

Molar Express Policy and Procedure Manual

Adopted by the board October 8, 2010

Table of Contents

| | |
|-------------------------------------|----|
| Clinical Quality Control | 1 |
| Confidentiality | 2 |
| Consent for Treatment | 3 |
| Patient Satisfaction | 4 |
| Dental Syringe Safety | 5 |
| Exposure Control Plan | 6 |
| Incident Reporting | 14 |
| Safety | 16 |
| Prescribing Pain Medication | 18 |
| Dress Code | 23 |
| Radiation Safety | 24 |
| Schedule of Services | 30 |
| Guidelines for Prenatal Oral Health | 31 |
| Credentialing and Privileging | 32 |

| | |
|---|----|
| Truck and Equipment Use and Maintenance | 36 |
| Document Retention and Destruction | 43 |
| Whistleblower Protection | 47 |

CLINICAL QUALITY CONTROL

MOLAR EXPRESS POLICY AND PROCEDURE

Quality control checks are done on specific clinic equipment on a scheduled bases to ensure safe and appropriate function, and to comply with infection control practices.

PURPOSE

- To identify equipment to be monitored
- To identify staff responsibility for monitoring
- To identify method of monitoring
- To identify appropriate action when equipment does not meet clinic standards

PROCEDURE

The dental assistant monitors the following equipment using the appropriate monitoring

Spore testing- At change of clinical site

Waterline testing- monthly

A checklist for daily equipment is attached to the door of the operatory cart and must be completed and initialed at the end of each day or when duty is specified.

Equipment that does not meet the standard should be taken out of use and inspected by a dental equipment technician.

MOLAR EXPRESS: SPORE TESTING AT CHANGE OF CLINIC SITE

MONTH:

| ACTIVITY | Date/site | Date/site | Date/site | Date/site | Date/site | Date/site | Date/site | Date/site | Date/site | Date/site | Date/site |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Write the sterilizer name and date on indicator, mailed by | | | | | | | | | | | |
| Place indicator into a pack that is typical to the packs normally used | | | | | | | | | | | |
| Place the pack in center of sterilizer with a full load | | | | | | | | | | | |
| Run regular cycle | | | | | | | | | | | |
| Remove pack from sterilizer and allow to cool completely before unwrapping | | | | | | | | | | | |
| Wearing eye protection and gloves remove indicator from pack and check to see that the color has changed from red to brown | | | | | | | | | | | |
| Activate indicator by inserting into the incubator | | | | | | | | | | | |
| Activate a non-processed "control" in the incubator | | | | | | | | | | | |
| Incubate for 48 hours | | | | | | | | | | | |
| Compare color change - control should turn yellow and test should turn purple | | | | | | | | | | | |
| Test results - P/F | P F | P F | P F | P F | P F | P F | P F | P F | P F | P F | P F |
| If test is yellow - discontinue use of sterilizer for instrument | | | | | | | | | | | |

MOLAR EXPRESS: SPORE TESTING AT CHANGE OF CLINIC SITE

MONTH:

| ACTIVITY | Date/site | Date/site | Date/site | Date/site | Date/site | Date/site | Date/site | Date/site | Date/site |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| processing, perform inspection of equipment to identify possible reasons for failure and retest | P F | P F | P F | P F | P F | P F | P F | P F | P F |
| If test results-P/F | P F | P F | P F | P F | P F | P F | P F | P F | P F |
| If test passes put sterilizer back into use | | | | | | | | | |
| If test fails again contact equipment repair | | | | | | | | | |
| Test results-PF | P F | P F | P F | P F | P F | P F | P F | P F | P F |
| If test passes put sterilizer back in use | | | | | | | | | |

CONFIDENTIALITY

MOLAR EXPRESS POLICY AND PROCEDURE

The care and treatment of each patient is personal and confidential. The Molar Express has an ethical and legal responsibility to protect against the unauthorized release of confidential patient information

"Protected health information is any oral or written information about a patient that relates to the physical or mental condition of a patient. HIPAA applies to "covered entities," which are statutorily defined as those entities which receive, use or are exposed to protected, private patient health information.

In order to comply with HIPAA, it is necessary for the Molar express to take measures to protect the patients' protected health information.

PURPOSE

To identify employee responsibilities in maintaining patient confidentiality.

PROCEDURE

- Attached with the patient application is the Molar Express Notice of Privacy Practice that must be signed by each patient before treatment is conducted (see attached)
- Employees will not access, disclose or discuss patient information that is not required for patient care.
- Employees will not discuss patient information in any situation where a third party might overhear.
- Employees will not discuss patient information outside of the practice.
- Release of medical records will be in accordance with the Molar Express release of information policy
- Employees will have thorough training upon hiring date and sign a confidentiality statement acknowledging their confidentiality obligations.
- Employees who violate this policy are subject to corrective action, up to and including termination.

Molar Express

Jeremy Draper, DMD
7 Main Street, Suite 7
Whitefield, NH 03598
Tel (603) 837-2643 Ext. 604
Cell (603) 986-5485
Fax (603) 837-9451

Medical Release Form For _____ Date of Birth ____/____/____
(Patient's Name)

I hereby authorize Molar Express to *Use/Release or Obtain/Receive* information regarding my protected *health/dental* information as indicated below. This could include a full report of my medical and or dental records including, but not limited to, the clinical examination, findings, diagnosis, treatment, financials, etc. I additionally authorize the release of any *medical/dental* information to insurance companies for legal documentation to process claims.

Primary Care Physician: _____

Specialist: _____

General Dentist: _____

Other Names: _____
(If applicable, Spouse, Mom, Dad, etc.)

Signature of patient or legal guardian _____ Date: ____/____/____

Relationship to patient if signing as legal guardian

CONSENT FOR TREATMENT

MOLAR EXPRESS POLICY AND PROCEDURE

Written consent will be obtained for treatment and procedures provided by the Molar Express clinical staff

PURPOSE

According to the American Dental Association "A consent form is a document that a patient has knowingly consented to a particular treatment. The key is the discussion between the dentist and the patient during which the treatment, its risks and benefits and alternatives, are all discussed. An informed consent form is evidence this discussion took place. It should be signed and dated by the patient."

The Purpose of this policy is to identify procedures that require informed consent and to establish procedures for obtaining and documenting informed consent.

PROCEDURE

Following a comprehensive examination, the dentist will develop a proposed treatment plan; explain the proposed treatment, risks and benefits or treatment, and consequences of treatment. Once treatment is understood patient will sign an informed consent for procedures that are considered "invasive".

Informed consent includes

- Extractions

General consent includes:

- Any routine treatment
- Any treatment provided to a minor, must have consent from a parent/guardian.

(See attached)



Consent for Extraction(s) and Other Oral Surgeries

NAME: _____

I hereby give permission to _____
To Perform the following procedures, and such additional
procedures at the time of my visit today.

Teeth to be extracted
(Circle all that apply)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

AND/OR: _____

I understand that the following procedure will be done with local anesthetic
only. I have also been advised of:

1. Drug reactions and side effects.
2. Post-Operative Bleeding.
3. Infection and or bone inflammation (DRY SOCKET)
4. Necessary removal of bone during extraction of tooth/teeth.
5. Possible involvement of the sinus of the upper jaw during removal of
upper back teeth requiring possible surgery for repair at a future date.
6. Possible involvement of the nerve within the lower jaw during removal of
lower molar teeth, resulting in usually temporary but possible permanent
numbness and/or tingling in the lower lip, right and/or left side.

DENTIST: _____ Date: _____

WITNESS: _____ Date: _____

PATIENT: _____ Date: _____

PATIENT SATISFACTION

MOLAR EXPRESS POLICY AND PROCEDURE

PURPOSE

To solicit patient attitudes and level of satisfaction regarding the oral health services provided by the Molar Express

PROCEDURE

At each visit patients will be asked to complete a Patient Satisfaction Survey.

Patient satisfaction survey forms will be given to patients who visit the dental clinic during community clinic days. Surveys will be distributed to patients as they check in with the office manager and returned when finished

(patient survey attached)

RESULTS

Results of the patient satisfaction survey will be communicated to facility administration and to each member of the dental staff. Areas of poor satisfaction will be addressed in a staff meeting, through continuing education, or other appropriate means.

4. Staff

Strongly Agree Agree Neither Agree
Nor Disagree Disagree Strongly Disagree Not Applicable

The Molar Express staff was professional and considerate of my needs.

Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree Not Applicable

The dental team works well together.

Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree Not Applicable

I would recommend the Molar Express to others.

