



RAK Medical and Health Sciences University

RAK College of Dental Sciences



**RAKCODS Health and Safety Policies and
Procedures**

October 2022 – September 2025

TABLE OF CONTENTS

S. No	Title	Page No.
1	Table of Contents	1
2	Foreword	5
3	RAKCODS Organizational Chart	7
4	Acknowledgements	9
5	Abbreviations Used	13
6	Administration Policies	15
AD.01	Policy on Policies	17
AD.02	New Employee Orientation	23
AD.03	Staffing Plan	29
AD.04	Patient Registration	33
AD.05	Medical Records	37
AD.06	Patient Rights and Responsibilities	49
AD.07	Patient Experience	55
AD.08	Patient Complaints	61
7	Clinical Policies	67
CL.01	Patient Identification	69
CL.02	Patient Triage	73
CL.03	Follow Up Protocol	77
CL.04	Patient Handover, Referral and Discharge Summary	79
CL.05	General & Informed Consent	85
CL.06	Dental Technology and Laboratory Services	95
CL.07	Oral Health Promotion	105
CL.08	Reporting Occurrence Variance, Near Miss, Adverse and Sentinel Events	109

S. No	Title	Page No.
CL.09	Disclosure of Adverse Events	117
CL.10	Patient Education	121
CL.11	Clinical Guidelines and Protocols	125
CL.11.1	Rubrics for Clinical Periodontics	129
CL.11.2	Rubrics for Clinical Operative Dentistry	143
CL.11.3	Rubrics for Removable Clinical Prosthodontics	157
CL.11.4	Rubrics for Fixed Clinical Prosthodontics	175
CL.11.5	Rubrics for Clinical Endodontics	193
CL.11.6	Rubrics for Clinical Oral Surgery	209
CL.11.7	Rubrics for Clinical Orthodontics	226
CL.11.8	Rubrics for Clinical Pediatric Dentistry	241
CL.11.9	Rubrics for Clinical Oral Medicine and Oral Diagnosis	259
8	Medication Management Policies	273
MM.01	Medication Safety & Management	275
MM.02	Medication Selection and Procuring	283
MM.03	Medication Storage	285
MM.04	Medication Reconciliation and Prescribing	291
MM.05	Antibiotics	305
MM.06	Administration of Local Anesthesia	315
MM.07	Emergency Medications	329
MM.08	Telephonic and Verbal Order Form	341
9	Nursing Policies	347
NS.01	Dress Code for Nurses and Requirements	349
NS.02	Care of Instruments/ Equipment	353

S. No	Title	Page No.
NS.03	Care of Materials/ Requisition	357
NS.04	Occurrence Variance Report (OVR)	361
10	Continuous Quality Improvement Policy	363
QA.01	Quality Improvement Plan	365
11	Hospital Safety Policies	369
HS.01	Infection Control	371
HS.02	Immunization	383
HS.03	Respiratory Hygiene	391
HS.04	IPC Protocols in Radiology Room	393
HS.05	Oral Surgery Asepsis	397
HS.06	Hand Hygiene	401
HS.07	Personal Protective Equipment	413
HS.08	Instrument Care	437
HS.09	Sharp Safety	461
HS.10	Occupational Exposure	465
HS.11	Work Restriction	471
HS.12	Food Safety	473
HS.13	Water Quality Testing	479
HS.14	Handling of Extracted Teeth	487
HS.15	Outbreak Preparedness	491
HS.16	Environmental Cleaning	501
HS.17	Waste Management	515
HS.18	Construction, Renovation and Demolition	521
HS.19	Amalgam Waste Management	525

S. No	Title	Page No.
HS.20	Radiation Safety	529
HS.21	Quality Assurance in Radiology Centre	539
HS.22	Quality Control in Radiology Centre	545
HS.23	Medical Equipment Management, Training and Maintenance	549
HS.24	Emergency Preparedness Plan	555
HS.25	Utility Management Plan	561
HS.26	Fall Risk Prevention	567
HS.27	Abuse and Violence Prevention	573
HS.28	Code Grey - Workplace Violence Prevention	577
HS.29	Code Blue - Medical Emergencies in Dental Practice	585
HS.30	Code Red - Fire Response Plan	593
HS.31	Code Black - Bomb Threat	601
HS.32	Code Brown - Hazardous Spills	609
HS.33	Code Pink – Infant/ Child Abduction	621
HS.34	Code Green – Evacuation	625
HS.35	Elevator Rescue Procedure	633
HS.36	Handicap Personnel Rescue	637

FOREWORD

The undergraduate BDS degree program at RAK College of Dental Sciences (RAKCODS) was started in 2007. The program is accredited by the Ministry of Education, UAE.

RAKCODS Health and Safety Policies and Procedures Manual is for all Students, Interns, Staff and Faculty. This manual provides policies and procedures to establish a standard that guides how we conduct ourselves as students, interns, staff and faculty including how we interact with patients, others and manage the business of the college. The policies contained in this manual are in keeping with the mission, vision and goals of the college.

The College is committed to fair and equitable treatment of all its clients (Students and Patients) and its employees in accordance with established policies; thus the manual is designed to be the primary reference document. Separate documents/pamphlets with respect to the operation or administration of RAKCODS may be distributed to augment the provisions of this manual.

Departmental documents must be consistent with this manual. It is the practice of the College to process substantive changes in these policies through our governance process. However, the College reserves the right to interpret, alter, reduce, or eliminate any practice, policy or benefit, in whole or in part, where changes in law or other circumstances render changes in the policy necessary to the welfare of the College and its clients. As changes are made in policies, the appropriate pages in the manual will be brought up to date. A detailed log of these changes will be maintained with the manual as required. The manual is accessible to the whole of RAKCODS students, interns, staff and faculty via the shared folder and the hard copy is available with the Chairperson Clinical Sciences.

The Purpose of Policies and Procedures

- All the policies within the manual are to enhance patient safety within RAKCODS.
- Facilitate adherence with recognized professional practices.
- Promote compliance with regulations, statutes, and accreditation/quality journey requirements.
- Reduce practice variation.
- Serve as a resource for students, interns, staff and faculty particularly new personnel.
- Reduce reliance on memory, which, when overtaxed, has been shown to be a major source of human errors or oversights.

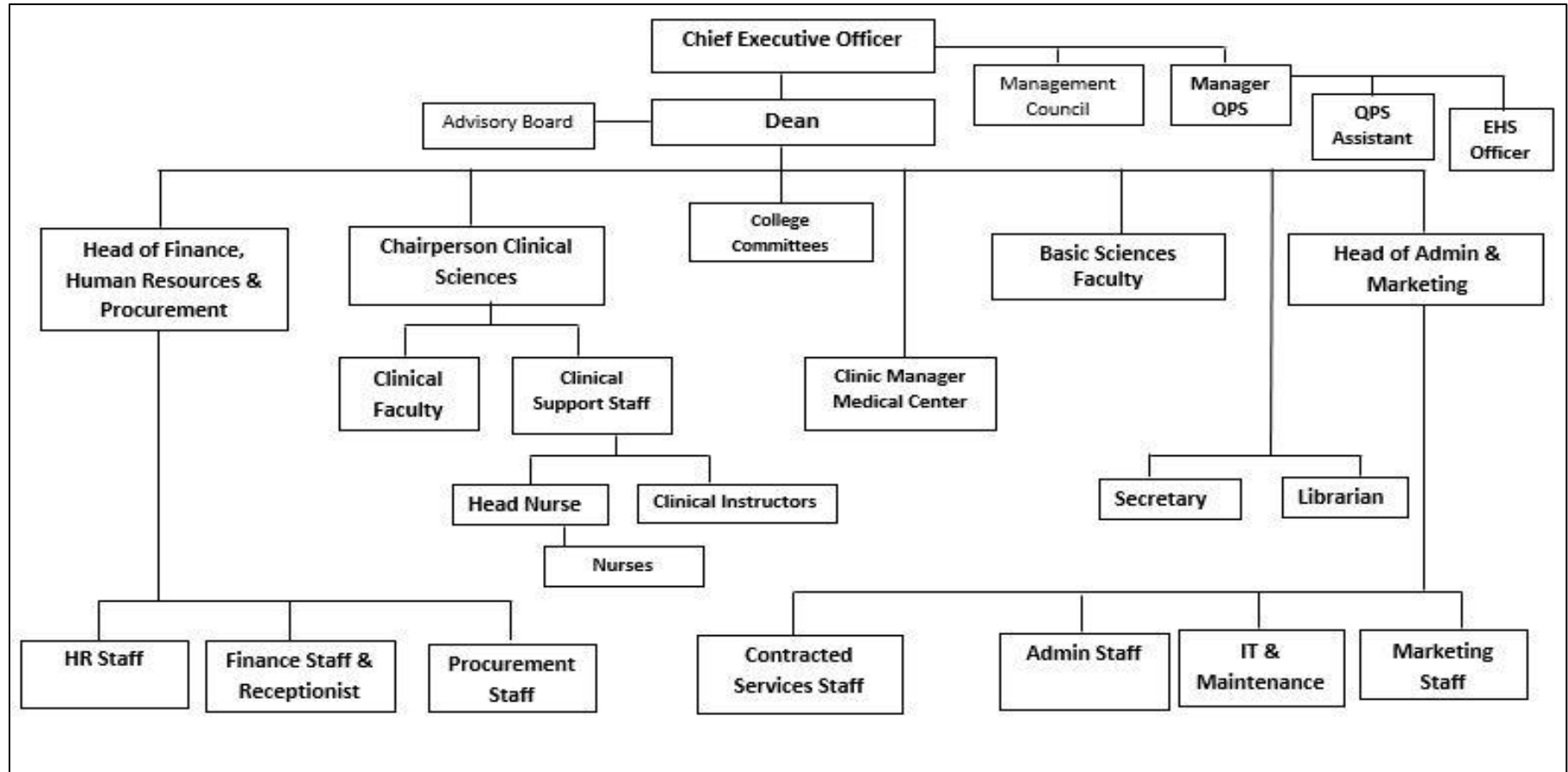
- Preparation: All the faculty and staff have contributed towards the successful preparation of the policies.
- Compilation and Review: The policies herewith were compiled and reviewed by Dr. Muhammed Mustahsen Rahman, Dean, Dr. Vivek Padmanabhan, Chairperson Clinical Sciences.
- Approval: All the policies have been finally reviewed and approved by the CEO of RAKCODS, Mr. Muhammad Hassan Khan.

Sincerely,

Dr. Vivek Padmanabhan
Chairperson Clinical Sciences
Chairperson Quality and Patient Safety

RAK College of Dental Sciences FZC

Organization Chart



Head of Finance & HR

Dean

Chief Executive Officer

ACKNOWLEDGEMENTS

S. No.	Name	Designation
1	Dr. Muhammed Mustahsen Rahman	Dean/ Professor
2	Dr. Vivek Padmanabhan	Chairperson, Clinical Sciences/ Chairperson, Quality & Patient Safety/ Assistant Professor
3	Dr. Kusai Baroudi	Associate Professor
4	Dr. Sofiqul Islam	Assistant Professor
5	Dr. Nur Hatab	Assistant Professor
6	Dr. Shadi El Bahra	Assistant Professor
7	Dr. Mohamed Ahmed Elsayed	Assistant Professor
8	Dr. Nada Tawfig Hashim Ahmed	Assistant Professor
9	Dr. Riham Abdelraouf Hyder Mohammed	Assistant Professor
10	Dr. Sivan Padma Priya	Assistant Professor
11	Dr. Nancy Soliman Ahmed Soliman Farghal	Assistant Professor
12	Dr. Fadia Alfateh Hamed Alneel AwadAlkreem	Assistant Professor
13	Dr. Krishna Chytanya Nallan Chakravartula Sri	Assistant Professor
14	Dr. Shahistha Parveen Dasnadi	Assistant Professor
15	Dr. Aqsa Shah Khan	Clinical Instructor / GP
16	Dr. Shumaila Azhar	Clinical Instructor / GP
17	Dr. Gabriela Kalanoska	Clinical Instructor / GP

S. No.	Name	Designation
18	Dr. Mumtaz Arsalan	GP Dentist
19	Dr. Amna Rasheed	Clinical Instructor / GP
20	Dr. Sabrin Fakiha	Teaching Assistant
21	Dr. Doya Ammar	Teaching Assistant
22	Dr. Lama Kahel Rahhal	Teaching Assistant
23	Ms. Puja Dipu Das	Head Nurse/ Store-in-Charge
24	Ms. Janen Herrera	Dental Nurse
25	Mr. Harvey Magno	Dental Nurse
26	Mr. Khadim Hussain	Dental Nurse
27	Ms. Jeannie Tano	Dental Nurse
28	Ms. Raushan Aara	Dental Nurse
29	Ms. Saraswati Kumari Sah	Dental Nurse
30	Ms. Hajara Kallidukkil	Dental Nurse
31	Ms. Minu Anto Aricatt	Dental Nurse
32	Ms. Josephine B. Velonza	Registered Nurse
33	Ms. Sherin Mariam Chacko	Registered Nurse
34	Mr. Aldrich Acuin Reolo	CSSD Supervisor/Dental Assistant Nurse
35	Ms. Melody M. Barlaan	Dental Assistant Nurse

S. No.	Name	Designation
36	Ms. Mari-Andre Tariga Calingasan	Dental Assistant Nurse
37	Ms. Martine Pekariekoue Njitarie	Dental Assistant Nurse
38	Mr. Thomas Puthuppallil Joseph	Radiology Technician
39	Mr. Muhammad Amir	Asst. Librarian
40	Ms. Jennivive Kareen A. Gomez	Dean's Office Secretary
41	Mr. Nisar Ahmed Nisar	Head – Finance, HR & Procurement
42	Mr. Muhammad Asif Khan	Finance Officer
43	Ms. Jenefer Rose Diez	Accountant/ HR Officer
44	Mr. Atiq ur Rehman	Head - Marketing & Admin
45	Mr. Shaheryar Riaz	Manager Marketing
46	Mr. Ibrahim Niazi	Marketing Officer
47	Mr. Mohammad Majed Khalefa	Marketing Executive
48	Mr. Mahmoud Ismail Mahmoud Abu Nawa	Business Development Officer
49	Mr. Muhammad Zahid Khan	Admin Officer
50	Mr. Tarig Mohammed Alfadle Ebrahim	Maintenance Supervisor
51	Mr. Kashif Nazir	Procurement/EHS Officer
52	Mr. Tanveer Akhtar	IT Supervisor
53	Mr. Adeel Ahmed Malik	IT Technician

S. No.	Name	Designation
54	Ms. Lhamqueen Morales	Receptionist
55	Ms. Novi Grace T. Aquino	Procurement/ QPS Assistant
56	Mr. Nur Mohammed Abutaher	Driver
57	Mr.Javeed Khan	Driver
58	Mr. Lham Jan Niño Morales	Library Attendant
59	Mr.Liaqat Ali	Clinic Attendant
60	Mr. Muhammad Farooq	Clinic Attendant
61	Mr. Attiq ur Rahman	Clinic Attendant

ABBREVIATIONS USED

1. AD- Administration
2. ADR- Adverse Drug Reactions
3. ALARA – As low as reasonably achievable
4. BMPs- Best Management Practices for Amalgam waste
5. Cl- Clinical
6. DHCP- Dental Health Care Providers
7. EOC – Emergency Operations Center
8. FMS- Facilities and Management Services
9. HCW- Health Care Workers
10. HEPA- High Efficiency Particulate Air
11. HIMS- Health Information Management System
12. HR- Human Resources
13. HS- Hospital Safety
14. ICRP- International Commission on Radiological Protection
15. IDA – Initial Dental Assessment
16. IM- Incident Manager
17. INA – Initial Nursing Assessment
18. IPC- Infection Prevention and Control
19. IPCC- Infection Prevention and Control Committee
20. MOHAP – Ministry of Health and Prevention
21. NU- Nursing
22. PAS- Public Address System
23. PPE- Personal Protective Equipment
24. PPMP- Planned Preventive Maintenance Program
25. QA- Quality Assurance
26. QPS- Quality and Patient Safety
27. RAK- Ras Al Khaimah
28. RAKCODS MC- RAK College of Dental Sciences and Medical Center
29. RAKCODS- RAK College of Dental Sciences
30. RCA- Root Cause Analysis

ADMINISTRATION

POLICIES



RAK Medical Health and Sciences University

RAK College of Dental Sciences



Policy/ Procedure Type:	Administration	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Policy on Policies	
Policy Code Number:	AD.01	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose & Scope

This policy addresses the process for developing, issuing and maintaining all RAK College of Dental Sciences (RAKCODS) policies and applies to all the associated departments, Students, Interns, faculty and staff.

2. Policy Statements

The purpose of this policy is to ensure that RAKCODS community has ready access to well-developed and understandable policies.

2.1. Policies that are easy to find, read and understand will:

- 2.1.1.** Support the achievement of RAKCODS Vision, Mission and Core Values.
- 2.1.2.** Achieve accountability by identifying the offices responsible for Policies.
- 2.1.3.** Provide students, interns, faculty and staff with clear, concise guidelines.
- 2.1.4.** Document how the university conducts business.

2.2. RAKCODS policies will be:

- 2.2.1.** Presented in a common format.
- 2.2.2.** Formally approved by the authorized body.
- 2.2.3.** Maintained centrally and accessible to all interested parties.

- 2.2.4. Linked electronically to procedures for implementing the policy.
- 2.2.5. Kept current within the framework of an organized system of change control.

Policies will be clearly distinguished from related procedures according to the definitions in section III below. Individuals who are responsible for writing, updating and distributing RAKCODS-wide policies must comply with this policy. Internal policies that apply to the operations of individual units or departments may not conflict with RAKCODS-wide policy, but may be more restrictive.

3. Definitions

3.1. Policy: A policy is a statement of management philosophy and direction, established to provide guidance and assistance to the RAKCODS community in the conduct of its affairs.

RAKCODS policy:

- 3.1.1. is a governing principle that mandates or constrains actions
- 3.1.2. has institution-wide application
- 3.1.3. changes in the policy will be made at the next review unless it is a dynamic policy, the approval should be sought from the authorities for the same.
- 3.1.4. helps ensure compliance with applicable laws and regulations
- 3.1.5. reduces institutional risk, and
- 3.1.6. approved at the executive levels of RAKCODS (Faculty, Chairpersons, Dean and CEO).

3.2. Administrative Policies: Policies governing the operations of RAKCODS.

3.3. Clinical Policies: Policies which deal with the clinics, patients and associated factors.

3.4. Nursing Policies: Policies which deal with the nursing staff

3.5. Hospital Safety Policies: Policies which deal with Infection Prevention and Control, FMS, Bio Medical, Ethics related policies.

3.6. Procedure: A procedure is a guideline or series of interrelated steps taken to help implement the policy.

3.7. Initiator: The Policy Initiator is any faculty, staff member, or student who identifies a university-level issue and develops a policy proposal.

3.8. Policy Owner: The Policy Owner is RAKCODS.

4. Policy

4.1. Policy Development: The Policy Initiator may identify a policy issue and develop it into a policy proposal. The Policy Initiator will submit the policy proposal for review and endorsement.

The following are minimum to be followed while preparing policies

4.1.1. Header information: (mandatory element)

4.1.1.1. Policy Procedure/ type.

4.1.1.2. Policy Title.

4.1.1.3. Policy Code number

4.1.1.4. Person responsible for preparation.

4.1.1.5. Person responsible for review

4.1.1.6. Person who approved

4.1.1.7. Issue date and review date

4.1.1.8. Edition number, next review date and the document record change will be updated accordingly

4.2. Scope: (mandatory element) Identification of parties governed by the policy.

4.3. Policy Statement: (mandatory element) Purpose of the policy and the statement of philosophy, position, rule, regulation or direction.

4.4. Definitions: (optional element) Meaning and interpretation of terms used in the policy.

4.5. Policy: (mandatory element) Description of the actual policy covering topics which include: duties assigned to responsible parties and other parties as necessary; other information specific to a particular policy subject as needed; and a description of the compliance review process and specific authority to impose penalties or other remedies when noncompliance occurs, if applicable.

4.6. Effective Date(s): (mandatory element) Initial effective date of policy, and latest revision date, if applicable.

4.7. Frequency of review and update: (Mandatory element) Measure of time during which the policy must be reviewed and updated. It is recommended that a policy be reviewed

biennially, unless changes in laws or university business needs require a different review/revision schedule.

4.8. Authorization of Policies and date of approval: (mandatory element) required for initial approvals and all subsequent reviews and updates.

5. Location of Policies

To ensure ready access to all the RAKCODS policies, RAKCODS has maintained a shared folder on the desktops and laptops of all computers within RAKCODS. The same policies and procedure manual is also mailed to all stakeholders.

6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	1 st Sept 2022	2.1.1 Support the mission, vision and values.	2.1.1. Support the achievement of RAKCODS Vision, Mission and Core Values
		3.1.3. changes infrequently and sets a course for the foreseeable future	3.1.3 changes in the policy will be made at the next review unless it is a dynamic policy, the approval should be sought from the authorities for the same.
			-New addition- 4.1.1.8. Edition number, next review date and the document record change will be updated accordingly.

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Administration	Prepared by: Ms. Jenefer Rose Diez HR Officer
Title:	New Employee Orientation	
Policy Code Number:	AD.02	Reviewed by: Mr. Nisar Ahmed Nisar Head of Finance and HR
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose & Scope

It serves as an important element of the new employee welcome and organization integration. It ensures each employee receives the policies and procedures manual of RAKCODS and all other information necessary to carry his/her professional duties

RAKCODS believes that Orientations:

- Can help the employee get up to speed much more quickly, thereby reducing the costs associated with learning the job.
- Helps to reduce anxiety that results from entering into an unknown situation and helps provide guidelines for behaviour and conduct, so the employee doesn't have to experience the stress of guessing.
- Show that the organization values the employee, and helps provide the tools necessary for succeeding in the job.

2. Procedures

When reporting for duty the employee will be given the standard General Orientation Form (**Appendix AD.02-1**) by HR team.

Orientation will consist of the following:

- 2.1.** Review the Policy, Procedures, Rules and Regulations within seven days. (Policy & Procedure Manual).

- 2.2.** Complete New Employee Orientation Checklist within two weeks.
- 2.3.** A copy of the completed orientation form will be filed in the employee's record.
- 2.4.** The standard orientation form can be obtained from the HR if not already provided
- 2.5.** The foreign employee in the country must be taken a tour around the City especially to the main governmental authorities needed (Etisalat, FEWA, Municipality and any other as needed).
- 2.6.** Orientation will be conducted by the Administrative Assistant.

Appendix AD.02-1

RAK College of Dental Sciences

General Orientation Checklist

Staff Name: _____

Joining Date: _____

Designation: _____

Department: _____

S. No	Areas Covered	Responsible Dep't/ Process Owner	Trainer's Name	Trainer's Signature
1	Policy & procedures manual, staff policy, leave, and work timings, insurance, Cultural or Religious barriers, if any	HR Representative		
2	<input type="checkbox"/> Biometric registration for attendance	IT Supervisor		
	<input type="checkbox"/> Emails			
	<input type="checkbox"/> Printer access			
	<input type="checkbox"/> Software/ Application: <ul style="list-style-type: none"> ○ HIMS ○ UMS ○ SHF/ SPI ○ Peachtree ○ HRMS ○ Koha Library ○ Queue Management System ○ Xray/ OPG ○ CAD/CAM ○ CBCT ○ MS Office 			
<input type="checkbox"/> Hardware: Server, laptop/ desktop operation, tel. exchange, WIFI, etc.				
3	Introduction to all staff, Department Tour: Work Station/work area , Job roles, functions and	Head of Department/ Dep't		

	responsibilities		Representative		
4	<input type="checkbox"/>	Infection control policy	Infection Prevention and Control In-Charge		
	<input type="checkbox"/>	Environmental Cleaning			
	<input type="checkbox"/>	Hand hygiene			
	<input type="checkbox"/>	Sterilization requirement			
	<input type="checkbox"/>	Needle stick injury			
5	Radiation Safety		Radiology Tech.		
6	<input type="checkbox"/>	Medical record documentation	Quality & Patient Safety Manager		
	<input type="checkbox"/>	Incident reporting			
	<input type="checkbox"/>	Complaint and grievance procedure			
	<input type="checkbox"/>	Carrier delivery model of the organization			
	<input type="checkbox"/>	Quality improvement plan			
7	Ethics Framework		Ethics Committee Chairperson		
8	Basic facilities Tour (Toilet, Lunch, Prayer area etc.), Fire Safety and Emergency Procedures e.g. Location of fire exits, fire extinguishers, fire alarms, Assembly areas, RACE, PASS, Emergency numbers		FMS Representative		

Staff Signature: _____ **Remarks:** _____

HR: _____ **Date:** _____

3. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	1 st Sept 2022	<p>1. Purpose & Scope</p> <p>It serves as an important element of the new employee welcome and organization integration. It ensures each dental clinic employee receives personnel policies of RAKCODS and all information necessary to deliver quality dental care.</p>	<p>1. Purpose & Scope</p> <p>It serves as an important element of the new employee welcome and organization integration. It ensures each employee receives the policies and procedures manual of RAKCODS and all other information necessary to carry his/her professional duties.</p>

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Administration	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Staffing Plan	
Policy Code Number:	AD.03	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purposes

- 1.1 To make certain that different services and departments have sufficient faculty and staff with the right skills and experience to ensure a successful work completion and is in accordance with the Ministry of Education, UAE Standards.
- 1.2 To plan for unpredictable situations.
- 1.3 To promote patient’s safety.
- 1.4 To improve utilization of resources.
- 1.5 To ensure the availability of the number, type and mix of required faculty and staff to meet patient’s needs.

2. Scopes

It covers all academic, clinical and managerial departments which include:

- 2.1 Faculty
- 2.2 Administrative staff including HR, Finance and Marketing
- 2.3 Clinical and Technical Support Staff

3. Process

The staffing plan has been developed by the Dean's office in consent with HR, Admin and Chairpersons. The staffing plan was discussed and approved by the Leadership of RAKCODS.

4. Methodology

The methodology of the staffing plan is customized to suit RAKCODS

4.1 Faculty

Academic and clinical training services are provided as per the semester schedule. However, the official duty hours are from 08:30 am to 06:30 pm Mondays to Fridays. Faculty are required to work for a maximum of 40 hrs a week as per the Ministry of Education (MOE) guidelines. The faculty are appointed in different disciplines as per the academic load and qualification as mentioned in the MOE, UAE standard (Licensure and Accreditation) 2019.

4.2 Administrative staff including HR, Finance and Marketing

HR has established the staffing requirements based on the nature of tasks and the projected work load for the year. The recruitment is accordance with the needs and qualification required for the particular position.

4.3 Clinical and Technical Support Staff

RAKCODS is following a recognized staffing approach for Dental Assistants and Technicians to meet the staffing needs in the organization.

5. Assignment and Reassignment of Faculty and Staff

5.1 The process of assignment and reassignment of faculty and staff is not encouraged unless there is a specific or emergency need. It is required in some situations to review the assignment status of working faculty and staff in certain disciplines. The following points are considered in this situation:

5.1.1 The work load requirements.

5.1.2 Work nature and variation.

5.1.3 Staff request for reassignment based on cultural values or religious beliefs.

5.1.4 Others as appropriate.

6. Transfer of Responsibility from One Individual to Another

Transfer responsibility from one individual to another is limited to the same discipline.

7. Revision of the Plan

7.1 Staffing plan shall be assessed on an ongoing basis in response to selected outcome measures. Examples of outcome measures may include performance improvement, patient experience, occurrence variance reports, and employee satisfaction.

7.2 If selected outcome measures are unsatisfactory, an assessment shall be made and if necessary, staffing levels shall be adjusted to meet the academic and clinical patient care needs.

8. Faculty and Staffing Plan Monitoring

8.1 Feedback from students as recorded in the IRO survey/manual

8.2 Self-Assessment of faculty and staff

8.3 Appraisal by the supervisor and reviewer

8.4 Clinical/service indicators

8.5 Patient experience surveys

9. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	1 st Sep 2022		4.1 The timings were revised as per the new Ministry guidelines. The new working days are from Mondays to Fridays instead of Sundays to Thursdays.

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Administration	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Patient Registration	
Policy Code Number:	AD.04	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To understand the criteria of patient registration within RAK College of Dental Sciences (RAKCODS) and also to know other types of patient definitions.

2. Policy Statements

2.1 The following are the conditions regarding age for registration at RAKCODS as patients.

- 2.1.1** Patients who are above 70 years (patient above 70 years will be registered only for consultation and treatment as will be decided by the specialist faculty involved)
- 2.1.2** Patients who are under 4 years (children below 4 years will be registered only for consultation and preventive treatment)
- 2.1.3** Patients who are with Special healthcare needs (physically handicapped patients who cannot be transferred from the wheel chair to the dental chair or who cannot sit on the dental chair and patients who are mentally handicapped)
- 2.1.4** Patients once they are at the reception it will be confirmed if they fall into any of the criteria for not registering them for treatment within RAKCODS. Such patients will be explained as to why they cannot be registered and shall be guided or referred to RAK Hospital with whom we have a memorandum of understanding. If the

patient does not will to go to RAK Hospital, then it is the patient's choice to seek treatment with Saqr hospital or anywhere else of his/her willing.

3. Definitions

3.1 **Registered or Registrable Patients will fall within the following categories:**

- **New Patient:** A patient who has not received any professional services from RAKCODS.
- **Follow up patients:** Patients in current treatment with existing files.
- **Inactive Files:** Patients files that are not under treatment for more than three months
- **Cancellation:** Patient files that need to be cancelled for reasons as per the decision of the Dean/ Chairperson Clinical Sciences/Clinical Committee. The patients will be informed regarding the cancellation and the reason.

4. Procedures

- 4.1 The requirements for free registration of new patients at RAKCODS is Emirates ID card or any valid photo ID.
- 4.2 The follow up patients will be directed to the supervising doctor of that particular patient (Follow up appointments are arranged according to the availability of supervising doctor).
- 4.3 The patient file will turn automatically to an inactive file, if the patient did not receive any treatment for three months and to reactivate the file, patients need to go for initial nursing assessment followed by initial dental assessment. Once he completes the initial dental assessment then he will appear on the waiting list and hence can be assigned.
- 4.4 Patients file will turn to be cancelled on the following basis:
 - The patient who did not abide by the rules and regulations of RAKCODS.
 - The patient behaved in an unethical manner with doctors, students, and administrative staff.
 - The patient acts violently with doctors, students, and administrative staff either verbally or physically.

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	1 st Sept 2022	3.1.2 Patients who are under 3 years (Except children below 3 years for consultation and preventive treatment)	3.1.2 Patients who are under 3 years (children below 3 years will be registered only for consultation and preventive treatment)
		3.1.3 Patients who are with Special needs (severely physically and mentally handicapped)	3.1.3 Patients who are with Special healthcare needs (physically handicapped patients who cannot be transferred from the wheel chair to the dental chair or who cannot sit on the dental chair and patients who are mentally handicapped)
		<ul style="list-style-type: none"> • Cancellation: Patient files that need to be cancelled for reasons as per the decision of the clinical committee. 	<ul style="list-style-type: none"> • Cancellation: Patient files that need to be cancelled for reasons as per the decision of the Dean/ Chairperson Clinical Sciences/Clinical Committee. The patients will be informed regarding the cancellation and the reason.
1	6 th Sept 2023	2.1 The following patients shall not be treated within RAKCODS due to inadequate facilities. 2.1.1 Patients who are	2.1 The following are the conditions regarding age for registration at RAKCODS as patients. 2.1.1 Patients who are

		<p>above 70 years</p> <p>2.1.2 Patients who are under 3 years (children below 3 years will be registered only for consultation and preventive treatment)</p>	<p>above 70 years (patient above 70 years will be registered only for consultation and treatment as will be decided by the specialist faculty involved)</p> <p>2.1.2 Patients who are under 4 years (children below 4 years will be registered only for consultation and preventive treatment)</p>
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Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Administration	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Medical Records	
Policy Code Number:	AD.05	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

1.1 To ensure that RAKCODS medical records are accurate, complete, up-to-date, accessible and secure at all time.

2. Policy Statements

2.1 All patient records shall be stored in a digital format within HIMS (Hospital Information Management System). The IT Committee at RAKCODS works in association with the providers of HIMS (Max Tech Pakistan) to maintain an accurate, complete, up-to-date, accessible and secure record for each patient (client).

2.2 All records shall be stored in a secure way to prevent loss or unauthorized access.

2.3 Access to the records shall be timely and limited to relevant and authorized users after authentication in order to protect the privacy, confidentiality, and integrity of their information.

2.4 A unique identification number, Medical Record Number (MR No.) is to be used to link each record to the client.

2.5 All the treatment plans, treatment done, diagnostic tests/investigations, medications, prescriptions, progress notes, appointments are stored in the patient file in a standardized method, together with a list of all healthcare providers inclusive of supervisors involved

in the patient's care.

