg
Acute inhalation toxicity : LC50 (Rat): 72.6 mg/l
Exposure time: 4 h
Test atmosphere: vapor
Acute dermal toxicity : LD50 (Rat): > 5,000 mg/kg

Skin corrosion/irritation

Not classified based on available information.

Product:

Result: No skin irritation

Ingredients:

Ethanol:

Species: Rabbit
Method: OECD Test Guideline 404
Result: No skin irritation

SAFETY DATA SHEET

PURELL® Advanced Hand Sanitizer Refreshing Gel



Version 1.1	Revision Date: 02/10/2015	MSDS Number: 36779-00002	Date of last issue: 12/12/2014
			Date of first issue: 12/12/2014

Propan-2-ol:

Species: Rabbit
Result: No skin irritation

Serious eye damage/eye irritation

Causes serious eye irritation.

Ingredients:

Ethanol:

Species: Rabbit
Result: Irritation to eyes, reversing within 21 days
Method: OECD Test Guideline 405

Propan-2-ol:

Species: Rabbit
Result: Irritation to eyes, reversing within 21 days

Respiratory or skin sensitization

Skin sensitization: Not classified based on available information.

Respiratory sensitization: Not classified based on available information.

Product:

Assessment: Does not cause skin sensitization.

Ingredients:

Ethanol:

Test Type: Local lymph node assay (LLNA)
Routes of exposure: Skin contact
Species: Mouse
Result: negative

Propan-2-ol:

Test Type: Buehler Test
Routes of exposure: Skin contact
Species: Guinea pig
Method: OECD Test Guideline 406
Result: negative

Germ cell mutagenicity

Not classified based on available information.

Ingredients:

Ethanol:

Genotoxicity in vitro : Test Type: In vitro mammalian cell gene mutation test
Result: negative

Genotoxicity in vivo : Test Type: Rodent dominant lethal test (germ cell) (in vivo)
Species: Mouse
Application Route: Ingestion
Result: negative

SAFETY DATA SHEET

PURELL® Advanced Hand Sanitizer Refreshing Gel



Version 1.1	Revision Date: 02/10/2015	MSDS Number: 36779-00002	Date of last issue: 12/12/2014 Date of first issue: 12/12/2014
----------------	------------------------------	-----------------------------	---

Propan-2-ol:

- Genotoxicity in vitro : Test Type: Bacterial reverse mutation assay (AMES)
Result: negative
- Genotoxicity in vivo : Test Type: Mammalian erythrocyte micronucleus test (in vivo cytogenetic assay)
Species: Mouse
Application Route: Intraperitoneal injection
Result: negative

Carcinogenicity

Not classified based on available information.

Ingredients:

Propan-2-ol:

Species: Rat
Application Route: inhalation (vapor)
Exposure time: 104 weeks
Method: OECD Test Guideline 451
Result: negative

IARC

No ingredient of this product present at levels greater than or equal to 0.1% is identified as probable, possible or confirmed human carcinogen by IARC.

OSHA

No ingredient of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by OSHA.

NTP

No ingredient of this product present at levels greater than or equal to 0.1% is identified as a known or anticipated carcinogen by NTP.

Reproductive toxicity

Not classified based on available information.

Ingredients:

Ethanol:

Effects on fertility : Test Type: Two-generation reproduction toxicity study
Species: Mouse
Application Route: Ingestion
Method: OECD Test Guideline 416
Result: negative

Propan-2-ol:

Effects on fertility : Test Type: Two-generation reproduction toxicity study
Species: Rat
Application Route: Ingestion
Result: negative

Effects on fetal development

: Test Type: Embryo-fetal development
Species: Rat
Application Route: Ingestion

SAFETY DATA SHEET



PURELL® Advanced Hand Sanitizer Refreshing Gel

Version 1.1	Revision Date: 02/10/2015	MSDS Number: 36779-00002	Date of last issue: 12/12/2014
			Date of first issue: 12/12/2014

Result: negative

STOT-single exposure

Not classified based on available information.

Ingredients:

Propan-2-ol:

Assessment: May cause drowsiness or dizziness.

STOT-repeated exposure

Not classified based on available information.

Repeated dose toxicity

Ingredients:

Ethanol:

Species: Rat

NOAEL: 2,400 mg/kg

Application Route: Ingestion

Exposure time: 2 y

Propan-2-ol:

Species: Rat

NOAEL: 5000 ppm

Application Route: inhalation (vapor)

Exposure time: 104 w

Method: OECD Test Guideline 413

Aspiration toxicity

Not classified based on available information.

SECTION 12. ECOLOGICAL INFORMATION

Ecotoxicity

Ingredients:

Ethanol:

Toxicity to fish : LC50 (Pimephales promelas (fathead minnow)): > 1,000 mg/l
Exposure time: 96 h

Toxicity to daphnia and other aquatic invertebrates : EC50 (Daphnia magna (Water flea)): > 1,000 mg/l
Exposure time: 48 h

Toxicity to algae : EC50 (Chlorella vulgaris (Fresh water algae)): 275 mg/l
Exposure time: 72 h
Method: OECD Test Guideline 201

Toxicity to daphnia and other aquatic invertebrates (Chronic toxicity) : NOEC (Daphnia magna (Water flea)): 9.6 mg/l
Exposure time: 9 d

SAFETY DATA SHEET



PURELL® Advanced Hand Sanitizer Refreshing Gel

Version 1.1	Revision Date: 02/10/2015	MSDS Number: 36779-00002	Date of last issue: 12/12/2014 Date of first issue: 12/12/2014
----------------	------------------------------	-----------------------------	---

Toxicity to bacteria : EC50 (Photobacterium phosphoreum): 32.1 mg/l
Exposure time: 0.25 h

Propan-2-ol:

Toxicity to fish : LC50 (Pimephales promelas (fathead minnow)): 10,000 mg/l
Exposure time: 96 h

Toxicity to daphnia and other aquatic invertebrates : EC50 (Daphnia magna (Water flea)): > 10,000 mg/l
Exposure time: 24 h

Toxicity to algae : ErC50 (Scenedesmus quadricauda (Green algae)): > 1,800 mg/l
Exposure time: 8 d

Toxicity to bacteria : EC50 (Pseudomonas putida): > 1,050 mg/l
Exposure time: 16 h

Persistence and degradability

Ingredients:

Ethanol:

Biodegradability : Result: Readily biodegradable.
Biodegradation: 84 %
Exposure time: 20 d

Propan-2-ol:

Biodegradability : Result: rapidly degradable

Bioaccumulative potential

Ingredients:

Ethanol:

Partition coefficient: n-octanol/water : log Pow: -0.35

Propan-2-ol:

Partition coefficient: n-octanol/water : log Pow: 0.05

Mobility in soil

No data available

Other adverse effects

No data available

SECTION 13. DISPOSAL CONSIDERATIONS

Disposal methods

Waste from residues : Dispose of in accordance with local regulations.