5. Facilities

Strongly Agree Agree Neither Agree
Nor Disagree Disagree Strongly Disagree Not Applicable

The Molar Express site and equipment met my expectations.

Strongly Agree Agree Neither Agree Nor Disagree Disagree Strongly Disagree Not Applicable

What I like best about the Molar Express was: _____

What I like least about the Molar Express was: _____

My suggestions for improvement are: _____

6. Please tell us about yourself: (optional)

Age: 0-17 18-25 26-40 41-55 Over 55

7. Please tell us about yourself: (optional)

Gender Male Female

8. Please tell us about yourself: (optional)

Ethnicity/Race Black/African American Asian Hispanic or Latino Pacific Islander White (not Hispanic or Latino) Other/Unknown

Where you live: _____

Which location you visited: _____

9. Tell us about yourself: (optional)

What was your method of payment: Town Welfare NH Healthy Kids Silver NH Healthy Kids Gold NH Medicaid Sliding Fee Scale Private Insurance Self Pay

10. Visiting the Molar Express:

This is my first time

1 time 2 times 3 times 4 times 5 or more times

How often have you visited the Molar Express before?

1 time 2 times 3 times 4 times 5 or more times

11. What were you seen for today?

Exam/Treatment Plan Cleaning Dental Emergency Filling Periodontics (gums) Extraction

check all that apply

12. How did you hear about us?

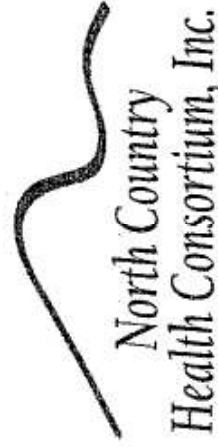
Friend/Family Member Physician Other dentist Hospital Newspaper Other

check all that apply

The Molar Express staff thanks you for your help. For any further questions or comments please call (603) 986-5485 or (603) 837-2519 ext 604. (July, 2010)



A program of:



DENTAL SYRINGE SAFETY EVALUATION

MOLAR EXPRESS POLICY AND PROCEDURE

The Molar Express dentists are involved in the process to evaluate and select safer needle devices, (e.g. anesthetic syringe needles with sliding sheathes)

PURPOSE

To provide criteria to determine the impact on patient care and acceptability by users

PROCEDURE

- Molar Express dentists will use the selected safety device a minimum of five times
- The dental safety syringe evaluation form will be completed and submitted to the practice manager.
- The practice manager will consider the evaluation when purchasing clinic supplies

EXPOSURE CONTROL PLAN

MOLAR EXPRESS POLICY AND PROCEDURE

The Molar Express is committed to providing a safe and healthful work environment. The exposure control plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standards

PURPOSE

The exposure control plan provides guidance in implementing and ensuring compliance with the standard by:

- Determination of employee exposure
- Implementation of various methods of exposure control including
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment (PPE)
 - Housekeeping
- Hepatitis B Vaccination*
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures

Administrative Duties

The practice manager is responsible for the implementation of the Molar Express exposure control plan and will maintain, review, and update the ECP annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedural work practices outlined in this exposure control plan.

North Country Health Consortium and Molar Express will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers). Labels and red bags as required by OSHA standards. NCHC and Molar Express will ensure that adequate supplies of the aforementioned equipment are available in appropriate sizes.

The practice manager will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

NORTH COUNTRY HEALTH CONSORTIUM

Practice manager will be responsible for training, documentation of training, and making the written exposure control plan available to employees and OSHA representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of job classifications in our mobile clinic program in which all employees have occupational exposure

- Dentist
- Dental Hygienist
- Dental Assistant

The list of tasks includes but are not limited to:

- Instrument handling
- Sharps (needles, scalpel blades)
- Hazardous material including blood or saliva soaked items, extracted teeth, tissue and bone

Part-time, temporary, contract, and per diem employees are covered by the standard.

METHODS OF IMPLEMENTATION AND CONTROL

- All employees will utilize universal precautions
- All employees will use approved protective attire and barrier techniques when contact with body fluids or mucous membranes (oral cavity) is anticipated
- Wash hands using soap and water if available, or use hand sanitizer before and after each patient contact.
- Wear gloves (exam, surgical, vinyl). Wash hands before gloving and after degloving. Change gloves between each patient. Discard gloves that are torn, cut or punctured. Do not place dirty gloves in any area where clean material is (e.g. cart drawers, computers, and clean side of sterilization cart).
- Wear protective eyewear or goggles.
- Wear uniforms, laboratory coats or gowns, which are not to be worn out of the clinic environment.

EXPOSURE CONTROL PLAN

Employees covered by the blood borne pathogens standard receive and explanation of this exposure control plan during their initial training session. It will also be reviewed in the annual refresher training. All employees have an opportunity to review this plan any time during their work shifts.

The practice manager is responsible for ensuring the ECP is updated annually or more frequently if necessary to reflect any new or modified tasks or procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

NORTH COUNTRY HEALTH CONSORTIUM

The review and update of such plans must also

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
- Document annually consideration and implementation of appropriate commercially available and effective safer medical devices to eliminate or minimize occupational exposure. The practice manager documents devices considered.

The practice manager solicits input from non managerial employees responsible for direct patient care in the identification, evaluation, and selection of effective engineering and work practice controls. Only those employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps need be contacted. Employees are solicited at least twice annually.

ENGINEERING AND WORK PRACTICE CONTROLS

Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls are listed below:

- Sharps disposal containers are inspected and maintained or replaced by a dental assistant whenever to prevent overflowing.
- Molar Express identifies the need for changes in engineering work practice controls through bi-annual reviews of these practices. The purpose is to evaluate the need for new procedures and products. All staff is involved.
- The dental assistant will insure effective implementation of these recommendations

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE are provided to our employees at no cost. Training is provided in the use of the appropriate PPE for the tasks or procedures they will perform.

Types of PPE available to employees are as follows:

- Masks
- Gloves
- Protective eyewear
- Gowns

All employees are responsible for providing their own clinical scrubs or pants, jackets, and shoes.

Clinical jackets must cover employees' arms to wrist and button to the neckline. Jackets must be worn at all times while treating patients.

PPE are located at the clinical site, on the truck and at the North Country Health Consortium office and may be obtained through the dental assistant.

All employees using PPE must observe the following precautions:

- Masks are to cover the employee's mouth and nose at all times during patient care. Masks must be discarded between patients.

NORTH COUNTRY HEALTH CONSORTIUM

- Gloves are to be worn at all times of patient contact. The must be changed between patients and/or when they become torn or saturated.
- Protective eyewear is to be worn during all patient contact and is to be cleaned of any debris if needed between each individual patient. If employee wears prescription eyewear, disposable side shields are available and are to be worn throughout the time of patient contact and discarded at the end of the day.

The procedure for handling used PPE is as follows

HOUSEKEEPING

Non infectious waste is disposed in lined trash containers.

Regulated infectious waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

When the sharps containers are full they will be sealed securely before transport and brought back to the North Country Health Consortium office, at which time a new container will be opened and the full container will be placed in the return labeled box and mailed to the contractor.

There is a designated and labeled container with a red biohazard bag located at the clinic site where blood soaked materials such as gauze and extracted teeth are disposed. When the biohazard is full it will be tightly sealed and transported to NCHC office for disposal.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharp containers are available through the dental assistant.

Bins and pails (e.g. wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is picked up using mechanical means, such as with a brush and dust pan.

LAUNDRY

It is the employees' responsibility to launder their clinical attire. Jackets are not to be work outside of the clinic. It is recommended that clinical clothing be washed separately from everyday clothing and in the hottest water possible.

Dental Assistants will ensure proper warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the truck. Employees are to notify dental assistant if they discover waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labeling.

NORTH COUNTRY HEALTH CONSORTIUM

HEPATITIS B VACCINATION

The Molar Express will ensure that training is provided to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series
- Antibody testing reveals that the employee is immune
- Medical evaluation shows that the vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation or refusal of the vaccination is kept in the employee records at North Country Health Consortium.

Vaccination will be provided by employees' health care provider or designated contractor.

Following hepatitis vaccinations, the health care professional's written opinion will be limited to whether the employee requires vaccine, and whether the vaccine was administered.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive annual training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training includes standard precautions.

RECORDKEEPING

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the North Country Health Consortium.