- 2.6** An audit of patient records shall be undertaken regularly. The results of the audit shall be used to improve patient records.

3. Definition/ Abbreviation

HIMS- Hospital Information Management System

4. Procedures

4.1 Management of the patient records

All medical records at RAKCODS are stored electronically in HIMS (Hospital Information Management System) (<http://hims.rakdental.ac.ae/>). HIMS has been used at RAKCODS for almost 5 years and the present HIMS (modified in 2020) has been modified as per needs.

The software allows storage of all patient records required in the policy, together with records of the dental students like the grades and their exams.

The records are handled by a team including clinicians and IT professionals and the provider of the HIMS system.

4.2 Security of the records

Data are stored on a central server, that is located in a secure location in the premises of RAKCODS, and that is managed and protected by RAKCODS IT Department as per its security policies. The server is protected by a two-layer firewall.

There are no HIMS files that can be saved on any storage device. However, reports generated by HIMS can be saved as PDF files or other types of files. These can be printed and shared. Users are instructed to refrain from saving any files that contain confidential or identifying information on their personal PCs/laptops or removable storage devices (memory sticks, external hard drives). Identifying data include: Patient name, Date of birth, ID card number, and Telephone number. Any breach of confidential information must be reported to the Chairperson Clinical Sciences on an urgent basis.

At the user's end, by default, data are saved automatically to avoid any risk of loss if the user forgets to click the Save button, or in case of sudden power outage. Data are backed-up regularly.

4.3 Access to data

Data can be accessed in a timely fashion from any PC through the University secure network.

In order to ensure privacy, confidentiality, and integrity of the patient's information, access to data is controlled by a unique user ID and password. Only the IT professional/process coordinator and the process manager/owner of HIMS can issue access to new users. HIMS IDs are issued and linked to the University Unique ID numbers. The system requests a change of password every two months.

To prevent unauthorized access to an unattended user account, the Windows platform enforces an automatic logoff after minutes of inactivity.

Different levels of access and editing privileges are given to the following pre-defined system user groups according to their usage needs: manager, faculty, tutors, students, technicians, nurses, and support staff.

Radiology technicians' access is limited to the request forms and relevant workflow. Students can edit the medical records but their access is limited to patients that have been assigned to them by the Patient Flow Manager which usually is the GP Dentist. Any edition remains unapproved until a member of the teaching staff approves it.

Only the designated faculty supervisor can cancel a procedure recorded as completed, if this has been proven to be entered erroneously. The history of any change in the record (including cancellation) is recorded in the system and cannot be wiped off.

Patient records cannot be released to the patient or their relatives except by a written request made to and approved by the Dean/ Chairperson Clinical Sciences in order. The patient shall be provided with a discharge summary which shall entail all details of the patient's treatment at RAKCODS.

4.4 System failure and contingency plan

The following measures are undertaken to overcome or minimize the impact of system failure:

4.4.1 Power outage

All PCs on the clinics and patient service areas are connected to an electricity generator that supplies power within 30 seconds of power outage.

4.4.2 PC/Application crash

No loss of data will incur should a PC or an application/software crashes, as the data is instantly saved.

4.4.3 Server failure or loss of connection to it is very unlikely and if there is an event where there is loss of connection to the server, users will complete paper forms to record treatments undertaken on the day. The students are encouraged to maintain manual logbooks to record treatments done on a daily basis so that if there are any eventualities with the software or PC they will have a backup.

4.4.4 If there is a breach in the system or accuracy of details recorded, root - cause analysis will be conducted for the same and the issue resolved thereby. If necessary in the meantime back-up systems will be used.

4.5 Patient ID

At first registration, each patient receives a unique file number. This is linked to the unique National (Emirates) ID number/Driving License/Passport/ any photo ID and its details. Once the patient is registered successfully with these details then he will be provided with a Medical Record Number abbreviated as MR No. Henceforth, all the records within HIMS will have this MR No which makes it easier to identify the patient.

Patient information

4.5.1 Contents of the medical file

- ID, contact details, and demographic information
- Medical and dental history, medical alerts, current medications
- Dental charts (Adult, Pediatric and Periodontal)
- Assessment/examination findings
- Diagnostic tests, their request forms and results; including, radiographs, blood tests, and images
- Services (treatments): planned, in progress and completed

- Prescriptions and Medications if any
- Incidents such as a needle-stick injury
- Treatment plans, consent forms
 - List of healthcare providers involved in the patient's care.

4.5.2 Points of data collection and transition

Data are recorded at different locations in the Hospital, as the patient moves from one place to another. A flow chart has been developed to ensure a seamless transition of patients and their data (**Appendix AD.05-1**). The locations include Reception, Initial nursing assessment clinic, Initial Dental Assessment Clinic, Urgent Care Clinic, and treatment clinics (student or interns). Medical records at RAKCODS MC is maintained manually and shall be linked with HIMS by next year.

4.5.3 Quality assurance measures

The following measures are taken to ensure all records are accurate, complete, and up-to-date:

4.5.3.1 Data are entered using pre-designed forms, with some fields being compulsory. Incomplete forms trigger an alert for the user.

4.5.3.2 All changes to the medical records made by the students require approval by a member of the teaching staff. This includes treatment plan, treatment completed and handover forms. If the respective forms are not approved electronically then the students can see them as pending/sent for approval/unassigned respectively. The unapproved forms also can be seen in the approving staff/ faculty supervisor logins.

4.6 Training

All users receive training on the system. Newly joined students and faculty receive full training in the format of demonstrations, pre-designed exercises, and clinical scenarios. Existing users receive regular updates by e-mail or during the clinical orientation sessions at the start of each academic term.

4.7 Data Audit

An audit of records is undertaken annually unless there is an urgent need. Continuous

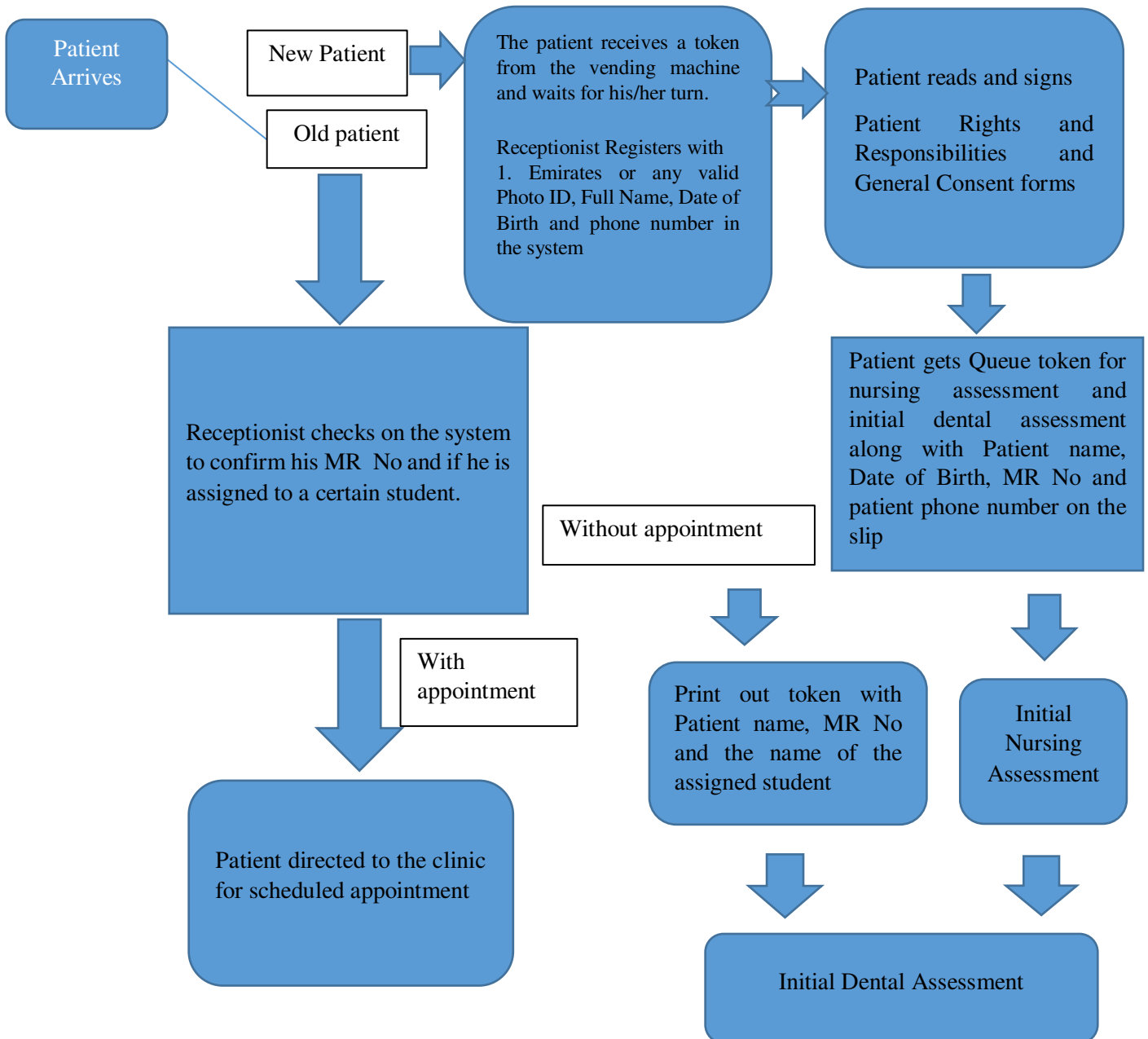
improvements are made as per the decisions during meetings on HIMS. The annual audit results are used to improve patient records.

5. Tools/Appendices

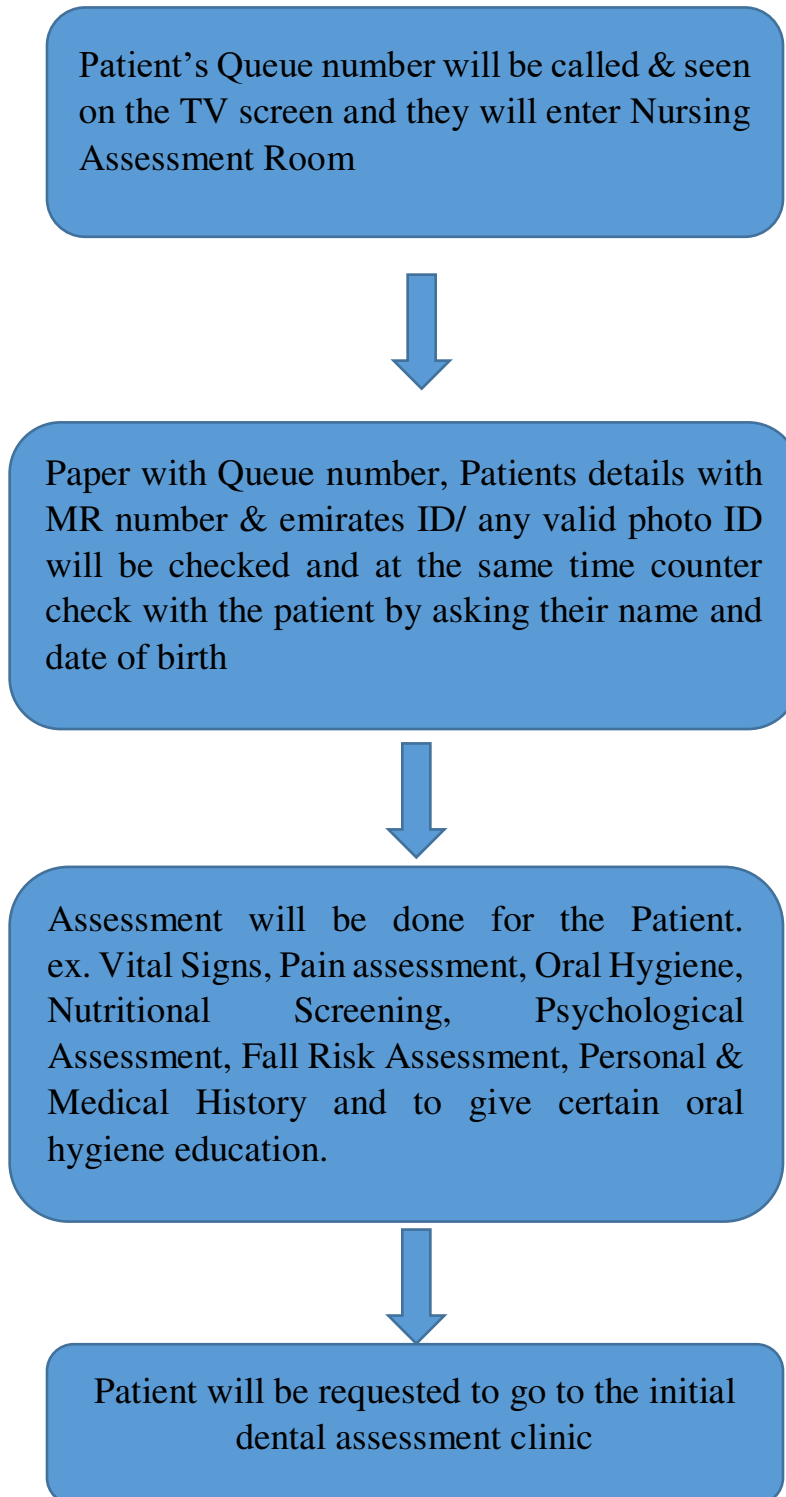
5.1. Appendix AD.05-1: Patient Flow at RAKCODS

Appendix AD.05-1: Patient Flow at RAKCODS

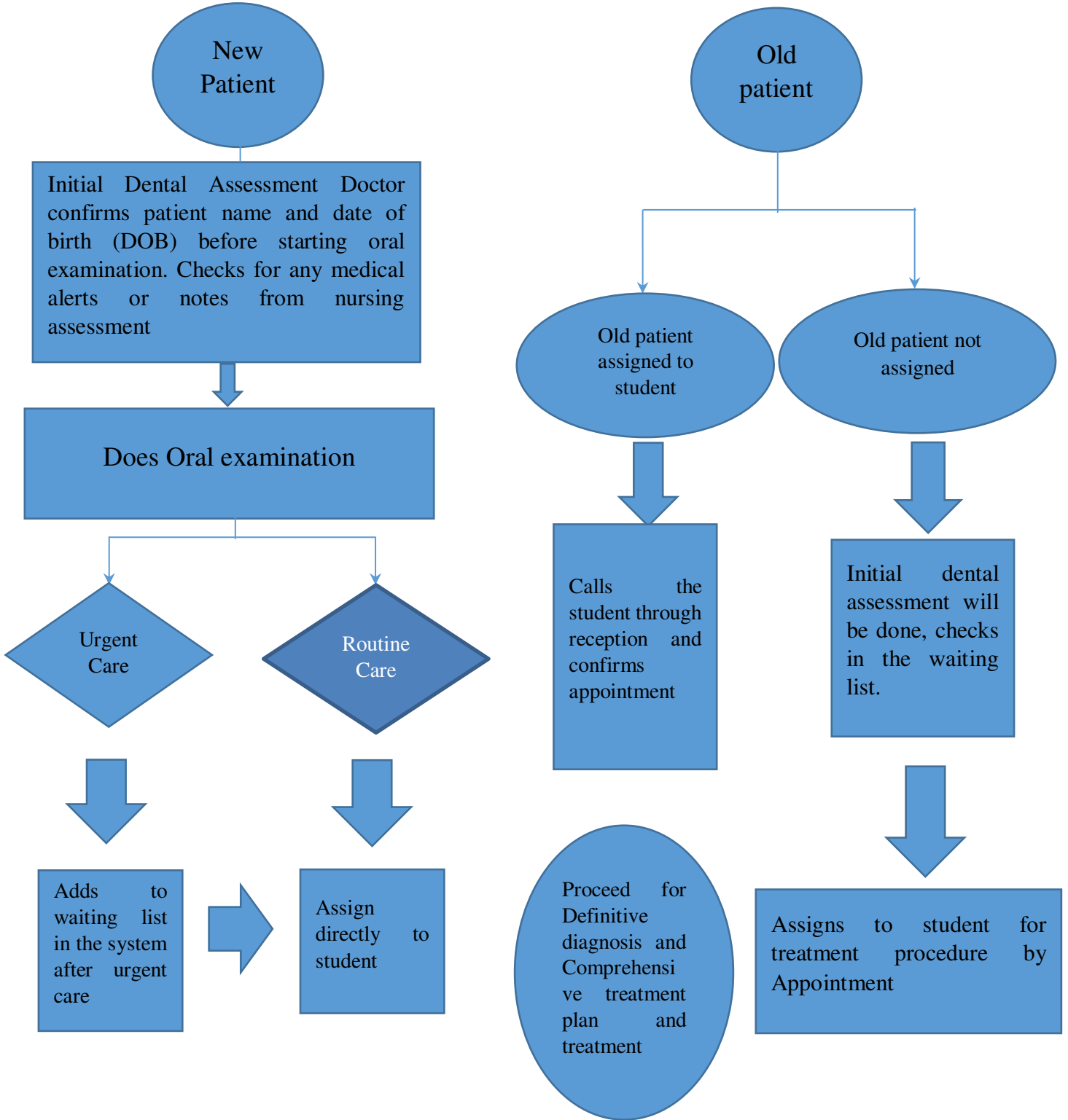
1. Patient Registration Process



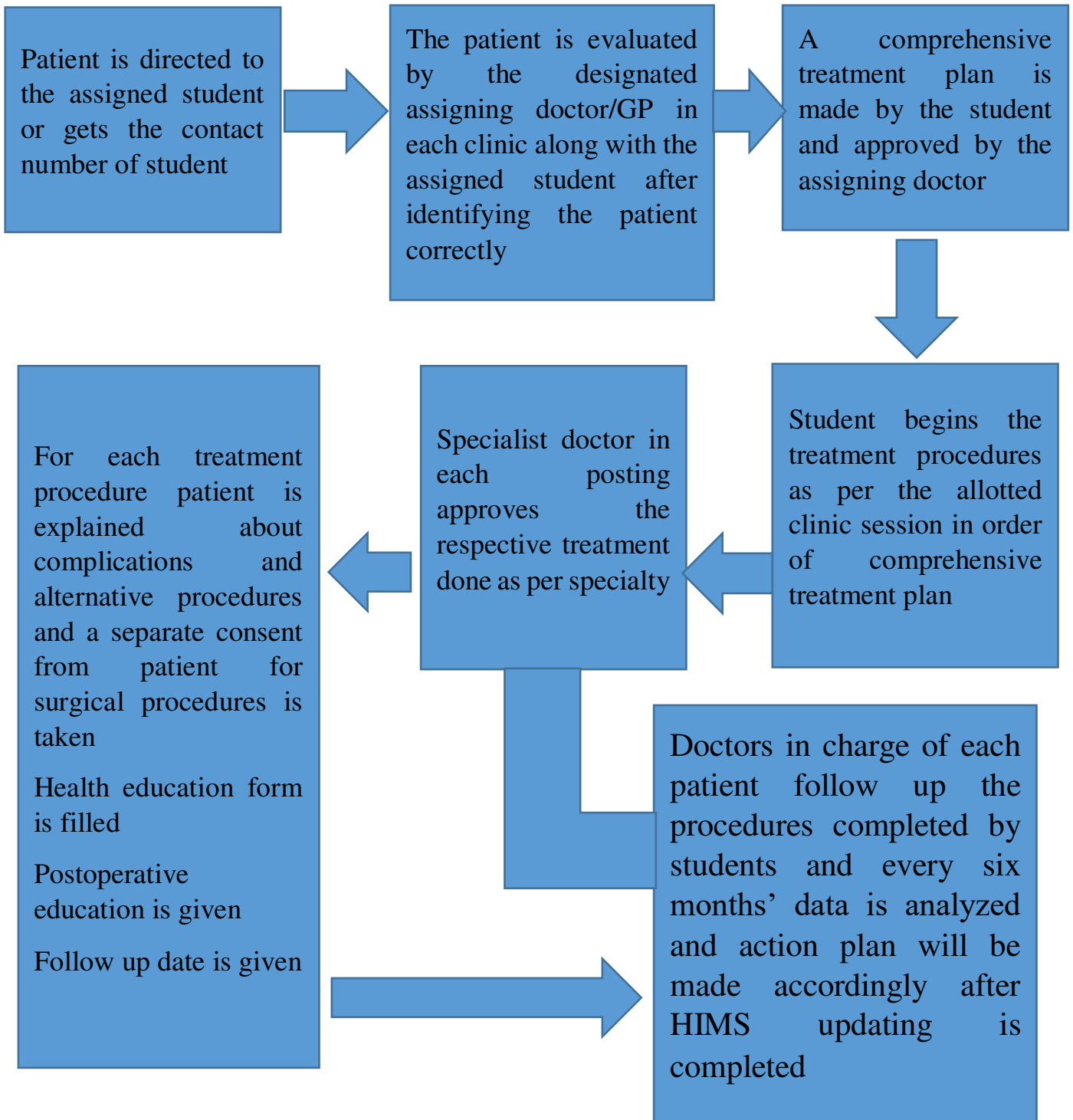
2. Initial Nursing Assessment



3. Patient Initial Dental Assessment



4. Patient assigned and comprehensive treatment plan, treatment and follow up:



5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	1 st Sept 2022	<p>4.1 Management of the patient records</p> <p>All medical records at RAKCODS are stored electronically in HIMS (Hospital Information Management System) (http://hims.rakdental.ac.ae/). HIMS has been used at RAKCODS for almost 5 years and the present HIMS has been modified as per needs.</p>	<p>4.1 Management of the patient records</p> <p>All medical records at RAKCODS are stored electronically in HIMS (Hospital Information Management System) (http://hims.rakdental.ac.ae/). HIMS has been used at RAKCODS for almost 5 years and the present HIMS (modified in 2020) has been modified as per needs.</p>
		<p>4.5.3.2 All changes to the medical records made by the students require approval by a member of the teaching staff. This includes treatment plan, treatment completed, transfer forms. If the respective forms are not approved, then the students can see them as sent for approval in the treatment form and as pending in the treatment planning form. These requirements then do not yet get counted as completed. The unapproved forms also can be seen in the approving staff/ faculty supervisor logins.</p>	<p>4.5.3.2 All changes to the medical records made by the students require approval by a member of the teaching staff. This includes treatment plan, treatment completed and handover forms. If the respective forms are not approved electronically then the students can see them as pending/sent for approval/unassigned respectively. The unapproved forms also can be seen in the approving staff/ faculty supervisor logins.</p>
		<p>4.7 Data Audit</p> <p>An audit of records will be undertaken regularly once HIMS is completely updated to verify they meet the Hospital policies and procedures for information management. The audit results are</p>	<p>4.1 Data Audit</p> <p>An audit of records is undertaken annually unless there is an urgent need. Continuous improvements are made as per the decisions during meetings on HIMS. The annual audit results are used to improve patient records.</p>

		used to improve patient records.	
		<p>1. Patient Registration Process</p> <p>Receptionist Registers with</p> <p>1. Emirates or any valid Photo ID, Full Name, Date of Birth and phone number in the system</p>	<p>1. Patient Registration Process</p> <p>The patient receives a token from the vending machine and waits for his/her turn.</p> <p>Receptionist Registers with</p> <p>1. Emirates or any valid Photo ID, Full Name, Date of Birth and phone number in the system</p>

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Administration	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Patient Rights and Responsibilities	
Policy Code Number:	AD.06	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

1.1. To assure that the basic rights of a human being for independence in expression, decision and action, concern for personal dignity and human relationships are preserved for all patients, and to define the responsibilities of patients seen at RAK College of Dental Sciences (RAKCODS). The scope of the policy is for RAKCODS. This policy is prepared after consultation and inputs as received from client representatives.

2. Policy Statement

2.1. The patients have rights and responsibilities defined. All the staff need to know this, abide by it and to be followed uniformly throughout the organization. The approved bill of rights at RAKCODS is attached herewith.

3. Definitions and Abbreviations

- 3.1. **Patient Rights:** The basic rights of human beings for independence of expression, decision and action and concern for personal dignity and human relationships. The approved bill of rights at RAKCODS is attached herewith.
- 3.2. **Patient Responsibilities:** Patient responsibilities include those actions on the part of patients and /or their families that are needed so that healthcare providers can provide

appropriate care, make accurate and responsible care decisions, and address patients' needs.

3.3. RAKCODS: RAK College of Dental Sciences

4. Procedures

- 4.1. All patients would be made aware of their rights and responsibilities at the time of registration by the receptionist at the reception counter. The patient will sign once he understands and is ready to comply with.
- 4.2. In case of language barrier, patients are informed of their rights and responsibilities in a language and manner they can understand through the available Interpreters (designated interpreters as attached herewith).
- 4.3. The Patient Bill of Rights & Responsibilities has been accepted and approved by Dean, RAKCODS. This Bill of Rights includes but is not limited to:
 - 4.3.1 Privacy for all examinations, procedures & treatment
 - 4.3.2 Identification and respect of Patient Values and Beliefs
 - 4.3.3 Confidentiality of patient information
- 4.4. The Dean allocates all resources required to put this policy to complete and continuous action in RAKCODS.
- 4.5. Dean or a member allotted by head must orient the Patient bill of rights and Responsibilities to all his/her staff.
- 4.6. All RAKCODS staff should read and understand their responsibilities in protecting patient rights. Staff should be able to explain their responsibilities in protecting patient rights.
- 4.7. Staff must assure that protecting Patient Rights is an integral part of all their daily activities and functions.
- 4.8. Each Patient will be entitled to the rights mentioned in the bill of rights. On the other hand, he/she must respect his/her responsibilities mentioned in the 'Bill of Patient Rights and Responsibilities'.
- 4.9. Bill of Patient Rights and Responsibilities will be explained in Orientation Programs for all clinic newly assigned employees and students and interns.

PATIENT BILL OF RIGHTS

Patients at RAKCODS have the RIGHT to:

1. Receive impartial care with dignity and respect without discrimination, respecting your values and religious beliefs. This care shall be subject to availability, without interfering with other patient's safety and the work environment and without contradiction with RAKCODS rules & regulations.
2. Receive comprehensive medical care with the aim of reaching proper diagnosis and treatment of illness.
3. Know the identity of the doctor or other healthcare practitioners responsible for your care.
4. Receive appropriate pain assessment and management.
5. Receive comprehensive information in a manner you can understand (from the healthcare team) about your or the patient's condition, diagnosis, proposed treatment, any change in your health status and the cause of these changes, alternative treatments, potential benefits and drawbacks to the proposed treatment, likelihood of successful treatment, possible problems related to recovery and possible results of non-treatment.
6. Have an interpreter (if available) if the language presents a problem to understand the details of your care and the treatment provided to you.
7. Give or not to give your written General Consent for treatment when you enter the clinic.
8. Give or not to give your written informed consent before surgery or any invasive procedures, anesthesia, and any other high-risk procedure and treatment.
9. Participate in care decisions. RAKCODS encourages Patients, Parents or Legal Guardians to participate in planning and implementing treatment together with the Dental assistants and physicians, to the extent they wish.
10. Maintain your need for privacy for all clinical interviews/examinations, procedures, and treatments and the confidentiality of all of your information.
11. Refuse the treatment (if you would like to) and to be informed of the medical consequences due to your refusal.
12. Refuse examination or observation by any person not directly responsible for your care. In such an event, such persons should have your permission to be present during case discussion, consultation, examination and treatment.
13. Be protected from physical, verbal and psychological assault.
14. Have a family member or a guardian as an escort (if need be).
15. Give complaints and suggestions through the head of clinical Committee (07-2269373) without any fear of reprisals about the care and services you are receiving and to have the clinic respond to you.
16. Access your medical record as per our clinic policy & regulations.
17. Appropriate assessment and pain management and receive education for yourself and your family about pain and pain management.

Patient Bill of Responsibilities

Patients at RAKCODS have the RESPONSIBILITY to:

1. Respect and value the clinic rules and regulations while paying a visit or approaching for consultations.
2. Show consideration for and deal with other patients and staff with respect.
3. Respect the privacy of other patients.
4. Provide complete and accurate information about present complaints, past illnesses, hospitalizations, treatments, present medications (if any), known sensitivities to medication and any other matter relating to your health. This should include infectious diseases like Hepatitis B, HCV and HIV.
5. Follow the healthcare provider's instructions.
6. Accept responsibility for refusing treatment or not following the treatment plan, even after the risk of not following it has been explained.
7. Attend your appointment on time. If you want to cancel any appointment, inform the assigned Healthcare provider 24 hours in advance.
8. Observe safety regulations, including the 'no smoking' policy.
9. Take the dental checkups on time, without delay.
10. Avoid bringing valuables to the clinic since the clinic is not responsible for them.
11. Ensure that mentally imbalanced patients must always be accompanied by a family member or a guardian to serve as an escort.
12. Take medications as ordered.
13. Ask questions if what is said by your Care giver is not understood.
14. As a part of infection control measures in the clinic, patients are asked not to bring personal belongings.

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	1 st Sep 2022	No changes	No changes

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Administration	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Patient Experience	
Policy Code Number:	AD.07	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

RAKCODS is committed and dedicates itself to providing patient/client-centered health care service. It encourages patient and family to provide feedback about their experience when they were treated here. This feedback helps the administration to improvise upon the experience that these patients can have at RAKCODS.

2. Policy Statement

The feedback on patient experience is collected from the patients/clients and their families using a questionnaire. The results of this survey will be used to improve the health care and delivery services of RAKCODS.

3. Procedures

- 3.1.** Patients' experience is recorded using an easy to fill questionnaire (**Appendix AD.07-1**) which will then be analyzed to understand the possible areas of improvement. This improvement will be suggested by a quality improvement committee.
- 3.2.** The survey is available in 3 languages: Arabic, English and Urdu.
- 3.3.** Areas of poor patient experience will be addressed by the Quality Improvement and Patient Safety Committee.

3.4. The patient experience survey forms will be evaluated at the end of every semester and a report generated.

4. Tools/Appendices

4.1. Appendix AD.07-1 – Patient Experience Survey

Appendix AD.07-1 – Patient Experience Survey

Patient Experience Survey

MR NO

Name (optional)

Date

Experience Criteria	Yes	No
Are you aware of your rights and responsibilities as a patient in this hospital?		
The arrangements of appointment time was convenient for you		
Are you satisfied with your student –dentist/dentist?		
Was the problem for which you visited RAKCODS corrected?		
Would you recommend RAKCODS clinic to any of your family or friends who need dental treatment?		
Were you satisfied with the faculty/staff who supervised treatment?		
Did you feel that the student dentist was adequately trained for the treatment he did?		
Are you satisfied with the hand hygiene practices of the student doctor and staff?		
Were the student dentist/faculty/staff compassionate and ready to hear your concerns?		
Do you believe the instruments used in your treatment are clean?		
Did you receive adequate information on your condition?		
Did you receive adequate information on the treatment plan and follow-up?		
Did you receive adequate information on how to care for your oral health (brushing, flossing, diet, etc)?		

Any other Comments:

Suggestions to improve the knowledge/training/education to enhance our services:

مسح تجربة المريض

MR NO:

الاسم (اختياري):

التاريخ:

لا	نعم	معايير الرضا
		هل أنت على دراية بحقوقك ومسؤولياتك كمريض في هذا المستشفى؟
		تنظيم أوقات المواعيد كان مناسب لك
		هل أنت راضي عن الطالب - طبيب أسنان / طبيبة أسنان؟
		هل تم حل مشكلتك التي زرت المشفى بسببها؟
		هل تنصح بعبادة رأس الخيمة لطب الأسنان لأي من أفراد أسرتك أو أصدقائك الذين يحتاجون إلى علاج الأسنان؟
		هل كنت راضياً عن الأطباء المشرفين على العلاج؟
		هل شعرت أن الطالب قد تلقى تدريباً كافياً على العلاج الذي قام به ؟
		هل كان طبيب الأسنان / هيئة التدريس / الموظفون متجاوبين و مستعدين للاستماع مخاوفك؟
		هل أنت راضي عن ممارسات نظافة اليدين التي يتبعها الطالب الطبيب والموظف؟
		هل تعتقد أن الأدوات المستخدمة في علاجك نظيفة؟
		هل تلقيت معلومات كافية عن حالتك؟
		هل تلقيت معلومات كافية عن خطة العلاج والمتابعة؟
		هل تلقيت معلومات كافية عن كيفية العناية بصحتك عن طريق الفم (بالفرشاة، والخيط، والنظام الغذائي، وما إلى ذلك)؟

اقتراحات لتحسين المعرفة / التدريب / التعليم لتحسين خدماتنا:

تعليقات ي
أخرى

4. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	1 st Sep 2022	No changes	No changes

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Administration	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Patient Complaints	
Policy Code Number:	AD.08	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

RAKCODS is committed and dedicates itself to providing patient/client-centered health care service. It encourages patient and family to provide feedback about their experience when they were treated here. This feedback helps the administration to improvise upon the experience that these patients can have at RAKCODS.