Contaminated packaging : Dispose of as unused product.

SAFETY DATA SHEET

PURELL® Advanced Hand Sanitizer Refreshing Gel



Version 1.1	Revision Date: 02/10/2015	MSDS Number: 36779-00002	Date of last issue: 12/12/2014 Date of first issue: 12/12/2014
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Empty containers should be taken to an approved waste handling site for recycling or disposal.
Do not burn, or use a cutting torch on, the empty drum.

SECTION 14. TRANSPORT INFORMATION

International Regulation

UNRTDG

UN number	:	UN 1987
Proper shipping name	:	ALCOHOLS, N.O.S. (Ethanol, Propan-2-ol)
Class	:	3
Packing group	:	III
Labels	:	3

IATA-DGR

UN/ID No.	:	UN 1987
Proper shipping name	:	Alcohols, n.o.s. (Ethanol, Propan-2-ol)
Class	:	3
Packing group	:	III
Labels	:	Flammable Liquids
Packing instruction (cargo aircraft)	:	366
Packing instruction (passenger aircraft)	:	355

IMDG-Code

UN number	:	UN 1987
Proper shipping name	:	ALCOHOLS, N.O.S. (Ethanol, Propan-2-ol)
Class	:	3
Packing group	:	III
Labels	:	3
EmS Code	:	F-E, S-D
Marine pollutant	:	no

Transport in bulk according to Annex II of MARPOL 73/78 and the IBC Code

Not applicable for product as supplied.

Domestic regulation

49 CFR

UN/ID/NA number	:	UN 1987
Proper shipping name	:	ALCOHOLS, N.O.S.
Class	:	3
Packing group	:	III
Labels	:	FLAMMABLE LIQUID
ERG Code	:	127

SAFETY DATA SHEET



PURELL® Advanced Hand Sanitizer Refreshing Gel

Version 1.1 Revision Date: 02/10/2015 MSDS Number: 36779-00002 Date of last issue: 12/12/2014
Date of first issue: 12/12/2014

Marine pollutant : no

SECTION 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know

CERCLA Reportable Quantity

This material does not contain any components with a CERCLA RQ.

SARA 304 Extremely Hazardous Substances Reportable Quantity

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : Fire Hazard
Acute Health Hazard

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SARA 313 : The following components are subject to reporting levels established by SARA Title III, Section 313:

Propan-2-ol	67-63-0	3.4086 %
-------------	---------	----------

US State Regulations

Pennsylvania Right To Know

Ethanol	64-17-5	50 - 70 %
Water	7732-18-5	30 - 50 %
Propan-2-ol	67-63-0	1 - 5 %

New Jersey Right To Know

Ethanol	64-17-5	50 - 70 %
Water	7732-18-5	30 - 50 %
Propan-2-ol	67-63-0	1 - 5 %

California Prop 65

This product does not contain any chemicals known to the State of California to cause cancer, birth, or any other reproductive defects.

The ingredients of this product are reported in the following inventories:

AICS : All ingredients listed or exempt.

Inventories

AICS (Australia), DSL (Canada), IECSC (China), REACH (European Union), ENCS (Japan), ISHL (Japan), KECI (Korea), NZIoC (New Zealand), PICCS (Philippines), NECSI (Taiwan), TSCA (USA)

SAFETY DATA SHEET



PURELL® Advanced Hand Sanitizer Refreshing Gel

Version
1.1

Revision Date:
02/10/2015

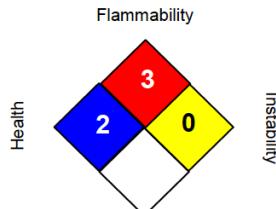
MSDS Number:
36779-00002

Date of last issue: 12/12/2014
Date of first issue: 12/12/2014

SECTION 16. OTHER INFORMATION

Further information

NFPA:



Special hazard.

HMIS III:

HEALTH	2
FLAMMABILITY	3
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Full text of other abbreviations

ACGIH	: USA. ACGIH Threshold Limit Values (TLV)
ACGIH BEI	: ACGIH - Biological Exposure Indices (BEI)
NIOSH REL	: USA. NIOSH Recommended Exposure Limits
OSHA Z-1	: USA. Occupational Exposure Limits (OSHA) - Table Z-1 Limits for Air Contaminants
ACGIH / TWA	: 8-hour, time-weighted average
ACGIH / STEL	: Short-term exposure limit
NIOSH REL / TWA	: Time-weighted average concentration for up to a 10-hour workday during a 40-hour workweek
NIOSH REL / ST	: STEL - 15-minute TWA exposure that should not be exceeded at any time during a workday
OSHA Z-1 / TWA	: 8-hour time weighted average
Sources of key data used to compile the Material Safety Data Sheet	: Internal technical data, data from raw material SDSs, OECD eChem Portal search results and European Chemicals Agency, http://echa.europa.eu/
Revision Date	: 02/10/2015

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and shall not be considered a warranty or quality specification of any type. The information provided relates only to the specific material identified at the top of this SDS and may not be valid when the SDS material is used in combination with any other materials or in any process, unless specified in the text. Material users should review the information and recommendations in the specific context of their intended manner of handling, use, processing and storage, including an assessment of the appropriateness of the SDS material in the user's end product, if applicable.

US / Z8

SAFETY DATA SHEET



PURELL® Advanced Hand Sanitizer Gel

Version 1.1 Revision Date: 02/10/2015 MSDS Number: 36779-00002 Date of last issue: 12/12/2014
Date of first issue: 12/12/2014

SECTION 1. IDENTIFICATION

Product name : PURELL® Advanced Hand Sanitizer Gel

Manufacturer or supplier's details

Company name of supplier : GOJO Industries, Inc.

Address : One GOJO Plaza, Suite 500
Akron OH 44311

Telephone : 1 (330) 255-6000

Emergency telephone : 1-800-424-9300 CHEMTREC

Recommended use of the chemical and restrictions on use

Recommended use : Hand Sanitizer

Restrictions on use : This is a personal care or cosmetic product that is safe for consumers and other users under normal and reasonably foreseeable use. Cosmetics and consumer products, specifically defined by regulations around the world, are exempt from the requirement of an SDS for the consumer. While this material is not considered hazardous, this SDS contains valuable information critical to the safe handling and proper use of the product for industrial workplace conditions as well as unusual and unintended exposures such as large spills. This SDS should be retained and available for employees and other users of this product. For specific intended-use guidance, please refer to the information provided on the package or instruction sheet.