Employee training records are provided upon request to the employer or the employer's authorized representative within 15 working days. Such request should be made through the practice manager to the personnel department.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with OSHA guideline "Access to Employee Exposure and Medical Records." 29CFR 1910.1020

Personnel department/practice manager is responsible for maintenance of the required medical records. These confidential records are kept at North Country Health Consortium (locked filing cabinet) for at least the duration of employment plus 30 years. Employee medical records are provided upon

NORTH COUNTRY HEALTH CONSORTIUM

request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the practice manager.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirement 29 CFR 1904

Sharps Injury Log

Dental assistant establishes and maintains a sharps injury log to record percutaneous injuries from contaminated sharps. The information in the sharps injury log is recorded and maintained by the dental assistant who will maintain the confidentiality of the injured employee.

POST EXPOSURE EVALUATION AND FOLLOW-UP

The following requirements apply if employees of Molar Express experience and exposure incident, which means having blood, blood contaminated saliva, or a blood contaminated object come into contact with broken skin or mucous membranes, or pierce the skin, as through a needle stick.

1. Employee will report the incident to Molar Express practice manager immediately, including identification of the patient involved. Immediate reporting of the incident permits timely medical follow-up. According to the U.S. Public Health Service, if HIV post exposure prophylaxis is medically indicated it should be initiated promptly, preferably within 1-2 hours of initial exposure.
2. The wound area must be flushed immediately with soap and water if splashed with blood or saliva.
3. Mucous membranes must be flushed immediately if splashed with blood or saliva.
4. The practice manager will ensure that and Incident/Accident Report (attached) is completed and ensures that the employee is given a confidential medical evaluation and follow-up. The route of exposure, source person, and circumstances on how the exposure occurred must be documented. Current CDC recommendations for follow up to an exposure incident will be followed.

The practice manager will ensure that the health care professional responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood borne pathogens standard.

The practice manager and dental assistant will review circumstances of all exposure incidents to determine if revisions need to be made to the exposure control plan. If changes need to be made the practice manager will do so.

RECORDKEEPING

NORTH COUNTRY HEALTH CONSORTIUM

The Exposure Incident Form will be placed in the employee's confidential medical record. A copy also must be provided to the evaluating health care professional as well as a copy of the Molar Express blood borne pathogens standard, and a description of the employee's job duties as they relate to the incident.

Once the health care professional completes the evaluation, he or she is required to send the Molar Express practice manager a written opinion. The standard requires that the health care professional's written opinion contain only; documentation the exposed employee was informed of the test results of the evaluation, and the need for further follow-up. HBV is provided as part of the post-exposure prophylaxis. The opinion should also state whether HBV vaccine was indicated for the employee and if the employee was vaccinated. All other findings must remain confidential and shall not be included in the written report.

The Molar Express must provide a copy of the evaluating health care professional's written opinion to the exposed employee within 15 days of the completion of the evaluation. The original document should be placed in the employee's confidential medical records,

(See attached form)

DECLINATION OF HBV VACCINATION

Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupation exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I wasn't to be vaccinated with the hepatitis B vaccine, I can receive the vaccination at no charge to me.

Signed: _____ (employee signature)

Date: _____

INCIDENT REPORTING

MOLAR EXPRESS POLICY AND PROCEDURE

The Molar Express uses an Incident Report system to identify and report any patient, visitor and staff incidents.

PURPOSE

This policy and procedure is intended to identify staff responsibility for incident reporting, provide guidance in the completion of an incident report, provide a list of occurrences that require an incident report, and describe how incident reports will be used by the organization.

An incident is any event that is not consistent with the routine care or treatment of a patient, or an event that is not consistent with the normal operation of the clinic.

Reportable events include but are not limited to:

- Unexpected patient outcomes (injury due to treatment)
- Adverse reactions to medication or treatment (fainting)
- Medication Errors
- Medical emergencies
- Use of a crash cart
- Equipment failure or malfunction
- Occupational exposure
- Patient, visitor or staff slip trip or fall, or any type of injury
- Patient leaving against medical advice
- Facility or truck related problems
- Patient complaints
- Loss of valuables

PROCEDURE

Filing an incident report is the responsibility of all staff.

The individual who witnessed the incident, first discovered the incident or is the most familiar with the incident should complete the incident report form. The form should be completed promptly, accurately, legible and complete. The report of the incident should be a brief, objective description of the facts, and should not include the writer's judgment as to the cause of the event. Quotes should be used where applicable (e.g. "Patient states...."). Names of the witnesses should be included, but names of

employees directly involved should not be. Any patient adverse events must be reported to the dentist immediately and the patient should be examined.

The incident report must be completed by the end of the shift during which the incident occurred or was discovered and should be forwarded to the supervisor within 24 hours. Serious incidents must be report immediately to the dentist and supervisor either in person or via telephone.

Any incident related to equipment should include the following:

- Complete section of report related to equipment
- Document name of manufacturer, model number and serial number
- Save original packaging if possible
- Impound equipment, the disposable product used, and the packaging of the disposable product
- And if applicable the equipment should be labeled "Out of order-Do not use"

The incident report is an administrative document and should not be inserted, or mentioned in the medical record. Facts of patient symptoms, assessment and treatment related to the incident should not be document in the medical record. No copies of the incident report should be made.

The supervisor will investigate the incident within 48 hours to determine the appropriate follow-up action, and then forward the report to the Risk Manager for tracking.

ALL INCIDENT REPORTS ARE CONFIDENTIAL

(see attached form)

CONFIDENTIAL
Molar Express
 (Patient/Visitor/Staff/Equipment)
Incident Report

| | | | |
|----------|-------|----------------|------------|
| Name: | M/F | Date of Birth: | Age: |
| Address: | State | Zipcode: | Telephone# |

FOR EMPLOYEE USE ONLY:

| | | |
|--------------------|-------------------------|-----------------------------------|
| Department Worked: | Year of Hire: | Position: |
| Date of Incident: | Time incident occurred: | Location where incident occurred: |

FOR EQUIPMENT USE ONLY:

| | | |
|--|---|----------------------|
| Name of equipment: | Model # | Date of Purchase |
| Purchased from: | ___Raleigh NC ___Portland ME | Warranty Y/N |
| Patterson Maine Branch: 1-800-639-1801 Service contact person: Michelle | Andy/Greg: Equipment Steve: XRay Equipment | Called: Y/N |
| Appointment Given: Y/N | Date of appointment if needed: | Time of Appointment: |

After Serviced and fixed please write what was done and include service tech's name:

| |
|--|
| |
|--|

| | |
|--------------------|----------------------------------|
| Incident report to | Date and time incident reported: |
|--------------------|----------------------------------|

| |
|---|
| List anyone who witnessed the incident: |
|---|

| |
|--|
| Describe what happened: (Include location of injury, EX. Right hand) |
|--|

Molar Express Staff Signature: _____

Date: _____

LIFE SAFETY-FIRE

MOLAR EXPRESS

The Molar Express protects patients, employees and visitors to the clinic from the treat of fire.

PURPOSE

To identify fire safety activities and to provide guidance for response to fire emergency.

PROCEDURE

The Molar Express will distribute a Life Safety Plan to each school/community site visited. The School principal or school nurse will fill out form and return to the office manager. (see attached)

When the Molar Express is in operation, the clinic site's floor plan with the fire evacuation route will be posted in the clinic. It is the responsibility of the Molar Express staff to be familiar with the evacuation route. The Molar Express will agree upon a pre-designated location at each site where they will meet up in case of an emergency evacuation.

In case of a fire emergency in the clinic area, the clinic staff will:

- Extinguish fire if possible
- Call 911 if necessary
- Notify the building supervisor
- Assist patients and visitors to exit the clinic

In case of a fire emergency in other areas of the site, the clinic staff will:

- Turn off all dental equipment
- Assist patients and visitors to exit the clinic
- Remain together in the pre-designated location outside the building until authorized to re-enter the building
- Keep patients and visitors who were evacuated together to assist in the accounting for people
- Comply with Emergency Responder instructions

A fire extinguisher and first aid kit will be carried with the Molar Express at all times during clinic.

An Incident Report will be completed by clinic staff after any fire related emergency.

EMERGENCY PROCEDURES

Date: _____

School: _____

Dental equipment will be set up in the following area:

If the dental program staff have a Medical Emergency while treating a student what is your protocol for action?

Where are AEDs located in the school? _____

If there is a Fire drill or actual Fire in the building what is your protocol for action?

Fire Escape Route Maps are located at the following sites in this school:

Lockdown Procedure:

Signature, School Administrator and/or school nurse:

Dental Program Staff:

- Staff and volunteers have signed-in at office. _____
- Emergency contact information for staff and volunteers is in Red Emergency File. _____

SAFETY- EYE PROTECTION

MOLAR EXPRESS

To provide guidelines for preventing eye-related injuries to patients and dental personnel.