2. Policy Statement

The feedback could be a complaint or suggestion or a comment. Whatever the patient or family provides is collected. The suggestion/complaint boxes are reviewed weekly by the Quality and Patient Safety Committee and action is taken appropriately. The feedback provided by the patients and their family will be used to improve the health care and delivery services of RAKCODS.

3. Procedures

3.1 Patients/ team members can officially file a complaint by meeting the responsible person, Ms. Puja Dipu Das who is the Head Nurse of RAKCODS. Once the patient, faculty, staff or students meet them and they express that they want to officially file a complaint then Ms. Puja Dipu Das will provide them with the official complaint form or the complaint registry. Once the form or registry is filled then it is usually solved by the Head Nurse

along with the other team members and the Chairperson, Clinical Sciences and QPS will be reported to. The form is attached as **Appendix AD.08-1**.

- 3.2** Patients' can use forms kept with the suggestion/ complain boxes on each floor. This can be filled and dropped into the box. These forms will be reviewed by the administration and necessary action will be taken (**Appendix AD.08-2**).
- 3.3** The patients complain/suggestion/comments forms will be evaluated every semester end and appropriate action will be taken.
- 3.4** However, if there are complaints which require immediate action or attention as understood by the team will be dealt with accordingly

4. Tools / Appendices

- 4.1.** Appendix AD.08-1 – Patient Complaint Form
- 4.2.** Appendix AD.08-2 – Patient Suggestion/ Comments Form

Appendix AD.08-1 – Patient Complaint Form



RAK Medical and Health Sciences University



RAK College of Dental Sciences

Digital/ Hard Copy-Based Complaint Form

If you have difficulty writing your complaint, you may call our administration at 07-2222593 or send an email to complaints@rakcods.com

Please click on the appropriate option from the list below to indicate the service you would like to make a complaint about. You can choose more than one.

- Administration Clinics Facilities Others

Date and time of Incident: _____

Date and time of Complaint: _____

- Floor of Incident: Ground First Second Others.....

Describe your complaint. Give as much information as possible, such as what happened, when and where it happened, who was involved.

My preferred method of contact:

- Salutation: Mr Miss Mrs Ms

Name

Mobile

Email address

Thank you for completing and submitting this form to RAKCODS. If you have provided your email address, you will receive an acknowledgement of your complaint.

Appendix AD.08-2 – Patient Suggestion/ Comments Form

<u>YOUR OPINION MATTERS</u>	<u>بهمنا رأيك</u>
Name (optional):.....	الاسم (اختياري).....
Mobile No:	الموبايل رقم:
E mail ID:.....	الايمل:
Location (floor):	(الطابق) المكان
Suggestions:	اقتراحات
.....
.....
Comments:	تعليقات
.....
.....
Complaints:	شكاوي
.....
.....
How do you want us to respond (please tick)?	معك؟ نتواصل ان تريد كيف
Thank you	لكم شكراً
RAKCODS	الأسنان لطب الخيمة رأس كلية

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	1 st Sept 2022		The name of the head nurse Ms. Unice Bautista-Salvador is replaced with Ms. Puja Dipu Das.

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	

CLINICAL

POLICIES



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Patient Identification	
Policy Code Number:	CL.01	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To provide an identification system to ensure that RAK College of Dental Sciences (RAKCODS) patients are properly identified and safeguarded prior to any care, treatment or services provided. Patient identification is very important for patient safety which is one of our strategic priority.

2. Policy Statements

- 2.1. All patients in RAKCODS will be identified using a minimum of two patient identifiers.
- 2.2. RAKCODS patients as they get registered have at least a minimum of three identifiers namely Patient's full name, Date of birth and their valid ID number.
- 2.3. RAKCODS patients are identified using minimum 2 identifiers and they are the **Patient's full name and Date of Birth.**
- 2.4. Patients in RAKCODS are identified before leaving the reception, at the initial nursing assessment, Initial Dental Assessment (IDA), when the patient is being assigned, on the dental chair before beginning history recording and treatment planning by students and at every next visit.

- 2.5. The patients are counterchecked by the instructors and supervisors available in the clinics before their history is recorded & treatment planning initiated on the Hospital Information Management System (HIMS).
- 2.6. The policy and the use of identifiers is a consistent practice within the building and clinics of RAKCODS.

3. **Procedures**

- 3.1. RAKCODS reception will confirm patient identification through two identifiers which are **Patient full name and Date of Birth** soon after registration to confirm.
- 3.2. A unique identification number shall be prepared for the patient at the reception which will be henceforth referred to as the **MR No.**
- 3.3. Prior to any history recording, treatment planning and performing treatment procedures the healthcare professional providing the care is responsible for verifying the patient’s identification by utilizing two identifiers: Patient Full Name and Date of Birth. Supervisors and instructors within the clinics shall also verbally assess the patient to ensure proper identification.
- 3.4. If the patient is unable to provide two identifiers verbally (if has a communication or language deficit, he/she cannot respond) refer to the information on his/her ID card (Ensure that information matches other records as appropriate e.g. consent form, etc.).
- 3.5. If the identification card is illegible, missing, or contains information that is incorrect; the diagnosis, treatment, medication, or procedures will not be done until the patient is properly identified.

4. **Document Change Record:**

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	No changes	No changes

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical	Prepared by: Dr. Vivek Padmanabhan Chairperson Clinical Sciences
Title:	Patient Triage	
Policy Code Number:	CL.02	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To meticulously route patients either for urgent care or routine care based upon their presentations and thereby its confirmation clinically.

2. Policy Statement

All patients visiting RAKCODS need to be triaged appropriately before being guided into the waiting list.

3. Procedures

- 3.1** Every patient will undergo a preoperative assessment, which encompasses a thorough examination of their medical history at the IDA.
- 3.2** Patients categorized as ASA I and II will receive treatment within RAKCODS. However, patients at high risk (ASA III-VI) may necessitate consultation with an anesthesiologist or other appropriate specialists. These patients will be referred appropriately
- 3.3** Once the patient is in the Initial Dental Assessment (IDA) the doctors there decide if the patient is an urgent care patient or is a routine care patient.
- 3.4** If the decision at the IDA is that the patient needs urgent care, then he/she is routed to the urgent care clinic. In the urgent care clinic, the problem of the patient is solved on an urgent basis and then he is guided into the normal waiting list as a routine patient from where the

patient will be assigned accordingly.

- 3.5** If the decision at the IDA is that the patient needs routine care and that there is no emergency, he/she is guided into the waiting list from which the patient is assigned to the students accordingly.
- 3.6** The patients who will be considered as urgent care will include
- Acute abscesses
 - Post extraction bleeding
 - Severe dental pain which is not relieved by the over the counter medications
 - Facial swelling
 - Surgical post-operative osteitis (dry socket)
 - Dental trauma with avulsion/luxation
 - Crown/bridge cementation if it has de-cemented
- 3.7** Once the patient is on the waiting list every effort is made for the patient to get the earliest possible appointment for comprehensive treatment.
- 3.8** Emergency Care – During the times when the building is closed, in case any patient who was treated and returns with any acute pain, then the security is required to communicate with the faculty or staff who are available on the emergency care schedule. The concerned faculty/staff will prescribe medications if needed or also consider visiting RAKCODS to treat the patient to alleviate the symptoms before being re-appointed to normal clinics. All the details need to be entered into HIMS.

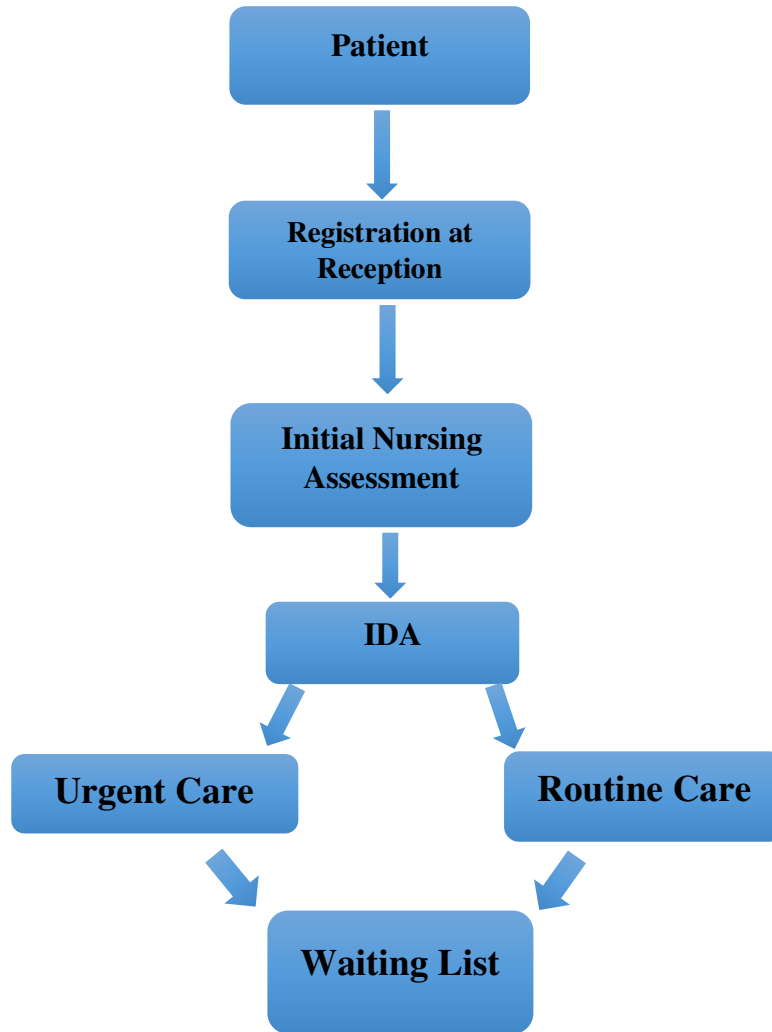
4. References

- 4.1** <https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system>

5. Tools/Appendices

- 5.1** Appendix CL.02-1 - Patient Flow to Urgent and Routine Care

Appendix CL.02-1 - Patient Flow to Urgent and Routine Care



6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	No changes	No changes

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Follow Up Protocol	
Policy Code Number:	CL.03	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

RAKCODS ensures that all patients who have completed treatment are followed up to ensure their wellbeing.

2. Policy Statement

All patients who are being screened at the Initial Dental Assessment (IDA) are given a follow up appointment three months after the screening. The IDA doctor who screens the patient becomes the supervising doctor for the patient and is responsible for any concerns with respect to the patient.

3. Procedures

- 3.1** Once the IDA is done for any patient, he/she is given a follow up appointment by the supervising doctor.
- 3.2** The supervising doctors then are responsible to follow up with the patient along with the student
- 3.3** At any moment of time the supervising doctor can review the treatment status of the patient

3.4 Once the follow up is completed the details are entered on the system

3.5 If the follow up date is rescheduled, then the same is mentioned as well

4. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	No changes	No changes

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Patient Handover, Referral and Discharge Summary	
Policy Code Number:	CL.04	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purposes & Scopes

- 1.1. To provide standardized guidelines to handover patients to different students or between Specialties/Disciplines within RAK College of Dental Sciences (RAKCODS)
- 1.2. To provide standardized guidelines to refer patients to other healthcare practitioners outside clinic, other healthcare settings, or other organizations to meet their continuing care needs.
- 1.3. To provide standardized guidelines to discharge patients when they finish their treatment with us and would like to go to another care. The discharge summary can be provided also to the patient if for some reason he/she wants to leave RAKCODS as he may not be convinced with our treatment.
- 1.4. To identify the health care provider who is responsible for the Handover, Referral or Discharge Summary of patient.

2. Policy Statement

- 2.1. RAK College of dental Sciences shall have a process for Handover, Referral and Discharge Summary of patients to other healthcare providers for the following reasons:

- 2.1.1. Handover - When the patient needs to be assigned to another student to complete his/her requirements
- 2.1.2. Referral- When the patient needs consultation with a doctor from outside hospital
- 2.1.3. Discharge Summary- When the patient needs to be treated at another care/ facility and needs details of treatment that was carries out here at RAKCODS.

3. Procedures and Responsibilities

- 3.1. Handover:** The patient can be handed over from one student to another provided the presenting student has finished his requirements or has finished his quota of requirements. The reason for Handover should be mentioned within HIMS. The Handover can be done by the clinical instructors, staff and faculty who are provided with privileges.
- 3.2. Referral:** The referral of patients can be done by the nurses within the initial nursing assessment after discussion with the IDA doctor, the Initial Dental Assessment (IDA) doctor's and the supervising doctor's (the doctor who completed the IDA for the patient).
- 3.3. Discharge Summary:** Usually provided by the supervising doctor. This is provided for patients who are willing to continue treatment elsewhere and require documents as to the present status.

4. Tools/ Appendices

- 4.1.** Appendix CL.04-1 - Patient Handover Page
- 4.2.** Appendix CL.04-2 - Patient Referral Letter
- 4.3.** Appendix CL.04-3 - Patient Discharge Summary
- 4.4.** Appendix CL.04-4 - Monitoring of Client Transitions outside RAKCODS

Appendix CL.04-1 - Patient Handover Page

RAK COLLEGE OF DENTAL SCIENCES
HIMS

Welcome! Miss NOVI GRACET AQUINO Secretary | Staff | Change Password | Logout
Wednesday, November 15, 2023

FRONT DESK ALL REPORTS IMPROVEMENT SYSTEM ADMIN FEED BACK

Patient Waiting List

From: 01/11/2023 To: 15/11/2023
 MR No: Treatment Type: Routine
 Treatment: All Year: All
 Status: All

Search

Export to Excel Print

SR #	Date Time	MR No	Patient Name	Mobile No	Chief Complaint	Diagnosis	Teeth	Treatment	Treatment Type	Status	Year	Student				
1	11/1/2023 8:40:36 AM	69571	Gul Khan	0544703230	new teeth	Missing Teeth	31, 32, 41, 42	Removable acrylic/cast partial dentures	Routine	Assigned	Fourth Year	YASMEEN SALAH HASSAN	Assign	Cancel	Handover	Remove
2	11/1/2023 8:42:47 AM	61225	Ibrar HAQ	0553029101	broken filling	Broken Restoration	11	Restorations: Class-III & IV	Routine	Completed	Intern	KARIM MOHAMED ALI YOU	Assign	Cancel	Handover	Remove
3	11/1/2023 8:47:41 AM	69572	Abdullah Zaka	0547015532	pain	Root Stumps	36, 46	Extractions: Anterior/post teeth	Routine	Assigned	Fifth Year	RAWAN ANWAR RAMADAN	Assign	Cancel	Handover	Remove
4	11/1/2023 8:54:04 AM	69573	Taimoor Sultan	0552069761	pain sometimes	Cavities	14, 15	Direct/indirect Pulp Capping/ Pulp Treatment	Routine	Assigned	Fifth Year	SHAMS SALEH SALEM ALS	Assign	Cancel	Handover	Remove
5	11/1/2023 8:56:52 AM	69574	Kalsoom Bibi	0566378561	wants to repair	Cavities	16	Extractions: Anterior/post teeth	Routine	Un-Assign	Third Year		Assign	Cancel	Handover	Remove

Appendix CL.04-2 - Patient Referral Letter

RAK College of Dental Sciences
HIMS

Notes

Add Notes

Referral Form

Patient Details

Patient Name: B/O Muhammad Yahya Muhammad MR No: 53215 Gender: Male
 Date Of Birth: Tuesday, November 15, 2016 Nationality: United Arab Emirates Contact Number: 0566074845

Referral Details

Referred to Facility: Sagr Hospital Speciality/Service: CheckUp Priority: Routine

Need for Transportation: Yes No

Arrangement made If(Yes)

In Case of emergency, please refer the patient to contracted hospital as per policy.

Clinical Information

Reason for Referral:

Brief History:

Examination Findings:

Treatment Done:

Relevant Tests / Investigations: Attached Not Applicable

Past Medical History:

Current Medication:

Allergies / Adverse Medications Events:

Relevant Family History:

Relevant Social History (including smoking status and alcohol consumption):

Additional Relevant information (including special needs, disabilities, c/n/v/a/warnings):


Patient's condition (in case of referral):

Patient's condition on arrival at the receiving organization:

Follow up:

Save

Appendix CL.04-3 - Patient Discharge Summary



RAK COLLEGE OF DENTAL SCIENCES
 Address: P.O.Box :12973, Ras al Khaimah
 Contact #: 971-72222593
 Fax #:

Discharge Summary

Date & Time : 25 Dec 2019 2:24PM	MR No / Visit No : 49362/50434	Supervisor: Dr. Dragana Pajevic (D36864)
Name : Mr. Ahmed Hasan	Age : 50 Years 10 Months 19 Days	Gender : Male

Treatment Summary

SR #	Date Time	Chief Complaint	Final Diagnosis	Teeth	Treatment	Treatment Plan	Incharge	Student	Progress Notes
1	12/19/2019 2:11:17 PM	Edentulous ()	Aggressive periodontitis (Generalized) ()	Full Mouth	Scaling, Planing, Polishing	1-OHI education motivation 2-SPRP 3-follow up after a week 4-extraction of hopeless tooth 5-follow up after 2 weeks 6-prosthesis 7-maintenance phase	Dr. Abdullah Salam Al Yagob (0)	Abdul Mehria Wazin	SPRP done is
2	12/19/2019 2:13:22 PM	Root Stumps ()	Necrotic pulp ()	45	Extractions: Anterior/post teeth	extraction of 45	Dr. Abdullah Salam Al Yagob (0)	Abdul Mehria Wazin	extraction done

Condition at discharge: Patient is conscious, alert and responsive

Discharge Instructions: Continue post operative instructions

Comments: The patient wants to meet another doctor at RAK Hospital

Name and Signature of Supervisor: Dr. Dragana Pajevic (D36864)

Appendix CL.04 - 4 - Monitoring of Client Transitions outside RAKCODS



RAK Medical Health and Sciences University
RAK College of Dental Sciences



Monitoring of Client Transitions outside RAKCODS

As with other activities, client transitions should be monitored and evaluated for effectiveness, to ensure that the system is functioning consistently and meets the needs of patients in a timely manner. The following indicators are used by RAKCODS to monitor transitions outside RAKCODS:

1. Total number of client transitions (referrals/discharge summaries) made:
2. Number of client transitions (referrals/discharge summaries) made to which services
3. Number or percent of referral services completed
4. Number or percent of clients who reported their needs were met
5. Number of follow-up after transitions were made
6. Number or percent of clients who report satisfaction with the transition process

Comments/Feedback/Suggestions recorded:

Authorized Name and Signature:

Date:

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	3.2. Referral: The referral of patients can be done by the nurses within the initial nursing assessment, the Initial Dental Assessment (IDA) doctor's and the supervising doctor's (the doctor who completed the IDA for the patient).	3.2. Referral: The referral of patients can be done by the nurses within the initial nursing assessment after discussion with the IDA doctor, the Initial Dental Assessment (IDA) doctor's and the supervising doctor's (the doctor who completed the IDA for the patient).
		Change in the image of Appendix CL.04-1 The policy contained "Transfer page" which is an old term used in HIMS.	Change in the image of Appendix CL.04-1 The "transfer page" in HIMS has been replaced with "Handover Page" and the same has been added to the policy.

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	General & Informed Consent	
Policy Code Number:	CL.05	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose & Scope

To assure patient and family participate in his/her healthcare decisions.

2. Policy Statements

- 2.1. Consent will be obtained from the patient as and when required during the course of treatment after explaining them the full details of the procedure.
- 2.2. General consent will be obtained by the receptionist as the patient is getting registered.
- 2.3. The informed consent shall be taken by the treating dentist for procedures as mentioned in **Appendix CL.05-3**.

The following factors shall be considered in the process of Informed consent:

- 2.3.1. The patient's condition.
- 2.3.2. The proposed treatment(s).
- 2.3.3. The name of the clinical instructor providing treatment
- 2.3.4. Potential benefits and drawbacks.
- 2.3.5. Possible alternatives.
- 2.3.6. The likelihood of success.
- 2.3.7. Possible problems related to recovery and
- 2.3.8. Possible results of non-treatment.

Where an individual is considered unable to give informed consent, another person or a substitute decision maker is generally authorized to give consent on their behalf e.g. parents or legal guardians of female relative. The Concerned Dental assistant (or assistant student) is responsible for ensuring that a signed “Informed Consent Form” is in the patient’s file prior to the beginning of the procedure.

3. Definitions/ Abbreviations

3.1. General Consent – The patients agree to the points as described in the general consent form, inclusive of that they may be treated by more than one student doctor and supervising doctor. They also agree that their records can be used for academic or research purposes (**Appendix CL.05-1**).

3.2. Informed Consent – It is the agreement or permission by the patient/ substitute decision maker accompanied with full information on the nature, risks and alternatives of a medical procedure or treatment before the clinical instructors or other health care professional begins the procedure or treatment. After receiving this information, the patient either consents to or refuses such a procedure or treatment (**Appendix CL.05-2**).

3.3. Substitute Decision maker- The priority order of substitute decision makers is:

- 3.3.1.** Parents
- 3.3.2.** Spouse
- 3.3.3.** Adult Children
- 3.3.4.** Adult brothers or sisters
- 3.3.5.** Adult Grandchildren
- 3.3.6.** Legal Guardian

4. Procedures and Responsibilities

4.1. General consent is required for any assessment or screening, Physical examination, radiological evaluation, and administration of medications including local anesthesia and other diagnostic procedures and dental treatments.

4.2. General consent will be obtained to treat all new patients and is documented in the General Consent form.

- 4.3. Reception staff will take the general consent at the time of registration.
- 4.4. When a general consent is obtained patients and families are given information on the scope of the general consent such as which tests and treatments are included in the general consent. Patients are also given information about those tests and treatment for which a separate informed consent will be obtained.
- 4.5. General consent is valid for life time.
- 4.6. Signed “Informed consent” shall be obtained before invasive procedures, (**Refer list of Procedures requiring Informed Consent) Appendix CL.05-3.**
- 4.7. The patient has the **right to reasonably participate in decisions** involving his/her health care. To the degree possible, this shall be based on a clear, concise explanation of his / her condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems to recuperation, and probability of success to the patients, parents or legal guardians by treating clinical instructors and Dental assistants.

The patient shall not be subjected to any procedure without his / her voluntary acceptance, and informed consent, or that of his/her legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

- 4.8. The patient has the right to know name of the student and supervising clinical instructor under whose supervision the student is performing the procedures or treatment. If the patient requests any additional information like experience, length of time with the organization, etc. on the practitioner responsible for his or her care, then the same would be provided to the patient.

4.9. Specific Guidelines

- 4.9.1. The treating student / supervising Clinical instructor will give the following information to the patient or the patient’s substitute decision maker in lay terms which would make it easy for the patient to take the decision before signing the consent form.

- 4.9.1.1. The patient’s condition.

- 4.9.1.2. The proposed treatment(s).

- 4.9.1.3. The name of the person providing treatment

- 4.9.1.4.** Potential benefits and drawbacks.
- 4.9.1.5.** Possible alternatives.
- 4.9.1.6.** The likelihood of success.
- 4.9.1.7.** Possible problems related to recovery and
- 4.9.1.8.** Possible results of non-treatment.

The treating student under supervision of the Clinical instructor shall document the discussion on Informed Consent for invasive and high risk dental procedures. This shall then be signed by patient or substitute decision maker.

If the patient or their family members need any additional information, they shall be addressed and made them understand of any doubts or clarifications.

- 4.9.2.** A substitute decision maker may sign the consent on behalf of the patient if the patient is;

- 4.9.2.1.** Incapable of providing an informed consent.
- 4.9.2.2.** Mentally incapacitated
- 4.9.2.3.** Unconscious
- 4.9.2.4.** Has received sedation.
- 4.9.2.5.** Physically incapable of signing the form.

Patient may delegate the responsibility of signing the informed consent to immediate family member or substitute member.

- 4.9.3.** All the information prior to obtaining the informed consent is given to the patient in the language they understand.

- 4.9.3.1.** When the patient does not speak or understand the predominant language of the community, he/she shall have access to an interpreter from the available list in the clinic kept at various patient care areas.
- 4.9.3.2.** The date and time of signing shall be clearly indicated.
- 4.9.3.3.** The informed consent form shall be valid for thirty days (30) from the time of signature by the patient or his substitute decision maker.
- 4.9.3.4.** The decision regarding the patient's ability to make an informed consent shall be the ultimate responsibility of the supervising clinical instructor.

5. Tools/ Appendices

- 5.1.** Appendix CL.05-1 General Consent.
- 5.2.** Appendix CL.05-2 Informed Consent for invasive dental procedure.
- 5.3.** Appendix CL.05-3 List of Procedures requiring Informed Consent.
- 5.4.** Appendix CL.05-4 Informed Consent for pregnant patients

Appendix CL.05-1 - General Consent Form

RAK COLLEGE OF DENTAL SCIENCES

General Consent for Dental Treatment

Patients, patient representatives, parents and guardians please read this form carefully

I give my consent for Examination, Diagnostic procedure (X-Rays, Blood investigations etc.) and treatment to be provided by student dentists under the supervision of clinical instructors at **RAK College of Dental Sciences**.

Understand that as a patient I/my child/my relative:


1. May experience some problems during examination and treatment that my student dentist cannot predict. These include but are not limited to:
 - 1.1. Pain, discomfort or swelling or minor injuries to related structures
 - 1.2. Infection and bleeding
 - 1.3. Short-term/ long-term numbness of the teeth, gums, tongue, lips, cheek or chin
 - 1.4. Unplanned reaction to a drug, dental materials, latex etc.
 - 1.5. Jaw joint (TMJ) problems
 - 1.6. Breathing in or swallowing a dental instrument or dental material
 - 1.7. Unplanned reaction to local anesthesia
 - 1.8. Any complication may result in additional treatment

2. All records including X-rays, photos, medical records:
 - 2.1 Will remain the sole property of RAK College of Dental Sciences.
 - 2.2 These records may be used for teaching, research and publication.
 - 2.3 These records can be provided to you as per request.

3. It is my/our responsibility
 - 3.1 To follow the post-treatment protocols
 - 3.2 To ask doubts or questions about any risks involved in my examination and treatment
 - 3.3 To seek more dental care, after receiving urgent care treatment, as recommended. Urgent Care treatment (for example: relieving pain or extractions) is ***not*** complete dental care.
 - 3.4 To provide correct information regarding the history of any medical conditions or COVID 19 if any.

Patient/ Parent/ Legal Guardian/ Representative Signature & Date

Appendix CL.05-2 - Informed Consent



RAK COLLEGE OF DENTAL SCIENCES
 Address: P.O.Box 12973, Ras al Khaimah
 Contact #: 971-7222593
 Fax #:

Informed Consent For Surgical Extraction

Date & Time: 31/10/2019 08:22:24	Medical Record # / Visit #: 48320/48843	DOB: Feb 05, 1989
Name: Mr. Yasini Misikala	Age: 30 Years 10 Months 20 Days	Gender: Male
Student Name: Hasan Abdulla	Supervisor: Dr. Nur Hatab	

Consent Text

This information is provided to help you understand the treatment I am recommending for you /your child/patient. Before I begin treatment, I want to be certain that I have provided you with enough information in a way you can understand, so that you're well informed and confident that you wish to proceed with the treatment for you/your child/patient. This form will provide some of the information, I will also have a discussion with you. PLEASE BE SURE TO ASK ANY QUESTIONS YOU WISH. It's better to ask them now, than wonder about it after we start the treatment.

I / Patient acknowledge that I received information in language that I can understand which helped me to take the decision about the treatment / procedure for myself/ my child/ patient and signing this informed consent. This information is included but not limited to:

Please tick below mentioned points:


<input checked="" type="checkbox"/> My / Patient's medical condition	<input checked="" type="checkbox"/> Likelihood of success in treatment / procedures
<input type="checkbox"/> My / Patient's proposed treatment / procedures	<input type="checkbox"/> Possible problem related to recovery after the treatment / procedures.
<input type="checkbox"/> Potential benefits of treatment / procedures	<input type="checkbox"/> Possible result of non- treatment
<input type="checkbox"/> Potential risk of treatment / procedures	
<input type="checkbox"/> Possible alternatives of treatment / procedures	

For Pediatric patients, few behavioral management techniques may be applied and are explained by the doctor includes the following: Applicable / Not applicable

Tell-show-do (Demo) Voice control (changing tone/volume) Stabilization (holding head/hands/feet)

For Orthodontic treatment (if applicable), additional information is explained by the doctor includes the following: Applicable / Not applicable





<input type="checkbox"/> Length of treatment	<input type="checkbox"/> Periodontal (gum and bone) disease	<input type="checkbox"/> Non ideal results
<input type="checkbox"/> Discomfort	<input type="checkbox"/> Headgears	<input type="checkbox"/> Allergies
<input type="checkbox"/> Relapse	<input type="checkbox"/> Temporomandibular (jaw) joint dysfunction	<input type="checkbox"/> General Health problems
<input type="checkbox"/> Decalcification and Dental Caries	<input type="checkbox"/> Impacted, Ankylosed, Unerupted teeth	<input type="checkbox"/> Use of tobacco products
<input type="checkbox"/> Root resorption	<input type="checkbox"/> Occlusal adjustment	<input type="checkbox"/> Temporary anchorage devices (metal screw or plate)
<input type="checkbox"/> Nerve damage		

Patient Signature: 

Appendix CL.05-3 - List of Procedures Required Informed Consent

1. Surgical Extractions
2. Periodontal Surgery

Appendix CL.05-4 - Radiology Consent Form

 RAK COLLEGE OF DENTAL SCIENCES Address: P.O.Box :12973, Ras al Khaimah Contact #: 971-72222593 Fax #:								
General Consent Form For X-Ray								
Date & Time: 20/01/2020 09:05:03	Medical Record # / Visit #: 46400/51753	DOB: 11/1/1979 12:00:00 AM						
Name: Mr. Test TEST	Age: 40 Years 3 Months 18 Days	Gender: Female						
<p>Consent Text</p> <table border="1"> <thead> <tr> <th>Informed Consent</th> <th>موافقة مسبقة</th> </tr> </thead> <tbody> <tr> <td>I have been fully informed of the risks involved in radiating a pregnancy and assume the responsibility for any consequences from the procedures I am about to have.</td> <td>لقد تم إطلاعي بشكل كامل على المخاطر التي ينطوي عليها تشيع الحمل وتحمل المسؤولية عن أي تبعات ناجمة عن الإجراءات التي توشك على إجرائها.</td> </tr> <tr> <td colspan="2" style="text-align: right;"> Patient Signature:  Capture Signature Radiology Room </td> </tr> </tbody> </table>			Informed Consent	موافقة مسبقة	I have been fully informed of the risks involved in radiating a pregnancy and assume the responsibility for any consequences from the procedures I am about to have.	لقد تم إطلاعي بشكل كامل على المخاطر التي ينطوي عليها تشيع الحمل وتحمل المسؤولية عن أي تبعات ناجمة عن الإجراءات التي توشك على إجرائها.	Patient Signature:  Capture Signature Radiology Room	
Informed Consent	موافقة مسبقة							
I have been fully informed of the risks involved in radiating a pregnancy and assume the responsibility for any consequences from the procedures I am about to have.	لقد تم إطلاعي بشكل كامل على المخاطر التي ينطوي عليها تشيع الحمل وتحمل المسؤولية عن أي تبعات ناجمة عن الإجراءات التي توشك على إجرائها.							
Patient Signature:  Capture Signature Radiology Room								

6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	4.6. Written “Informed consent” shall be obtained before invasive procedures, (Refer list of Procedures requiring Informed Consent) Appendix CL.06-3.	4.6. Signed “Informed consent” shall be obtained before invasive procedures, (Refer list of Procedures requiring Informed Consent) Appendix CL.06-3.
		4.9.2. A substitute decision maker may sign the consent on behalf of the patient if; 4.9.2.1. The patient incapable of making an informed consent. 4.9.2.5. The patient is physically incapable of signing	4.9.2. A substitute decision maker may sign the consent on behalf of the patient if the patient is; 4.9.2.1. Incapable of providing an informed consent. 4.9.2.5. Physically incapable of signing the form.

		the form.	
		<p>I/my child/my relative understand that:</p> <ul style="list-style-type: none"> • To seek more dental care, after receiving emergency/urgent care treatment, as recommended. Emergency treatment (for example: relieving pain or extractions) is not complete dental care. • To provide correct information regarding the history of COVID 19 if any. 	<p>Understand that as a patient I/my child/my relative:</p> <p>3.3 To seek more dental care, after receiving urgent care treatment, as recommended. Urgent Care treatment (for example: relieving pain or extractions) is not complete dental care.</p> <p>3.4 To provide correct information regarding the history of any medical conditions or COVID 19 if any.</p>

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical	Prepared by: Dr. Shadi El Bahra Assistant Professor
Title:	Dental Technology and Laboratory Services	
Policy Code Number:	CL.06	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purposes & Scopes

- 1.1 To assist RAK College of Dental Sciences (RAKCODS) students, faculty and staff in obtaining the highest standards of laboratory services for our patients.
- 1.2 To encourage and enhance knowledge, learning, and collaboration between faculty, students, staff and commercial laboratories.
- 1.3 To monitor and assess quality assurance of all stages of laboratory work.