SECTION 2. HAZARDS IDENTIFICATION

GHS Classification

Flammable liquids : Category 3

Eye irritation : Category 2A

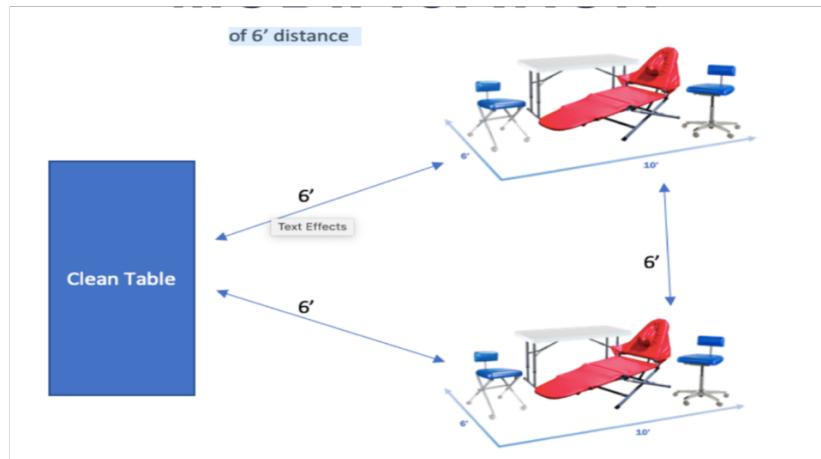
GHS Label element

Hazard pictograms :

Signal Word : Warning

Hazard Statements : H226 Flammable liquid and vapor.
H319 Causes serious eye irritation.

Appendix 2D: Preparation of the Dental Exam/Treatment Area



The space designated by the school for clinical activities meets the following criteria:

- Solid wastes, including biological infectious wastes, hazardous wastes, and sharps are properly collected, stored and disposed of;
- All exits and access to exits are marked with prominent signs;
- Adequate ventilation is provided;
- Passage ways, corridors, doorways and other means of exit are kept clear and unobstructed;
- Sites are kept clean and free of safety hazards;
- Medical, fire and emergency instructions and other procedures, including telephone numbers, are posted;
- Smoke detectors and general purpose and chemical fire extinguishers are in working order and within easy access; and
- The patient's bill of rights is posted and available in other languages as necessary.

PATIENT BILL OF RIGHTS FOR DIAGNOSTIC AND TREATMENT CENTERS

As a patient in a Clinic in New York State, you have the right, consistent with law, to:

1. Receive services(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
2. Be treated with consideration, respect and dignity including privacy intreatment;
3. Be informed of the services available at the center;

4. Be informed of the provisions for off-hour emergency coverage;
5. Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
6. Receive an itemized copy of his/her account statement, upon request;
7. Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
8. Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
9. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
10. Refuse to participate in experimental research;
11. Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
12. Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health's Office of Health Systems Management;
13. Privacy and confidentiality of all information and records pertaining to the patient's treatment;
14. Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
15. Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3.
16. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors; and
17. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.

Source: <https://www.health.ny.gov/publications/1515/>

Appendix 2E: 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)

- Immediately administer first aid.
- Wash wound with antimicrobial soap and water for 5 minutes.
- Apply antiseptic, if available (do not apply Cavicide or bleach).
- Cover wound with bandage/band aid.

Splashes (Patient's oral fluids, blood or other foreign substance)

- Stop working immediately.
- Wash the affected area with antimicrobial soap and water for 5 minutes.
- 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.
- 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.
- 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, Group Practice Director or Associate Program Director. STEP 3 – Review patient's chart/medical history

STEP 4 – Contact counselor (see table below)

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).

Appendix 3A: Informed Consent Form



RECRUITMENT LETTER and PARENTAL INFORMED CONSENT

Public School Name

Address

Principal / Assistant Principal

[Date]

Dear Parent/Guardian

I am happy to announce that we are 1 of 16 New York City schools to be starting a new, free, dental cavity prevention program with the NYU College of Dentistry. The program will provide annual, in-school, dental care to prevent cavities and toothaches. Licensed dentists, dental hygienists, and/or nurses will provide care to participating students.

This program is part of a NYU College of Dentistry research study, with funds from the Patient Centered Outcomes Research Institute, to determine the relationship between dental health and student achievement.

As part of the program your child's dental health records, school attendance records, and New York State standardized test scores will be provided to NYU College of Dentistry and used to assess program effectiveness for as long as your child is receiving dental preventive care through this program. We plan to provide the program for up to 5 years. Your child will not be identified by name in any analysis of the research that may be published.

Participation is free and voluntary. No health insurance is required. However, if your child has Medicaid or other dental insurance, the insurance company will be billed for treatment. Your child's Medicaid billing ID number will be used to link the oral health data collected in the school-based cavity prevention programs in NYC to Medicaid claims data.

If you consent to participation, your child will receive the cavity preventative care described below which may be identical to what would be provided in a dental office and is consistent with recommendations for cavity prevention from the U.S. Centers for Disease Control and Prevention.

The program provides:

1. Instruction on toothbrushing
2. An oral exam to check the teeth, gums, and mouth
3. Simple cavity prevention of silver diamine fluoride on the back teeth + fluoride varnish on all teeth
4. A toothbrush and toothpaste
5. A report to the school nurse, and to you, on your child's care
6. Referral to a dentist for further care (if needed), and assist you in finding a local dentist (if needed)
7. The program will follow your child over time (up to five years) to check that his/her oral health is improving
8. If you need a dentist you can find one nearby here:

<https://www1.nyc.gov/site/doh/health/health-topics/oral-health/find-a-low-cost-dental-provider.page>

There are no known health risks to cavity prevention. Please note that if your child participates in the program, the application of silver diamine fluoride may discolor any cavities resulting in a brown or black color. This change in color means that the cavity has stopped growing. If accidental skin contact occurs it can cause a temporary light brown staining to the lips, cheeks, or permanent staining to clothing. For stain removal to the skin apply soap and water immediately. Do not use excessive methods in an attempt to remove difficult stains from the skin, as the stains will eventually fade. Use the same procedure for cleaning clothes.

If you consent to your child's participation in the program, please complete, sign, and return the attached form. You can participate or withdraw at any time. If guardianship of your child changes during this time, a new informed consent will need to be signed.

If you have any questions about this program you may contact: Dr. Richard Niederman, Department of Epidemiology & Health Promotion, New York University College of Dentistry, 433 First Ave, Rm 720, New York, NY. Email: rniederman@nyu.edu. Phone: 212-998-9719. You may also contact the New York University School of Medicine Institutional Review Board (IRB), 1 Park Avenue, 6th Floor, New York, NY 10016. Email: irb-info@nyulangone.org. Phone: 212-263-4110.