POLICY

Vision impairment or damage associated with dental treatment can be caused by physical trauma, chemical irritation, infectious agents and light radiation associated with the visible light curing units. The Molar Express protects both dental personnel and patients from the risk of suffering eye-related injuries during dental procedures.

PROCEDURES

To protect patients, dental items will be passed over the patient's chest, not over the face. Patients who wear eyeglasses should continue to wear them during treatment, and if the patient does not wear glasses, safety goggles will be provided. Personnel will handle potentially hazardous chemicals with extreme caution at all times, and be aware of aerosols containing potentially infectious organisms.

To protect dental personnel, dental staff will wear either a face shield or shatter-resistant eye glasses with side shields while performing or assisting with any procedure that could result in projectiles, chemicals, or aerosols entering the eye. An eyewash station must be readily available in case a foreign substance enters the eye. Dental personnel will receive instruction about eye injury protection during orientation.

PRESCRIBING PAIN MEDICATIONS

MOLAR EXPRESS POLICY AND PROCEDURE

This policy is to provide guidance for safe and appropriate prescriptions.

POLICY

The Molar Express dentists prescribe medications for controlling pain associated with dental infections or for pain following dental procedures.

PROCEDURE

Non-narcotic analgesics such as ibuprofen and acetaminophen are the most commonly recommended drugs for the relief of slight to moderate dental pain. Narcotic drugs are typically reserved for moderate to severe pain.

Prescriptions will be written by the dentist under the following circumstances:

- The patient has completed the Molar Express application for dental services will all required information including dental and medical history, and a list of all current medications.
- The dentist has reviewed the patient's history and medications, and has assessed the patient.
- The dentist has asked the patient about allergies and sensitivities to medications

The dentist will prescribe the class of analgesic most appropriate for the symptoms and diagnosis. The prescription is limited to a three to five day supply with no refills. The dentist documents the assessment, diagnosis and prescription in the medical records.

PROPHYLATIC ANTIBIOTICS

MOLAR EXPRESS POLICY AND PROCEDURE

PURPOSE

The purpose of this policy is to set guidelines for premedicating dental patients to prevent Infective Endocarditis (IE) that may result from dental treatment. The policy adheres to the 2007 recommendations by the American Heart Association (AHA) and is endorsed by the American Dental Association. Primary reasons for revising IE Prophylaxis guidelines are:

- IE is much more likely to result from frequent exposure to random bacteremias associated with daily activities than from bacteremia caused by a dental, Gastro Intestinal (GI) tract or Gastro Urinary (GU) tract procedure.
- Prophylaxis may prevent an exceedingly small number of cases of IE, if any, in individuals who undergo a dental, GI tract, or GU tract procedure.
- The risk of antibiotic-associated adverse events exceeds the benefit, if any, from prophylactic antibiotic therapy.
- Maintenance of optimal oral health and hygiene may reduce the incidence of bacteremia from daily activities and is more important than prophylactic antibiotics for a dental procedure to reduce the risk of IE.

PROCEDURE

The 2007 AHA guidelines say **patients who have taken prophylactic antibiotics routinely in the past but no longer need them** include people with:

- mitral valve prolapse
- rheumatic heart disease
- bicuspid valve disease
- calcified aortic stenosis
- congenital heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy.

(The new guidelines are aimed at patients who would have the greatest danger of a bad outcome if they developed a heart infection.)

1. All dental patients or parent/guardian of dental patients will complete and sign a written medical history annually. The medical history will be reviewed at each appointment and updated as needed.

2. Patients with the following conditions will receive preventive antibiotics prior to a dental procedure that requires antibiotic prophylaxis:
 - a. artificial heart valves
 - b. a history of infective endocarditis
 - c. certain specific, serious congenital (present from birth) heart conditions, including
 - i. unrepaired or incompletely repaired congenital cyanotic heart disease, including those with palliative shunts and conduits
 - ii. a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
 - iii. any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device
 - d. a cardiac transplant that develops a problem in a heart valve.

3. Dental Procedures that require antibiotic prophylaxis:

All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa *

*The following procedures and events do not need prophylaxis: routine anesthetic injections through noninfected tissue, taking dental radiographs, placement of removable prosthodontic or orthodontic appliances, adjustment of orthodontic appliances, placement of orthodontic brackets, shedding of deciduous teeth and bleeding from trauma to the lips or oral mucosa.

NORTH COUNTRY HEALTH CONSORTIUM

Premedication Regimen for Dental patients who meet the criteria listed in item #2:

| Situation | Agent | Regimen- Single dose 30-60 minutes before procedure |
|---|--------------------------------|--|
| <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Oral | Amoxicillin | Adults Children 2 gm 50 mg/kg |
| Unable to take oral medication | Ampicillin | 2 g IM or IV* |
| | OR | |
| | Cefazolin or ceftriaxone | 1 g IM or IV 50 mg/kg IM or IV |
| Allergic to penicillins or ampicillin | Cephalexin** + | 2 g 50 mg/kg |
| | OR | |
| | Clindamycin | 600 mg 20 mg/kg |
| Oral | OR | |
| | Azithromycin or clarithromycin | 500 mg 15 mg/kg |
| | Cefazolin or ceftriaxone | 1 g IM or IV 50 mg/kg IM or IV |
| Allergic to penicillins or ampicillin AND unable to take oral medication | OR | |
| | Clindamycin | 600 mg IM or IV 20 mg/kg IM or IV |

* IM—intramuscular; IV—intravenous.

** or other first or second generation oral cephalosporin in equivalent adult or pediatric dosage.

- + Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticaria with penicillins or ampicillin

- 4. An antibiotic for prophylaxis should be administered in a single dose before the procedure. If the dosage of antibiotic is *inadvertently* not administered before the procedure, the dosage may be administered up to 2 hours after the procedure. However, administration of the dosage after the procedure should be considered only when the patient did not receive the pre-procedural dose.

- 5. If a patient is already receiving chronic antibiotic therapy with an antibiotic that is also recommended for IE prophylaxis for a dental procedure, whenever possible an antibiotic from a different class will be used rather than to increase the dosage of the current antibiotic.

- 6. Patients with congenital heart disease can have complicated circumstances. Prior to beginning to any dental treatment requiring antibiotic prophylaxis, the dental provider should check with the patient's cardiologist or primary care provider to determine antibiotic prophylaxis needs or other considerations pertaining to dental treatment or progression of oral disease.

DRESS CODE

MOLAR EXPRESS POLICY AND PROCEDURE

PURPOSE

To ensure all employees are appropriately attired to deliver professional services in a safe and efficient manner.

PROCEDURE

Chairside dental personnel shall wear a full coverage lab coat that must be either discarded daily or cleaned if it is not disposable. Coats must not be work outside of patient care areas.

Medical scrubs, clean, casual dresses, slacks, shirts, etc. are acceptable; clothing such as jeans sweatshirts and tank tops are not acceptable when working in patient care areas.

Clean, polished shoes, clinical shoes, or athletic sneakers are acceptable. At no time may open toed shoes be worn in patient care areas or in the dental laboratory.

Finger nails should be smooth and not interfere with wearing gloves necessary for patient care.

Rings or other jewelry must be smooth and not interfere with wearing gloves necessary for patient care.

Hair should be clean, groomed and kept neat.

RADIATION SAFETY

MOLAR EXPRESS POLICY AND PROCEDURES

The Molar Express provides dental radiographic examinations in a safe and effective manner.

PURPOSE

The dental x-ray safety program manual establishes procedures to minimize radiation exposure to personnel and patients while maintaining diagnostic quality. The manual provides educational material regarding radiation and outlines competency requirements for personnel to perform dental x-ray examinations.

The dental x-ray manual includes the following information:

- Identification of the Radiation Safety Officer (RSO)
- Operator Training and Safety
- Patient Safety
- X-Ray Machine Operations
- Control of Radiation Machines
- Information and Maintenance Records
- X-Ray Utilization Log
- Audits, Procedures and Reviews
- Personnel Training Information
- Competency Guidelines

PROCEDURE

All employees of the Molar Express will read the Dental X-Ray Safety Program Manual:

- During the orientation process upon initial employment
- Yearly as a requirement of the annual performance evaluation
- As requested for annual review of the program

Employees will sign an attestation document indicating understanding and willingness to comply with the Dental X-Ray Safety Program and form will be kept in employees personnel file.