2. Procedures

- 2.1 All laboratory prescriptions are hand written to the contracted lab. Duplicate copies of the laboratory prescription are maintained in the Prostho lab cabinet by the junior instructor in charge.
 - 2.1.1 The student/intern must initially fill a laboratory job card from clinic with all patient details and the work to be done duly signed by the faculty/ senior instructor in charge.
 - 2.1.2 All required text entries must be completed by the student/intern.
- 2.2 All laboratory prescriptions will be hand written by the in charge faculty/junior instructor after:

- 2.2.1 The clinical laboratory job card with details are submitted.
- 2.2.2 Drawings are completed on the laboratory job card.
- 2.2.3 The licensed faculty/senior instructor must sign the laboratory job card.
- 2.2.4 Along with laboratory job card, the pouched work to be sent to the lab are inspected by faculty/ junior instructors before writing the laboratory prescription.

3. **Selection and Authorization of Laboratory**

Faculty is the provider

- 3.1 The faculty member provider may select any licensed dental laboratory in the UAE.
- 3.2 The laboratory must be an approved service provider

4. **Laboratory Working Schedule**

The standard laboratory working schedule is listed below. Time schedules will vary depending on many factors. A Technician in charge will inform faculty and/or junior instructor when the case is submitted if additional time will be needed. Furthermore, dental laboratories may occasionally need to extend this time due to unforeseen circumstances. Communications will be carried out appropriately.

Required items for submitting cases to the laboratory:

A. **Removable Prosthodontics**

Complete denture

- 1. Mounted or unmounted master casts.
- 2. Record base and wax rim.
- 3. Denture teeth.
- 4. Gingival acrylic shade for processing.

Removable Partial Denture Framework

- 1. Mounted master cast (unless opposing a full denture that has not been fabricated).
- 2. Master cast surveyed and tripodded (do not draw a design on the master cast).
- 3. Diagnostic cast with framework design drawn on it.

4. Framework design is drawn on the laboratory prescription.
5. The shade of facing.
6. Framework with wax rim/functional impression.
7. Denture teeth.
8. Gingival acrylic shade for processing.

B. Fixed Prosthodontics

Single Crown

1. Full arch impression.
2. The diagnostic cast, the cast of the provisional or a wax-up
3. Opposing cast.
4. Interocclusal record.
5. Custom incisal guide table for anterior restorations.

Fixed Partial Denture / Multiple Crowns

1. Full arch impression.
2. Mounted working casts.
3. Interocclusal record.
4. The mounted diagnostic cast, the cast of provisionals or a wax-up.
5. Custom incisal guide table for anterior restorations.

Quality Assurance (QA)

Dental laboratory quality assurance is an integral part of student learning and patient care. There are three phases of QA associated with laboratory work:

1. Pre-submission: Before submitting a case to the lab, students must:
 - a. Review all components with their supervising instructor.
2. Review the lab prescription and all submission components with the faculty/junior instructor (All students should be familiar with these guidelines).
3. Submission: All cases will be reviewed by the laboratory technician in charge which is appointed by the Manager of Dental Laboratory. If an appropriate component of the checklist

is missing, or if there is a problem with the case that would compromise patient care, the case will be returned at the laboratory administrator's discretion for correction. The laboratory technician in charge will provide the supervising faculty or the senior instructor with suggestions for correction. After corrections are made, the case is resubmitted with the signature of the supervising faculty on the lab prescription and mentioned as repeat.

4. Case Return: Upon return from the lab, student and faculty will inspect the work and after checking on patient if found unsatisfactory the work will be sent to lab for repeat and the reason will be identified.

Infection Control Policies and Procedures

Infection control measures of RAKCODS stipulate that all dental impressions, prostheses, and other items that are transported to the Dental Laboratory should be disinfected by the student BEFORE sending them to the laboratory. As an additional precaution to ensure the health and safety of all laboratory technicians, administrators, students, and patients, every item entering the dental laboratory should also be disinfected in the lab being handled.

It is recommended that a chemical disinfectant with at least an intermediate level of strength be used on all laboratory materials. In order to minimize the risk of cross-contamination, there will be separate receiving and dispensing areas. In addition, all cases being returned to students should be disinfected prior to dispensing. This will virtually eliminate the risk of any cross-contamination of infectious microorganisms to the students, instructors, and patients.

As stated above, all items entering the dental laboratory must be disinfected; however, care must be taken to ensure that the disinfection procedures do not significantly alter the integrity of the cases being received. For example, an impression can be distorted if not handled with proper care. The following section provides a summary of the appropriate selection of disinfection methods that should be employed with various items. These guidelines should be followed to ensure proper disinfection and to maximize the chances of a well-made and well-fitting prosthesis.

Impressions

Impressions must be rinsed thoroughly with water to remove saliva, blood, and debris and then properly disinfected before being poured in the RAKCODS laboratory. They can be disinfected by spraying with impression disinfectant material or immersion in any compatible disinfecting product. Since the compatibility of an impression material with a disinfectant varies, manufacturers' recommendations for proper disinfection should be followed. The use of a disinfectant requiring no more than 30 minutes is recommended. However, impression materials that are hydrophilic should be disinfected with a product requiring no more than 10 minutes. Disinfected impressions should be labelled as such on the sealed pouch before being poured.

Each impression consists of two levels of criticalness from an infection control perspective:

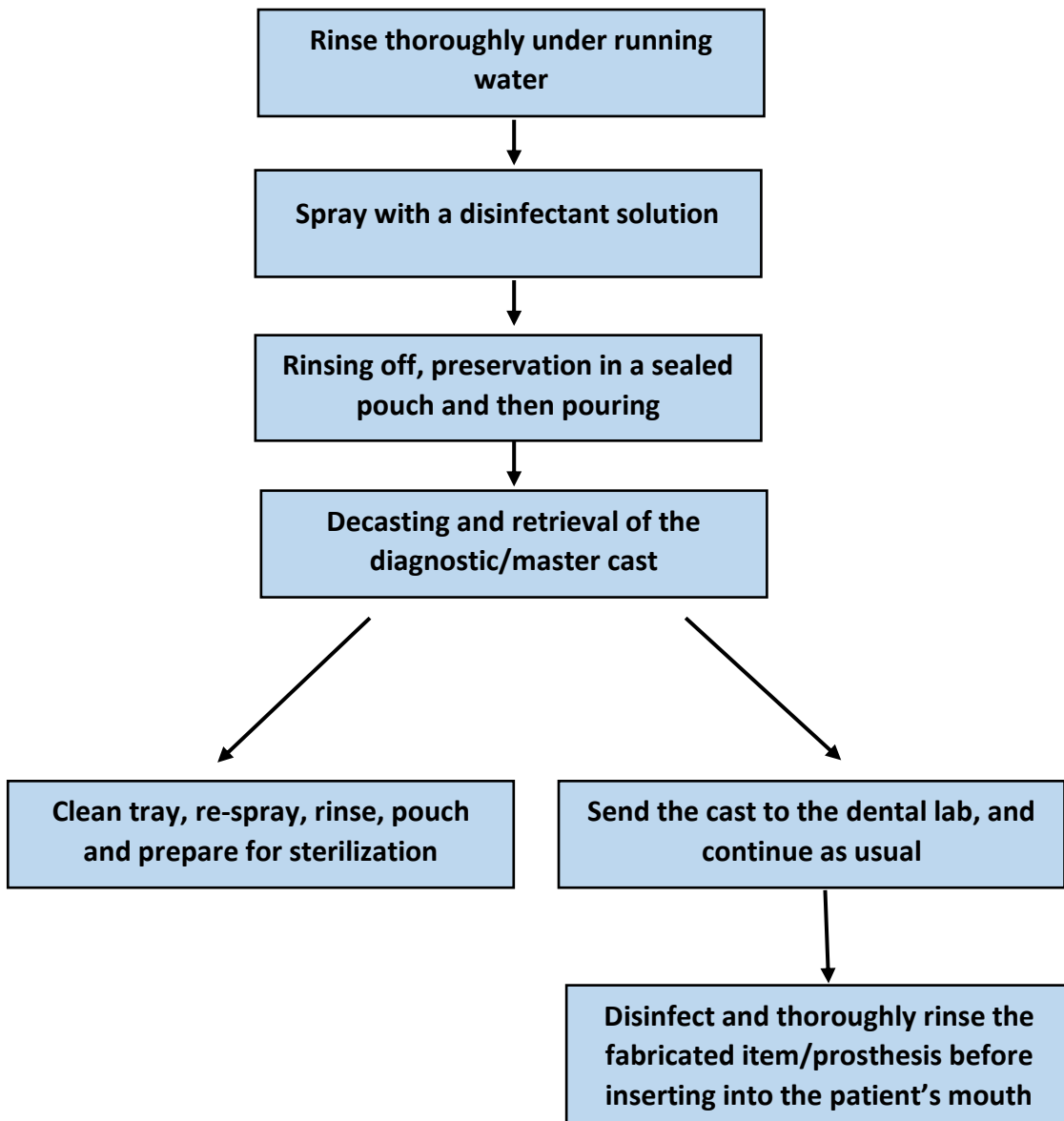
1. The impression tray is considered a critical item and should be autoclaved after use.
2. The impression material is considered a semi-critical item and should be appropriately disinfected before pouring.

Impressions must be inserted in a sealed bag after spraying/immersion and rinsing off, and before they are poured.

5. Tools/Appendices

5.1. Appendix CL.06-1 – Summary of the Steps:

Appendix CL.06-1 – Summary of the Steps:



Casts, Prostheses, Wax Rims, and Jaw Relation Records

All casts, fixed or removable prostheses, jaw relation records, articulators, etc. which have had patient exposure must be disinfected before their submission to the laboratory. These items should be clearly identified as to the state of disinfection. If it is clearly identified that stone casts have been disinfected, no future disinfection procedures are necessary.

The following table provides general guidelines for disinfection solutions and methods utilized during routine restorative clinical and laboratory procedures.

Recommended Disinfection Methods:

RECOMMENDED DISINFECTION METHOD	
IMPRESSIONS	<ul style="list-style-type: none"> ● Rinse under running tap water ● Spray with or immerse in an appropriate disinfectant for the recommended time for disinfection ● Rinse again ● Pour with stone
STONE CASTS	<ul style="list-style-type: none"> ● Spray until wet or immerse in an appropriate disinfectant for the recommended time for disinfection
PROSTHESES APPLIANCES	<ul style="list-style-type: none"> ● Rinse under running tap water ● Spray with or immerse in an appropriate alcohol-free disinfectant for the recommended time for tuberculocidal disinfection ● Rinse thoroughly again and dry ● Acrylic items can be stored in diluted mouthwash

Personal Protection

Each laboratory technician must take the necessary precautions to ensure his/her safety in the laboratory.

Protection, which should consist of:

1. Eye protection (with side shields) should be worn while performing any laboratory work.
2. Masks should be worn while performing any laboratory work that creates aerosols and/or dust/metal particles and better done under vacuum and bench protective shield.
3. Gloves when handling known or potentially infected materials.

These guidelines should be strictly adhered to due to the occupational risk of injury and/or contamination consistent with a dental laboratory.

6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	No changes	No changes

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University

RAK College of Dental Sciences



Policy/ Procedure Type:	Clinical	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Oral Health Promotion	
Policy Code Number:	CL.07	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

RAK College of Dental Sciences (RAKCODS) believes in empowering individuals and communities to take responsibilities for their oral health as this is also one of the strategic goals.

2. Policy Statement

RAKCODS incorporates oral health education and promotion activities both at a patient level and at a community level.

3. Procedures

RAKCODS conducts health promotion activities at a community and also at an individual patient/family level.

3.1. Health Promotion Activities at a Community Level

RAKCODS goes for community visits to various schools and organization during the academic year. At these schools or organizations our healthcare providers provide free dental screening and also education. The oral hygiene education is done via presentations and table top demonstrations. These children and people are encouraged to visit RAKODS for their free comprehensive treatment.

3.2. Health Promotion Activities at an Individual/ Family Level

RAKCODS provides absolutely free treatment for all the patients who visit us. The patients once they are at the individual stations of our healthcare providers they are engaged in an educational program regarding their oral health. Means by which they can improve their oral hygiene is also explained. Videos from you tube and also demonstrations are provided to help make sure that the patients have understood well as to how to maintain their oral hygiene. The healthcare providers also use the interdisciplinary health education form within HIMS which ensures all possible guidance is provided to the patients and their family.

3.3. Health Promotion by Community Campaigns

RAKCODS provides community campaigns to its patients within RAKCODS. The patients are grouped and discussions are done on common topics including oral hygiene maintenance, the importance of hand hygiene etc.

4. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	No changes	No changes

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Reporting Occurrence Variance, Near Miss, Adverse and Sentinel Events	
Policy Code Number:	CL.08	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

The purpose of this policy is to establish clear systems for reporting Occurrence Variances which are graded as events, near miss, adverse events and sentinel events to provide a mechanism of identification, tracking and follow up of all incidences (Occurrence Variances) that pose an actual or potential safety risk to patients, families, contract workers, visitors, students, interns and staff. This policy will ensure to have a positive impact in improving patient care, treatment, and services and preventing sentinel, adverse, near misses and events.

2. Definitions/ Abbreviations

- 2.1 Events:** any event/circumstance/happening not consistent with the standard routine operations of the clinic and its staff or the routine care of a patient/visitor.
- 2.2 Near-miss:** Is an event or situation that could have resulted in an accident, injury or illness to a client but did not, either by chance or through timely intervention.
- 2.3 Adverse event:** Is an unexpected and undesirable incident directly associated with the care or services provided to the client. The incident occurs during the process of receiving health services. The adverse event is an adverse outcome, injury or complication for the client.

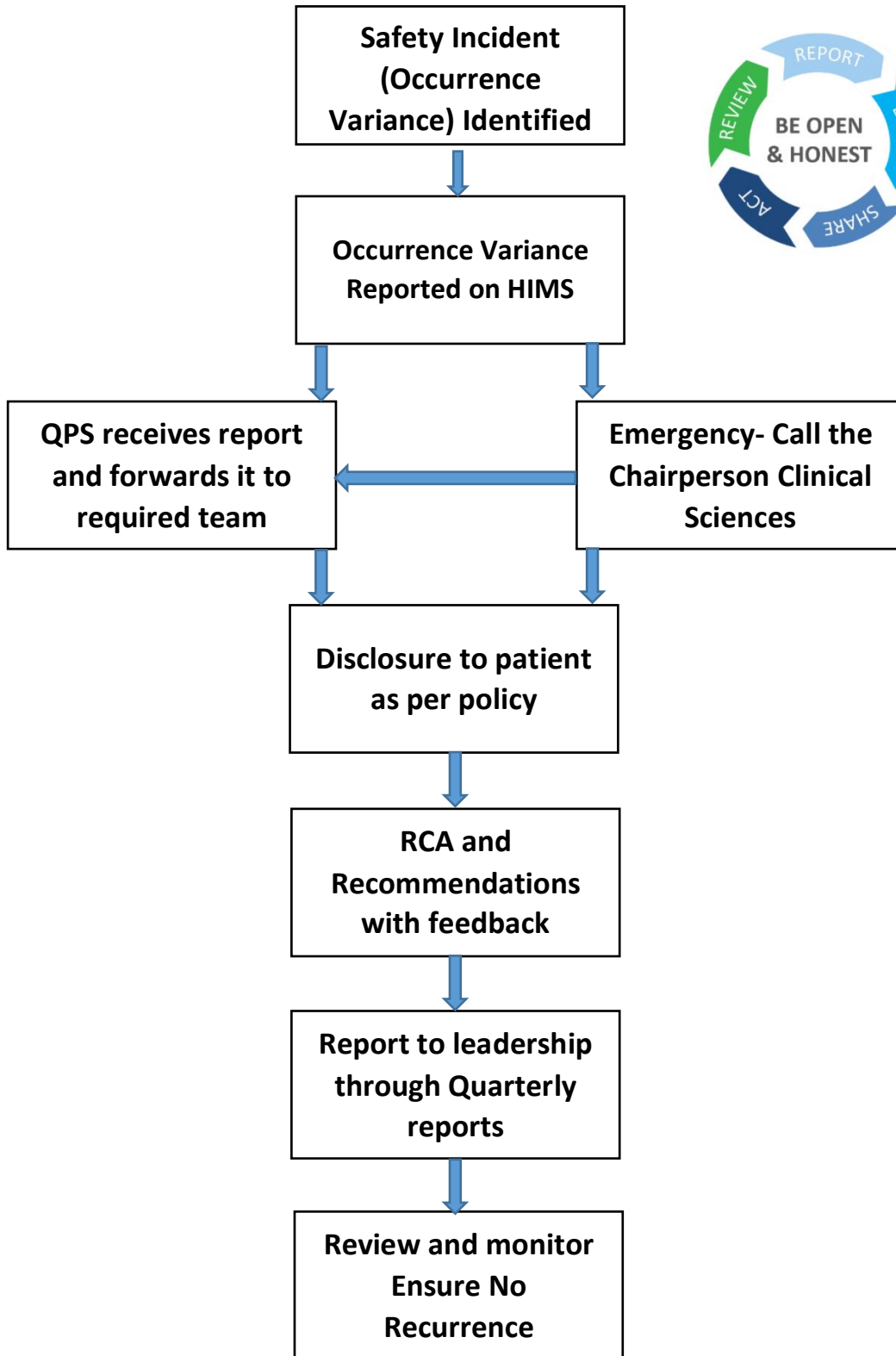
2.4 Sentinel Event: Is an adverse event that leads to death or major and enduring loss of function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or began.

3. Policy Statements

3.1. It is the policy of RAK College of Dental Science (RAKCODS) that every Event, Near Miss, Adverse or Sentinel Event occurring within the clinic or as a result of the clinic carrying its activities including medication management related incidents shall be reported on HIMS using the Occurrence Variance Report (OVR) Form (**Appendix CL.08-1**).

3.2. All Occurrence Variance Reports (OVR) shall serve as a quality improvement tool and be evaluated and acted upon in a “blame-free” mindset and will follow a system review.

3. Procedure for Reporting any Occurrence Variance



5. Tool/ Appendices

5.1 Appendix CL.08-1 - Occurrence Variance Report (OVR)

5.2 Appendix CL.08-2 - Guidelines for Occurrence Variance Reporting

Appendix CL.08-1 - Occurrence Variance Report (OVR)

Use this form on HIMS to report Occurrence Variances, near miss events, injuries, medical situations, student/staff/faculty behavior incidents. The report should be file within 72 hours of the event.

The screenshot shows the 'Occurrence Variance Report Form' in the HIMS system. The header includes the RAK College of Dental Sciences logo and name, along with user information: 'Welcome! Miss NOVI GRACE T. AQUINO Secretary | Staff | Change Password | Logout' and the date 'Wednesday, November 16, 2022'. A navigation bar contains 'FRONT DESK', 'ALL REPORTS', 'IMPROVEMENT SYSTEM ADMIN', and 'FEED BACK'. The form title is 'Occurrence Variance Report Form' with a red warning: 'The report should be completed within 72 hours of the event.' The form fields are: Date (Null), Time (empty), Floor (Select Floor), Location (empty), Reported By (Anonymous), Personnel Involved (Select Personnel Involved), Other (empty), MR No (empty), and Detail (empty text area with a 500-character limit). A 'Submit' button is at the bottom.

Appendix CL.08-2 - Guidelines for Occurrence Variance Reporting

Category:

RAK COLLEGE OF DENTAL SCIENCES
HIMS

Welcome! Miss NOVI GRACE T. AQUINO | Secretary | Staff | Change Password | Logout
Wednesday, November 16, 2022

FRONT DESK | ALL REPORTS | IMPROVEMENT SYSTEM ADMIN | FEED BACK

Quality and Patient Safety(QPS) Co

Select OVR: Access/Registration
Referral/Handover
Investigation/Diagnostic
Security (Disruptive, Aggressive Behavior)
Procedure/Treatment related
Equipment's/ Dental Operator
Environmental Safety
Date & Time: Confidentiality, privacy and other rights related
Adverse drug reaction (ADR)
Floor: Medication
Location: HIMS
Reported By: Not Applicable
Personnel Involved: CSSD
Emergency Code
Category Emergency Codes
IT
IPC
Detail: **Communication**
Staff injury (Occupational Health)
Needle stick injury/Sharps/Splash
Category: Select Category
Sub Category:
Grade: Near miss

The event is not within the scope of OVR.
 Establish a taskforce team to investigate the incident and develop action plan within 14 calendar days.
 QPS Committee action taken/notes.

Grade

RAK COLLEGE OF DENTAL SCIENCES
HIMS

Welcome! Miss NOVI GRACE T. AQUINO | Secretary | Staff | Change Password | Logout
Wednesday, November 16, 2022

FRONT DESK | ALL REPORTS | IMPROVEMENT SYSTEM ADMIN | FEED BACK

Quality and Patient Safety(QPS) Committee

Select OVR: OVR00335
OVR Images
Date & Time: 11 Jul 21 11:45 PM
Floor: Second Floor
Location: Elevators hall
Reported By: Mr Ammar Albouaini
Personnel Involved: Dr. Vivek Padmanabhan Patient / Other:
Detail: Hello, I have a suggestion about the patients flow. As we all can see, everyday we have a problem with the patients that are coming and staying all day long without getting called for any treatment. all they want is to get noticed, to be told if they will be treated today or they should leave and wait
Category: Select Category
Sub Category:
Grade: **Near miss**
Adverse Events
Sentinel Events
Event

The event is not within the scope of OVR.
 Establish a taskforce team to investigate the incident and develop action plan within 14 calendar days.
 QPS Committee action taken/notes.

6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	<p>1. Purpose and Scope The purpose of this policy is to establish clear systems for reporting of incidents which we refer to as Occurrence Variances, near miss, adverse events and sentinel events to provide a mechanism of identification, tracking and follow up of all incidences that pose an actual or potential safety risk to patients, families, contract workers, visitors, students, interns and staff. This policy will ensure to have a positive impact in improving patient care, treatment, and services and preventing sentinel, adverse, near miss events.</p>	<p>1. Purpose and Scope The purpose of this policy is to establish clear systems for reporting Occurrence Variances which are graded as events, near miss, adverse events and sentinel events to provide a mechanism of identification, tracking and follow up of all incidences (Occurrence Variances) that pose an actual or potential safety risk to patients, families, contract workers, visitors, students, interns and staff. This policy will ensure to have a positive impact in improving patient care, treatment, and services and preventing sentinel, adverse, near misses and events.</p>
		<p>2.1 Incident (Occurrence Variance): any event or circumstance not consistent with the standard routine operations of the clinic and its staff or the routine care of a patient/ visitor.</p>	<p>2.1 Events: any event/circumstance/happening not consistent with the standard routine operations of the clinic and its staff or the routine care of a patient/visitor.</p>
		<p>3.1. It is the policy of RAK College of Dental Science (RAKCODS) that every Incident or Occurrence Variance, Near Miss, Adverse or Sentinel Event occurring within the clinic or as a result</p>	<p>3.1. It is the policy of RAK College of Dental Science (RAKCODS) that every Event, Near Miss, Adverse or Sentinel Event occurring within the clinic or as a result of the clinic carrying its activities shall be</p>

		of the clinic carrying its activities shall be reported on the Occurrence Variance Report (OVR) Form (Appendix CL.08-1).	reported on HIMS using the Occurrence Variance Report (OVR) Form (Appendix CL.08-1).
		<p>4. Procedure for Reporting any Occurrence Variance</p> <ul style="list-style-type: none"> ● Occurrence Variance Reported on HIMS or Hard Copy and notified 	<p>4. Procedure for Reporting any Occurrence Variance</p> <ul style="list-style-type: none"> ● Occurrence Variance Reported on HIMS
		<p>Appendix CL.08-1 - Occurrence Variance Report (OVR)</p> <p>Use this form to report Occurrence Variances, near miss events, injuries, medical situations, student/staff/faculty behavior incidents. If possible, the report should be completed within 48 hours of the event. Submit completed forms to the nursing stations respectively (in case of hard copies).</p>	<p>Appendix CL.08-1 - Occurrence Variance Report (OVR)</p> <p>Use this form on HIMS to report Occurrence Variances, near miss events, injuries, medical situations, student/staff/faculty behavior incidents. The report should be file within 72 hours of the event. (attachment is changed)</p>
		<p>Category: The list which was provided under category in the first edition has been replaced with attachment.</p>	<p>Appendix CL.08-2 - Guidelines for Occurrence Variance Reporting</p> <ul style="list-style-type: none"> - The lists for Category, Subcategory and Grade were replaced by attachment.

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University

RAK College of Dental Sciences



Policy/ Procedure Type:	Clinical	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences Dr. Aqsa Khan Infection Control-in-Charge
Title:	Disclosure of Adverse Events	
Policy Code Number:	CL.09	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

RAKCODS intends and ensures to regulate the process of disclosing sensitive information to patients about their health, which were discovered incidentally while being treated here.

2. Policy Statement & Procedures

2.1 All health information is to be considered confidential, and should only be discussed with the patient, or with the patient’s legally authorized representative, and in accordance with the legality of the United Arab Emirates and the ethical Codes of Conduct.

2.2 Health information that becomes known to the healthcare provider incidentally at RAKCODS and that are considered sensitive, include the following:

2.2.1 Infectious diseases following the routine screening after a sharp or splash injury, specifically: Hepatitis B, Hepatitis C, and HIV.

2.2.2 The diagnosis of cancer following a diagnostic tissue biopsy.

- 2.3 Before disclosing the findings to the patient and/or to the legally authorized representative, the healthcare provider should make every effort to ensure that the diagnostic tests are accurate. A repeat of the assessment is advised.
- 2.4 Disclosure of information should take place in the Isolation room located on the first floor of RAKCODS, which provides a private and quiet venue for discussing the diagnosis with the patient.
- 2.5 Healthcare providers should have appropriate training from IPC in disclosing adverse events as per the policy. They should have the following documents (in hard copy) ready to be given to the patient, before the counseling session:
 - 2.5.1 A copy of the report showing the results of the investigations to be disclosed.
 - 2.5.2 A referral letter to a suitable medical consultant, or hospital, where the patient will seek further care.
- 2.6 If the patient needs a translator for interpretation, he/she should be readily available and provided.
- 2.7 All the doubts and concerns by the patient should be appropriately addressed by the team of health care providers.
- 2.8 A counsellor should also be offered and arranged if the patient agrees to go in for counselling
- 2.9 The supervising doctor for the patient can follow up with the patient and provide additional support if needed.
- 2.10 Clients, families, and team members are asked for feedback regarding their experiences with disclosure, and this data is used to review and revise the disclosure procedure as necessary.

3 Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	1 st Sep 2022	No changes	No changes

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Patient Education	
Policy Code Number:	CL.10	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

Identify patients and family educational needs in order to facilitate understanding of the patient’s health status, and care process, increase their potential to follow a therapeutic health care plan, and promote a healthy lifestyle. This is a policy for whole of RAKCODS clinics.

2. Policy Statements

- 2.1. The patient’s educational needs pertaining to care shall be identified and addressed.
- 2.2. Education shall include the following:
 - 2.2.1. Diagnosis;
 - 2.2.2. Treatment plan, expected outcomes, and potential side effects/ complications of treatment;
 - 2.2.3. Safe and effective use of medication, if any;
 - 2.2.4. Pain management
 - 2.2.5. Rehabilitation technique
 - 2.2.6. Safe and effective use of medical equipment, if any;
 - 2.2.7. Instruction on potential food- drug interactions and counseling on modified diets, as appropriate;

- 2.2.8.** When and how to obtain further treatment, if needed;
- 2.2.9.** Information about any instructions given to the patient, family, and /or significant other(s) shall be provided to any individual or organization responsible for the continuing of care.
- 2.3.** Education shall be provided in a manner and a language the patient can understand that:
 - 2.3.1** Facilitates the patient’s and/or significant other’s understanding of the patient’s health status and health care options selected.
 - 2.3.2** Facilitates participation in decision making about health care options;
 - 2.3.3** Increases patient / significant other(s) potential to follow the therapeutic health care options;
 - 2.3.4** Increases the patient / significant other(s) ability to cope with the patient’s health status/ prognosis / outcome
- 2.4** Enhances the patient / significant other(s) role in continuing care and promoting a healthy lifestyle.
- 2.5** Education shall be based on assessment of patient’s:
 - 2.5.1** Ability to learn, cultural and religious practice, emotional barriers, desire and motivation to learn, education level, visual learner, and language barriers.
 - 2.5.2** Learning needs- including the above factors and skills/ knowledge deficits.
- 2.6** Resources shall be selected based on needs and shall include, but not be restricted to, educational information, brochures and printed materials, use of classes and groups, and variety of external resources.
- 2.7** Education shall be adapted to appropriate age, culture and language and shall be individualized for the specific patient/ family/ significant other(s)
- 2.8** Once educational needs are identified, the health care worker shall determine what departments/ disciplines will be required to meet those needs. Individuals or departments involved may include:
 - 2.8.1** Doctors
 - 2.8.2** Dental assistants/ nurses
 - 2.8.3** Dental Students
 - 2.8.4** Interns
 - 2.8.5** Radiology Technician

2.9 Specialized instructions regarding treatments, diet, medications, and other patient educational needs shall be documented in the patient’s medical record. The patient/ family’s level of understanding should also be noted, as well as any referrals and actions taken to assist the patient in meeting educational needs.

2.10 There is a process to verify if the patient and family received and understood the education provided through documentation in HIMS.

3. **Tools / Appendices**

3.1. Appendix CL.10-1 - Health Education Form

Appendix CL.10-1 - Health Education Form

Interdisciplinary Health Education Record Part-1		Nov 05, 2019 14:47:55	
Language:		English	
Interdisciplinary Health Education Record Part-2			
Learning Needs	Nov 05, 2019 14:47:56 <input checked="" type="checkbox"/> Meaning of diagnosis <input type="checkbox"/> Reasons for procedure/ surgery P/S <input type="checkbox"/> First aid in case of complication FA <input type="checkbox"/> Safe and effective use of medications MED <input type="checkbox"/> Safe and effective use of equipment EQ <input type="checkbox"/> Rehabilitation technique Rehab <input type="checkbox"/> Personal Hygiene PH <input type="checkbox"/> Modified Diet DIET <input type="checkbox"/> Financial implications F	<input type="checkbox"/> Causative factors CAU <input type="checkbox"/> Type of anesthesia L/A <input type="checkbox"/> Potential Food /Drug Interaction F/D <input type="checkbox"/> Prescribed treatment RX <input type="checkbox"/> Skills in doing procedure SK <input type="checkbox"/> Community Resource CR <input type="checkbox"/> Healthy Life style HLS <input type="checkbox"/> Responsibility of patient in their care RES	<input type="checkbox"/> Impaired Vision V <input checked="" type="checkbox"/> Illiteracy I <input type="checkbox"/> Impaired Speech S <input type="checkbox"/> Cultural/ religious practice R
Learning Barriers			<input type="checkbox"/> Impaired Hearing H, Emotional Barriers E <input type="checkbox"/> Language Barrier L <input type="checkbox"/> Impaired Thought process T <input type="checkbox"/> Lack of motivation M
Learner(s)	Nov 05, 2019 14:47:56 Patient	Learning Method(s)	Nov 05, 2019 14:47:56 Group discussion GD
Evaluation	Nov 05, 2019 14:47:56 Asked Questions Q	Education Level	Nov 05, 2019 14:47:56 High School
Patient and Family Literacy	Nov 05, 2019 14:47:56 Literate	Health Care Literacy	Nov 05, 2019 14:47:56 Literate
Pain education to patient and family	Nov 05, 2019 14:47:56 <input checked="" type="radio"/> Yes <input type="radio"/> No	Other Instructors	<input checked="" type="checkbox"/> Ferdelyn Siblon <input type="checkbox"/> Unice Bautista-Salvador <input type="checkbox"/> Robu John Chacko <input type="checkbox"/> Khadim Hussain <input type="checkbox"/> Florence Serrano Lagazo <input type="checkbox"/> Mari-Andre Calingsan <input type="checkbox"/> Lanie Battung Balao <input type="checkbox"/> Sumith John Samuel <input type="checkbox"/> Pratima Rai <input type="checkbox"/> Melody M. Barlaan <input type="checkbox"/> Ralph Litas Maligro <input type="checkbox"/> Janen Herrera
Remarks			
Save			

4. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	1 st Sep 2022	No changes	No changes

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Clinical Guidelines and Protocols	
Policy Code Number:	CL.11	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2020	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Sep 2020	31 Aug 2022	
Edition 03 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

This policy applies to all members of students, interns, faculty, and staff working within RAKCODS.

2. Policy Statement

This policy covers the standards and methods to be used in the development, ratification, review and dissemination of Clinical Practice Guidelines and Protocols within RAK College of Dental Sciences (RAKCODS). Clinical Practice Guidelines and Protocols should be in place in all Clinical Specialties for the most commonly used procedures.