Best wishes,

[Insert Name], Principal

52119

Version 7.0 2.13.2020



New York City Department of Education Oral Health Clinic Program - School Parental Consent Form

NEW YORK UNIVERSITY COLLEGE OF DENTISTRY

(OHCP)

345 E 24TH ST NEW YORK, NY 10010

(OHCP Address)

STUDENT INFORMATION

Student's Last Name:													
Student's First Name:							Date of Birth:	Month	/	Day	/	Year	
Sex: <input type="radio"/> Male <input type="radio"/> Female	Ethnicity: <input type="radio"/> Hispanic (Latino/Latina) <input type="radio"/> Non-Hispanic												
Race: <input type="radio"/> American Indian/Alaskan Native	<input type="radio"/> Hawaiian/Pacific Islander	<input type="radio"/> Asian											
<input type="radio"/> Black/African American	<input type="radio"/> White	<input type="radio"/> Multi-race	<input type="radio"/> Other, Specify: _____										
Student Address:													
City:					State:			Zip Code:					
School:													
Teacher's Name:							Grade:						

IMPORTANT MEDICAL QUESTION:

Does your child have any medical condition that may affect or complicate dental treatment? This may include heart, breathing or bleeding issues, seizures, allergies (including allergies to silver and nuts), communicable diseases, immune disorders, etc. If Yes, explain. IF NO, LEAVE BLANK

INSURANCE INFORMATION

Does your child have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes: Medicaid ID #: _____	
Does your child have Child Health Plus? <input type="checkbox"/> No <input type="checkbox"/> Yes: CHP #: _____	
Which Plan? <input type="checkbox"/> Fidelis <input type="checkbox"/> Health Plus Amerigroup <input type="checkbox"/> MetroPlus <input type="checkbox"/> United Healthcare <input type="checkbox"/> Empire BlueCross BlueShield <input type="checkbox"/> Affinity <input type="checkbox"/> Healthfirst <input type="checkbox"/> HIP <input type="checkbox"/> WellCare <input type="checkbox"/> MVP <input type="checkbox"/> Other: _____	
Does your child have coverage through an employer based plan or other type of health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, Health Plan: _____ Member ID or Social Security Number: _____	
Name of Insured Adult: _____ Services will be provided to your child regardless of whether or not your child has health insurance, at no cost.	Health Insurance: _____ - _____ - _____ Phone Number: _____ Birth Date of Insured Adult: _____ / _____ / _____ Month Day Year

PARENTAL CONSENT FOR SCHOOL BASED HEALTH CLINIC SERVICES

I have read and understand the attached Recruitment Letter and consent to my child receiving oral health services and participating in the NYU College of Dentistry preventive care and research program. My signature provides consent for my child to receive services provided by the OHCP for the 5 years of this program. Furthermore, I consent to the release of my child's dental health records, school absence records, and New York State standardized test scores for use in this research program. I may withdraw my consent at any time by written notice to OHCP. I understand that I will report any significant changes in my child's health to the provider.

→ _____ Date: _____ / _____ / 2020
 Signature of Parent/Guardian (or student if 18 years or older) Month Day Year

HIPAA COMPLIANT PARENTAL CONSENT FOR RELEASE OF HEALTH INFORMATION

I have read and understand the release of health information on page 2 of this form. My signature indicates my consent to release health information as specified

→ _____ Date: _____ / _____ / 2020
 Signature of Parent/Guardian (or student if 18 years or older) Month Day Year

For Office Use Only					
<input type="checkbox"/>					
ID					

BE SURE TO REVIEW BOTH SIDES OF THIS CONSENT



PARENT/ GUARDIAN INFORMATION												
Mother's Last Name:						Mother's First Name:						
Father's Last Name:						Father's First Name:						
If Applicable, Legal Guardian's Last Name:												
Legal Guardian's First Name:						Relationship of guardian to student:						
						<input type="checkbox"/> Grandparent		<input type="checkbox"/> Aunt or Uncle		<input type="checkbox"/> Other		
Contact Information for parent or guardian												
Home Tel:				-			-			-	Work Tel.	
				-			-			-		
Cell:				-			-			-		
Email:												
Additional Emergency Contact												
Name:												
Home				-			-			-	Work	
Tel:				-			-			-	Tel.	
Cell:				-			-			-	Relationship to student:	
Email:												
DENTAL PROVIDER INFORMATION												
Name of child's Dentist:						Tel. _____ - _____ - _____						
Email and/or fax:						Date of last dental visit: _____ / _____ / _____						
						Month	Day	Year				

CONSENT FOR SCHOOL-BASED ORAL HEALTH CLINIC SERVICES

I consent for my child to receive oral health care services provided by the State-licensed health professionals of the OHCP as part of the school oral health program approved by the New York State Department of Health for as long as my child is enrolled at school. I may withdraw my consent at any time by written notice to the OHCP. I understand that confidentiality between the student and the oral health clinic provider will be ensured for specific service areas in accordance with the law, and that students will be encouraged to involve their parents/guardians in counseling and oral care decisions. School-Based Oral Health Clinic Services may include, but are not limited to, preventative oral health services, restorative services, and emergency procedures. Preventative oral health services include, but are not limited to, comprehensive dental exams, temporary fillings, dental hygiene treatments, sealants and fluoride treatments. This may also include the application of silver diamine fluoride (SDF) on back teeth. Silver diamine fluoride may discolor any cavities resulting in a brown or black color. Accidental skin contact can cause a temporary light brown staining to the lips, cheeks, or permanent staining to clothing. For stain removal to the skin apply immediately with soap and water. Do not use abrasive methods in an attempt to remove difficult stains from the skin, as the stains will eventually fade. Use the same procedure for cleaning clothes.

HIPAA COMPLIANT PARENTAL CONSENT FOR RELEASE OF ORAL HEALTH INFORMATION

HIPAA COMPLIANT PARENTAL CONSENT FOR RELEASE OF ORAL HEALTH INFORMATION

My signature on page 1 of this form authorizes the release of health information. This information may be protected from disclosure by federal privacy law and state law. By signing this consent, I am authorizing health information to be released to the Board of Education of the City of New York (a/k/a New York City Department of Education), which may include school nurses, because it is required by law, Chancellor's regulation, because it is necessary to protect the health and safety of the student, or in order to process a claim with my child's insurance provider. Upon my request, the facility or person disclosing this health information must provide me with a copy of this form. Parents are required by law to provide certain information to the school, like proof of immunization. Failure to provide this information may result in the student being excluded from school. My questions about this form have been answered. I understand that I do not have to allow the release of my child's health information, and that I can change my mind at any time and revoke my authorization by writing to the OHCP. However, after a disclosure has been made, it cannot be revoked retroactively to cover information released prior to the revocation. I authorize the OHCP to release specific health information on the student named on the reverse page to the Board of Education of the City of New York (a/k/a New York City Department of Education). I consent to the release from the OHCP to the NYC Department of Education and from the NYC Department of Education to the OHCP, of health information outlined below in order to meet regulatory requirements and to ensure that the school has information needed to protect my child's health and safety. I understand that this information will remain confidential in accordance with Federal and State law and Chancellor's Regulations on confidentiality.