Employees will wear a radiation badge at all times while in the clinic, and return to office manager at the end of each day. Badges will be check monthly to monitor any detected radiation.

A copy of the Dental X-Ray Safety Program Manual will be kept on the Molar Express Truck.

RADIATION SAFETY OFFICER (RSO) MOLAR EXPRESS POLICY AND PROCEDURE

The Molar Express employees an individual who is identified as the Radiation Safety Officer (RSO)

PURPOSE

To identify responsibilities of the RSO

PROCEDURE

The Radiation Safety Officer assures safe operation of the dental x-ray machine by;

- Training all x-ray machine operators in the safe operation of the equipment, selection of proper technique, patient radiation protection, and proper film processing (if applicable).
- Training all x-ray machine operators in emergency procedures in termination of exposure in the event of automatic timing device failure.
- Providing individual radiation monitoring devices (dosimeters) to clinical staff.
- Maintain records of employee exposure.
- Posting appropriate Notices and Instructions to workers.
- Establishing patient radiation safety practices.
- Assuring the x-ray machine operator follows safety procedures
- Assuring security of the x-ray machine when it is left at a clinical site.
- Applying label to x-ray machine cautioning individuals that radiation is produced.
- Maintaining information and maintenance records. (models, serial number, user's manual, calibrations, maintenance, surveys.)

Type and frequency of radiographs

The following radiograph recommendations are consistent with the American Dental Association (ADA) guidelines for dental radiographic examinations.

| | Child with Primary Dentition (prior to eruption of first permanent tooth) | Child with Transitional Dentition (after eruption of first permanent tooth) | Adolescent with Permanent Dentition (prior to eruption of third molars) | Adult, Dentate or Partially Edentulous | Adult, Edentulous |
|--|--|---|--|---|-------------------|
| Encounter | | | | | |
| New patient* being evaluated for dental diseases and dental development | Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time. | Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. | Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment. | Individualized radiographic exam, based on clinical signs and symptoms. | |
| Recall patient* with clinical caries or at increased risk for caries** | Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe | Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe | Posterior bitewing exam at 6-18 month intervals | Posterior bitewing exam at 6-18 month intervals | Not applicable |
| Recall patient* with no clinical caries and not at increased | Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe | Posterior bitewing exam at 18-36 month | Posterior bitewing exam at 24-36 month | Posterior bitewing exam at 24-36 month | Not applicable |

| | | |
|-------------------|-----------|-----------|
| risk for caries** | intervals | intervals |
|-------------------|-----------|-----------|

Guidelines for Prescribing Dental Radiographs, cont'd.

| Type of Encounter | Patient Age and Dental Developmental Stage | | | |
|---|--|---|---|--|
| | Child with Primary Dentition (prior to eruption of first permanent tooth) | Child with Transitional Dentition (after eruption of first permanent tooth) | Adolescent with Permanent Dentition (prior to eruption of third molars) | Adult Dentate and Partially Edentulous |
| Recall patient* with periodontal disease | Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically. | | | Not applicable |
| Patient for monitoring of growth and development | Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development | | | Usually not indicated |
| Patient with other circumstances | Clinical judgment as to need for and type of radiographic images for | | | |

| | |
|--|--|
| including, but not limited to, proposed or existing implants, pathology, restorative/endodontic needs, treated periodontal disease and caries remineralization | evaluation and/or monitoring in these circumstances. |
|--|--|

***Clinical situations for which radiographs may be indicated include but are not limited to:**

A. Positive Historical Findings

1. Previous periodontal or endodontic treatment
2. History of pain or trauma
3. Familial history of dental anomalies
4. Postoperative evaluation of healing
5. Remineralization monitoring
6. Presence of implants or evaluation for implant placement

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract ("fistula")
9. Clinically suspected sinus pathology
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical erosion

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

1. High level of caries experience or demineralization
2. History of recurrent caries
3. High titers of cariogenic bacteria
4. Existing restoration(s) of poor quality
5. Poor oral hygiene
6. Inadequate fluoride exposure
7. Prolonged nursing (bottle or breast)
8. Frequent high sucrose content in diet
9. Poor family dental health
10. Developmental or acquired enamel defects
11. Developmental or acquired disability
12. Xerostomia
13. Genetic abnormality of teeth
14. Many multisurface restorations
15. Chemo/radiation therapy
16. Eating disorders
17. Drug/alcohol abuse
18. Irregular dental care

SCHEDULE OF SERVICE

MOLAR EXPRESS POLICY AND PROCEDURE

The Molar Express is a mobile Public Health Dental Clinic which travels to locations in Coos, and Northern Grafton Counties. The Molar Express uses a customized truck to transport state of the art dental equipment to and from clinic sites.

The Molar Express is staffed by a dentist, dental hygienist and 2-3 dental assistants, office manager, and office support staff.

Target populations for the Molar Express:

- Residents of Coos and Northern Grafton County who:
 - Do not have a dental home and/or do not have financial recourses to access dental care
 - Pregnant women on Medicaid
 - Children who have Medicaid

The Molar Express accepts New Hampshire and Vermont Medicaid, New Hampshire Healthy Kids, and offers a sliding fee scale to those who qualify.

Services provided:

- Diagnostic and preventative dental care including: oral health assessment, digital x-rays, dental cleanings, dental sealants, topical fluoride application, and patient/community oral health education
- Dental services to maintain and restore optimum health including: dental restorations, simple extractions, and pulpotomy's on deciduous teeth.
- Emergency dental services to eliminate acute infection and relieve discomfort which includes antibiotic prescriptions and analgesics as necessary.

The Molar Express Fee Scale



**North Country
Health Consortium, Inc.**
Working together to improve the health of North Country residents.

a North Country Health Consortium program

| ADA CODE | DESCRIPTION | NCHC Price | 55% | 35% | 25% |
|----------|--|------------|----------|----------|----------|
| D-0120 | Periodic Exam (done 1 time a year) | \$ 65.00 | \$29.25 | \$42.25 | \$48.75 |
| D-0140 | Limited Exam (emergency) | \$90.00 | \$40.50 | \$58.50 | \$67.50 |
| D-0150 | Comprehensive Exam (initial visit) | \$100.00 | \$45.00 | \$65.00 | \$75.00 |
| D-0210 | Full Mouth Series | \$130.00 | \$58.50 | \$84.50 | \$97.50 |
| D-0220 | 1 st Periapical Film | \$26.00 | \$11.70 | \$16.90 | \$19.50 |
| D-0230 | Each Additional Film | \$23.00 | \$10.35 | \$14.95 | \$17.25 |
| D-0240 | Occlusal Film | \$26.00 | \$11.70 | \$16.90 | \$19.50 |
| D-0270 | Bitewing-Single | \$26.00 | \$11.70 | \$16.90 | \$19.50 |
| D-0272 | Bitewing- TWO | \$50.00 | \$22.50 | \$32.50 | \$37.50 |
| D-0274 | Bitewing-FOUR | \$72.00 | \$32.40 | \$46.80 | \$54.00 |
| D-1110 | ADULT-Prophy (13-100) | \$75.00 | \$33.75 | \$48.75 | \$56.25 |
| D-1120 | CHILD-prophy (0-12) | \$110.00 | \$49.50 | \$71.50 | \$82.50 |
| D-1203 | CHILD-Fluoride | \$40.00 | \$18.00 | \$26.00 | \$30.00 |
| D-1351 | Sealant-Per Tooth | \$60.00 | \$27.00 | \$39.00 | \$45.00 |
| D-1550 | Recement Space Maintainer | \$76.00 | \$34.20 | \$49.40 | \$57.00 |
| D-2140 | AMALGAM (1-surface) | \$160.00 | \$72.00 | \$104.00 | \$120.00 |
| D-2150 | AMALGAM (2-surface) | \$210.00 | \$94.50 | \$136.50 | \$157.50 |
| D-2180 | AMALGAM (3-surface) | \$245.00 | \$110.25 | \$159.25 | \$183.75 |
| D-2281 | AMALGAM (4+-surface) | \$280.00 | \$126.00 | \$182.00 | \$210.00 |
| D-2330 | COMPOSITE ANTERIOR (1-surface) | \$190.00 | \$85.50 | \$123.50 | \$142.50 |
| D-2331 | COMPOSITE ANTERIOR (2-surface) | \$220.00 | \$99.00 | \$143.00 | \$165.00 |
| D-2332 | COMPOSITE ANTERIOR (3-surface) | \$265.00 | \$119.25 | \$172.25 | \$198.75 |
| D-2335 | COMPOSITE ANTERIOR (4+-surface) | \$290.00 | \$130.50 | \$188.50 | \$217.50 |
| D-2391 | COMPOSITE POSTERIOR (1-surface) | \$200.00 | \$90.00 | \$130.00 | \$150.00 |
| D-2392 | COMPOSITE POSTERIOR (2-surface) | \$245.00 | \$110.25 | \$159.25 | \$183.75 |
| D-2393 | COMPOSITE POSTERIOR (3-surface) | \$280.00 | \$126.00 | \$182.00 | \$210.00 |
| D-2394 | COMPOSITE POSTERIOR (4+-surface) | \$315.00 | \$141.75 | \$204.75 | \$236.25 |
| D-4341 | Deep Scale/Root Plane x quad (4 teeth) | \$250.00 | \$112.50 | \$162.50 | \$187.50 |
| D-4342 | Deep Scale/Root Plane x quad (1-3 teeth) | \$190.00 | \$85.50 | \$123.50 | \$142.50 |
| D-2940 | Sedative Filling | \$130.00 | \$58.50 | \$84.50 | \$97.50 |
| D-2954 | Prefab Post & Core | \$315.00 | \$141.75 | \$204.75 | \$236.25 |