3. Aim of the Policy

The aim of this policy is to ensure an up to date, evidence-based set of Clinical Practice Guidelines and Protocols underpinning health care for patients of RAKCODS.

This aim will be achieved by means of:

- 3.1. Rigorous methods used in the development and ratification of evidence based Clinical Practice Guidelines and Protocols

- 3.2. Processes to identify duplications and/or gaps in the set of Clinical Practice Guidelines and Protocols and to address those duplications/gaps
- 3.3. A review process carried out on a regular basis using a common standard for appraisal
- 3.4. Clinical Audit driven by Clinical Practice Guidelines and Protocols.

4. Duties – Roles and Responsibilities

- 4.1. **Faculty** - The faculty will provide the clinical guidelines and protocols for each of their discipline
- 4.2. **Chairperson Clinical Sciences** - The chairperson of clinical sciences will review the guidelines and protocols provided by the faculty and is also responsible to solve any conflicts in the guidelines
- 4.3. **Dean**- Final approval of the guidelines and protocols and implementation
- 4.4. **Job Description and Job Responsibilities of Students and Interns at RAKCODS –**
 - Clinical Training Program at RAK College of Dental Sciences (RAKCODS) is based on the philosophy of Comprehensive Dental Care for all assigned patients under the supervision of qualified clinical faculty of different specialties.
 - Student and Interns will follow all the policies and procedures as enlisted in RAKCODS Health and Safety Policies and Procedure Manual during their clinical training.
 - The students and interns are allowed to take leaves as per policies. A sick leave certificate, duly attested by competent authority must be submitted to the Dean’s office.
 - Students and Interns are expected to be present in all assigned sessions. Prior permission is required if the students/interns are unable to attend the clinic.
 - Recording patient information into the electronic medical record (HIMS)
 - Students and Interns will comply with all clinical guidelines and protocols at all times. The treatment plan should be discussed with the patient and staff. Approvals should be completed on HIMS.
 - Students and Interns should follow all the guidelines as provided in Internship handbook, RAKCODS Health and safety procedures, RAKMHSU student handbook & other documents
 - Complete all the clinical procedures/requirements in each of dental discipline on a satisfactory level.

- Continuously improve knowledge, clinical & communication Skills.
- Provide treatment with proper attitude and **uphold patient safety** as a priority always
- To contribute or participate towards quality improvement activities at RAKCODS
- Developing patient education tools for oral health promotion
- Students and Inters will report to the faculty in-charge firstly then to the academic adviser then to the Chair of Clinical Sciences and finally to the Dean's Office. This reporting relationship should be strictly adhered with.
- Violation Warning will be executed if any of the above mentioned guidelines are not followed.

5. Procedures

- 5.1.** The faculty are responsible to provide the clinical guidelines and protocols for the common procedures performed in the clinics.
- 5.2.** If there are multiple faculty in the discipline they are encouraged to team up and provide the guidelines.
- 5.3.** In case if there are two guidelines provided for the same procedure, a meeting will be convened by the chairperson of clinical sciences to resolve the matter and then it will be made as a single guideline with the consent of all the faculty involved.
- 5.4.** The final approval and implementation is the responsibility of the dean.

6. Monitor and Review

The clinical procedure guidelines and protocols will be reviewed as needed or every three years as for other policies.

7. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
Edition 1	Aug 2020	Annual review of the guidelines and protocols.	Annual review of the guidelines and protocols is changed to review as needed or every three years as for other policies.
Edition 2	August 2022	No changes	No changes

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical Practice Guidelines and Protocols	Prepared by: Dr. Nada Tawfig Assistant Professor
Title:	Rubrics for Clinical Periodontics	
Policy Code Number:	CL.11.1	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

Purpose

The clinical component of this course is aimed to prepare the students for proficient periodontal examination including oral hygiene index, gingival status and periodontal status, identify various instruments and their use to develop manual skills.

It also focuses on diagnosis, prognosis, treatment planning, and the non-surgical management (oral hygiene instruction, removal supra and subgingival calculus and other contributing factors) of different forms of periodontal diseases.

Scope

To understand the number of clinical requirements at different levels of BDS program in the specific discipline and to illustrate the BDS professional competency standards rubrics used for the assessment of clinical competency at RAK College of Dental Sciences (RAKCODS).

2. Policy Statements

2.1. Guidelines for Clinical Work:

- 2.1.1. Uphold professional attitude and behaviour
- 2.1.2. Communicate respectfully with colleagues and staff
- 2.1.3. Show empathy towards patients and attendants
- 2.1.4. Apply appropriate infection control measures
- 2.1.5. Adapt the ability to work safely and effectively

- 2.1.6. Collect the relevant information and use them for diagnosis
- 2.1.7. Apply a systematic process for patient management
- 2.1.8. Select the proper instruments for the procedure
- 2.1.9. Enter all the procedures in progress sheet and complete patient's file
- 2.1.10. Maintain the clinical competency evaluation form and enter all details with timely approvals on HIMS

2.2. Clinical Work:

- 2.2.1. Patient history, examination and other diagnostic procedures to establish diagnosis and develop an appropriate, comprehensive, properly sequenced and individualized therapeutic treatment plan
- 2.2.2. Advising and counseling patients about the nature of periodontal diseases, risk factors and treatment options in a way that is easily understood by patients of different backgrounds
- 2.2.3. All medically compromised or patients with risk factors need to be controlled or taken certain precaution before proceeding to the periodontal therapy.
- 2.2.4. Educate, motivate and encourage patients to assume appropriate responsibility for their oral hygiene
- 2.2.5. Practice non-surgical periodontal procedures during the assign clinical session. Evaluate all treatment results after Phase-I therapy recommend appropriate additional action and maintenance
- 2.2.6. Identify conditions or patients with severe periodontitis which require surgical treatment or to be referred to a specialist.
- 2.2.7. Assist/ observe the surgical procedure or work under the supervision of faculty

2.3. Clinical Requirements:

2.3.1. BDS Year 3

Perform periodontal charting, oral hygiene instructions scaling and polishing for 12 patients. Among these 12 at least 6 patients will have full mouth scaling, polishing and Root Planning for mild to moderate periodontitis cases with supra and sub gingival calculus in most of his/ her teeth. Assist or observe one periodontal surgery.

2.3.2. BDS Year 5

Total 15 cases of prophylaxis; among these scaling, polishing and Root Planing for minimum seven patients with chronic or aggressive periodontitis having supra and subgingival calculus. One periodontal surgery and one surgery as assistant.

2.3.3. Internship

- Scaling and root planning – 15 teeth
- Flap Surgery/Gingivectomy/Crown Lengthening – 2 teeth

2.4. Assessments

Students' competency on clinical skills is assessed on a specially designed “Clinical examination Assessment criteria” based on a 5-point scale Excellent (90-100%), Very Good (80-89%), Good (70-79%), Satisfactory (60-69%) and Unsatisfactory (< 60%). If it is found to be unsatisfactory, the student will be informed immediately or within 24 hours by email and the student has to repeat the procedure within two weeks' time.

Following are used to assess the clinical skills of the students

1. Objective Structured Clinical Examination (OSCE); one OSCE will be conducted during the mid of fall semester.
2. In Course Assessment Clinical Examination; 2 clinical examinations, one of which will be at the end of fall semester and the other in the mid of spring semester as per the criteria given below in each discipline.

2.4.1 The clinical requirements and examinations are graded based upon the Professional Competence Standards of Graduates of Baccalaureate Dental Initial Training and Education Programs laid down by the Ministry of Education as a part of the Reforming Dentistry Program in 2021.

2.4.1.1 The following table is used to grade student performance for all the domains

NO.	DOMAIN	MARKS
1	Professional Domain	15
2	Patient-Centered Care Domain <ul style="list-style-type: none"> • <i>Clinical Information Gathering</i> • <i>Diagnosis and Management Planning</i> • <i>Clinical Treatment and Evaluation</i> 	40
3	Health Promotion Domain	15
4	Communication and Social Skills Domain	15
5	Scientific and Clinical Knowledge Domain	15

2.4.1.2 The following table shows the criteria to grade students for clinical requirements and clinical assessments

CRITERIA	GRADE/ MARKS
<ul style="list-style-type: none"> • Excellent knowledge and ability to recall all information related to professionalism as mentioned below in the competency. • No assistance is required from the clinical supervisor 	<p>Excellent 90-100%</p>
<ul style="list-style-type: none"> • Good Knowledge. Student recalls almost all points related to the case. Seeks supervision from supervisor at times when in doubt, does not need assistance while working from supervisor 	<p>Very good 80-89%</p>
<ul style="list-style-type: none"> • Sound knowledge and ability. The student is able to recall all information with few missing points. • Occasional assistance while working is required from the clinical supervisor. 	<p>Good 70-79 % Performance better than expected</p>
<ul style="list-style-type: none"> • Sound knowledge and ability. May include minor deviations from accepted practice that can be easily corrected and that would not significantly compromise the clinical outcome. Limited assistance required from the clinical supervisor. 	<p>Satisfactory 60-69% Consistent with expected</p>
<ul style="list-style-type: none"> • Significant gaps in understanding and/or deviations from accepted practice that compromises patient safety or patient outcomes. • Performing treatment without approval from clinical supervisor. • Significant assistance required from the clinical supervisor to prevent adverse outcomes. 	<p>Unsatisfactory < 60 % Unsafe treatment Repeat the procedure</p>

2.4.1.3 Clinical Procedure Evaluation Form to be used for requirements and clinical examinations

MR No	Student ID and Name		
Tooth Number and Clinical Procedure	Faculty Name, Sign & Date		
1. Professionalism Domain	15 marks	Grades	Remarks
<ul style="list-style-type: none"> • Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care. • Ensure that patient safety is paramount in all decisions and actions. • Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated. • Demonstrate empathy and caring behavior towards patients, their families and members of the community. • Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices. • Protect patients' privacy and confidentiality. • Maintain effective relationships with peers and respect professional boundaries. • Recognize the importance of continuing education and professional development for self and all members of the dental team. 			
2. Section 2: Patient-Centered Care Domain- 40 marks			
2.1 Clinical Information Gathering- 10 marks			
<ul style="list-style-type: none"> • Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs. • Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient. • Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition. • Maintain accurate, consistent, legible and contemporaneous records of the patient. 			
2.2 Diagnosis and Management Planning -15 marks			
<ul style="list-style-type: none"> • Formulate and record a comprehensive, patient-centered, evidence • Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral. • Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care. • Apply the principles of preventive care as part of comprehensive treatment plan. • Ensure and record patient informed consent for treatment and their financial obligation. 			

2.3 Clinical Treatment and Evaluation (will differ specialty wise, highlight the procedure) - 15 marks			
Oral Hygiene Instructions	Polishing		
Proper oral hygiene instruction and education with proper tooth brushing technique and other cleansing aid.	Remove stains, soft deposit and smoothing of the tooth surface Use of rubber cup mounted on a low-speed handpiece with special polishing paste.		
Scaling	Follow-up for Re-evaluation		
All supra-gingival plaque and calculus should be removed. Adequate tissue manipulation with no injury or tearing to tissues.	Recordings of oral hygiene status. Record probing and charting of pocket depths Check gingival inflammation (bleeding, change in color, consistency) Gingival recession and mobility.		
Root Planning	Supportive Periodontal Therapy		
<ul style="list-style-type: none"> • All subgingival plaque and calculus should be removed. • Adequate pain control and no injury or tearing to tissues. 	<ul style="list-style-type: none"> • Ensuring excellent oral hygiene. • Frequent monitoring for progression or recurrence of disease. • Removal of microbial deposits. 		
3. Health Promotion Domain 15 marks			
<ul style="list-style-type: none"> • Evaluate the social, cultural and environmental factors which contribute to health or illness. • Apply the principles of health promotion strategies and disease prevention to promote periodontal and general health, quality of life and wellbeing. • Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients. • Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on periodontal health. • Design, implement and evaluate evidence-based health promotion programs. • Apply different oral hygiene instruction and techniques on different age groups and design a customized preventive program. • Demonstrate creativity in promoting periodontal health within the community using a variety of platforms. 			
4. Communication and Social Skills Domain 15 marks			
<ul style="list-style-type: none"> • Apply appropriate interprofessional and communication skills that allow building a teamwork approach to the delivery of periodontal healthcare. • Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team. 			

<ul style="list-style-type: none"> • Document and shared written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy. • Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits. • Communicate responsibly and professionally, including when using social media. • Communicate and engage patients, their families and communities in relation to periodontal health. • Communicate effectively within the organizational hierarchy. • Recognize cultural diversity and apply cultural competency in caring for patients and communities. 		
<p>5. Scientific and Clinical Knowledge Domain 15 marks</p>		
<ul style="list-style-type: none"> • Evaluate published clinical and basic science research and integrate this information to improve the periodontal health of the patient. • Apply the biomedical, physical and behavioral sciences in relation to periodontal health and disease. • Design and implement research in a critical and scientific manner relevant to dentistry. • Apply the scientific basis, application and risks of using Ozone , laser, tissue regenerative material and risk management and quality improvement. • Demonstrate foundation knowledge as relevant to clinical skills in Clinical periodontics. 		

Grades: Grades are based on a 5-point scale (tick as applicable)

- Excellent (90-100%)
- Very-good (80-89%)
- Good (70-79%)
- Satisfactory (60-69%)
- Unsatisfactory (Repeat procedure) (<60%)

2.4.1.4 The rubrics based upon which the evaluation form has been prepared is as follows

Competence Standards	Assessment Criteria	Marks
1. Professional Domain – 15 Marks		
Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care.	<ul style="list-style-type: none"> • Checks patient record to understand • Patient meets the criteria of registration • Signed consent form available • Patient rights & responsibilities available • Informed consent signed for periodontal surgical procedures. 	2
Ensure that patient safety is paramount in all decisions and actions.	<ul style="list-style-type: none"> • Patient identification done • Reassessment was done as necessary • Checked for medical alerts on system. 	2
Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated.	<ul style="list-style-type: none"> • Required investigations done • Provisional and final diagnosis is correct • Treatment plan is completed and discussed with patient and family • Refers patient for specialty treatment if the periodontal pocket is deep and the patient has systemic problems that compromised the periodontal health. 	2
Demonstrate empathy and caring behavior towards patients, their families and members of the community.	<ul style="list-style-type: none"> • Greets the patient and makes him/ her comfortable in the clinic. • Makes sure the patient/families of the patients are also attended to and involved in decision making. • Interdisciplinary health education form completed as per HIMS. 	2
Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices.	<ul style="list-style-type: none"> • The care plan is discussed with the patient and family. • His/her choices of treatment is respected. • Performs periodontal treatment in the best interest of the patient. 	2
Protect patients' privacy and confidentiality.	<ul style="list-style-type: none"> • Patients history and case details are kept confidential. • There is no breach of patient's personal information. • The information of the patient is dealt professionally. • All the patient details after being saved in HIMS, the student logs out. 	2
Maintain effective relationships with peers and respect professional boundaries.	<ul style="list-style-type: none"> • Behaves and respects patients, colleagues, staff and faculty professionally and ethically. • All the patient information discussed with the faculty. 	1

Competence Standards	Assessment Criteria	Marks
Recognize the importance of continuing education and professional development for self and all members of the dental team.	<ul style="list-style-type: none"> • Appropriate knowledge related to the diagnosis and treatment planning of periodontal diseases presented. • The knowledge shown during the case presentation was updated and was evidence based. 	2
2: Patient-centred Care Domain - 40 marks		
<u>Clinical Information Gathering 10 Marks</u>		
Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs.	<ul style="list-style-type: none"> • Findings of Extra-oral examination including Head, Neck, TMJ and Lymph nodes and details recorded. Findings of Intra-oral examination recorded. • Any abnormal change of both intra oral and extra oral examination are identified correctly and recorded. • Calculus & debris score and gingival index accurately recorded for all required teeth. • Accurate measurement of pocket depths and gingival bleeding. • Tooth mobility, migration, furcation involvement & recession (if present) are recorded • Any abnormality on the tongue, buccal mucosa, soft palate and frenum attachment are identified. 	2
Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient.	<ul style="list-style-type: none"> • Case history recorded correctly including details of: <ul style="list-style-type: none"> ▪ Chief complaint ▪ History of presenting illness ▪ Medical & Social history • Checked for vital signs on HIMS and any deviation is updated. 	2
Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition.	<ul style="list-style-type: none"> • Selection of appropriate investigation for the patient. • Correct Interpretation of investigations. • Interpretation of radiograph for horizontal or vertical bone loss. Furcation involvement, tooth mobility/ migration (if any) recorded accurately. 	2
Maintain accurate, consistent, legible and contemporaneous records of the patient.	<ul style="list-style-type: none"> • Diagnosis and treatment plan discussed with the supervisor • All details of patient including diagnosis and treatment plans duly approved on HIMS before performing treatment • Progress notes correctly mentioned • Next/follow up appointment of patient provided 	2

Competence Standards	Assessment Criteria	Marks
Formulate and record a comprehensive, patient-centered, evidence-based oral health treatment plan.	<ul style="list-style-type: none"> • Proper treatment plan established based upon the history and investigations and contemporary knowledge as per evidence available • A Patient centric treatment plan is explained with the patient and family for his/their opinion 	2
Diagnosis and Management Planning – 10 Marks		
Formulate and record a comprehensive, patient-centred, evidence-based oral health treatment plan.	<ul style="list-style-type: none"> • Proper diagnosis and treatment plan established based upon the history, investigations and contemporary knowledge as per evidence available • A Patient centric treatment plan is explained and discussed with the patient and family for their opinion 	2
Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral.	<ul style="list-style-type: none"> • All intra/extra oral abnormality recorded and addressed • Diagnosis for all findings established • Comprehensive treatment plan prepared. • Patient prepared for referral if complex in nature. • Diagnosis of different types of plaque or non-plaque associated periodontal & other lesions in the oral cavity. 	2
Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care.	<ul style="list-style-type: none"> • Details of medical history and hospitalization recorded • Oral manifestations of systemic conditions recorded • Risk of periodontal diseases on systemic health noted. • Appropriate referrals/ consent obtained from physician prior to treatment. 	2
Apply the principles of preventive care as part of comprehensive treatment plan.	<ul style="list-style-type: none"> • Preventive care explained to the patient and encourages the patient for same • Oral hygiene education & motivation provided 	2
Ensure and record patient informed consent for treatment and their financial obligation.	<ul style="list-style-type: none"> • Informed consent recorded if the procedure needs it • Financial obligations if any is discussed with the patient 	2
<u>Clinical Treatment and Evaluation – 20 Marks</u>		
Identify patient's anxiety and pain related to the oral cavity and associated structures and respond appropriately.	<ul style="list-style-type: none"> • Identify the patient's ability to cope with treatment procedure based on medical & Dental History. • Appropriate handling & use of instruments during the treatment procedures. 	3
Evaluate and manage the periodontium with surgical and non-surgical treatment plans.	<ul style="list-style-type: none"> • Correct and proper sequence of treatment planning. • Explain the treatment plan to the patient with different treatment options that can be done. • Detection of supra and subgingival calculus. 	8

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Perform scaling & root planing with proper handling of instruments. • All stain removed from tooth surface. • Control of bleeding, pain and no injury or tearing of the tissue. • Follow up appointment protocol as per need of the patient. • Identify patients with severe periodontitis which require surgical treatment or to be referred to a specialist. 	
Apply universal infection control guidelines for all clinical procedures.	Apply universal infection control guidelines for all clinical procedures by: <ul style="list-style-type: none"> ▪ Practicing Hand hygiene. ▪ Working in clean/ and disinfected operatory. ▪ Appropriate use of personal protective equipment. ▪ Sterilized instruments are used. ▪ Appropriate handling of instruments, sharp and medical waste. 	4
Manage patients from different age groups, medically compromised patients, and people of determination according to their needs.	<ul style="list-style-type: none"> • Identify the risk factors of periodontal disease and manifestation of certain systemic disease in periodontium. • Refer for medical evaluation and treatment and develop complete periodontal treatment plan with physician • Precautions that should be taken before proceeding to periodontal therapy and effect of different drugs on the periodontal tissues` • Apply periodontal disease risk assessment on different age groups and design a customized preventive and management program 	3
Administer and/or prescribe pharmaceutical agents relevant to routine dental practice.	Has knowledge and demonstrates ability in prescribing drugs for Periodontal patients.	2
Section 3: Health Promotion Domain – 15 marks		
Evaluate the social, cultural and environmental factors which contribute to health or illness.	<ul style="list-style-type: none"> • Recorded complete demographic details of the patient. • Demonstrates the understanding of the significance of demographic details. • Evaluate how it may influence the presenting condition/s. 	3
Apply the principles of health promotion strategies and disease prevention to promote	<ul style="list-style-type: none"> • Health promotion principles are applied with evidence on the importance and practice of prevention of periodontal diseases. 	3

Competence Standards	Assessment Criteria	Marks
periodontal and general health, quality of life and wellbeing.	<ul style="list-style-type: none"> • Demonstrates skills of proper oral hygiene instruction and education with proper tooth brushing technique and other cleansing aid. • Provides demonstrations on proper diet and its impact on health. • Identify the contributing factors and its prevention & management if applicable. 	
Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients.	<ul style="list-style-type: none"> • Maintains professional relationship with patients, colleagues, staff and faculty • Seeks/refers for consultation from specialists as needed. 	3
Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare.	<ul style="list-style-type: none"> • Risk assessment done in terms of Dietary factors • Oral hygiene maintenance <ul style="list-style-type: none"> • Systemic conditions • Smoking • Snuffing 	3
Design, implement and evaluate evidence-based health promotion programs.	Is innovative in providing a care plan Practices a follow up plan as applicable to the patient.	3
Section 4. Communication and Social Skills Domain – 15 marks		
Apply appropriate inter-professional and communication skills that allow building a teamwork approach to the delivery of oral healthcare.	Communicates effectively with: <ul style="list-style-type: none"> ▪ Peer group/team ▪ Staff ▪ Faculty ▪ Other healthcare professionals as applicable ▪ Applied 4 handed dentistry 	3
Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team.	<ul style="list-style-type: none"> • Demonstrate appropriate interpersonal communication skills • In case presentation • Discussion of care plan • In referring patients to other team members 	3
Document and share written and electronic information about the dental encounter to optimize clinical decision-	All the information is recorded appropriately to: <ul style="list-style-type: none"> ▪ Prioritize patient safety. ▪ Provide a handover If and when needed. 	3

Competence Standards	Assessment Criteria	Marks
making and patient safety, ensuring confidentiality and privacy.	<ul style="list-style-type: none"> ▪ Ensures privacy and confidentiality regarding details of patient. 	
Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits.	<ul style="list-style-type: none"> • Details of treatment plans discussed with patient including both the ideal and alternative treatment plans. • Advantages, risks and disadvantages of the treatment planned is explained to the patient. 	2
Communicate responsibly and professionally, including when using social media.	<ul style="list-style-type: none"> • Communicates respectfully with patients, colleagues, staff and faculty. • Seeks permission from patients and the faculty before using social media to showcase the treatment on social 2 media. 	2
Communicate and engage patients, their families and communities in relation to oral health.	Treatment plan discussed with patients and families.	2
Section 5: Scientific and Clinical Knowledge Domain -15 Marks		
Communicate effectively within the organizational hierarchy.	Respects the hierarchy of the team and communicates accordingly in a disciplined manner.	2
Recognize cultural diversity and apply cultural competency in caring for patients and communities.	Respects the cultural and ethnical differences of all involved.	2
Evaluate published clinical and basic science research and integrate this information to improve the periodontal health of the patient.	<ul style="list-style-type: none"> • Has knowledge relevant to the most recent published literature • Applies knowledge adequately to treat the patient satisfactorily. 	2
Apply the biomedical, physical, and behavioral sciences in relation to Periodontal health and disease.	Plans to prevent unwanted exposure to ionizing radiation or X rays.	2
Apply the scientific basis, application and risks of using	Decides upon the type of x-rays needed and prevents unnecessary and repeated exposure.	2

Competence Standards	Assessment Criteria	Marks
ionizing radiation, anesthesia, and risk management and quality improvement.		
Demonstrate foundation knowledge as relevant to clinical skills related to periodontics.	Demonstrates knowledge & skills in: <ul style="list-style-type: none"> • Accurate measurement of pocket depths, loss of attachment, furcation, mobility and recession. • Detection and recording of oral hygiene and gingival indices. • Interpretation of radiograph for horizontal or vertical bone loss. Furcation involvement, tooth mobility/migration (if any) recorded accurately. • Ability to prescribe antibiotics in periodontal patients. • Advising proper oral hygiene instruction, education with proper tooth brushing technique and other cleansing aid. • Performing different nonsurgical and surgical procedures. • Follow up re-evaluation appointment protocol as supportive periodontal care 	5

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical Practice Guidelines and Protocols	Prepared by: Dr. Md. Sofiqul Islam Assistant Professor
Title:	Rubrics for Clinical Operative Dentistry	Dr. Nancy Farghal Assistant Professor
Policy Code Number:	CL.11.2	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

Purpose

The clinical component of this course is aimed to prepare the students for efficient examination and diagnosis in operative dentistry and develop their skills to prepare and restore different types of cavities in clinical situations. The students will be able to develop an appropriate, comprehensive, properly sequenced and individualized treatment plan based on the evaluation of all diagnostic data and identify conditions which require operative management or should be referred to a specialist for management.

Scope

To understand the number of clinical requirements at different levels of BDS program in the specific discipline and to illustrate the BDS professional competency standards rubrics used for the assessment of clinical competency at RAK College of Dental Sciences (RAKCODS).

2. Policy Statements

2.1. Guidelines for Clinical Work:

- 2.1.1. Uphold professional attitude and behaviour
- 2.1.2. Communicate respectfully with colleagues and staff
- 2.1.3. Show empathy towards patients and attendants
- 2.1.4. Apply appropriate infection control measures

- 2.1.5. Adapt the ability to work safely and effectively
- 2.1.6. Collect the relevant information and use them for diagnosis
- 2.1.7. Apply a systematic process for patient management
- 2.1.8. Select the proper instruments for the procedure
- 2.1.9. Enter all the procedures in progress sheet and complete patient's file
- 2.1.10. Maintain the clinical competency evaluation form and enter all details with timely approvals on HIMS

2.2. Clinical Work:

- 2.2.1. History taking and examination of the assigned patients
- 2.2.2. Interpret the findings from history, clinical examination, radiographs and other appropriate diagnostic procedures/tests to identify the etiology, pathogenesis and to establish diagnosis and treatment planning
- 2.2.3. Perform fillings during the clinical session on the assigned patients
- 2.2.4. Educate the patients for caries control methods

2.3. Clinical Requirements:

2.3.1. BDS Year 4

- Five class 1 amalgam/ Composite restorations *
- Five class 2 amalgam/ composite restorations
- Five anterior class 3 and 4 restorations
- Five class 5 restorations
- Root Caries - 3
- Complex amalgam restoration – 2 teeth
- Inlay / Onlay-1

2.3.2. BDS Year 5

Total 30 permanent restorations (Minimum 5 amalgam and 5 complex restorations)
Bleaching of 1 case.

2.3.3. Internship

- Thirty (30) complex composite restorations
- Thirty (30) tooth color restorations

2.4. Assessments

Students' competency on clinical skills is assessed on a specially designed “Clinical examination Assessment criteria” based on a 5-point scale Excellent (90-100%), Very Good (80-89%), Good (70-79%), Satisfactory (60-69%) and Unsatisfactory (< 60%). If it is found to be unsatisfactory, the student will be informed immediately or within 24 hours by email and the student has to repeat the procedure within two weeks’ time.

Following are used to assess the clinical skills of the students

1. Objective Structured Clinical Examination (OSCE); one OSCE will be conducted during the mid of fall semester.
2. In Course Assessment Clinical Examination; 2 clinical examinations, one of which will be at the end of fall semester and the other in the mid of spring semester as per the criteria given below in each discipline.

2.4.1 The clinical requirements and examinations are graded based upon the Professional Competence Standards of Graduates of Baccalaureate Dental Initial Training and Education Programs laid down by the Ministry of Education as a part of the Reforming Dentistry Program in 2021.

2.4.1.1 The following table is used to grade student performance for all the domains

NO.	DOMAIN	MARKS
1	Professional Domain	15
2	Patient-Centered Care Domain <ul style="list-style-type: none"> • <i>Clinical Information Gathering</i> • <i>Diagnosis and Management Planning</i> • <i>Clinical Treatment and Evaluation</i> 	40
3	Health Promotion Domain	15
4	Communication and Social Skills Domain	15
5	Scientific and Clinical Knowledge Domain	15

2.4.1.2 The following table shows the criteria to grade students for clinical requirements and clinical assessments

CRITERIA	GRADE/ MARKS
<ul style="list-style-type: none"> • Excellent knowledge and ability to recall all information related to professionalism as mentioned below in the competency. • No assistance is required from the clinical supervisor 	<p>Excellent 90-100%</p>
<ul style="list-style-type: none"> • Good Knowledge. Student recalls almost all points related to the case. Seeks supervision from supervisor at times when in doubt, does not need assistance while working from supervisor 	<p>Very good 80-89%</p>
<ul style="list-style-type: none"> • Sound knowledge and ability. The student is able to recall all information with few missing points. • Occasional assistance while working is required from the clinical supervisor. 	<p>Good 70-89 % Performance better than expected</p>
<ul style="list-style-type: none"> • Sound knowledge and ability. May include minor deviations from accepted practice that can be easily corrected and that would not significantly compromise the clinical outcome. Limited assistance required from the clinical supervisor. 	<p>Satisfactory 60-69% Consistent with expected</p>
<ul style="list-style-type: none"> • Significant gaps in understanding and/or deviations from accepted practice that compromises patient safety or patient outcomes. • Performing treatment without approval from clinical supervisor. • Significant assistance required from the clinical supervisor to prevent adverse outcomes. 	<p>Unsatisfactory < 60 % Unsafe treatment Repeat the procedure</p>

2.4.1.3 Clinical Procedure Evaluation Form to be used for requirements and clinical examinations

MR No	Student ID and Name		
Tooth Number and Clinical Procedure	Faculty Name, Sign & Date		
1. Professionalism Domain	15 marks	Grades	Remarks
<ul style="list-style-type: none"> • Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care. • Ensure that patient safety is paramount in all decisions and actions. • Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated. • Demonstrate empathy and caring behavior towards patients, their families and members of the community. • Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices. • Protect patients' privacy and confidentiality. • Maintain effective relationships with peers and respect professional boundaries. • Recognize the importance of continuing education and professional development for self and all members of the dental team. 			
2. Section 2: Patient-Centered Care Domain- 40 marks			
2.1 Clinical Information Gathering- 10 marks			
<ul style="list-style-type: none"> • Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs. • Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient. • Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition. • Maintain accurate, consistent, legible and contemporaneous records of the patient. 			
2.2 Diagnosis and Management Planning -10marks			
<ul style="list-style-type: none"> • Formulate and record a comprehensive, patient-centered, evidence • Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral. • Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care. • Apply the principles of preventive care as part of comprehensive treatment plan. 			

<ul style="list-style-type: none"> • Ensure and record patient informed consent for treatment and their financial obligation. 		
2.3 Clinical Treatment and Evaluation -20 marks		
Identify patient’s anxiety and pain related to the oral cavity and associated structures and respond appropriately.		
Apply universal infection control guidelines for all clinical procedures.		
Manage restorative procedures that preserve tooth structure, replace defective tooth structure, maintain function, aesthetics, and promote soft and hard tissue health using direct or indirect methods.		
Perform preventive therapeutic procedures to preserve the vitality of the pulp.		
Administer and/or prescribe pharmaceutical agents relevant to routine dental practice.		
3. Health Promotion Domain 15 marks		
<ul style="list-style-type: none"> • Evaluate the social, cultural and environmental factors which contribute to health or illness. • Apply the principles of health promotion strategies and disease prevention to promote oral health, quality of life and wellbeing. • Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients. • Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare. • Design, implement and evaluate evidence-based health promotion programs. 		
4. Communication and Social Skills Domain 15 marks		
<ul style="list-style-type: none"> • Apply appropriate inter-professional and communication skills that allow building a teamwork approach to the delivery of oral healthcare. • Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team. • Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy. • Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits. • Communicate responsibly and professionally, including when using social media. • Communicate and engage patients, their families and communities in relation to oral health. 		

<p>5. Scientific and Clinical Knowledge Domain 15 marks</p>		
<ul style="list-style-type: none"> • Communicate effectively within the organizational hierarchy. • Recognize cultural diversity and apply cultural competency in caring for patients and communities. • Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient. • Apply the biomedical, physical and behavioral sciences in relation to oral health and disease. • Apply the scientific basis, application and risks of using ionizing radiation, anesthesia, and risk management and quality improvement. • Demonstrate foundation knowledge as relevant to clinical skills in Operative dentistry. 		