- Conditions which may require emergency
 - Conditions which limit a student's daily activity (Form 103S)
 - Diagnosis of certain communicable diseases (not including HIV infection/STI and other confidential services protected by law)
 - Health insurance coverage

My signature on page 1 of this form also gives my consent to the OHCP to contact other providers that have examined my child and to obtain insurance information.

Insurance Information:
The Release of Information is authorized from the date that form is signed until the student is no longer enrolled in the School Based Oral Health Clinic Program or until revoked, whichever is earlier.

Patient Rights and Privacy Policy shall be provided by the OHCP, as applicable by law.

For Office Use Only

BE SURE TO REVIEW BOTH SIDES OF THIS CONSENT

**SCHOOL-BASED OR COMMUNITY-BASED PARENT/GUARDIAN RECRUITMENT LETTER**

Dear Parent/Guardian,

Your child is attending 1 of 16 New York City schools to be starting a new, free, dental cavity prevention program with the NYU College of Dentistry. The program will provide once each year dental care in school, at a community-based location, or at the New York University College of Dentistry to prevent cavities and toothaches. Licensed dentists, dental hygienists, and/or nurses will provide care to participating students.

I am happy to announce that the New York University School of Dentistry is conducting a free, dental cavity prevention program. This program will provide care to prevent cavities and toothaches one time per year in 16 schools participating in this program. The care that your child receives will be provided at your child's school, a community-based location near your child's school or at the New York University College of Dentistry. Licensed dentists, dental hygienists, and/or nurses will provide care to participating students.

If your child's school is currently closed or if your child is receiving remote learning, you will be notified of the alternate location where we will be providing care.

This program is part of a NYU College of Dentistry research study, with funds from the Patient Centered Outcomes Research Institute, to determine the relationship between dental health and student achievement.

As part of the program your child's dental health records, school attendance records, and New York State standardized test scores will be provided to NYU College of Dentistry and used to assess program effectiveness for as long as your child is receiving dental preventive care through this program. We plan to provide the program for up to 5 years. Your child will not be identified by name in any analysis of the research that may be published.

Participation is free and voluntary. No health insurance is required. However, if your child has Medicaid or other dental insurance, the insurance company will be billed for treatment. Your child's Medicaid billing ID number will be used to link the oral health data collected in the school-based cavity prevention programs in NYC to Medicaid claims data.

If you consent to participation, your child will receive the cavity preventative care described below which may be identical to what would be provided in a dental office and is consistent with recommendations for cavity prevention from the U.S. Centers for Disease Control and Prevention.

The program provides:

1. Instruction on toothbrushing
2. An oral exam to check the teeth, gums, and mouth
3. Simple cavity prevention of silver diamine fluoride on the back teeth + fluoride varnish on all teeth
4. A toothbrush and toothpaste
5. A report to the school nurse, and to you, on your child's care
6. Referral to a dentist for further care (if needed), and assist you in finding a local dentist (if needed)
7. The program will follow your child over time (up to five years) to check that his/her oral health is improving
8. If you need a dentist, you can find one nearby here: <https://www1.nyc.gov/site/doh/health/health-topics/oral-health/find-a-low-cost-dental-provider.page>

There are no known health risks to cavity prevention. Please note that if your child participates in the program, the application of silver diamine fluoride may discolor any cavities resulting in a brown or black color. This change in color means that the cavity has stopped growing. If accidental skin contact occurs it can cause a temporary light brown staining to the lips, cheeks, or permanent staining to clothing. For stain removal to the skin apply soap and water immediately. Do not use excessive methods in an attempt to remove difficult stains from the skin, as the stains will eventually fade. Use the same procedure for cleaning clothes.

If you consent to your child's participation in the program, please complete, sign, and return the attached form. You can participate or withdraw at any time. If guardianship of your child changes during this time, a new informed consent will need to be signed.

If you have any questions about this program you may contact: Dr. Richard Niederman, Department of Epidemiology & Health Promotion, New York University College of Dentistry, 433 First Ave, Rm 720, New York, NY. Email: rnieman@nyu.edu. Phone: 212-998-9719. You may also contact the New York University Institutional Review Board (IRB), 1 Park Avenue, 6th Floor, New York, NY 10016. Email: irb-info@nyulangone.org Phone: 212-263-4110.

Best wishes,

Dr. Richard Niederman
Principal Investigator

Version 1.0 10.1.2020

Approved For Period: 10/21/2020 - 4/6/2021



SCHOOL-BASED OR COMMUNITY-BASED PARENT/GUARDIAN RECRUITMENT LETTER

Dear Parent/Guardian,

Your child is attending 1 of 60 New York City schools to be starting a new, free, dental cavity prevention program with the NYU College of Dentistry. The program will provide twice each year dental care in school, at a community-based location, or at the New York University College of Dentistry to prevent cavities and toothaches. Licensed dentists, dental hygienists, and/or nurses will provide care to participating students.

This program is part of a NYU College of Dentistry research study, with funds from the Patient Centered Outcomes Research Institute, to determine the relationship between dental health and student achievement.

As part of the program your child's dental health records, school attendance records, and New York State standardized test scores will be provided to NYU College of Dentistry and used to assess program effectiveness for as long as your child is receiving dental preventive care through this program. We plan to provide the program for up to 5 years. Your child will not be identified by name in any analysis of the research that may be published.

Participation is free and voluntary. No health insurance is required. However, if your child has Medicaid or other dental insurance, the insurance company will be billed for treatment. Your child's Medicaid billing ID number will be used to link the oral health data collected in the school-based cavity prevention programs in NYC to Medicaid claims data.

If you consent to participation, your child will receive the cavity preventative care described below which may be identical to what would be provided in a dental office and is consistent with recommendations for cavity prevention from the U.S. Centers for Disease Control and Prevention.