2009/2010 POVERTY GUIDELINES

| Size of Family Unit | 100 Percent of Poverty | Monthly | 110 Percent of Poverty | Monthly | 125 Percent of Poverty | Monthly | 150 Percent of Poverty | Monthly | 175 Percent of Poverty | Monthly | 185 Percent of Poverty | Monthly | 200 Percent of Poverty | Monthly |
|---------------------|------------------------|---------|------------------------|---------|------------------------|---------|------------------------|---------|------------------------|---------|------------------------|---------|------------------------|---------|
| 1 | \$10,830 | \$903 | \$11,913 | \$993 | \$13,538 | \$1,128 | \$16,245 | \$1,354 | \$18,953 | \$1,579 | \$20,036 | \$1,670 | \$21,660 | \$1,805 |
| 2 | \$14,570 | \$1,214 | \$16,027 | \$1,336 | \$18,213 | \$1,518 | \$21,855 | \$1,821 | \$25,498 | \$2,125 | \$26,955 | \$2,246 | \$29,140 | \$2,428 |
| 3 | \$18,310 | \$1,525 | \$20,141 | \$1,678 | \$22,888 | \$1,907 | \$27,465 | \$2,289 | \$32,043 | \$2,670 | \$33,874 | \$2,823 | \$36,620 | \$3,052 |
| 4 | \$22,050 | \$1,837 | \$24,255 | \$2,021 | \$27,563 | \$2,297 | \$33,075 | \$2,757 | \$38,588 | \$3,216 | \$40,793 | \$3,399 | \$44,100 | \$3,675 |
| 5 | \$25,790 | \$2,149 | \$28,369 | \$2,364 | \$32,238 | \$2,687 | \$38,685 | \$3,224 | \$45,133 | \$3,761 | \$47,712 | \$3,976 | \$51,580 | \$4,298 |
| 6 | \$29,530 | \$2,460 | \$32,483 | \$2,706 | \$36,913 | \$3,076 | \$44,295 | \$3,691 | \$51,678 | \$4,307 | \$54,631 | \$4,553 | \$59,060 | \$4,922 |
| 7 | \$33,270 | \$2,773 | \$36,597 | \$3,050 | \$41,588 | \$3,466 | \$49,905 | \$4,159 | \$58,223 | \$4,852 | \$61,550 | \$5,129 | \$66,540 | \$5,545 |
| 8 | \$37,010 | \$3,084 | \$40,711 | \$3,393 | \$46,263 | \$3,855 | \$55,515 | \$4,626 | \$64,768 | \$5,397 | \$68,469 | \$5,706 | \$74,020 | \$6,168 |

Revised 4/22/2010

GUIDELINES FOR PRENATAL ORAL HEALTH CARE

MOLAR EXPRESS POLICY AND PROCEDURE

To establish guidelines for the treatment and prevention of oral diseases during pregnancy and to promote the overall oral health of women and infants.

PROCEDURE

This facility adheres to the National Maternal and Child Oral Health Resource Center guidelines for treatment during pregnancy. Recommendations for these guidelines include:

General Dental Health Services

- Oral hygiene and oral health during pregnancy is important to overall health of mother and fetus
- Oral health care during pregnancy is safe and effective and is essential for the pregnant woman and fetus.
- Diagnosis (including necessary dental x-rays) and treatment for conditions requiring immediate attention are safe during the first trimester of pregnancy.
- Necessary treatment can be provided throughout pregnancy; however the period between the 14th and 20th week of pregnancy is the best time to provide treatment.
- Delaying necessary treatment could result in significant risk to the mother and indirectly to the fetus.

Dental provider will consult with the prenatal care Health Professional in cases of;

- Deferring treatment because of pregnancy
- Co-morbid conditions or medication use (e.g. diabetes, hypertension, heparin use) that may affect management of oral problems.
- Intravenous sedation or general anesthesia to complete dental procedures.

CREDENTIALING AND PRIVELAGING

MOLAR EXPRESS POLICY AND PROCEDURE

Credentialing and privileging is a condition of employment for all dentists on the staff on the North Country Health Consortium (NCHC) Molar Express. Privileges must be formally requested and granted by the Governing Board of NCHC. Renewal is required every two years and is based on peer review and quality assurance monitoring.

PURPOSE

To assure that patients of NCHC Molar Express receive care and treatment from providers who are qualified and competent in their professional disciplines;

To ensure that applicants have the education, professional qualifications, licenses, certifications and permits required by contact, state and federal law and regulations;

To profile information pertaining to education, training, licensure, professional qualifications, current competence, and relevant experience for review by the supervising dentist, the executive director (ED) and the quality assurance/professional affairs committee(QA/PA committee)

To standardize the steps for processing each application for appointment.

PROCEDURE: Applicant

- The Dental Provider Credentialing Application must be completed, signed and submitted to the ED. The application must be printed legibly or typed.
- The Provider Release Authorization/Certification must be signed by the applicant and submitted with the application.
- The following documentation must be submitted with the application;
 - Curriculum Vitae or Resume
 - Copy of current state dental license
 - Copy of current Drug Enforcement Agency (DEA) certificate
 - Copy of declaration page (face sheet) from current malpractice insurance coverage policy. (if group policy, attach an addendum showing individual covered provider names).
 - Copy of current driver's license
 - NH Title 19 Program Provider Enrollment Application
- Privileges must be formally requested using the Oral Health Request for Clinical Privileges Form. The applicant will indicate all procedures/treatments they are

applying for. The privileging request form must be signed, dated and submitted to the ED with all other application documents.

PROCEDURE: Credentialing Coordinator (CC)

- Upon receipt of a Dental Provider Credentialing Application, the ED will send it to the CC who will review the application to make sure it is complete, signed, dated and that the appropriate documents are provided.
- The CC will open a credentialing file for the applicant and initiate a checklist to track the credentialing/privileging process.
- The CC will conduct primary source verification of the following:
 - Current Dental Licensure
 - Professional Diploma-professional schools, post doctoral programs, board certifications
 - Current Competence- Verification of current competence at the initial appointment will be based on two written references provided by individuals with knowledge of the applicant's recent clinical and professional performance.
 - Malpractice History- A five year history of malpractice coverage will be requested and confirmed from named insurance companies
 - Prime time research inquiry
 - Criminal background check
- Secondary source verification is verified with copies of the following:
 - Curriculum Vitae
 - Malpractice policy
 - DEA certificate
 - Drivers license
- The request for Clinical Privileges Form is submitted to the supervising dentist of initial review.
- When the CC completes all primary and secondary source verification, the ED is notified and the QA/PA committee is convened to review the application and supporting documentation for appointment.
- The CC maintains the credentialing file to ensure that all credentials are current. The CC sends notices of renewal for reappointment to providers two months prior to their reappointment date.

PROCEDURE: Quality Assurance/Professional Affairs Committee (QA/PA Committee)

- The QA/PA Committee, consisting of the ED, one Board Member, the Supervising Dentist, the Risk Manager and Credentialing Coordinator is convened to review application for Credentialing and Privileging as a condition of employment.
- All documents and letters of recommendation are reviewed.
- The supervising dentist will provide guidance in review and recommendation for approval or denial of privileging requests.
- The QA/PA Committee will make a recommendation for approval or denial of application and/or privileging to the board. The ED will place the item on the board agenda and the board representative to the QA/PA Committee will report the committee's findings and recommendations.
- The President of the board will notify the applicant of all Credentialing and Privileging decisions.
- A record of the QA/PA Committee is documented in the form of minutes.