Grades: Grades are based on a 5-point scale (tick as applicable)

- Excellent (90-100%)
- Very-good (80-89%)
- Good (70-79%)
- Satisfactory (60-69%)
- Unsatisfactory (Repeat procedure) (< 60%)

2.4.1.3 The rubrics based upon which the evaluation form has been prepared is as follows

Competence Standards	Assessment Criteria	Marks
1. Professional Domain – 15 Marks		
Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care.	<ul style="list-style-type: none"> • Checks patient record to understand • Patient meets the criteria of registration • Signed consent form available • Patient rights & responsibilities available 	2
Ensure that patient safety is paramount in all decisions and actions.	<ul style="list-style-type: none"> • Patient identification done • Reassessment was done as necessary • Checked for medical alerts on system. 	2
Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated.	<ul style="list-style-type: none"> • Required investigations done • Provisional and final diagnosis is correct • Treatment plan is completed and discussed with patient and family 	2
Demonstrate empathy and caring behaviour towards patients, their families and members of the community.	<ul style="list-style-type: none"> • Greets the patient and makes him/ her comfortable in the clinic. • Makes sure the patient/families of the patients are also attended to and involved in decision making. • Interdisciplinary health education form completed as per HIMS. 	2
Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices.	<ul style="list-style-type: none"> • The care plan is discussed with the patient and family. • His /her choice of treatment is respected. • Performs Restorative treatment in the best interest of the patient. 	2
Protect patients' privacy and confidentiality.	<ul style="list-style-type: none"> • Patient's history and case details are kept confidential. • There is no breach of patient's personal information. • The information of the patient is dealt professionally. • All the patient details after being saved in HIMS, the student logs out. 	2

Competence Standards	Assessment Criteria	Marks
Maintain effective relationships with peers and respect professional boundaries.	<ul style="list-style-type: none"> • Behaves and respects patients, colleagues, staff and faculty professionally and ethically. • All the patient information discussed with the faculty. 	1
Recognize the importance of continuing education and professional development for self and all members of the dental team.	<ul style="list-style-type: none"> • Appropriate knowledge related to the diagnosis and treatment planning of tooth defect. • The knowledge shown during the case presentation was updated and was evidence based. 	2
2. Patient-centred Care Domain - 40 marks		
<u>Clinical Information Gathering 10 Marks</u>		
Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs.	<ul style="list-style-type: none"> • Findings of Extra-oral examination including Head, Neck, TMJ and Lymph nodes and details recorded. • Findings of Intra-oral examination recorded. • Any abnormal change of both intra oral and extra oral examination are identified correctly and recorded. • Visual and tactile examination of dental hard tissue • Evaluation of pulp and periodontal status • Occlusal assessment • Tooth shade assessment 	2
Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient.	<ul style="list-style-type: none"> • Case history recorded correctly including details of: <ul style="list-style-type: none"> ▪ Chief complaint ▪ History of presenting illness ▪ Medical & Social history • Checked for vital signs on HIMS and any deviation is updated. 	2
Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition.	<ul style="list-style-type: none"> • Selection of appropriate investigation for the patient. • Correct Interpretation of investigations. • Interpretation of radiograph for dental caries and non-carious tooth structure loss 	3
Maintain accurate, consistent, legible and	<ul style="list-style-type: none"> • Diagnosis and treatment plan discussed with the supervisor 	3

Competence Standards	Assessment Criteria	Marks
contemporaneous records of the patient.	<ul style="list-style-type: none"> • All details of patient including diagnosis and treatment plans duly approved on HIMS before performing treatment • Progress notes correctly mentioned • Next/follow up appointment of patient provided 	
Diagnosis and Management Planning – 10 Marks		
Formulate and record a comprehensive, patient-centred, evidence-based oral health treatment plan.	<ul style="list-style-type: none"> • Proper diagnosis and treatment plan established based upon the history, investigations and contemporary knowledge as per evidence available • A Patient centric treatment plan is explained and discussed with the patient and family for their opinion 	2
Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral.	<ul style="list-style-type: none"> • All intra/extra oral abnormality recorded and addressed • Diagnosis for all findings established • Comprehensive treatment plan prepared. • Patient prepared for referral if complex in nature. • Caries location and severity correctly diagnosed using ICDAS system. • Pulp and periodontal status correctly diagnosed. 	2
Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care.	<ul style="list-style-type: none"> • Details of medical history and hospitalization recorded • Oral manifestations of systemic conditions recorded • Caries risk assessed properly. • Appropriate referrals/ consent obtained from physician prior to treatment. 	2
Apply the principles of preventive care as part of comprehensive treatment plan.	<ul style="list-style-type: none"> • Preventive care explained to the patient and encourages the patient for same • Oral hygiene education & motivation provided 	2
Ensure and record patient informed consent for treatment and their financial obligation.	<ul style="list-style-type: none"> • Informed consent recorded if the procedure needs it • Financial obligations if any is discussed with the patient 	2

Competence Standards	Assessment Criteria	Marks
<u>Clinical Treatment and Evaluation – 20 Marks</u>		
Identify patient’s anxiety and pain related to the oral cavity and associated structures and respond appropriately.	<ul style="list-style-type: none"> • Identify the patient’s ability to cope with treatment procedure based on medical & Dental History. • Appropriate handling & use of instruments during the treatment procedures. • Administer local anaesthesia in the oral cavity as needed and manage potential complications. 	3
Apply universal infection control guidelines for all clinical procedures.	<p>Apply universal infection control guidelines for all clinical procedures by:</p> <ul style="list-style-type: none"> • Practicing Hand hygiene. • Working in clean/ and disinfected operatory. • Appropriate use of personal protective equipment. • Sterilized instruments are used. • Appropriate handling of instruments, sharp and medical waste. • Proper isolation of the operating field 	5
Manage restorative procedures that preserve tooth structure, replace defective tooth structure, maintain function, aesthetics, and promote soft and hard tissue health using direct or indirect methods.	<ul style="list-style-type: none"> • Cavity preparation with proper outline form, resistance form, retention form and convenience form. • Removal of caries and defective tooth structure following minimally invasive concept. 	5
Perform preventive therapeutic procedures to preserve the vitality of the pulp.	<ul style="list-style-type: none"> • Selection of restorative material properly. • Development of proximal and occlusal contacts. • Preservation of pulp vitality and adjacent tooth structure. • Finishing and Polishing of restoration. 	5
Administer and/or prescribe pharmaceutical agents relevant to routine dental practice.	<ul style="list-style-type: none"> • Has knowledge and demonstrates ability in prescribing drugs. • Post-operative instructions. 	2

Competence Standards	Assessment Criteria	Marks
Section 3: Health Promotion Domain – 15 marks		
Evaluate the social, cultural and environmental factors which contribute to health or illness.	<ul style="list-style-type: none"> • Recorded complete demographic details of the patient. • Demonstrates the understanding of the significance of demographic details. • Evaluate how it may influence the presenting condition/s. 	3
Apply the principles of health promotion strategies and disease prevention to promote oral health, quality of life and wellbeing.	<ul style="list-style-type: none"> • Health promotion principles are applied with evidence on the importance and practice of prevention oral diseases. • Demonstrates skills of proper oral hygiene instruction and education with proper tooth brushing technique and other cleansing aid. • Provides demonstrations on proper diet and its impact on health. • Identify the contributing factors and its prevention & management if applicable. 	3
Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients.	<ul style="list-style-type: none"> • Maintains professional relationship with patients, colleagues, staff and faculty • Seeks/refers for consultation from specialists as needed. 	3
Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare.	<ul style="list-style-type: none"> • Risk assessment done in terms of Dietary factors • Oral hygiene maintenance <ul style="list-style-type: none"> • Systemic conditions • Smoking • Snuffing 	3
Design, implement and evaluate evidence-based health promotion programs.	Is innovative in providing a care plan Practices a follow up plan as applicable to the patient.	3
Section 4. Communication and Social Skills Domain – 15 marks		
Apply appropriate inter-professional and communication skills that allow building a teamwork	Communicates effectively with: <ul style="list-style-type: none"> • Peer group/team • Staff • Faculty 	3

Competence Standards	Assessment Criteria	Marks
approach to the delivery of oral healthcare.	<ul style="list-style-type: none"> • Other healthcare professionals as applicable • Applied 4 handed dentistry 	
Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team.	<ul style="list-style-type: none"> • Demonstrate appropriate interpersonal communication skills • In case presentation • Discussion of care plan • In referring patients to other team members 	3
Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy.	<p>All the information is recorded appropriately to:</p> <ul style="list-style-type: none"> • Prioritize patient safety. • Provide a handover If and when needed. • Ensures privacy and confidentiality regarding details of patient. 	3
Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits.	<ul style="list-style-type: none"> • Details of treatment plans discussed with patient including both the ideal and alternative treatment plans. • Advantages, risks and disadvantages of the treatment planned are explained to the patient. 	2
Communicate responsibly and professionally, including when using social media.	<ul style="list-style-type: none"> • Communicates respectfully with patients, colleagues, staff and faculty. • Seeks permission from patients and the faculty before using social media to showcase the treatment on social 2 media. 	2
Communicate and engage patients, their families and communities in relation to oral health.	<ul style="list-style-type: none"> • Treatment plan discussed with patients and families. 	2
Section 5: Scientific and Clinical Knowledge Domain -15 Marks		
Communicate effectively within the organizational hierarchy.	<ul style="list-style-type: none"> • Respects the hierarchy of the team and communicates accordingly in a disciplined manner. 	2
Recognize cultural diversity and apply cultural	<ul style="list-style-type: none"> • Respects the cultural and ethnical differences of all involved. 	2

Competence Standards	Assessment Criteria	Marks
competency in caring for patients and communities.		
Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient.	<ul style="list-style-type: none"> • Has knowledge relevant to the most recent published literature • Applies knowledge adequately to treat the patient satisfactorily. 	2
Apply the biomedical, physical, and behavioral sciences in relation to oral health and disease.	<ul style="list-style-type: none"> • Plans to prevent unwanted exposure to ionizing radiation or X rays. 	2
Apply the scientific basis, application and risks of using ionizing radiation, anesthesia, and risk management and quality improvement.	<ul style="list-style-type: none"> • Decides upon the type of x-rays needed and prevents unnecessary and repeated exposure. • Describes recently developed material used in operative dentistry 	2
Demonstrate foundation knowledge as relevant to clinical skills related to Operative dentistry.	Demonstrates knowledge & skills in: <ul style="list-style-type: none"> • Minimally invasive cavity preparation • Restorative materials used in operative dentistry 	5

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical Practice Guidelines and Protocols	Prepared by: Dr. Shadi El Bahra Assistant Professor
Title:	Rubrics for Removable Clinical Prosthodontics	Dr. Fadia Alfateh Assistant Professor
Policy Code Number:	CL.11.3	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

Purpose

The clinical component of this course is aimed to prepare the students for efficient examination and diagnosis in Removable prosthodontics and develop their skills to fabricate all kinds of removable prostheses.

The students will be able to develop an appropriate, comprehensive, properly sequenced and individualized treatment plan based on the evaluation of all diagnostic data and identify conditions, which require prosthetic management or refer to a specialist for management.

Scope

To understand the number of clinical requirements at different levels of BDS program in the specific discipline and to illustrate the BDS professional competency standards rubrics used for the assessment of clinical competency at RAK College of Dental Sciences (RAKCODS).

2. Policy Statements

2.1. Guidelines for Clinical Work:

- 2.1.1. Uphold professional attitude and behaviour
- 2.1.2. Communicate respectfully with colleagues and staff

- 2.1.3. Show empathy towards patients and attendants
- 2.1.4. Apply appropriate infection control measures
- 2.1.5. Adapt the ability to work safely and effectively
- 2.1.6. Collect the relevant information and use them for diagnosis
- 2.1.7. Apply a systematic process for patient management
- 2.1.8. Select the proper instruments for the procedure
- 2.1.9. Enter all the procedures in progress sheet and complete patient's file
- 2.1.10. Maintain the clinical competency evaluation form and enter all details with timely approvals on HIMS

2.2. Clinical Work:

- 2.2.1. History taking and examination of the oral cavity and behavior management of the assigned patient
- 2.2.2. Interpret the findings from history, clinical examination, radiographs and other appropriate diagnostic procedures/tests to establish diagnosis and treatment planning
- 2.2.3. Perform the clinical steps in the fabrication of removable prostheses
- 2.2.4. Perform the insertion of the removable prostheses
- 2.2.5. Educate the patients in denture plaque control methods and the maintenance of the removable prostheses
- 2.2.6. Manage the post insertion complaints

2.3. Clinical Requirements:

2.3.1. BDS Year 4

- One complete dentures (maxillary or mandibular) / immediate or over denture
- One pair of removable partial denture
- One case of repair/reline or rebasing of a removable denture
- Two anterior crowns
- Two posterior crowns
- One 3-unit bridge or an inlay / onlay or veneer

2.3.2. BDS Year 5

- Single crown 2
- Resin bonded bridge/ Ceramic veneer 1

- Fixed bridge 2
- Post and core 1
- Complete Denture (maxillary or mandibular)/ immediate denture/ Over denture 2
- Acrylic removable partial denture/ Cast partial denture – 1 pair
- Tissue conditioning or repair or relining or rebasing 1 case

2.3.3. Internship

- One (1) complete denture (maxillary / mandibular set) or four (4) chrome-cobalt removable partial dentures
- Two (2) chrome-cobalt removable partial denture
- One (1) dentures (complete or partial) repair or One (1) tissue conditioning

2.4. Assessments

Students' competency on clinical skills is assessed on a specially designed “Clinical examination Assessment criteria” based on a 5-point scale Excellent (90-100%), Very Good (80-89%), Good (70-79%), Satisfactory (60-69%) and Unsatisfactory (< 60%). If it is found to be unsatisfactory, the student will be informed immediately or within 24 hours by email and the student has to repeat the procedure within two weeks' time.

Following are used to assess the clinical skills of the students

- 1.** Objective Structured Clinical Examination (OSCE); one OSCE will be conducted during the mid of fall semester.
- 2.** In Course Assessment Clinical Examination; 2 clinical examinations, one of which will be at the end of fall semester and the other in the mid of spring semester as per the criteria given below in each discipline.

2.4.2 The clinical requirements and examinations are graded based upon the Professional Competence Standards of Graduates of Baccalaureate Dental Initial Training and Education Programs laid down by the Ministry of Education as a part of the Reforming Dentistry Program in 2021.

2.4.1.1 The following table is used to grade student performance for all the domains

NO.	DOMAIN	MARKS
1	Professional Domain	15
2	Patient-Centered Care Domain <ul style="list-style-type: none"> • <i>Clinical Information Gathering</i> • <i>Diagnosis and Management Planning</i> • <i>Clinical Treatment and Evaluation</i> 	40
3	Health Promotion Domain	15
4	Communication and Social Skills Domain	15
5	Scientific and Clinical Knowledge Domain	15

2.4.1.2 The following table shows the criteria to grade students for clinical requirements and clinical assessments

CRITERIA	GRADE/ MARKS
<ul style="list-style-type: none"> • Excellent knowledge and ability to recall all information related to professionalism as mentioned below in the competency. • No assistance is required from the clinical supervisor. 	Excellent 90-100%
<ul style="list-style-type: none"> • Good Knowledge. Student recalls almost all points related to the case. Seeks supervision from supervisor at times when in doubt, does not need assistance while working from supervisor. 	Very good 80-89%
<ul style="list-style-type: none"> • Sound knowledge and ability. The student is able to recall all information with few missing points. • Occasional assistance while working is required from the clinical supervisor. 	Good 70-89 % Performance better than expected
<ul style="list-style-type: none"> • Sound knowledge and ability. May include minor deviations from accepted practice that can be easily corrected and that would not significantly compromise the clinical outcome. Limited assistance required from the clinical supervisor. 	Satisfactory 60-69% Consistent with expected
<ul style="list-style-type: none"> • Significant gaps in understanding and/or deviations from accepted practice that compromises patient safety or patient outcomes. • Performing treatment without approval from clinical supervisor. • Significant assistance required from the clinical supervisor to prevent adverse outcomes. 	Unsatisfactory < 60 % Unsafe treatment Repeat the procedure

2.4.1.3 Clinical Procedure Evaluation Form to be used for requirements and clinical examinations

MR No	Student ID and Name		
Tooth Number and Clinical Procedures	Faculty Name, Sign & Date		
1. Professionalism Domain	15 marks	Grades	Remarks
<ul style="list-style-type: none"> • Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care. • Ensure that patient safety is paramount in all decisions and actions. • Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated. • Demonstrate empathy and caring behavior towards patients, their families and members of the community. • Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices. • Protect patients' privacy and confidentiality. • Maintain effective relationships with peers and respect professional boundaries. • Recognize the importance of continuing education and professional development for self and all members of the dental team. 			
2. Section 2: Patient-Centered Care Domain- 40 marks			
2.1 Clinical Information Gathering- 10 marks			
<ul style="list-style-type: none"> • Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs. • Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient. • Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition. • Maintain accurate, consistent, legible and contemporaneous records of the patient. 			
2.2 Diagnosis and Management Planning -10 marks			
<ul style="list-style-type: none"> • Formulate and record a comprehensive, patient-centered, evidence • Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which necessitate pre-prosthetic management and referral. • Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care. • Apply the principles of preventive care as part of comprehensive treatment plan. 			

<ul style="list-style-type: none"> • Ensure and record patient informed consent for treatment and their financial obligation. 			
2.3 Clinical Treatment and Evaluation -20 marks			
Removable Complete/ Partial Dentures			
Explain the treatment plan to the patient with the different treatment options that can be done			
Primary impression	Selection of the tray, material and technique		
Final impression	Border modeling Selection of the material and technique		
Maxilla-mandibular registration records	Occlusal plane orientation, vertical dimension at rest/ occlusion, centric and eccentric relations and teeth selection		
Trail Denture (Try in)	Evaluation of the trail denture's extension, retention, support. Stability, Aesthetic, phonetic and occlusion)		
Denture insertion	Evaluate the denture's extension, retention, support. Stability, Aesthetic, phonetic, occlusion, provide post insertion instructions		
Maintenance and recall appointment	Correct diagnosis and management of the post insertion complaints		
Repair , Reline, Rebase	Identify the need of denture repair , reline , and rebase and perform		
management of developmental or acquired occlusal abnormalities	Diagnosis, management or referral		
3. Health Promotion Domain		15 marks	
<ul style="list-style-type: none"> • Evaluate the social, cultural and environmental factors which contribute to health or illness. • Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life and wellbeing. • Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients. • Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare. • Design, implement and evaluate evidence-based health promotion programs. • Apply caries risk assessment (CRA) on different age groups and design a customized preventive program. • Demonstrate creativity in promoting oral health within the community using a variety of platforms. 			

<p>4. Communication and Social Skills Domain 15 marks</p>		
<ul style="list-style-type: none"> • Apply appropriate interprofessional and communication skills that allow building a teamwork approach to the delivery of oral healthcare. • Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team. • Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy. • Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits. • Communicate responsibly and professionally, including when using social media. • Communicate and engage patients, their families and communities in relation to oral health. • Communicate effectively within the organizational hierarchy. • Recognize cultural diversity and apply cultural competency in caring for patients and communities. 		
<p>5. Scientific and Clinical Knowledge Domain 15 marks</p>		
<ul style="list-style-type: none"> • Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient. • Apply the biomedical, physical and behavioral sciences in relation to oral health and disease. • Design and implement research in a critical and scientific manner relevant to dentistry. • Apply the scientific basis, application and risks of using ionizing radiation, dental materials and risk management and quality improvement. • Demonstrate foundation knowledge as relevant to clinical skills in Pediatric dentistry. 		

Grades: Grades are based on a 5-point scale (tick as applicable)

- Excellent (90-100%)
- Very-good (80-89%)
- Good (70-79%)
- Satisfactory (60-69%)
- Unsatisfactory (Repeat procedure) (< 60%)

2.4.1.4 The rubrics based upon which the evaluation form has been prepared is as follows

Competence Standards	Assessment Criteria	Marks
1. Professional Domain – 15 Marks		
Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care.	<ul style="list-style-type: none"> • Checks patient record to understand. • Patient meets the criteria of registration. • Signed consent form available. • Patient rights & responsibilities available. 	2
Ensure that patient safety is paramount in all decisions and actions.	<ul style="list-style-type: none"> • Patient identification done. • Reassessment was done as necessary. • Checked for medical alerts on system. 	2
Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated.	<ul style="list-style-type: none"> • Required investigations done. • Provisional and final diagnosis is correct. • Treatment plan is completed and discussed with patient and family. • Refers patient for specialty treatment in case of complicated prosthetic treatments such as complete oral rehabilitation. 	2
Demonstrate empathy and caring behaviour towards patients, their families and members of the community.	<ul style="list-style-type: none"> • Greets the patient and makes him/ her comfortable in the clinic. • Makes sure the patient/families of the patients are also attended to and involved in decision making. • Interdisciplinary health education form completed as per HIMS. 	2
Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices.	<ul style="list-style-type: none"> • The care plan is discussed with the patient and family. • His/her choices of treatment are respected. • Performs prosthetic treatment in the best interest of the patient. 	2
Protect patients' privacy and confidentiality.	<ul style="list-style-type: none"> • Patient's history and case details are kept confidential. • There is no breach of patient's personal information. • The information of the patient is dealt professionally. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> All the patient details after being saved in HIMS, the student logs out. 	
<p>Maintain effective relationships with peers and respect professional boundaries.</p>	<ul style="list-style-type: none"> Behaves and respects patients, colleagues, staff and faculty professionally and ethically. All the patient information discussed with the faculty. 	1
<p>Recognize the importance of continuing education and professional development for self and all members of the dental team.</p>	<ul style="list-style-type: none"> Appropriate knowledge related to the diagnosis and treatment planning of prosthetic oral rehabilitation presented. The knowledge shown during the case presentation was updated and was evidence based. 	2
<p>2: Patient-centred Care Domain - 40 marks</p>		
<p><u>Clinical Information Gathering 10 Marks</u></p>		
<p>Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs.</p>	<ul style="list-style-type: none"> Findings of Extra-oral examination including Head, Neck, TMJ and Lymph nodes and details recorded. Findings of Intra-oral examination recorded. Any abnormal change of both intra oral and extra oral examination are identified correctly and recorded. Visual and tactile examinations of abutment teeth are recorded. Visual and digital examination of residual alveolar ridges, bone resorption, tori, undercuts, and classification of residual alveolar ridges and hard palate. Evaluation of pulp and periodontal status is recorded. Examinations of abutment teeth mobility, migration, furcation involvement & recession (if present) are recorded. Any abnormality on the tongue, buccal mucosa, salivary flow, mouth floor, attached gingiva and frenum attachment are identified. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Any facial abnormalities and asymmetries, loss of facial vertical dimension are identified. • Static and dynamic occlusal relations are identified. • Evaluation of initial tooth shade is recorded (when applicable). 	
<p>Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient.</p>	<ul style="list-style-type: none"> • Case history recorded correctly including details of: <ul style="list-style-type: none"> ▪ Chief complaint. ▪ History of presenting illness. ▪ Medical & Social history. • Checked for vital signs on HIMS and any deviation is updated. 	<p>2</p>
<p>Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition.</p>	<ul style="list-style-type: none"> • Selection of appropriate investigation for the patient. • Correct Interpretation of investigations. • Interpretation of radiograph for bone loss, remaining roots or impacted teeth, intraosseous lesions, and furcation involvement. • Satisfactory endodontic treatments and presence of peri-apical lesions (if any) recorded accurately. • Interpretation of radiograph for dental caries, non-carious tooth structure loss, existing restorations, and signs of occlusal trauma. • Assessment of study casts for abutment teeth mal-positioning, tilting & drifting, and bony undercuts or prominences. 	<p>2</p>
<p>Maintain accurate, consistent, legible and contemporaneous records of the patient.</p>	<ul style="list-style-type: none"> • Diagnosis and treatment plan discussed with the supervisor. • All details of patient including diagnosis and treatment plans duly approved on HIMS before performing treatment. • Progress notes correctly mentioned. 	<p>2</p>

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Next/follow up appointment of patient provided. 	
<p>Formulate and record a comprehensive, patient-centered, evidence-based oral health treatment plan.</p>	<ul style="list-style-type: none"> • Proper treatment plan established based upon the history and investigations and contemporary knowledge as per evidence available. • A Patient-centred treatment plan is explained with the patient and family for his/their opinion. 	2
Diagnosis and Management Planning – 10 Marks		
<p>Formulate and record a comprehensive, patient-centred, evidence-based oral health treatment plan.</p>	<ul style="list-style-type: none"> • Proper diagnosis and treatment plan established based upon the history, investigations and contemporary knowledge as per evidence available • A Patient centric treatment plan is explained and discussed with the patient and family for their opinion 	2
<p>Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral.</p>	<ul style="list-style-type: none"> • All intra/extra oral abnormality recorded and addressed. • Diagnosis for all findings established. • Comprehensive treatment plan prepared. • Patient prepared for referral if complex in nature. • Diagnosis of different types of residual ridges, classification of edentulous spaces, classification of malocclusion. • Pulp, endodontic treatment, existing restorations and periodontal status of the abutment teeth are correctly diagnosed. • Patient prepared for referral when pre-prosthetic surgical procedures are indicated. 	2
<p>Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care.</p>	<ul style="list-style-type: none"> • Details of medical history and hospitalization recorded. • Oral manifestations of systemic conditions and/or medications are recorded. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Risk of compromised stomatognathic system and deteriorated oral conditions on systemic health noted. • Appropriate referrals/ consent obtained from physician prior to treatment. 	
Apply the principles of preventive care as part of comprehensive treatment plan.	<ul style="list-style-type: none"> • Preventive care explained to the patient and encourages the patient for same. • Oral hygiene education & motivation provided. 	2
Ensure and record patient informed consent for treatment and their financial obligation.	<ul style="list-style-type: none"> • Informed consent recorded if the procedure needs it. • Financial obligations if any is discussed with the patient. 	2
<u>Clinical Treatment and Evaluation – 20 Marks</u>		
Identify patient’s anxiety and pain related to the oral cavity and associated structures and respond appropriately.	<ul style="list-style-type: none"> • Identify the patient’s ability to cope with treatment procedure based on Medical & Dental History. • Appropriate handling & use of instruments during the treatment procedures. • Administer local anaesthesia in the oral cavity as needed. 	2
Utilise patient removable and/or fixed prostheses to rehabilitate, restore appearance and function, prevent injury, and stabilise the occlusion.	<ul style="list-style-type: none"> • Correct and proper sequence of treatment planning. • Explain the treatment plan to the patient with different treatment options that can be done. • Primary Impressions: <ul style="list-style-type: none"> ▪ Appropriate size of impression stock tray is selected and modified as necessary. ▪ Accurate selection and manipulation of the impression material. ▪ Complete capturing of the targeted oral structures with borders in harmony with limiting structures. ▪ Accurate impression, free of defects or detachment from the tray. 	12

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> ▪ Cleansing and disinfection of the impression. • Final impression: <ul style="list-style-type: none"> ▪ Custom-made tray checked and adjusted as required. ▪ Accurate selection and manipulation of the impression material. ▪ Application of proper impression technique and controlled gag reflex. ▪ Accurate impression, including teeth, saddles, extensions free from defects. ▪ Cleansing and disinfection of the impression. • Jaw relation records: <ul style="list-style-type: none"> ▪ Laboratory work checked and adjusted to required standard. ▪ Border smoothness, fit and stability of record bases verified, and accuracy of wax rim dimensions checked. ▪ Accurate registration of orientation, vertical and horizontal jaw relations. ▪ Proper securing of the recorded jaw relations. ▪ Jaw relation records properly cleansed and disinfected. • Tooth selection: <ul style="list-style-type: none"> ▪ Appropriate shade and mould size is selected and accurate relevant records achieved. ▪ The selected tooth shade and mould size is discussed with the patient and his/her family. • Evaluation of trial removable prosthesis: <ul style="list-style-type: none"> ▪ Laboratory work checked and adjusted to required standard. ▪ Fit of base (including occlusion) verified. ▪ Jaw relation records verified or retaken if incorrect. 	

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> ▪ Tooth selection and arrangement discussed with patient and confirmed or altered. • Insertion: <ul style="list-style-type: none"> ▪ Defects in finished dentures recognized and corrected where possible. ▪ Fit, stability and retention of the base of removable prosthesis verified. ▪ Accuracy of occlusal contacts and harmony of occlusion verified and adjusted if necessary. ▪ Finished dentures well-polished, have satisfactory appearance, and comfortable. ▪ Careful verbal & written instructions given to patient. 	
<p>Apply universal infection control guidelines for all clinical procedures.</p>	<ul style="list-style-type: none"> • Apply universal infection control guidelines for all clinical procedures by: <ul style="list-style-type: none"> ▪ Practicing Hand hygiene. ▪ Working in clean/ and disinfected operatory. ▪ Appropriate use of personal protective equipment. ▪ Sterilized instruments are used. ▪ Appropriate handling of instruments, sharp and medical waste. 	<p>2</p>
<p>Apply principles of management of developmental or acquired occlusal abnormalities.</p>	<ul style="list-style-type: none"> • Demonstrates ability in recognising TMJ disorders. • Demonstrates the understanding of normal and abnormal dynamics of jaw movements & malocclusion classification. • Recognises the developmental and/or acquired deflective occlusal contacts and interferences. • Identify the masticatory muscular pain and limitation of mouth opening. 	<p>2</p>

Competence Standards	Assessment Criteria	Marks
Administer and/or prescribe pharmaceutical agents relevant to routine dental practice.	<ul style="list-style-type: none"> • Has knowledge and demonstrates ability in prescribing drugs. • Verbal & written Post-operative instructions. 	2
Section 3: Health Promotion Domain – 15 marks		
Evaluate the social, cultural and environmental factors which contribute to health or illness.	<ul style="list-style-type: none"> • Recorded complete demographic details of the patient. • Demonstrates the understanding of the significance of demographic details. • Evaluate how it may influence the presenting condition/s. 	3
Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life and wellbeing.	<ul style="list-style-type: none"> • Health promotion principles are applied with evidence on the importance and practice of prevention of dental and periodontal diseases. • Demonstrates skills of proper oral hygiene instruction and education with proper tooth brushing technique and other cleansing aid. • Provides demonstrations on proper diet and its impact on health. • Identify the contributing factors and its prevention & management if applicable. 	3
Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients.	<ul style="list-style-type: none"> • Maintains professional relationship with patients, colleagues, staff and faculty • Seeks/refers for consultation from specialists as needed. 	3
Assess the risk factors and behaviours such as nutrition, drugs and diseases that can have an impact on oral healthcare.	<ul style="list-style-type: none"> • Risk assessment done in terms of Dietary factors. • Oral hygiene maintenance: <ul style="list-style-type: none"> • Systemic conditions. • Smoking. • Snuffing. • Alcohol consumption. 	3

Competence Standards	Assessment Criteria	Marks
Design, implement and evaluate evidence-based health promotion programs.	<ul style="list-style-type: none"> • Is innovative in providing a care plan. • Practices a follow up plan as applicable to the patient. 	3
Section 4. Communication and Social Skills Domain – 15 marks		
Apply appropriate inter-professional and communication skills that allow building a teamwork approach to the delivery of oral healthcare.	<ul style="list-style-type: none"> • Communicates effectively with: <ul style="list-style-type: none"> ▪ Peer group/team. ▪ Staff. ▪ Faculty. ▪ Other healthcare professionals as applicable. ▪ Applied 4 handed dentistry. 	2
Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team.	<ul style="list-style-type: none"> • Demonstrate appropriate interpersonal communication skills. • In case presentation. • Discussion of care plan. • In referring patients to other team members. 	2
Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy.	<ul style="list-style-type: none"> • All the information is recorded appropriately to: <ul style="list-style-type: none"> ▪ Prioritize patient safety. ▪ Provide a handover If and when needed. ▪ Ensures privacy and confidentiality regarding details of patient. 	2
Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits.	<ul style="list-style-type: none"> • Details of treatment plans discussed with patient including both the ideal and alternative treatment plans. • Advantages, risks and disadvantages of the treatment planned is explained to the patient. 	2
Communicate responsibly and professionally, including when using social media.	<ul style="list-style-type: none"> • Communicates respectfully with patients, colleagues, staff and faculty. • Seeks permission from patients and the faculty before using social media to show case the treatment on social media. 	2
Communicate and engage patients, their families and	<ul style="list-style-type: none"> • Treatment plan discussed with patients and families. 	2

Competence Standards	Assessment Criteria	Marks
communities in relation to oral health.		
Communicate effectively within the organizational hierarchy.	<ul style="list-style-type: none"> • Respects the hierarchy of the team and communicates accordingly in a disciplined manner. 	2
Recognize cultural diversity and apply cultural competency in caring for patients and communities.	<ul style="list-style-type: none"> • Respects the cultural and ethnical differences of all involved. 	1
Section 5: Scientific and Clinical Knowledge Domain -15 Marks		
Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient.	<ul style="list-style-type: none"> • Has knowledge relevant to the most recent published literature • Applies knowledge adequately to treat the patient satisfactorily. 	3
Apply the biomedical, physical, and behavioural sciences in relation to oral health and disease.	<ul style="list-style-type: none"> • Plans to prevent unwanted exposure to ionizing radiation or X rays. • Implement the contemporary techniques and advancements in daily practice for the best interest of the patient 	3
Apply the scientific basis, application and risks of using ionizing radiation, anaesthesia, and risk management and quality improvement.	<ul style="list-style-type: none"> • Decides upon the type of x-rays needed and prevents unnecessary and repeated exposure. • Manages complications related to local anaesthesia. • Applies knowledge and skills in handling arising emergency cases. 	3
Demonstrate foundation knowledge as relevant to clinical skills related to prosthodontics.	<ul style="list-style-type: none"> • Demonstrates knowledge & skills in: <ul style="list-style-type: none"> • Interpretation of radiograph for bone loss, remaining roots or impacted teeth, intraosseous lesions, and furcation involvement. • Proper planning and execution of partial or complete removable prosthesis. • Preservation of the integrity of oral and perioral structures. 	6

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Handling and manipulation of prosthetic dental materials. • Successful primary and final impression taking. • Mastering the techniques of jaw relation recording, try-in of trial prosthesis, insertion and post-insertion complaints management. • Advising proper verbal & written oral hygiene instructions. • Follow up re-evaluation appointment protocol as supportive prosthetic care 	

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical Practice Guidelines and Protocols	Prepared by: Dr. Shadi El Bahra Assistant Professor
Title:	Rubrics for Fixed Clinical Prosthodontics	Dr. Fadia Alfateh Assistant Professor
Policy Code Number:	CL.11.4	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

Purpose

The clinical component of this course is aimed to prepare the students for the correct methodology and fundamentals of fixed prosthodontics including the tooth preparation. It also focuses on diagnosis, prognosis, and treatment planning for single crown to full mouth rehabilitation.