The program provides:

1. Instruction on toothbrushing
2. An oral exam to check the teeth, gums, and mouth
3. Cavity prevention and control by either
 - Sealants, temporary fillings, and fluoride varnish on all teeth, or
 - Silver diamine fluoride on the back teeth + fluoride varnish on all teeth
4. A toothbrush and toothpaste
5. A report to the school nurse, and to you, on your child's care
6. Referral to a dentist for further care (if needed), and assist you in finding a local dentist (if needed)
7. The program will follow your child over time (up to five years) to check that his/her oral health is improving
8. If you need a dentist, you can find one nearby here:
<https://www1.nyc.gov/site/doh/health/health-topics/oral-health-find-a-low-cost-dental-provider.page>

There are no known health risks to cavity prevention. Please note that if your child participates in the program, the application of silver diamine fluoride may discolor any cavities resulting in a brown or black color. This change in color means that the cavity has stopped growing. If accidental skin contact occurs it can cause a temporary light brown staining to the lips, cheeks, or permanent staining to clothing. For stain removal to the skin apply soap and water immediately. Do not use excessive methods in an attempt to remove difficult stains from the skin, as the stains will eventually fade. Use the same procedure for cleaning clothes.

If you consent, to your child's participation in the program, please complete, sign, and return the attached form. You can participate or withdraw at any time. If guardianship of your child changes during this time, a new informed consent will need to be signed.

If you have any questions about this program you may contact: Dr. Richard Niederman, Department of Epidemiology & Health Promotion, New York University College of Dentistry, 433 First Ave, Rm 720, New York, NY. Email: rnieman@nyu.edu. Phone: 212-998-9719. You may also contact the New York University Institutional Review Board (IRB), 1 Park Avenue, 6th Floor, New York, NY 10016. Email: irb-info@nyulangone.org Phone: 212-263-4110.

Best wishes,

Dr. Richard Niederman
Principal Investigator

Appendix 4A: Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING (MOU)

Name of Sponsoring Agency

A Memorandum of Understanding between: _____ and

of _____

Name of School Principal

Name of School

The purpose of this MOU is to define and outline the responsibilities of _____

Sponsoring Agency

and _____ in order to provide dental health services at the school site.

School

The School agrees to provide the following support to the project staff at this site:

FACILITIES: Space for the Dental Health Services Program that includes room for:

Chairs for waiting area Hand-washing sink Facsimile machine Dental operatory room

EQUIPMENT AND SUPPLIES: At least one telephone for contacting the dental personnel.

EMERGENCIES: Notification of the SBHC-D site manager in the event of school closures or a declared emergency situation.

PROGRAMMATIC COMPONENTS: Assistance with:

- Obtaining informed parental consent for program enrollment.
- Assisting students and parents in obtaining insurance or Medicaid coverage.
- Marketing the program and availability of dental services and distributing communication materials.

COMMUNITY ENGAGEMENT:

- A designated "Dental Champion" will be appointed by school staff to be the primary contact for the entirety of the SBHC-D program.
- Dental team will attend at least one teacher professional development meeting per school year.
- Dental team will attend at least one Parent Teacher Conference event per school year.
- Dental Team will deliver in class 5-10 minute Oral Health Education Presentations at least once per school year to all appropriate grades
- Dental Team will participate in parent Q&A tabling events at least once per school year.
- Dental Team will provide annual Community Advisory Committee Debrief Meetings for designated school staff upon treatment completion.
- Dental Team will attend additional engagement events at the availability of the dental staff.
- Established Community Advisory Committee members will be the primary source for addressing priorities and resolving differences throughout partnership.

The Dental Services Program will provide the following:

ON-SITE SERVICES (for enrolled students only – with parental consent):

Primary and preventive dental health services for children in accordance with dental health guidelines.

Referral and follow-up for needed dental care.
Health education for parents and teachers in cooperation with the school.
Ensuring ongoing care for specialized dental services.
First aid and emergency care (available to all students in the school).

BY REFERRAL TO AN ARTICLE 28 FACILITY OR ANOTHER SOURCE OF CARE:

For programs providing treatment services, continuity of care, 24 hours a day, 7 days a week, dental services will be available through _____

Facility Name

For programs not offering treatment services (Level V Intervention) or for dental services beyond the scope of the program, children in need of additional dental services will, with parental consent, be referred to _____.

Facility or Provider Name

DATE:

SIGNATURES:

Chief Executive Officer/Commissioner/Director of Public Health _____

School Principal _____

Appendix 5A: 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 _____).

Appendix 5B: Authorization for Release of Health Information

NYU College of Dentistry, 345 East 24th Street, New York, NY 10010

Authorization for Release of Health Information

We understand that information about you and your health is personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your written authorization before we may use or disclose your health information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed.

Please read the information below carefully before signing this form

I, or my authorized representative, request that health information regarding my care and treatment at New York University College of Dentistry to be released by NYU College of Dentistry to party named below.

Please be advised that if your health records contain information relating to any of the following conditions:

- Alcohol/Drug Treatment
- HIV-Related Information and test results
- Mental Health Treatment (Except psychotherapy notes)

New York State requires a separate written authorization for release of this information.

Please inform the Manager of the Clinic you are assigned to or are being treated in if you need to sign the New York State (NYS) authorization form and he/she will provide it to you.

Name of person whose information will be released (Please Print) _____

Chart # _____

Address: _____

Daytime Telephone #: _____

Evening Telephone #: _____

I, _____ authorize NYU College of Dentistry to duplicate and
(Patient's Name – Please print)
release my radiographs/dental treatment record to the designated party indicated below. I understand that duplication of records may take up to ten days to be processed.

All requests for record duplication must be presented to the manager of the clinic you are assigned and are being treated in at the College.

1. Name(s) and address(es) of person(s) who will be receiving this information:

2. Records Requested: All radiographs and treatment notes and health related forms _____

Radiographs: CBCT Scans _____ Full Mouth Series/~~Additional~~ Periapical/Bitewings

Panoramic _____ Cephalometric _____

Period of Treatment _____

NYU College of Dentistry, 345 East 24th Street, New York, NY 10010

3. Reasons for disclosure of information:

4. Method of delivery:

- Will pick up / call when duplicated Email to provider / legal
 Mail when duplicated

5. Date or event that will trigger the expiration of this authorization:

- One time only 3 months 6 months 9 months One Year

Specify event (must relate to patient or purpose for disclosure):

I understand that I have a right to revoke this authorization at any time. If I revoke this authorization, I must do so in writing and send my written revocation to:

**NYU College of Dentistry
Medical Records**
345 East 24th Street, Room 501S
New York, NY 10010

I understand that the revocation will not apply to information that has been already released in response to this authorization. I understand that authorizing the disclosure of this health information is voluntary. I may refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that the information disclosed may be re-disclosed if the recipient(s) described in this form is not required by law to protect the privacy of the information, and the information is no longer protected by health information privacy rules.

My questions about this form have been answered and the above required information has been completed.

Signature of Patient or Personal Representative

Date

If signed by Personal Representative, description of Representative's authority Date

UPON REQUEST, THE PATIENT OR AUTHORIZED REPRESENTATIVE WILL BE PROVIDED WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED.