APPOINTMENT RENEWAL

Credentialing and Privileging must be renewed every two years.

PROCEDURE: Applicant

- Upon receipt of a Notification of Renewal Form the provider will complete all required forms, including a Request for Clinical Privileges Form; will provide all requested documentation including but not limited to, a copy of their professional license, DEA certificate, CME hours, by the date required in the notification.
- The applicant will sign and date all documents.

PROCEDURE: Credentialing Coordinator (CC)

- The CC will maintain credential files for all professional staff.
- The CC will notify providers of renewal requirements two months prior to the renewal date using the Notification of Renewal Form.
- The CC will conduct the following primary source verification:
 - Professional license
 - Malpractice coverage
 - DEA Certificate
 - Current drivers license
 - Criminal background check

- The CC will include the following as information for reappointment decisions;
 - Performance Evaluations to determine current competence
 - Quality Assurance/Peer Review reports
 - Patient Satisfaction Surveys
 - CME Hours

TRUCK AND EQUIPMENT USE AND MAINTENANCE

MOLAR EXPRESS POLICY AND PROCEDURE

The Molar Express truck and lift are maintained and inspected to assure safe operation

PURPOSE

- To provide instruction for pre-trip inspection of the Molar Express truck and equipment
- To provide guidelines for safe operation and appropriate maintenance of the truck
- To provide guidelines for safe and appropriate use of the tomy lift
- To provide guidelines for safe loading and unloading of equipment.

PROCEDURE

A pre-trip inspection of the truck and equipment will be conducted prior to each trip by Molar Express staff.

Once outside the truck, inspections will be documented on the PRE-TRIP VEHICLE SAFETY CHECKLIST. The practice manager will be responsible to determine if repairs are needed before the truck can be used. If it is determined that the truck can be used safely, the practice manager will schedule repairs in accordance with Molar Express Clinic schedule.

A pre-trip inspection of the inside of the truck will be conducted by clinic staff to assure that all equipment is properly loaded and secured and documented on the PRE-TRIP EQUIPMENT SAFETY CHECKLIST. The truck will not move unless all equipment is appropriately secured.

The Molar Express Truck will be inspected biannually as required by New Hampshire state law. Regular maintenance will include oil changes every 5,000 miles.

Employees who will drive the Molar Express Truck must have a valid New Hampshire, Vermont or Maine's driver's license. A copy will be included in the personnel file.

All employees who will drive the Molar Express truck must pass a drug screening test before being allowed to drive the truck.

Guidelines for Safe Driving:

- Remember that the Molar Express Truck is heavier than a car and takes more time to stop.

- Be aware of the truck height, length, and width when approaching bridges and underpasses or when passing other vehicles.
- Be aware of blind spots. The “A” post is the post where the door and windshield come together. The A post creates a blind spot. When turning, keep corners wide to compensate for the blind spot.
- Obey all traffic laws and speed limits. Reduce you speed at night or in inclement weather.
- Drive with head lights on.
- Wear seat belts at all times while truck is moving.
- Do not use cell phones for talking or texting while driving.
- Do not eat while driving
- Before truck in driven in reverse, the driver will walk completely around the truck to make sure it is clear, unless a second person is available to provide direction.
- Use proper driving etiquette. Remember the truck is a billboard for the organization.

Accidents that may occur during operating of the Molar Express must be reported to the practice manager, and the insurance company as instructed in the vehicle insurance policy.

Report any damage to the truck that is not the result of an accident to the practice manager.

Complete an incident report and submit it to the practice manager.

Loading and Unloading Equipment

Procedure for safe operation of the tommy lift, loading and unloading equipment.

- Turn on tommy lift by pressing the bull's eye emblem once. The power light will come on. To activate the tommy lift, press the center of the white block twice. The lift light will come on.
- To lower the tommy lift from the storage position, hold the knob with your left hand and pull the hook back. Operate the tommy lift switch with your right hand to raise the lift from its resting place.
- If the truck is on an incline and the gate must be pulled back, reach above the moving parts and guide the lift as it comes down.
- Lower the tommy lift gate to the ground to disengage the "flippers".
- Adjust the height of the tommy lift to a comfortable level to step up on the lift then into the truck.
- When the tommy lift is wet, it is very slick. Use extreme caution when moving equipment on the lift in wet or freezing conditions. The mat should be placed on the lift if it is wet or freezing.
- Caution is required when an employee is standing and moving on the tommy lift. It is important for the employee to be aware of their location on the lift and where the edges are.
- Be sure that the power is turned off when the tommy lift is not in use. The tommy lift is powered by the truck battery and leaving the tommy lift on will drain the truck battery.
- To fold the gate, the operator puts their foot on the flipper handle, pressing the flipper into place under the truck bumper. Once this is established the tommy gate can be lifted and locked back into place.
- Employees who require further instruction for using the tommy lift will notify the practice manager.

Loading and unloading of the Molar Express equipment must be an effort of the whole Molar Express team.

Heavy equipment such as the sterilization cart, and x-ray cart should be loaded and unloaded by two people at all times.

All equipment should be rolled and never picked up to be moved, as this can result in serious back and neck injuries.

MOLAR EXPRESS

PRE-TRIP VEHICLE SAFETY CHECKLIST

MONTH:

| Item | Acceptable | Needs Repair | Date/Initials | Date/Initials | Date/Initials | Date/Initials |
|--------------------|------------|--------------|---------------|---------------|---------------|---------------|
| Tire Condition | | | | | | |
| Tire Inflation | | | | | | |
| Head Lights | | | | | | |
| Rear Lights | | | | | | |
| Brake Lights | | | | | | |
| Directional Lights | | | | | | |
| Mirrors | | | | | | |
| Brakes | | | | | | |
| Horn | | | | | | |
| Reverse Alarm | | | | | | |
| Battery Charge | | | | | | |
| Oil Gauge | | | | | | |
| Temperature Gauge | | | | | | |
| Fuel Gauge | | | | | | |
| Fuel Level | | | | | | |

The Practice Manager should be notified about items needing repair before the vehicle is used

NORTH COUNTRY HEALTH CONSORTIUM, INC.

POLICY GOVERNING

DOCUMENT RETENTION AND DESTRUCTION

The North Country Health Consortium [the Consortium] adopts the following Policy in order to strengthen its existing policies and procedures, maintain and exemplify “best practices,” and comply with applicable law and regulations.

PRINCIPLES:

1. The members of the Consortium Board, staff and volunteers must be aware that it is a crime to destroy, alter, cover up, or falsify any document¹ (or persuade anyone else to do so) to prevent its use in an official proceeding (for example, litigation or administrative proceeding, governmental investigation, or bankruptcy proceeding).
2. If an official investigation is underway or even suspected, management of the Consortium must stop any document purging in order to avoid criminal obstruction charges.
3. Similarly, if litigation is reasonably anticipated, document purging must be stopped.
4. The Consortium will adopt and maintain a written, mandatory document retention and destruction policy to help limit accidental or innocent document destruction.
5. The Consortium will monitor, justify, and carefully administer the document destruction process.
6. The Consortium will maintain appropriate records about its operations, and will also regularly dispose of unnecessary and outdated documents in accordance with the Policy.
7. The Consortium will manage, store, preserve and archive documents, including e-mail and other electronic messages or data, in accordance with the Policy.
8. The Consortium Corporate Compliance Officer will report on adherence to this policy to the Consortium Board of Directors which has responsibility for oversight of compliance with this Policy.

POLICY:

Sensitivity to the confidential and personal information regarding existing and prospective customers, members, and patients is the basic value that governs these guidelines that stress accuracy, confidentiality, security, and proper archiving or destruction for the North Country Health Consortium’s records.

Paper and Electronic Files

1. The Consortium maintains both paper and electronic files, and is responsible to ensure the basic values of accuracy, confidentiality, security and proper archiving as well as ensuring proper document destruction once documents have served their purpose.

¹ “Document” includes e-mail, voicemail and other electronic messages or data.