Scope

To understand the number of clinical requirements at different levels of BDS program in the specific discipline and to illustrate the BDS professional competency standards rubrics used for the assessment of clinical competency at RAK College of Dental Sciences (RAKCODS).

2. Policy Statements

2.1. Guidelines for Clinical Work:

- 2.1.1. Uphold professional attitude and behaviour
- 2.1.2. Communicate respectfully with colleagues and staff
- 2.1.3. Show empathy towards patients and attendants
- 2.1.4. Apply appropriate infection control measures
- 2.1.5. Adapt the ability to work safely and effectively

- 2.1.6. Collect the relevant information and use them for diagnosis
- 2.1.7. Apply a systematic process for patient management
- 2.1.8. Select the proper instruments for the procedure
- 2.1.9. Enter all the procedures in progress sheet and complete patient's file
- 2.1.10. Maintain the clinical competency evaluation form and enter all details with timely approvals on HIMS

2.2. Clinical Work:

- 2.2.1. Patient history and Oral examination for teeth & periodontium to complete periodontal chart on assigned patients.
- 2.2.2. Interpret the findings from history, clinical & radiographic examination and other appropriate diagnostic procedures to establish diagnosis and developing appropriate, comprehensive, properly sequenced and individualized treatment plan
- 2.2.3. All medically compromised patients with risk factors need to be controlled or certain precaution taken before proceeding to the periodontal therapy.
- 2.2.4. Educate, motivate and encourage patients to assume appropriate responsibility for their oral hygiene
- 2.2.5. Practice crown and bridges during the clinical session on assigned patients
- 2.2.6. Evaluate all treatment results after Phase-I therapy recommend appropriate additional action and maintenance

2.3. Clinical Requirements:

2.3.1. BDS Year 4

- One complete dentures (maxillary or mandibular) / immediate or over denture
- One pair of removable partial denture
- One case of repair/reline or rebasing of a removable denture
- Two anterior crowns
- Two posterior crowns
- One 3-unit bridge or an inlay / onlay or veneer

2.3.2. BDS Year 5

- Single crown 2
- Resin bonded bridge/ Ceramic veneer 1

- Fixed bridge 2
- Post and core 1
- Complete Denture (maxillary or mandibular)/ immediate denture/ Over denture 2
- Acrylic removable partial denture/ Cast partial denture – 1 pair
- Tissue conditioning or repair or relining or rebasing 1 case

2.3.3. Internship

- Two (2) anterior fixed bridges
- One (1) posterior fixed bridges
- One (1) ceramic veneer or maryland bridge
- One (1) post and core

2.4. Assessments

Students' competency on clinical skills is assessed on a specially designed “Clinical examination Assessment criteria” based on a 5-point scale Excellent (90-100%), Very Good (80-89%), Good (70-79%), Satisfactory (60-69%) and Unsatisfactory (< 60%). If it is found to be unsatisfactory, the student will be informed immediately or within 24 hours by email and the student has to repeat the procedure within two weeks’ time.

Following are used to assess the clinical skills of the students

1. Objective Structured Clinical Examination (OSCE); one OSCE will be conducted during the mid of fall semester.
2. In Course Assessment Clinical Examination; 2 clinical examinations, one of which will be at the end of fall semester and the other in the mid of spring semester as per the criteria given below in each discipline.

2.4.1 The clinical requirements and examinations are graded based upon the Professional Competence Standards of Graduates of Baccalaureate Dental Initial Training and Education Programs laid down by the Ministry of Education as a part of the Reforming Dentistry Program in 2021.

2.4.1.1 The following table is used to grade student performance for all the domains

NO.	DOMAIN	MARKS
1	Professional Domain	15
2	Patient-Centered Care Domain <ul style="list-style-type: none"> • <i>Clinical Information Gathering</i> • <i>Diagnosis and Management Planning</i> • <i>Clinical Treatment and Evaluation</i> 	40
3	Health Promotion Domain	15
4	Communication and Social Skills Domain	15
5	Scientific and Clinical Knowledge Domain	15

2.4.1.2 The following table shows the criteria to grade students for clinical requirements and clinical assessments

CRITERIA	GRADE/ MARKS
<ul style="list-style-type: none"> • Excellent knowledge and ability to recall all information related to professionalism as mentioned below in the competency. • No assistance is required from the clinical supervisor. 	Excellent 90-100%
<ul style="list-style-type: none"> • Good Knowledge. Student recalls almost all points related to the case. Seeks supervision from supervisor at times when in doubt, does not need assistance while working from supervisor. 	Very good 80-89%
<ul style="list-style-type: none"> • Sound knowledge and ability. The student is able to recall all information with few missing points. • Occasional assistance while working is required from the clinical supervisor. 	Good 70-89 % Performance better than expected
<ul style="list-style-type: none"> • Sound knowledge and ability. May include minor deviations from accepted practice that can be easily corrected and that would not significantly compromise the clinical outcome. Limited assistance required from the clinical supervisor. 	Satisfactory 60-69% Consistent with expected
<ul style="list-style-type: none"> • Significant gaps in understanding and/or deviations from accepted practice that compromises patient safety or patient outcomes. • Performing treatment without approval from clinical supervisor. • Significant assistance required from the clinical supervisor to prevent adverse outcomes. 	Unsatisfactory < 60 % Unsafe treatment Repeat the procedure

2.4.1.3 Clinical Procedure Evaluation Form to be used for requirements and clinical examinations

MR No	Student ID and Name		
Tooth Number and Clinical Procedure	Faculty Name, Sign & Date		
1. Professionalism Domain - 15 marks			Grades
<ul style="list-style-type: none"> • Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care. • Ensure that patient safety is paramount in all decisions and actions. • Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated. • Demonstrate empathy and caring behavior towards patients, their families and members of the community. • Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices. • Protect patients' privacy and confidentiality. • Maintain effective relationships with peers and respect professional boundaries. • Recognize the importance of continuing education and professional development for self and all members of the dental team. 			Remarks
2. Section 2: Patient-Centered Care Domain - 40 marks			
2.1 Clinical Information Gathering- 10 marks			
<ul style="list-style-type: none"> • Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs. • Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient. • Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition. • Maintain accurate, consistent, legible and contemporaneous records of the patient. 			
2.2 Diagnosis and Management Planning - 15 marks			
<ul style="list-style-type: none"> • Formulate and record a comprehensive, patient-centered, evidence-based oral treatment plan. • Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral. • Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care. • Apply the principles of preventive care as part of comprehensive treatment plan. 			

<ul style="list-style-type: none"> • Ensure and record patient informed consent for treatment and their financial obligation. 			
2.3 Clinical Treatment and Evaluation - 15 marks			
Tooth Preparation & Conservation for fixed prosthesis			
Anatomical reduction, occlusal clearance & functional cusps bevel.	Marginal integrity & Finish line type and positioning.		
Axial reduction & resistance and retention form.	Adjacent teeth intactness & finished axial occlusal line angles.		
Impression for fixed prosthesis			
Moisture control and gingival retraction.	Relevant tissues clearly recorded & defect-free.		
Proper selection and handling of the impression material.	Impression cleansed and disinfected.		
Provisional Restoration			
Contours, thickness, fit, and smoothing of margins.	Cementation with excess cement removal.		
Proximal contacts contouring, seating & occlusal relationships.	Patient satisfaction with appearance, comfort, and function.		
3. Health Promotion Domain - 15 marks			
<ul style="list-style-type: none"> • Evaluate the social, cultural and environmental factors which contribute to health or illness. • Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life and wellbeing. • Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients. • Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare. • Design, implement and evaluate evidence-based health promotion programs. 			
4. Communication and Social Skills Domain - 15 marks			
<ul style="list-style-type: none"> • Apply appropriate interprofessional and communication skills that allow building a teamwork approach to the delivery of oral healthcare. • Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team. • Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy. • Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits. 			

<ul style="list-style-type: none"> • Communicate responsibly and professionally, including when using social media. • Communicate and engage patients, their families and communities in relation to oral health. • Communicate effectively within the organizational hierarchy. • Recognize cultural diversity and apply cultural competency in caring for patients and communities. 		
<p>5. Scientific and Clinical Knowledge Domain - 15 marks</p>		
<ul style="list-style-type: none"> • Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient. • Apply the biomedical, physical and behavioral sciences in relation to oral health and disease. • Design and implement research in a critical and scientific manner relevant to dentistry. • Apply the scientific basis, application and risks of using ionizing radiation, dental materials and risk management and quality improvement. • Demonstrate foundation knowledge as relevant to clinical skills in Pediatric dentistry. 		

Grades: Grades are based on a 5-point scale (tick as applicable)

- Excellent (90-100%)
- Very-good (80-89%)
- Good (70-79%)
- Satisfactory (60-69%)
- Unsatisfactory (Repeat procedure) (< 60%)

2.4.1.4 The rubrics based upon which the evaluation form has been prepared is as follows

Competence Standards	Assessment Criteria	Marks
1. Professional Domain – 15 Marks		
Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care.	<ul style="list-style-type: none"> • Checks patient record to understand. • Patient meets the criteria of registration. • Signed consent form available. • Patient rights & responsibilities available. 	2
Ensure that patient safety is paramount in all decisions and actions.	<ul style="list-style-type: none"> • Patient identification done. • Reassessment was done as necessary. • Checked for medical alerts on system. 	2
Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated.	<ul style="list-style-type: none"> • Required investigations done. • Provisional and final diagnosis is correct. • Treatment plan is completed and discussed with patient and family. • Refers patient for specialty treatment in case of complicated prosthetic treatments such as complete oral rehabilitation. 	2
Demonstrate empathy and caring behaviour towards patients, their families and members of the community.	<ul style="list-style-type: none"> • Greets the patient and makes him/ her comfortable in the clinic. • Makes sure the patient/families of the patients are also attended to and involved in decision making. • Interdisciplinary health education form completed as per HIMS. 	2
Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices.	<ul style="list-style-type: none"> • The care plan is discussed with the patient and family. • His/her choices of treatment are respected. • Performs prosthetic treatment in the best interest of the patient. 	2
Protect patients' privacy and confidentiality.	<ul style="list-style-type: none"> • Patient's history and case details are kept confidential. • There is no breach of patient's personal information. • The information of the patient is dealt professionally. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> All the patient details after being saved in HIMS, the student logs out. 	
<p>Maintain effective relationships with peers and respect professional boundaries.</p>	<ul style="list-style-type: none"> Behaves and respects patients, colleagues, staff and faculty professionally and ethically. All the patient information discussed with the faculty. 	1
<p>Recognize the importance of continuing education and professional development for self and all members of the dental team.</p>	<ul style="list-style-type: none"> Appropriate knowledge related to the diagnosis and treatment planning of prosthetic oral rehabilitation presented. The knowledge shown during the case presentation was updated and was evidence based. 	2
<p>2: Patient-centred Care Domain - 40 marks</p>		
<p><u>Clinical Information Gathering 10 Marks</u></p>		
<p>Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs.</p>	<ul style="list-style-type: none"> Findings of Extra-oral examination including Head, Neck, TMJ and Lymph nodes and details recorded. Findings of Intra-oral examination recorded. Any abnormal change of both intra oral and extra oral examination are identified correctly and recorded. Visual and tactile examinations of abutment teeth are recorded. Evaluation of pulp and periodontal status is recorded. Examinations of abutment teeth mobility, migration, furcation involvement & recession (if present) are recorded. Any abnormality on the tongue, buccal mucosa, attached gingiva and frenum attachment are identified. Static and dynamic occlusal relations are identified. Evaluation of initial tooth shade is recorded. 	2
<p>Identify and record the chief complaint, history of the present condition, medical,</p>	<ul style="list-style-type: none"> Case history recorded correctly including details of: <ul style="list-style-type: none"> Chief complaint. 	2

Competence Standards	Assessment Criteria	Marks
oral and social history of the patient.	<ul style="list-style-type: none"> ▪ History of presenting illness. ▪ Medical & Social history. • Checked for vital signs on HIMS and any deviation is updated. 	
Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition.	<ul style="list-style-type: none"> • Selection of appropriate investigation for the patient. • Correct Interpretation of investigations. • Interpretation of radiograph for bone loss and furcation involvement. • Satisfactory endodontic treatments and presence of peri-apical lesions (if any) recorded accurately. • Interpretation of radiograph for dental caries, non-carious tooth structure loss, existing restorations, and signs of occlusal trauma. • Assessment of study casts for abutment teeth mal-positioning, tilting and drifting. 	2
Maintain accurate, consistent, legible and contemporaneous records of the patient.	<ul style="list-style-type: none"> • Diagnosis and treatment plan discussed with the supervisor. • All details of patient including diagnosis and treatment plans duly approved on HIMS before performing treatment. • Progress notes correctly mentioned. • Next/follow up appointment of patient provided. 	2
Formulate and record a comprehensive, patient-centred, evidence-based oral health treatment plan.	<ul style="list-style-type: none"> • Proper treatment plan established based upon the history and investigations and contemporary knowledge as per evidence available. • A Patient-centred treatment plan is explained with the patient and family for his/their opinion. 	2
Diagnosis and Management Planning – 10 Marks		
Formulate and record a comprehensive, patient-centred, evidence-based oral health treatment plan.	<ul style="list-style-type: none"> • Proper diagnosis and treatment plan established based upon the history, investigations and contemporary knowledge as per evidence available 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • A Patient centric treatment plan is explained and discussed with the patient and family for their opinion 	
<p>Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral.</p>	<ul style="list-style-type: none"> • All intra/extra oral abnormality recorded and addressed. • Diagnosis for all findings established. • Comprehensive treatment plan prepared. • Patient prepared for referral if complex in nature. • Diagnosis of different types of residual ridges, classification of edentulous spaces, classification of malocclusion. • Pulp, endodontic treatment, existing restorations and periodontal status of the abutment teeth are correctly diagnosed. 	2
<p>Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care.</p>	<ul style="list-style-type: none"> • Details of medical history and hospitalization recorded. • Oral manifestations of systemic conditions recorded. • Risk of compromised stomatognathic system and deteriorated oral conditions on systemic health noted. • Appropriate referrals/ consent obtained from physician prior to treatment. 	2
<p>Apply the principles of preventive care as part of comprehensive treatment plan.</p>	<ul style="list-style-type: none"> • Preventive care explained to the patient and encourages the patient for same. • Oral hygiene education & motivation provided. 	2
<p>Ensure and record patient informed consent for treatment and their financial obligation.</p>	<ul style="list-style-type: none"> • Informed consent recorded if the procedure needs it. • Financial obligations if any is discussed with the patient. 	2
<p><u>Clinical Treatment and Evaluation – 20 Marks</u></p>		
<p>Identify patient’s anxiety and pain related to the oral cavity and associated structures and respond appropriately.</p>	<ul style="list-style-type: none"> • Identify the patient’s ability to cope with treatment procedure based on Medical & Dental History. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Appropriate handling & use of instruments during the treatment procedures. • Administer local anaesthesia in the oral cavity as needed. 	
<p>Utilise patient removable and/or fixed prostheses to rehabilitate, restore appearance and function, prevent injury, and stabilise the occlusion.</p>	<ul style="list-style-type: none"> • Correct and proper sequence of treatment planning. • Explain the treatment plan to the patient with different treatment options that can be done. • Tooth Preparation for fixed prosthesis: <ul style="list-style-type: none"> ▪ Proper anatomical reduction. ▪ Proper occlusal clearance & functional cusps bevel. ▪ Sufficient axial reduction with proper proximal clearance & path of insertion. ▪ Adequate resistance and retention form; length & taper. ▪ Marginal integrity & continuous and well-defined Finish line. ▪ Finish line at gingival margin & margins on tooth structure • Conservation: <ul style="list-style-type: none"> ▪ Adjacent teeth intactness. ▪ Finished axial occlusal line angles. • Impression: <ul style="list-style-type: none"> ▪ Moisture control and gingival retraction. ▪ Proper handling of the appropriate impression material. ▪ All relevant tissues clearly recorded & free of defects. ▪ Student able to interpret any minor bubbles/defects as significant or otherwise. ▪ Impression properly cleansed and disinfected. • Provisional Restoration: 	<p>10</p>

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> ▪ Appropriate contours, thickness, excellent fit, and smoothing of margins. ▪ Properly contoured proximal contacts. ▪ Correct seating & occlusal relationships ▪ Correct cementation with accurate excess cement removal. ▪ Patient satisfied with appearance, comfort and function. 	
Apply universal infection control guidelines for all clinical procedures.	<ul style="list-style-type: none"> • Apply universal infection control guidelines for all clinical procedures by: <ul style="list-style-type: none"> ▪ Practicing Hand hygiene. ▪ Working in clean/ and disinfected operatory. ▪ Appropriate use of personal protective equipment. ▪ Sterilized instruments are used. ▪ Appropriate handling of instruments, sharp and medical waste. 	2
Apply principles of management of developmental or acquired occlusal abnormalities.	<ul style="list-style-type: none"> • Demonstrates ability in recognising TMJ disorders. • Demonstrates the understanding of normal and abnormal dynamics of jaw movements & malocclusion classification. • Recognises the developmental and/or acquired deflective occlusal contacts and interferences. • Identify the masticatory muscular pain and limitation of mouth opening. 	2
Perform preventive therapeutic procedures to preserve the vitality of the pulp.	<ul style="list-style-type: none"> • Selection of proper preparation burs & copious water cooling during tooth preparation. • Fabrication of excellent provisional restoration and correct cementation. • Utilization of non-irritant materials for the vital abutment teeth. 	2

Competence Standards	Assessment Criteria	Marks
Administer and/or prescribe pharmaceutical agents relevant to routine dental practice.	<ul style="list-style-type: none"> • Has knowledge and demonstrates ability in prescribing drugs. • Verbal & written Post-operative instructions. 	2
Section 3: Health Promotion Domain – 15 marks		
Evaluate the social, cultural and environmental factors which contribute to health or illness.	<ul style="list-style-type: none"> • Recorded complete demographic details of the patient. • Demonstrates the understanding of the significance of demographic details. • Evaluate how it may influence the presenting condition/s. 	3
Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life and wellbeing.	<ul style="list-style-type: none"> • Health promotion principles are applied with evidence on the importance and practice of prevention of dental diseases. • Demonstrates skills of proper oral hygiene instruction and education with proper tooth brushing technique and other cleansing aid. • Provides demonstrations on proper diet and its impact on health. • Identify the contributing factors and its prevention & management if applicable. 	3
Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients.	<ul style="list-style-type: none"> • Maintains professional relationship with patients, colleagues, staff and faculty • Seeks/refers for consultation from specialists as needed. 	3
Assess the risk factors and behaviours such as nutrition, drugs and diseases that can have an impact on oral healthcare.	<ul style="list-style-type: none"> • Risk assessment done in terms of Dietary factors • Oral hygiene maintenance: <ul style="list-style-type: none"> • Systemic conditions. • Smoking. • Snuffing. • Alcohol consumption. 	3
Design, implement and evaluate evidence-based health promotion programs.	<ul style="list-style-type: none"> • Is innovative in providing a care plan. • Practices a follow up plan as applicable to the patient. 	3

Competence Standards	Assessment Criteria	Marks
Section 4. Communication and Social Skills Domain – 15 marks		
Apply appropriate inter-professional and communication skills that allow building a teamwork approach to the delivery of oral healthcare.	<ul style="list-style-type: none"> • Communicates effectively with: <ul style="list-style-type: none"> ▪ Peer group/team. ▪ Staff. ▪ Faculty. ▪ Other healthcare professionals as applicable. ▪ Applied 4 handed dentistry. 	2
Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team.	<ul style="list-style-type: none"> • Demonstrate appropriate interpersonal communication skills. • In case presentation. • Discussion of care plan. • In referring patients to other team members. 	2
Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy.	<ul style="list-style-type: none"> • All the information is recorded appropriately to: <ul style="list-style-type: none"> ▪ Prioritize patient safety. ▪ Provide a handover If and when needed. ▪ Ensures privacy and confidentiality regarding details of patient. 	2
Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits.	<ul style="list-style-type: none"> • Details of treatment plans discussed with patient including both the ideal and alternative treatment plans. • Advantages, risks and disadvantages of the treatment planned is explained to the patient. 	2
Communicate responsibly and professionally, including when using social media.	<ul style="list-style-type: none"> • Communicates respectfully with patients, colleagues, staff and faculty. • Seeks permission from patients and the faculty before using social media to show case the treatment on social media. 	2
Communicate and engage patients, their families and communities in relation to oral health.	<ul style="list-style-type: none"> • Treatment plan discussed with patients and families. 	2

Competence Standards	Assessment Criteria	Marks
Communicate effectively within the organizational hierarchy.	<ul style="list-style-type: none"> • Respects the hierarchy of the team and communicates accordingly in a disciplined manner. 	2
Recognize cultural diversity and apply cultural competency in caring for patients and communities.	<ul style="list-style-type: none"> • Respects the cultural and ethnical differences of all involved. 	1
Section 5: Scientific and Clinical Knowledge Domain -15 Marks		
Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient.	<ul style="list-style-type: none"> • Has knowledge relevant to the most recent published literature • Applies knowledge adequately to treat the patient satisfactorily. 	3
Apply the biomedical, physical, and behavioural sciences in relation to oral health and disease.	<ul style="list-style-type: none"> • Plans to prevent unwanted exposure to ionizing radiation or X rays. • Implement the contemporary techniques and advancements in daily practice for the best interest of the patient 	3
Apply the scientific basis, application and risks of using ionizing radiation, anaesthesia, and risk management and quality improvement.	<ul style="list-style-type: none"> • Decides upon the type of x-rays needed and prevents unnecessary and repeated exposure. • Manages complications related to local anaesthesia. • Applies knowledge and skills in handling arising emergency cases. 	3
Demonstrate foundation knowledge as relevant to clinical skills related to prosthodontics.	<ul style="list-style-type: none"> • Demonstrates knowledge & skills in: <ul style="list-style-type: none"> • Interpretation of radiographs for bone loss, furcation involvement, endodontic treatments (if any), dental caries, quality of existing restorations, signs of occlusal trauma. • Proper planning and execution of conservative tooth preparation. • Preservation of the integrity of oral and perioral structures. • Handling and manipulation of prosthetic dental materials 	6

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Moisture control, gingival retraction, and successful impression taking. • Providing satisfactory temporisation for protection of prepared teeth and associated structures. • Advising proper verbal & written oral hygiene instructions. • Follow up re-evaluation appointment protocol as supportive prosthetic care 	

Authorization Form

<p>Compiled by:</p> <p>Dr. Vivek Padmanabhan</p> <p>Chairperson, Clinical Sciences</p>	
<p>Reviewed by:</p> <p>Dr. Muhammed Mustahsen Rahman</p> <p>Dean, RAKCODS</p>	
<p>Approved by:</p> <p>Mr. Hassan Muhammad Khan</p> <p>CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical Practice Guidelines and Protocols	Prepared by: Dr. Mohamed Elsayed Assistant Professor
Title:	Rubrics for Clinical Endodontics	Dr. Nancy Farghal Assistant Professor
Policy Code Number:	CL.11.5	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

Purpose

The clinical component of this course is aimed to prepare the students for efficient examination and diagnosis in endodontics and develop their skills to prepare access cavities, clean and shape and obturate root canals of single and multi-rooted teeth in clinical situations. The students will be able to develop an appropriate, comprehensive, properly sequenced and individualized treatment plan based on the evaluation of all diagnostic data and identify conditions which require endodontic management or should be referred to a specialist for management.

Scope

To understand the number of clinical requirements at different levels of BDS program in the specific discipline and to illustrate the BDS professional competency standards rubrics used for the assessment of clinical competency at RAK College of Dental Sciences (RAKCODS).

2. Policy Statements

2.1. Guidelines for Clinical Work:

2.1.1. Uphold professional attitude and behaviour

- 2.1.2. Communicate respectfully with colleagues and staff
- 2.1.3. Show empathy towards patients and attendants
- 2.1.4. Apply appropriate infection control measures
- 2.1.5. Adapt the ability to work safely and effectively
- 2.1.6. Collect the relevant information and use them for diagnosis
- 2.1.7. Apply a systematic process for patient management
- 2.1.8. Select the proper instruments for the procedure
- 2.1.9. Enter all the procedures in progress sheet and complete patient's file
- 2.1.10. Maintain the clinical competency evaluation form and enter all details with timely approvals on HIMS

2.2. Clinical Work:

- 2.2.1. To diagnose cases those, require endodontic treatment
- 2.2.2. Perform endodontic treatment on assigned patients following the explained protocol

2.3. Clinical Requirements:

2.3.1. BDS Year 4

Perform root canal treatment for 2 anterior teeth, premolar and molar 3

2.3.2. BDS Year 5

Root canal treatment of 8 teeth (Minimum 3 multi rooted teeth and 1 re-treatment)

2.3.3. Internship

- Ten (10) Endodontic cases of which:
- Five (5) single rooted
- Five (5) multi rooted

2.4. Assessments

Students' competency on clinical skills is assessed on a specially designed "Clinical examination Assessment criteria" based on a 5-point scale Excellent (90-100%), Very Good (80-89%), Good (70-79%), Satisfactory (60-69%) and Unsatisfactory (< 60%). If it is found to be unsatisfactory, the student will be informed immediately or within 24 hours by email and the student has to repeat the procedure within two weeks' time.

Following are used to assess the clinical skills of the students

1. Objective Structured Clinical Examination (OSCE); one OSCE will be conducted during the mid of fall semester.
2. In Course Assessment Clinical Examination; 2 clinical examinations, one of which will be at the end of fall semester and the other in the mid of spring semester as per the criteria given below in each discipline.

2.4.1 The clinical requirements and examinations are graded based upon the Professional Competence Standards of Graduates of Baccalaureate Dental Initial Training and Education Programs laid down by the Ministry of Education as a part of the Reforming Dentistry Program in 2021.

2.4.1.1 The following table is used to grade student performance for all the domains

NO.	DOMAIN	MARKS
1	Professional Domain	15
2	Patient-Centered Care Domain <ul style="list-style-type: none"> • <i>Clinical Information Gathering</i> • <i>Diagnosis and Management Planning</i> • <i>Clinical Treatment and Evaluation</i> 	40
3	Health Promotion Domain	15
4	Communication and Social Skills Domain	15
5	Scientific and Clinical Knowledge Domain	15

2.4.1.2 The following table shows the criteria to grade students for clinical requirements and clinical assessments

CRITERIA	GRADE/ MARKS
<ul style="list-style-type: none"> • Excellent knowledge and ability to recall all information related to professionalism as mentioned below in the competency. • No assistance is required from the clinical supervisor 	Excellent 90-100%

<ul style="list-style-type: none"> • Good Knowledge. The student recalls almost all points related to the case. Seeks supervision from the supervisor at times when in doubt, and does not need assistance while working from the supervisor. 	<p>Very good 80-89%</p>
<ul style="list-style-type: none"> • Sound knowledge and ability. The student is able to recall all information with a few missing points. • Occasional assistance while working is required from the clinical supervisor. 	<p>Good 70-89 % Performance better than expected</p>
<ul style="list-style-type: none"> • Sound knowledge and ability. This may include minor deviations from accepted practice that can be easily corrected and that would not significantly compromise the clinical outcome. Limited assistance required from the clinical supervisor. 	<p>Satisfactory 60-69% Consistent with expected</p>
<ul style="list-style-type: none"> • Significant gaps in understanding and/or deviations from accepted practice that compromises patient safety or patient outcomes. • Performing treatment without approval from the clinical supervisor. • Significant assistance is required from the clinical supervisor to prevent adverse outcomes. 	<p>Unsatisfactory < 60 % Unsafe treatment Repeat the procedure</p>

2.4.1.3 Clinical Procedure Evaluation Form to be used for requirements and clinical examinations

MR No	Student ID and Name		
Tooth Number and Clinical Procedure	Faculty Name, Sign & Date		
1. Professionalism Domain	15 marks	Grades	Remarks
<ul style="list-style-type: none"> • Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care. • Ensure that patient safety is paramount in all decisions and actions. • Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated. • Demonstrate empathy and caring behavior towards patients, their families and members of the community. • Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices. • Protect patients' privacy and confidentiality. • Maintain effective relationships with peers and respect professional boundaries. 			

<ul style="list-style-type: none"> • Recognize the importance of continuing education and professional development for self and all members of the dental team. 		
2. Section 2: Patient-Centered Care Domain- 40 marks		
2.1 Clinical Information Gathering- 10 marks <ul style="list-style-type: none"> • Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs. • Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient. • Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition. • Maintain accurate, consistent, legible and contemporaneous records of the patient. 		
2.2 Diagnosis and Management Planning -15 marks <ul style="list-style-type: none"> • Formulate and record a comprehensive, patient-centered, evidence based oral health treatment plan. • Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral. • Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care. • Apply the principles of preventive care as part of comprehensive treatment plan. • Ensure and record patient informed consent for treatment and their financial obligation. 		
2.3 Clinical Treatment and Evaluation -15 marks		
<ul style="list-style-type: none"> • Conventional Root Canal Treatment / Nonsurgical retreatment <ul style="list-style-type: none"> ○ Removal of caries and build-up of the tooth if indicated. ○ Isolation procedures for the tooth to be treated. ○ Outline form of access cavity preparation. ○ Canals Identification ○ Achieve patent canals ○ Working length determination ○ Cleaning and shaping to working length. ○ Master cone placement ○ Quality of filling ○ Coronal seal 		
3. Health Promotion Domain	15 marks	
<ul style="list-style-type: none"> • Evaluate the social, cultural and environmental factors which contribute to health or illness. 		

<ul style="list-style-type: none"> • Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life and wellbeing. • Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients. • Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare. • Design, implement and evaluate evidence-based health promotion programs. • Evaluate and manage the tooth/teeth with pulp and periapical diseases. 		
<p>4. Communication and Social Skills Domain 15 marks</p>		
<ul style="list-style-type: none"> • Apply appropriate interprofessional and communication skills that allow building a teamwork approach to the delivery of oral healthcare. • Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team. • Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy. • Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits. • Communicate responsibly and professionally, including when using social media. • Communicate and engage patients, their families and communities in relation to oral health. • Communicate effectively within the organizational hierarchy. • Recognize cultural diversity and apply cultural competency in caring for patients and communities. 		
<p>5. Scientific and Clinical Knowledge Domain 15 marks</p>		
<ul style="list-style-type: none"> • Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient. • Apply the biomedical, physical and behavioral sciences in relation to oral health and disease. • Design and implement research in a critical and scientific manner relevant to dentistry. • Apply the scientific basis, application and risks of using ionizing radiation, dental materials and risk management and quality improvement. • Demonstrate foundation knowledge as relevant to clinical skills related to Clinical Endodontic. 		