NYU Dental Center Use Only:

Date Received: / /

Date Processed: / /

Notations

Name of Staff Member Processing This Request:



Take This Form to the Dentist

For Official Use Only		
Student's Last Name	Student's First Name	Birth Date (MM/DD/YYYY) _____/_____/_____
District Borough Number (Example: 12M345)		Office of Student Information Systems Number (OSIS)

1. Parents or Guardians:

Your child had a dental exam at school on ____/____/____ and needs additional dental care. Please take this form to your child's dentist. If you need help getting dental insurance, talk to your school's parent coordinator or call 311.

URGENT DENTAL TREATMENT NEEDED

Take your child to the dentist within the next seven days.

NON-URGENT DENTAL TREATMENT NEEDED

Make sure your child sees a dentist within the next 30 days. You can either:

Take your child to see a dentist in your community.

--OR--

Have your child get dental care at school. See attached information.

2. Dentist:

A. Complete and sign the box below

- | |
|--|
| <input type="checkbox"/> No treatment is necessary |
| <input type="checkbox"/> Treatment is in progress |
| <input type="checkbox"/> Treatment is complete |

Dentist's Name (Print): _____ Phone: _____ - _____ - _____

Address: _____ City: _____ State: _____ ZIP: _____

Dentist's Signature: _____ Date: _____

B. Fax this form to the School-Based Dental Provider:

Name: _____

Fax Number: _____

Appendix 5D: Emergency Protocol Form

CariedAway "EMERGENCY PROCEDURES"

School: _____ Date: _____

Dental Equipment will be set up (where?): _____

Where is the nearest AED located?

Where is the nearest fire alarm box?

How do we get from our clinical set up area to the following school health services staff:

Nurse _____

Psychologist _____

CariedAway dental hygienist is CPR certified. If the dental program staff has a medical emergency while treating a student, what is the protocol for action?

Check box if dental staff should follow this procedure:

- Assess student for breathing & pulse. If CPR is indicated, contact RN/office, ask that 911 be called, get AED, begin CPR.
- If CPR is not indicated, contact RN immediately, or office if RN can't be reached quickly. • Protect student who is in distress until school RN or administrator takes over.
- Calmly clear area of any other students.

Use this procedure instead:

If there is a fire drill or actual fire, where should CariedAway staff go with the student(s) in their charge?

What is the lockdown protocol for CarriedAway staff?

When a student requires urgent referral to a dentist, NYUCD should follow up on the status of that request with the parent coordinator on the following schedule:

- 1 week after leaving and weekly thereafter
- 2 weeks after leaving and weekly thereafter
- Other _____

When a child's exam is complete, should they:

- Be accompanied back to class by the parent coordinator
- Be permitted to return to class alone
- Other _____

(Principal/ School Nurse) _____ Signature

Title

Date

(Other) _____ Signature

Title

Date

Appendix 6A: Policy on Management of Patient Incidents/Complaints

Effective date: 8/1/2019

Supersedes: N/A

Responsible officer: Associate Program Director

Issuing Authority: N/A

Purpose of Policy:

The purpose of this policy is to provide the CariedAway 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 CariedAway program to voice a concern regarding preventive care, billing, facility maintenance, or other matters pertaining to their experience. It is the responsibility of CariedAway 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.

Documentation of Patient Incidents/Complaints

For all patient incidents/complaints that occur in person, via telephone, or in writing, the Clinical Team Manager or Supervising Pediatric Dentist will complete a written Patient Action Report form within 24 hours (Appendix 2A).

Investigation of Patient Incidents/Complaints

All aspects of the investigation (interviews, patient record reviews) and plan for corrective action (as appropriate) must be completed within a 30-day period.

Preventing Recurrence

The Supervising Pediatric Dentist will investigate cases in consultation with the Associate Program Director and the Co-Principal Investigators and develop corrective action plans as needed. All patient incidents/complaints shall be categorized, tracked, and trended along with their respective corrective action plan until resolved. 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.

Incidents/complaints related to Treatment, Customer Service, and/or Communication

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. The Supervising Pediatric Dentist is expected to support the student throughout the issue resolution process.

If a patient or their parent/guardian expresses a concern regarding their care to a member of the CaredAway staff who is not directly involved in that patient's treatment, they shall notify the Clinical Team Manager, who will inform the treating clinician and enter the details of the incident into the patient record and a written Patient Action Report form.

If the issue is related to treatment, the treating clinician and Supervising Pediatric Dentist should attempt to resolve the concern directly with the patient and/or their parent or guardian. If the matter cannot be resolved at the Supervising Pediatric Dentist level, the incident will be escalated to the Associate Program Director. If the matter cannot be resolved at the Associate Program Director level, the incident will be escalated to the Co-Principal Investigators.

Billing/Insurance and Health Information Management

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. The Clinical Team Manager will make every reasonable effort to address and/or resolve the situation and enter the details of the incident into a Patient Action Report form within 24 hours of occurrence. 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.

Appendix 7A: NeForm Security Summary



NEFORM SECURITY SUMMARY IOS – Android - Windows

Our software has been successfully deployed in Medical/Dental Operations as well as Clinical Trials. Our software was specifically designed and validated to comply with HIPAA and 21 CFR Part 11. HIPAA compliance is achieved with well-enforced policies and procedures which our solution provides. Our software and system is validated AND each deployment is additionally validated to ensure it satisfies all protocols. Data collected is encrypted and uploaded/synced via additionally encrypted transmission to secure servers where access is limited according to the protocol. Strict operating procedures are enforced to protect the confidentiality, integrity, and access of "Protected Health Information" when it is stored, transmitted, and maintained.