NORTH COUNTRY HEALTH CONSORTIUM

2. The Consortium keeps financial reports and sensitive customer, member and patient records secured in locked cabinets or in the Consortium Office.
3. Only Directors and Consortium Staff have access to Consortium paper and electronic files. For purposes of this document, "staff" includes outside consultants that have signed confidentiality agreements with the Consortium.
4. All electronic computer files are protected by password. All Consortium staff will use password protected screen savers.
5. Consortium staff members will not allow work study students or volunteers to use their desks or work areas unsupervised.
6. Consortium voicemail and email files will be protected, maintained and destroyed according to existing Consortium policy and/or procedure.
7. The Consortium abides by all state and federal guidelines in regards to storing and maintaining patient dental records. All dental records are in electronic format.
8. The Consortium maintains patient dental records for at least 10 (ten) years from the time the clinician last treated the patient. In the case of a minor patient, the Consortium maintains the patient's dental record for at least 10 (ten) years past the age of majority.
9. The Consortium protects Consortium records by providing regular computer system checks for reliability and protection against viruses in the ordinary course of maintaining the Consortium's records.

File Access

Only Consortium staff, the Board of Directors and the independent accountants retained to audit the Consortium's financial statements shall have access to financial files and records of the Consortium; other persons may be granted access to financial files upon permission of the Executive Director or Consortium President.

Only authorized clinic and management staff have access to patient dental records. All electronic computer files are protected by password. All clinic staff will use password protected screen savers.

Under an agreement with the State of New Hampshire, Department of Health and Human Services, the Consortium keeps such records as are necessary to fully disclose the extent of the care or services provided to dental patients served under the NH Title XIX Program and to furnish the Department with such information regarding any payment claimed, as requested.

NORTH COUNTRY HEALTH CONSORTIUM

Dental patients have the right to see, review, inspect, request, and obtain a copy of their dental record, including x-rays. A signed release is used to release a copy of the record to either the patient or patient representative.

Backup

Consortium electronic document files are backed up daily to prevent catastrophic file loss.

Consortium dental record database files are backed up on a weekly basis due to the mobile nature of the program.

Retention Cycle

1. The Consortium keeps permanent files in the Consortium Office of the following:
 - a. End-of-fiscal-year reports and financial statements
 - b. Annual Reports (audited)
 - c. Auditors' management letters
 - d. Minutes of Board meetings
 - e. Minutes of Member meetings
 - f. Corporate Governance Policies
 - g. Office Policy and Procedures Manual
 - h. Submitted IRS forms (e.g., W-2, W-3, 1099, 990, 1065)
 - i. All legal documents
 - j. All correspondence with legal and financial counsel
 - k. Funded grant requests
2. The Consortium retains, in the Consortium Office, monthly account statements for 10 (ten) years. At the end of this time, these documents are destroyed in accordance with this Policy:
3. The Consortium maintains patient dental records for at least 10 (ten) years from the time the clinician last treated the patient. In the case of a minor patient, the Consortium maintains the patient's dental record for at least 10 (ten) years past the age of majority.

Students and Other Temporary Employees

1. All temporary Consortium employees, including volunteers and third party consultants, must sign a confidentiality agreement prior to being allowed access to Consortium Office files.

Archives

1. Consortium records no longer needed for current operations but deemed to be of historic value are stored within the Consortium's Office.

2. Consortium patient dental records are stored in a secure electronic format within the Consortium's office.

Document Destruction

1. All Consortium paper documents that are neither necessary for current operations nor designated for archiving must be destroyed. Such destruction will be conducted under the direction of the Executive Director of the Consortium and/or the Corporate Compliance Officer.

Suspension of Policy – Litigation Hold

If the Consortium becomes aware of litigation or the threat of litigation against the Consortium or any officer or director thereof for acts or omissions during term of service, all usual document and record destruction shall be suspended immediately. The Consortium should then promptly consult with counsel so that the Consortium can assess the scope of documents and records that must continue to be retained by the Consortium to ensure compliance with applicable law.

Adopted by Board of Directors: _____

Date

North Country Health Consortium, Inc.

POLICY GOVERNING

WHISTLEBLOWER PROTECTION

The North Country Health Consortium adopts the following Whistleblower Protection Policy in order to strengthen its existing policies and procedures, maintain and exemplify “best practices”, and comply with applicable law and regulations.

Introduction

The North Country Health Consortium (the Consortium) requires its Directors, officers and its Executive Director to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As representatives of the Consortium, such Directors, officers and the Executive Director must practice honesty and integrity in fulfilling their responsibilities and comply with all applicable laws and regulations.

The Federal Sarbanes-Oxley Act requires that all corporations, including non-profit organizations such as the Consortium, establish timely procedures for the handling of complaints regarding the financial affairs of the organization and the retention of documents concerning complaints including their resolution. This policy is also applicable to the reporting, investigation and resolution of concerns regarding possible violations of the corporate governance policies and other policies of the Consortium.

Reporting Procedure and Responsibility

Directors, officers, the Executive Director, members of the Consortium and staff members of the Consortium, who have concerns about questionable accounting, internal accounting controls or auditing matters, have an affirmative duty to report those concerns to the Corporate Compliance Officer.

Additionally, a Consortium staff member who has concerns about possible violations of corporate governance policies or other policy of the Consortium has an affirmative duty to report those concerns to the Corporate Compliance Officer.

Reports are expected to be made on a good faith basis. Malicious, knowingly false or bad faith reports may be a basis for disciplinary action, including immediate termination from service or employment.

Illegal Directive(s) or Instruction(s) In Violation of Policy

Consortium staff members who refuse to carry out a directive which s/he has a reasonable good faith basis to believe would constitute an improper accounting, internal accounting control or

auditing matters, corporate fraud, or a violation of state or federal law or applicable Consortium policies is also covered by this Policy.

Confidentiality; Anonymous Reporting Process

Violations or suspected violations may be submitted on a confidential basis by the complainant; reports under this Policy may be made on an anonymous basis. Such reports will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation. To make a confidential and/or anonymous, if so desired, report:

- Send a written report, clearly marked CONFIDENTIAL to the Corporate Compliance Officer: North Country Health Consortium, 7 Main Street, Suite 7, Whitefield, NH 03598.
- Phone the Corporate Compliance Officer at (603) 837-2519

No Retaliation

No person who in good faith makes a report hereunder shall be subject to harassment, retaliation or adverse employment consequence for having made such a report. Such persons are also protected against retaliation for providing information to or otherwise assisting in an investigation by the Consortium, a federal or state regulatory authority, or a law enforcement agency, which may result from a reporting of questionable accounting, internal accounting controls, questionable audit practices or a violation of policies contained in the Consortium's governing articles of agreement, its bylaws or its policies. A Director or the Executive Director who retaliates against someone who has made a good faith report under this Policy, or who has provided information or assistance in connection with an investigation, is subject to disciplinary action up to and including immediate termination of service or employment.

Documentation of Reports

Upon receipt of a report under this Policy, the Corporate Compliance Officer will document in writing the details of the report made, the date upon which the report was received and how it was received, and any actions taken in connection with its receipt, regardless of whether the report was submitted in writing. These records shall be forwarded to and maintained by the Consortium for a period of no less than seven (7) years.

In addition, with the exception of anonymous reports, the person(s) making a report will receive written notification that their report under this Policy has been received.

Investigation

Investigations under this Policy will be conducted as discretely as possible.

Upon receipt of a report under this Policy, the Corporate Compliance Officer shall be notified and shall commence an investigation within a reasonable time period. Depending on the nature of the allegations, the investigation shall be undertaken by the Corporate Compliance Officer or his or her designee, unless the report concerns the conduct of the Corporate Compliance Officer, wherein the investigation shall be conducted by the President of the Board or his or her designee. If the report involves questionable accounting, internal accounting controls or questionable auditing conduct, the Corporate Compliance Officer may engage the services of outside legal or

NORTH COUNTRY HEALTH CONSORTIUM

accounting professionals to conduct and/or assist in any investigation or to otherwise advise the Consortium.

Upon the conclusion of any investigation under this policy, the investigating body shall make a determination as to the propriety of the questioned actions and/or whether there was a violation of the Consortium's governing articles of agreement, bylaws or Consortium policy and make a recommendation as to any appropriate action(s) to be taken, depending on the results of their investigation. This may include, but not be limited to, disciplinary action, up to and including termination from service or employment. In a situation involving a member of the Board of Directors, any action taken will be in accordance with the Consortium's governing articles of agreement and applicable law.

The investigating body shall communicate the results of its investigation to the President of the Board of Directors, and/or the Executive Director in the first instance. The President of the Board or the Executive Director shall not receive this information if the report involves his/her conduct.

Documentation regarding an investigation under this Policy shall be forwarded to and maintained by the Consortium for a period of no less than seven (7) years.

Adopted by Board of Directors: August 27, 2010

Date