- NEFORM is Not Accessible to the general public. There is No access by unauthorized/unsanctioned users or unregistered devices.
- All data collected by our application on the mobile device is 256 bit AES encryption.
- This encrypted data transmitted by our application from and to the mobile device is also transmitted with an additional 256 bit AES encryption.
- All data on the mobile device is "sandboxed" and is not reachable by any other application on the device (other than our application). Sandboxing also restricts apps to their designed function.
- Our system can be set to automatically purge data not required for the workflow. For example, once a medical record(s) is successfully uploaded from the mobile device, to the system, the system can send a purge flag to the mobile device, purging those successfully received records.
- Under access control, our system can set each user to only have access to "his/her" patient data.
- Our software provides full audit trails, both pre-submission and post submission. Pre-submission audit trails log the user and time stamp for each action taken in completing the medical/dental record on the mobile device. For example, if a clinician changes his mind in completing a visit form, the system knows how long it took. Once a medical record is signed and completed, the medical record is locked down and read only. Changes proposed after completion are performed based upon user privileges and are logged in the post-submission audit trail.
- Our system may be set to track/monitor (with GPS) all NESS/sponsor supplied mobile devices involved in the operation. With subject owned devices (BYOD), this can only be tracked with express subject approval. The system can also be set to purge/wipe devices that are outside approved locations.
- Our system can manage all NESS/sponsor supplied mobile devices being used, controlling what applications are useable on the device. For example, our system can turn each mobile device into a kiosk where, when powered up, can only run our application (when provided the proper credentials).
- With our system, we can set the number of failed logins before the NESS/sponsor supplied mobile device is automatically purged/wiped.
- With our system, a system administrator can set the time period that the servers expect each NESS/sponsor supplied mobile device to sync to the server. For example, the system could set a NESS/sponsor supplied mobile device to purge/wipe itself if it doesn't sync with the server at least once every 24 hours. With a subject owned device, where the mobile device has not sync'd within the specified time period, our system can purge the NEForm App from the device.
- With our system, a system admin can remotely purge a mobile device (assuming it has a WIFI connection).

Appendix 8A: CariedAway School COVID-19 Visit Checklist



CariedAway COVID-19 In School Checklist

To ensure the safety of NYUCD Health Care Personnel, please use the following checklist to assess the source control measures in place for each school at the first school visit.

School _____ Date of school's first scheduled visit: _____

School Nurse or other contact: _____ Phone No. _____

Date contacted: _____ NYUCD HCP staff making contact: _____

Please check blocks to indicate conformance with State of New York Re-opening Guidelines for Fall 2020.

Masks, Social Distancing and Hand Hygiene

- Students, staff, and visitors wear cloth face coverings in circumstances when physical distancing cannot be maintained.
- Appropriate physical distancing is maintained on school buses, school grounds and classrooms. and while loading and unloading the bus.
- Classrooms are arranged to minimize close contact (i.e., maximize physical distance) between students. Chairs/desks and arranged to avoid students sitting in groups.
- Hand hygiene is practiced when arriving at the facility, before and after meals or snacks, before and during meal preparation or service as necessary to prevent cross contamination, after outside time, before and after going to the bathroom, after handling any bodily fluid, before and after medication administration, after cleaning up and handling any garbage, before and after touching a person's face covering or face, and prior to leaving for home.

Environmental Controls

- Environmental surfaces are cleaned and disinfected daily in accordance with current CDC recommendations.
- HVAC systems are working properly and are configured to increase the circulation of exterior air as much as possible.

Source Control Measures

- Staff and student absenteeism is monitored to identify illness patterns.
- The school has a process for screening staff, students, and visitors daily for symptoms of COVID-19 or risk factors for exposure prior to entering the educational facility that includes symptoms, history of contact with persons suspected or confirmed to have had COVID-19, or travel outside of New York in the past 14 days.
- Parents/guardians are asked to screen their children for symptoms or risk factors daily before allowing the child to travel to school.
- A second screening process for students (focused on asking about symptoms of COVID-19) is provided either upon entry to the facility or conducted by the teacher as students arrive to their first class of the day.

Management of Persons Suspected of COVID-19 infection in the school setting:

- Person(s) with any new or unexplained COVID-19 symptoms (even if only mild symptoms), those who report close contact with someone suspected or confirmed with COVID-19, or those reporting travel risk factors are not allowed into the facility and are instructed to contact their health care provider to be tested for COVID-19 and self-isolate at home.
- Asymptomatic persons reporting close contact with someone suspected or confirmed with COVID-19, or who report traveled-related risk are instructed to self-quarantine for 14 days from their last exposure or return from travel.
- Person(s) with suspected or confirmed COVID-19 must stay out of education programming until symptom-based criteria are met for discontinuation of isolation.

Staff Education and Training:

- Staff are educated about the symptoms of COVID-19, and monitor students for any signs/symptoms of illness.
- Staff are instructed on how to manage any student identified with symptoms of COVID-19.
- Any person that develops symptoms of COVID-19 while at the education facility is masked if they are over two years of age, removed from close contact with others and immediately sent home by private transportation.

Name of NYUCD health care personnel completing this form: _____

Signature:_____ Date:_____

Appendix 8B: CariedAway Community-Based COVID-19 Visit Checklist



CariedAway COVID-19 Community-Based Location Checklist

To ensure the safety of NYUCD Health Care Personnel, students and parents/guardians, please use the following checklist to assess the source control measures in place at the community-based location for visit.

Name of community organization: _____

Address: _____

Date of first scheduled visit: _____

Contact Personnel: _____ Phone No. _____

NYUCD HCP conducting review: _____

Please check blocks to indicate conformance with State of New York Re-opening Guidelines for Fall 2020.

Masks, Social Distancing and Hand Hygiene

- Staff, and visitors wear cloth face coverings in circumstances when physical distancing cannot be maintained.
- Appropriate physical distancing is maintained on or within the facility.
- Rooms are arranged to minimize close contact (i.e., maximize physical distance) and arranged to avoid sitting in groups.
- Hand hygiene is practiced when arriving at the facility, before and after going to the bathroom, after handling any bodily fluid, after cleaning up and handling any garbage, before and after touching a person's face covering or face, and prior to leaving the facility.

Environmental Controls

- Environmental surfaces are cleaned and disinfected daily in accordance with current CDC recommendations.
- HVAC systems are working properly and are configured to increase the circulation of exterior air as much as possible.

Source Control Measures

- Staff and absenteeism is monitored to identify illness patterns.
- There is a protocol in place for screening staff and visitors daily for symptoms of COVID-19 or risk factors for exposure prior to entering the facility that includes symptoms, history of contact with persons suspected or confirmed to have had COVID-19, or travel outside of New York in the past 14 days.

Management of Persons Suspected of COVID-19 infection in the community-based setting:

- Person(s) with any new or unexplained COVID-19 symptoms (even if only mild symptoms), those who report close contact with someone suspected or confirmed with COVID-19, or those reporting travel risk factors are not allowed into the facility and are instructed to contact their health care provider to be tested for COVID-19 and self-isolate at home.
- Asymptomatic persons reporting close contact with someone suspected or confirmed with COVID-19, or who report traveled-related risk are instructed to self-quarantine for 14 days from their last exposure or return from travel.

Staff Education and Training:

- Staff are educated about the symptoms of COVID-19, and monitor students for any signs/symptoms of illness.
- Staff are instructed on how to manage any student identified with symptoms of COVID-19.
- Any person that develops symptoms of COVID-19 while at the facility is masked if they are over two years of age, removed from close contact with others and immediately sent home by private transportation.

Name of NYUCD Health Care Personnel this form: _____

Signature: _____ Date: _____