Grades: Grades are based on a 5-point scale (tick as applicable)

- Excellent (90-100%)
- Very-good (80-89%)
- Good (70-79%)
- Satisfactory (60-69%)
- Unsatisfactory (Repeat procedure) (<60%)

2.4.1.4 The rubrics based upon which the evaluation form has been prepared is as follows

Competence Standards	Assessment Criteria	Marks
1. Professional Domain – 15 Marks		
Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care.	<ul style="list-style-type: none"> • Checks patient record to understand • The patient meets the criteria for registration • The signed consent form is available • Patient rights & responsibilities available. 	2
Ensure that patient safety is paramount in all decisions and actions.	<ul style="list-style-type: none"> • Patient identification done • Reassessment was done as necessary • Checked for medical alerts on the system. 	2
Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated.	<ul style="list-style-type: none"> • Required investigations done • The provisional and final diagnosis is correct • The treatment plan is completed and discussed with the patient and family • Refer the patient for specialty treatment if the patient has localized or systemic problems that compromised periapical tissue health. 	2
Demonstrate empathy and caring behavior towards patients, their families, and members of the community.	<ul style="list-style-type: none"> • Greets the patient and makes him/ her comfortable in the clinic. • Makes sure the patients/families of the patients are also attended to and involved in decision-making. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Interdisciplinary health education form completed as per HIMS. 	
<p>Ensure that all actions focus on the patient's best interests and respect patients' dignity, rights, and choices.</p>	<ul style="list-style-type: none"> • The care plan is discussed with the patient and family. • His/her choices of treatment are respected. • Performs Endodontic treatment in the best interest of the patient. 	2
<p>Protect patients' privacy and confidentiality.</p>	<ul style="list-style-type: none"> • Patients' histories and case details are kept confidential. • There is no breach of the patient's personal information. • The information of the patient is dealt with professionally. • After all the patient details are saved in HIMS, the student logs out. 	2
<p>Maintain effective relationships with peers and respect professional boundaries.</p>	<ul style="list-style-type: none"> • Behaves and respects patients, colleagues, staff, and faculty professionally and ethically. • All the patient information was discussed with the faculty. 	1
<p>Recognize the importance of continuing education and professional development for self and all members of the dental team.</p>	<ul style="list-style-type: none"> • Appropriate knowledge related to the diagnosis and treatment planning of Pulp and periapical diseases presented. • The knowledge shown during the case presentation was updated and evidence-based. 	2
<p>2: Patient-centred Care Domain - 40 marks</p>		
<p><u>Clinical Information Gathering 10 Marks</u></p>		
<p>Perform an extra-oral and intra-oral examination for health, disease, and abnormalities of the dentition, mouth, and associated structures, including assessment of vital signs.</p>	<ul style="list-style-type: none"> • Findings of Extra-oral examination including Head, Neck, TMJ, and Lymph nodes and details recorded. Findings of Intra-oral examination recorded. • Any abnormal changes in both intra-oral and extra-oral examination are identified correctly and recorded. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Any abnormality on the tongue, buccal mucosa, soft palate, and frenum attachment are identified. • Clinical examination findings are accurately recorded for all required teeth. • Tooth mobility, pocket depth, and furcation involvement & are recorded. • Checked for vital signs on HIMS and any deviation is updated. 	
Identify and record the chief complaint, history of the present condition, and medical, oral, and social history of the patient.	<ul style="list-style-type: none"> • Case history recorded correctly including details of: <ul style="list-style-type: none"> ▪ Chief complaint ▪ History of presenting illness ▪ Medical & Social History 	2
Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition.	<ul style="list-style-type: none"> • Selection of appropriate investigation for the patient. • Correct Interpretation of investigations. • Interpretation of radiograph findings for radiolucencies or radioopacities in the pulp space and/or along the root side, periapical and/or Furcation areas, and relation to adjacent structures, and recorded accurately. 	3
Maintain accurate, consistent, legible, and contemporaneous records of the patient.	<ul style="list-style-type: none"> • Diagnosis and treatment plan discussed with the supervisor. • All details of the patient including diagnosis and treatment plan duly approved on HIMS before performing treatment • Progress notes correctly mentioned • Next/follow-up appointment of the patient provided 	3
Diagnosis and Management Planning – 10 Marks		
Formulate and record a comprehensive, patient-centered, evidence-based oral health treatment plan.	<ul style="list-style-type: none"> • Proper Diagnosis and treatment plan established based upon the history, investigations, and contemporary knowledge as per evidence available. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • A Patient-centric treatment plan is explained and discussed with the patient and family for their opinion. 	
<p>Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions that require management and referral.</p>	<ul style="list-style-type: none"> • All Intra/extraoral abnormalities were recorded and addressed. • Diagnosis for all findings established • A comprehensive treatment plan was prepared. • Patient prepared for referral if complex. • Diagnosis of different types of pulp and periapical diseases& other lesions in the oral cavity. 	2
<p>Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care.</p>	<ul style="list-style-type: none"> • Details of medical history and hospitalization recorded • Oral manifestations of systemic conditions recorded. • Risk of periodontal, pulp, and periapical diseases on systemic health noted. • Appropriate referrals/ consent obtained from the physician before treatment. 	2
<p>Apply the principles of preventive care as part of the comprehensive treatment plan.</p>	<ul style="list-style-type: none"> • Preventive care is explained to the patient and encourages the patient to same. • Oral hygiene education & motivation were provided. 	2
<p>Ensure and record patient informed consent for treatment and their financial obligation.</p>	<ul style="list-style-type: none"> • Informed consent is recorded if the procedure needs it. • Financial obligations if any discussed with the patient. 	2
<p><u>Clinical Treatment and Evaluation – 20 Marks</u></p>		
<p>Identify the patient’s anxiety and pain related to the oral cavity and associated structures and respond appropriately.</p>	<ul style="list-style-type: none"> • Identify the patient’s ability to cope with treatment procedures based on medical & Dental History. • Appropriate handling & use of diagnostic and endodontic instruments during the treatment procedures. 	3

Competence Standards	Assessment Criteria	Marks
Evaluate and manage the tooth/teeth with pulp and periapical diseases.	<ul style="list-style-type: none"> • The correct and proper sequence of treatment planning. • Explain the treatment plan to the patient with different treatment options that can be done. • Detection of teeth associated with pulp and periapical diseases. • Isolation procedures for the tooth to be restored. • Removal of caries and build-up of the tooth if indicated. • Outline form of access cavity preparation. • Canals Identification • Working length determination • Cleaning and shaping to working length. • Master cone placement • Quality of filling • Coronal seal • Follow up appointment protocol as per the need of the patient. 	8
Apply universal infection control guidelines for all clinical procedures.	<p>Apply universal infection control guidelines for all clinical procedures by:</p> <ul style="list-style-type: none"> ▪ Practicing Hand hygiene. ▪ Working in a clean/ and disinfected operatory. ▪ Appropriate use of personal protective equipment. ▪ Sterilized instruments are used. ▪ Appropriate handling of instruments, sharp and medical waste. 	4

Competence Standards	Assessment Criteria	Marks
Manage patients from different age groups, medically compromised patients, and people of determination according to their needs.	<ul style="list-style-type: none"> • Identify the risk factors of pulp and periodontal disease and the manifestation of certain systemic diseases in the pulp and periapical tissue. • Refer for medical evaluation if indicated. • Precautions that should be taken before proceeding to Endodontic treatment and the effect of different drugs on the periapical bone healing. 	3
Administer and/or prescribe pharmaceutical agents relevant to routine dental practice.	Has knowledge and demonstrates ability in prescribing drugs for patients.	2
Section 3: Health Promotion Domain – 15 marks		
Evaluate the social, cultural, and environmental factors which contribute to health or illness.	<ul style="list-style-type: none"> • Recorded complete demographic details of the patient. • Demonstrates an understanding of the significance of demographic details. • Evaluate how it may influence the presenting condition/s. 	3
Apply the principles of health promotion strategies and disease prevention to promote dental general health, quality of life, and well-being.	<ul style="list-style-type: none"> • Health promotion principles are applied with evidence on the importance and practice of prevention of pulp diseases. • Demonstrates skills in proper oral hygiene instruction and education with proper tooth brushing technique and other cleansing aid. 	3
Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients.	<ul style="list-style-type: none"> • Maintains a professional relationship with patients, colleagues, staff, and faculty • Seeks/refers for consultation from specialists as needed. 	3
Assess the risk factors and behaviors such as nutrition, drugs, and diseases that can have an impact on oral healthcare.	<ul style="list-style-type: none"> • Risk assessment was done in terms of Dietary factors • Oral hygiene maintenance <ul style="list-style-type: none"> • Systemic conditions • Smoking 	3

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Snuffing 	
Design, implement and evaluate evidence-based health promotion programs.	Is innovative in providing a care plan Practices a follow-up plan as applicable to the patient.	3
Section 4. Communication and Social Skills Domain – 15 marks		
Apply appropriate inter-professional and communication skills that allow for building a teamwork approach to the delivery of oral healthcare.	Communicates effectively with: <ul style="list-style-type: none"> ▪ Peer group/team ▪ Staff ▪ Faculty ▪ Other healthcare professionals as applicable ▪ Applied 4 handed dentistry 	3
Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a healthcare team.	<ul style="list-style-type: none"> • Demonstrate appropriate interpersonal communication skills <ul style="list-style-type: none"> • In case presentation • Discussion of the care plan • In referring patients to other team members 	3
Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy.	All the information is recorded appropriately to: <ul style="list-style-type: none"> ▪ Prioritize patient safety. ▪ Provide a handover If and when needed. ▪ Ensures privacy and confidentiality regarding details of the patient. 	3
Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits.	<ul style="list-style-type: none"> • Details of treatment plans discussed with patient including both the ideal and alternative treatment plans. • The advantages, risks, and disadvantages of the treatment planned are explained to the patient. 	2
Communicate responsibly and professionally, including when using social media.	<ul style="list-style-type: none"> • Communicates respectfully with patients, colleagues, staff, and faculty. • Seeks permission from patients and the faculty before using social media to showcase the treatment on social media. 	2

Competence Standards	Assessment Criteria	Marks
Communicate and engage patients, their families, and communities in relation to oral health.	The treatment plan was discussed with patients and families.	2
Section 5: Scientific and Clinical Knowledge Domain -15 Marks		
Communicate effectively within the organizational hierarchy.	Respects the hierarchy of the team and communicate accordingly in a disciplined manner.	2
Recognize cultural diversity and apply cultural competency in caring for patients and communities.	Respects the cultural and ethnic differences of all involved.	2
Evaluate published clinical and basic science research and integrate this information to improve the dental health of the patient.	<ul style="list-style-type: none"> • Has knowledge relevant to the most recently published literature. • Applies knowledge adequately to treat the patient satisfactorily. 	2
Apply the biomedical, physical, and behavioral sciences concerning pulp and periapical health and disease.	Plans to prevent unwanted exposure to ionizing radiation or X-rays.	2
Apply the scientific basis, application, and risks of using ionizing radiation, anesthesia, and risk management and quality improvement.	Decides upon the type of x-rays needed and prevents unnecessary and repeated exposure.	2
Demonstrate foundation knowledge as relevant to clinical skills related to Endodontics.	Demonstrates knowledge & skills in: <ul style="list-style-type: none"> • Detection and recording of Intra oral examination, diagnosis of pulpal diseases, and evaluation of pulp vitality. • Interpretation of radiograph of pulpal conditions, identification of peri radicular disease, if present recorded accurately. • Sequencing of treatment done properly and Isolation procedures for the tooth to be restored. 	5

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Completely remove caries and restore the tooth. • Outline form of access cavity preparation • Canals Identification • Working length determination • Cleaning and shaping to the full working length. • The spreader fits 1 mm short of the working length • Master cone fits at the working length with tug back • Dense homogenous fill without voids • Proper coronal seal • Follow up re-evaluation appointment protocol. 	

Authorization Form

<p>Compiled by:</p> <p>Dr. Vivek Padmanabhan</p> <p>Chairperson, Clinical Sciences</p>	
<p>Reviewed by:</p> <p>Dr. Muhammed Mustahsen Rahman</p> <p>Dean, RAKCODS</p>	
<p>Approved by:</p> <p>Mr. Hassan Muhammad Khan</p> <p>CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical Practice Guidelines and Protocols	Prepared by: Dr. Nur Hatab Assistant Professor
Title:	Rubrics for Clinical Oral Surgery	Dr. Riham Abdelraouf Assistant Professor
Policy Code Number:	CL.11.6	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

Purpose

The clinical component of this course is aimed to prepare the students for proficient oral surgery clinical examination including extra / intraoral inspection, percussion and palpation, identify various armamentariums for tooth extraction and to develop manual skills.

It also focuses on differential diagnosis and management, indications for tooth extraction and minor oral surgeries as well as election of adequate methods for pain control.

Scope

To understand the number of clinical requirements at different levels of BDS program in the specific discipline and to illustrate the BDS professional competency standards rubrics used for the assessment of clinical competency at RAK College of Dental Sciences (RAKCODS).

2. Policy Statements

2.1. Guidelines for Clinical Work:

- 2.1.1.** Uphold professional attitude and behaviour
- 2.1.2.** Communicate respectfully with colleagues and staff
- 2.1.3.** Show empathy towards patients and attendants
- 2.1.4.** Apply appropriate infection control measures

- 2.1.5. Adapt the ability to work safely and effectively
- 2.1.6. Collect the relevant information and use them for diagnosis
- 2.1.7. Apply a systematic process for patient management
- 2.1.8. Select the proper instruments for the procedure
- 2.1.9. Enter all the procedures in progress sheet and complete patient's file
- 2.1.10. Maintain the clinical competency evaluation form and enter all details with timely approvals on HIMS

2.2. Clinical Work:

- 2.2.1. Apply appropriate infection control measures
- 2.2.2. Adapt the ability to work safely and effectively
- 2.2.3. Collect the relevant information and use them for diagnosis
- 2.2.4. Apply a systematic process for patient management
- 2.2.5. Select the proper instruments for the non-surgical & surgical tooth extraction
- 2.2.6. Practicing non-surgical extraction under the supervision of faculty
- 2.2.7. Practicing different suturing techniques under supervision of faculty
- 2.2.8. Assist/ observe the minor oral surgical procedures
- 2.2.9. Enter all the procedures in HIMS complete patient's file
- 2.2.10. Maintain the clinical competency evaluation form and all the information in HIMS system.

2.3. Clinical Requirements:

2.3.1. BDS Year 4

Perform clinical examination and 10 nonsurgical tooth extractions (five anterior and five posterior).

2.3.2. BDS Year 5

- Extraction of 20 teeth
- Two (2) Minor Oral Surgery cases

2.3.3. Internship

- Twenty-five (25) teeth extraction
- Two (2) Alveoloplasty
- One (1) Minor Oral Surgery (Biopsy/apicoectomy/impaction)

- Any Two (2) full case presentations of oral lesion/pathology

2.4. Assessments

Students' competency on clinical skills is assessed on a specially designed “Clinical examination Assessment criteria” based on a 5-point scale Excellent (90-100%), Very Good (80-89%), Good (70-79%), Satisfactory (60-69%) and Unsatisfactory ($\leq 60\%$). If it is found to be unsatisfactory, the student will be informed immediately or within 24 hours by email and the student has to repeat the procedure within two weeks' time.

Following are used to assess the clinical skills of the students

1. Objective Structured Clinical Examination (OSCE); one OSCE will be conducted during the mid of fall semester.
2. In Course Assessment Clinical Examination; 2 clinical examinations, one of which will be at the end of fall semester and the other in the mid of spring semester as per the criteria given below in each discipline.

2.4.1 The clinical requirements and examinations are graded based upon the Professional Competence Standards of Graduates of Baccalaureate Dental Initial Training and Education Programs laid down by the Ministry of Education as a part of the Reforming Dentistry Program in 2021.

2.4.1.1 The following table is used to grade student performance for all the domains

NO.	DOMAIN	MARKS
1	Professional Domain	15
2	Patient-Centered Care Domain <ul style="list-style-type: none"> • <i>Clinical Information Gathering</i> • <i>Diagnosis and Management Planning</i> • <i>Clinical Treatment and Evaluation</i> 	40
3	Health Promotion Domain	15
4	Communication and Social Skills Domain	15
5	Scientific and Clinical Knowledge Domain	15

2.4.1.2 The following table shows the criteria to grade students for clinical requirements and clinical assessments

CRITERIA	GRADE/ MARKS
<ul style="list-style-type: none"> • Excellent knowledge and ability to recall all information related to professionalism as mentioned below in the competency. • No assistance is required from the clinical supervisor 	<p style="text-align: center;">Excellent 90-100%</p>
<ul style="list-style-type: none"> • Good Knowledge. Student recalls almost all points related to the case. Seeks supervision from supervisor at times when in doubt, does not need assistance while working from supervisor 	<p style="text-align: center;">Very good 80-89%</p>
<ul style="list-style-type: none"> • Sound knowledge and ability. The student is able to recall all information with few missing points. • Occasional assistance while working is required from the clinical supervisor. 	<p style="text-align: center;">Good 70-79 % Performance better than expected</p>
<ul style="list-style-type: none"> • Sound knowledge and ability. May include minor deviations from accepted practice that can be easily corrected and that would not significantly compromise the clinical outcome. Limited assistance required from the clinical supervisor. 	<p style="text-align: center;">Satisfactory 60-69% Consistent with expected</p>
<ul style="list-style-type: none"> • Significant gaps in understanding and/or deviations from accepted practice that compromises patient safety or patient outcomes. • Performing treatment without approval from clinical supervisor. • Significant assistance required from the clinical supervisor to prevent adverse outcomes. 	<p style="text-align: center;">Unsatisfactory < 60 % Unsafe treatment Repeat the procedure</p>

2.4.1.3 Clinical Procedure Evaluation Form to be used for requirements and clinical examinations

MR No	Student ID and Name		
Tooth Number and Clinical Procedure	Faculty Name, Sign & Date		
1. Professionalism Domain	15 marks	Grades	Remarks
<ul style="list-style-type: none"> • Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care. • Ensure that patient safety is paramount in all decisions and actions. • Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated. • Demonstrate empathy and caring behavior towards patients, their families and members of the community. • Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices. • Protect patients' privacy and confidentiality. • Maintain effective relationships with peers and respect professional boundaries. • Recognize the importance of continuing education and professional development for self and all members of the dental team. 			
2. Section 2: Patient-Centered Care Domain- 40 marks			
2.1 Clinical Information Gathering- 10 marks			
<ul style="list-style-type: none"> • Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs. • Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient. • Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition. • Maintain accurate, consistent, legible and contemporaneous records of the patient 			
2.2 Diagnosis and Management Planning -15 marks			
<ul style="list-style-type: none"> • Formulate and record a comprehensive, patient-centred, evidence-based oral health treatment plan. • Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral. 			

<ul style="list-style-type: none"> • Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care • Apply the principles of preventive care as part of comprehensive treatment plan. • Ensure and record patient informed consent for treatment and their financial obligation. 		
<p>2.3 Clinical Treatment and Evaluation (will differ specialty wise, highlight the procedure) -15 marks</p>		
<p>Local Anaesthesia</p>	<p>Tooth Extraction</p>	
<p>✓ Surgical site preparation and applications of principles of Infection Control and Asepsis</p>		
<p>✓ Proper position of operator/ patient</p>		
<p>✓ Adjust the light and maintain proper visibility and accessibility to the surgical site</p>		
<p><u>Selection and handling of armamentarium for LA</u></p> <ul style="list-style-type: none"> ✓ Correct selection of the needle, LA agent and vasoconstrictor ✓ Accurate calculation of the dose of the LA agent and vasoconstrictor ✓ Mounting of the local anaesthetic syringe and Check needle patency ✓ Proper Palm-thumb grasp of the syringe <p><u>Perform proper LA injection technique</u></p> <ul style="list-style-type: none"> ✓ Identify the nerves and areas to be anesthetized ✓ Preparation of injection site ✓ Identification of the landmarks, Penetration site, Adequate penetration depth and reach the target area ✓ Correct Orientation of the needle bevel and angulation of the needle ✓ Establish firm hand rest and support ✓ Aspiration 	<p><u>Selection and preparation of instruments</u></p> <ul style="list-style-type: none"> ✓ Select the suitable forceps and elevator ✓ Correct grip of the forceps <p><u>Perform 5 steps of Intra-alveolar extraction:</u></p> <ul style="list-style-type: none"> ✓ Muocperiosteal separation using periosteal elevator ✓ Luxation of the tooth with dental elevator: Proper handling and application of straight elevator ✓ Correct application of forceps blades to the tooth ✓ Correct movement of tooth with forceps ✓ Proper delivery of the tooth from the socket <p>Proper use of non-working hand</p> <p>Inspection of the extracted tooth/ root</p>	

<ul style="list-style-type: none"> ✓ Deposition of the optimum amount of Local anaesthetic solution at optimum rate. ✓ Proper withdraw of the needle and make the needle safe (one hand scoop Technique) ✓ Check for profound LA ✓ Unmounting of the dental syringe and proper discard the sharp object 	<p>Inspection of extraction socket</p> <ul style="list-style-type: none"> ✓ Curettage and irrigation of the socket if indicated ✓ Secure hemostasis ✓ Proper application of gauze pack <p>Correct prescription of Post-Operative medications if indicated</p>		
<p><u>Clear explanation of Post-operative instructions:</u></p> <ul style="list-style-type: none"> ✓ Bite firmly on the gauze for a minimum of half an hour after extraction. ✓ Refrain from eating and drinking for 1 hour after extraction ✓ Take paracetamol tabs after removal of gauze ✓ Do not rinse your mouth vigorously. ✓ Avoid any hot food or beverages and take cold ones. ✓ Take soft diet. ✓ Avoid smoking ✓ Take prescribed medication on time. ✓ Do not touch the site of extraction with your tongue or finger. ✓ Avoid strenuous exercises and activities. ✓ Start warm salted water rinses on next day. ✓ In case of emergency contact the doctor and go to the nearest hospital ✓ Check patient recall and understand 			
<p>3. Health Promotion Domain</p>		<p>15 marks</p>	
<ul style="list-style-type: none"> • Evaluate the social, cultural and environmental factors which contribute to health or illness. • Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life and wellbeing. • Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients. • Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare. • Design, implement and evaluate evidence-based health promotion programs. 			
<p>4. Communication and Social Skills Domain</p>		<p>15 marks</p>	
<ul style="list-style-type: none"> • Apply appropriate inter-professional and communication skills that allow building a teamwork approach to the delivery of oral healthcare. • Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team. 			

<ul style="list-style-type: none"> • Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy. • Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits. • Communicate responsibly and professionally, including when using social media. • Communicate and engage patients, their families and communities in relation to oral health. 		
<p>5. Scientific and Clinical Knowledge Domain 15 marks</p>		
<ul style="list-style-type: none"> • Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient. • Apply the biomedical, physical, and behavioural sciences in relation to oral health and disease. • Apply the scientific basis, application and risks of using ionizing radiation, anaesthesia, and risk management and quality improvement. • Demonstrate foundation knowledge as relevant to clinical skills related to oral surgery. 		

Grades: Grades are based on a 5-point scale (tick as applicable)

- Excellent (90-100%)
- Very-good (80-89%)
- Good (70-79%)
- Satisfactory (60-69%)
- Unsatisfactory (Repeat procedure) (<60%)

2.4.1.4 The rubrics based upon which the evaluation form has been prepared is as follows

Competence Standards	Assessment Criteria	Marks
1. Professional Domain – 15 Marks		
Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care.	<ul style="list-style-type: none"> • Checks patient record to understand • Patient meets the criteria of registration • Signed consent form available • Patient rights & responsibilities available • Informed consent signed for oral surgical procedures. 	2
Ensure that patient safety is paramount in all decisions and actions.	<ul style="list-style-type: none"> • Patient identification done • Reassessment was done as necessary • Checked for medical alerts on system. 	2
Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated.	<ul style="list-style-type: none"> • Required investigations done • Provisional and final diagnosis is correct • Treatment plan is completed and discussed with patient and family • Refers patient for specialty treatment if the case is complicated and the patient has systemic problems that compromised the patient general health or the outcome of the oral surgery. 	2
Demonstrate empathy and caring behavior towards patients, their families and members of the community.	<ul style="list-style-type: none"> • Greets the patient and makes him/ her comfortable in the clinic. • Makes sure the patient/families of the patients are also attended to and involved in decision making. • Interdisciplinary health education form completed as per HIMS. 	2
Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices.	<ul style="list-style-type: none"> • The care plan is discussed with the patient and family. • His/her choices of treatment is respected. • Performs oral surgery procedures in the best interest of the patient. 	2
Protect patients' privacy and confidentiality.	<ul style="list-style-type: none"> • Patients history and case details are kept confidential. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • There is no breach of patient’s personal information. • The information of the patient is dealt professionally. • All the patient details after being saved in HIMS, the student logs out. 	
<p>Maintain effective relationships with peers and respect professional boundaries.</p>	<ul style="list-style-type: none"> • Behaves and respects patients, colleagues, staff and faculty professionally and ethically. • All the patient information discussed with the faculty. 	1
<p>Recognize the importance of continuing education and professional development for self and all members of the dental team.</p>	<ul style="list-style-type: none"> • Appropriate knowledge related to the diagnosis and treatment planning of individual case presented. • The knowledge shown during the case presentation was updated and was evidence based. 	2
<p>2: Patient-centred Care Domain - 40 marks</p>		
<p><u>Clinical Information Gathering 10 Marks</u></p>		
<p>Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs.</p>	<ul style="list-style-type: none"> • Perform an Extra-oral examination including Head, Neck, TMJ, Lymph nodes and Salivary Glands and details recorded. • Perform an Intra-oral examination of occlusion, status of dentition, salivary flow, oral mucosa, tongue, vestibule, frenulum, hard and soft palate, floor of the mouth and oropharynx and record the findings. • Any abnormal change of both intra oral and extra oral examination are identified correctly and recorded. • Assess the patient general look and the vital signs. • Assess the periodontal and the pulp status of the tooth of complain. 	2
<p>Identify and record the chief complaint, history of the</p>	<ul style="list-style-type: none"> • Case history recorded correctly including details of: 	2

Competence Standards	Assessment Criteria	Marks
present condition, medical, oral and social history of the patient.	<ul style="list-style-type: none"> ▪ Chief complaint ▪ History of presenting illness ▪ Family history ▪ Medical & Social history • Checked for vital signs on HIMS and any deviation is updated. 	
Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition.	<ul style="list-style-type: none"> • Selection of appropriate investigation for the patient. • Correct Interpretation of investigations and correlate it with the clinical presentation. • Interpretation of radiograph for; type of bone, root numbers and shape, presence of curvature, dilacerations or tooth Ankylosis, Associated radiolucency or radiopacity and the relation of the roots with the associated vital structures Maxillary sinus, inferior alveolar canal and mental foramen. 	3
Maintain accurate, consistent, legible and contemporaneous records of the patient.	<ul style="list-style-type: none"> • Diagnosis and treatment plan discussed with the supervisor • All details of patient including diagnosis and treatment plans duly approved on HIMS before performing treatment • Progress notes correctly mentioned • Next/follow up appointment of patient provided 	3
Diagnosis and Management Planning – 10 Marks		
Formulate and record a comprehensive, patient-centred, evidence-based oral health treatment plan.	<ul style="list-style-type: none"> • Proper Diagnosis and treatment plan established based upon the history, investigations and contemporary knowledge as per evidence available • A Patient centric treatment plan is explained and discussed with the patient and family for their opinion 	2
Diagnose disease or abnormalities of the oral cavity and associated structures and identify	<ul style="list-style-type: none"> • All intra/extra oral abnormality recorded and addressed • Diagnosis for all findings established • Comprehensive treatment plan prepared. 	2

Competence Standards	Assessment Criteria	Marks
conditions which require management and referral.	<ul style="list-style-type: none"> • Patient prepared for referral if complex in nature. • Diagnosis of different dentoalveolar conditions that need surgical interventions as well as other lesions and conditions of the oral cavity. • Classify the different type of teeth impaction and the available management options. 	
Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care.	<ul style="list-style-type: none"> • Details of medical history and hospitalization recorded • Oral manifestations of systemic conditions recorded • Properly assess the Risk from oral surgery. • Appropriate referrals/ consent obtained from physician prior to treatment. 	2
Apply the principles of preventive care as part of comprehensive treatment plan.	<ul style="list-style-type: none"> • Preventive care explained to the patient and encourages the patient for same • Oral hygiene education & motivation provided 	2
Ensure and record patient informed consent for treatment and their financial obligation.	<ul style="list-style-type: none"> • Informed consent recorded if the procedure needs it • Financial obligations if any is discussed with the patient 	2
<u>Clinical Treatment and Evaluation – 20 Marks</u>		
Identify patient’s anxiety and pain related to the oral cavity and associated structures and respond appropriately.	<ul style="list-style-type: none"> • Identify the patient’s ability to cope with treatment procedure based on medical & Dental History. • Apply the principles of Stress Reduction Protocol and Iatrosedation. • Select the appropriate way of pain control. • Appropriate handling & use of instruments during the treatment procedures. 	3
Evaluate and manage the teeth with surgical and non-surgical extractions.	<ul style="list-style-type: none"> • Correct and proper sequence of treatment planning. 	8

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Explain the treatment plan to the patient with different treatment options that can be done. • Discuss the expected peri/post-operative complications. • Proper positioning of the patient and operator and selection preparation of the armamentarium for the anaesthesia and surgical procedure and preparation of surgical site. • Identify the nerves to be anesthetized and Administer the appropriate profound LA Technique. • Perform simple atraumatic forceps or elevator extraction and deliver the whole tooth/root out. • Inspection of the socket, control of bleeding, pain and no injury or tearing of the tissue. • Educate the patient with post-operative care and instructions. • Follow up appointment protocol as per need of the patient. • Identify patients with complicated exodontia which require surgical extraction or to be referred to a specialist. 	
Apply universal infection control guidelines for all clinical procedures.	Apply universal infection control guidelines for all clinical procedures by: <ul style="list-style-type: none"> ▪ Practicing Hand hygiene. ▪ Working in clean/ and disinfected operatory. ▪ Appropriate use of personal protective equipment. ▪ Sterilized instruments are used. ▪ Appropriate handling of instruments, sharp and medical waste. 	4
Manage patients from different age groups, medically compromised	<ul style="list-style-type: none"> • Identify the orofacial manifestations of systemic diseases or their treatments. 	3

Competence Standards	Assessment Criteria	Marks
patients, and people of determination according to their needs.	<ul style="list-style-type: none"> • Classify patient according to ASA criteria and Refer for medical evaluation and treatment and develop complete surgical treatment plan with physician • Precautions that should be taken before proceeding to oral surgery; assessing bleeding profile, blood glucose level, the need for pre-operative antibiotic or steroid prophylaxis, secession of anti-coagulant before extraction. • Selection of appropriate type and dose of LA agent and vasoconstrictor with respect to underlying medical problem. • Assess the surgical risk on different age groups and design a customized preventive and management program • Anticipate and plan to prevent the expected complications 	
Administer and/or prescribe pharmaceutical agents relevant to routine dental practice.	Has knowledge and demonstrates ability in prescribing drugs for pre and post-operative surgical phases.	2
Section 3: Health Promotion Domain – 15 marks		
Evaluate the social, cultural and environmental factors which contribute to health or illness.	<ul style="list-style-type: none"> • Recorded complete demographic details of the patient. • Demonstrates the understanding of the significance of demographic details. • Evaluate how it may influence the presenting condition/s. 	3
Apply the principles of health promotion strategies and disease prevention to promote periodontal and general health, quality of life and wellbeing.	<ul style="list-style-type: none"> • Health promotion principles are applied with evidence on the importance and practice of prevention of periodontal diseases. • Demonstrates skills of proper oral hygiene instruction and education with proper tooth brushing technique and other cleansing aid. • Provides demonstrations on proper diet and its impact on health. 	3

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> ● Identify the contributing factors and its prevention & management if applicable. 	
Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients.	<ul style="list-style-type: none"> ● Maintains professional relationship with patients, colleagues, staff and faculty ● Seeks/refers for consultation from specialists as needed. 	3
Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare.	<ul style="list-style-type: none"> ● Risk assessment done in terms of Dietary factors ● Oral hygiene maintenance ● Systemic conditions ● Assessment of risk factors for oral cancer: <ul style="list-style-type: none"> ● Smoking -Alcohol -HPV, HIV, HBV, HCV ● Snuffing - betel nut chewing 	3
Design, implement and evaluate evidence-based health promotion programs.	Is innovative in providing a care plan Practices a follow up plan as applicable to the patient.	3
Section 4. Communication and Social Skills Domain – 15 marks		
Apply appropriate inter-professional and communication skills that allow building a teamwork approach to the delivery of oral healthcare.	Communicates effectively with: <ul style="list-style-type: none"> ▪ Peer group/team ▪ Staff ▪ Faculty ▪ Other healthcare professionals as applicable ▪ Applied 4 handed dentistry 	3
Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team.	<ul style="list-style-type: none"> ● Demonstrate appropriate interpersonal communication skills ● In case presentation ● Discussion of care plan ● In referring patients to other team members 	3
Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety,	All the information is recorded appropriately to: <ul style="list-style-type: none"> ▪ Prioritize patient safety. ▪ Provide a handover If and when needed. ▪ Ensures privacy and confidentiality regarding details of patient. 	3

Competence Standards	Assessment Criteria	Marks
ensuring confidentiality and privacy.		
Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits.	<ul style="list-style-type: none"> • Details of treatment plans discussed with patient including both the ideal and alternative treatment plans. • Advantages, risks and disadvantages of the treatment planned is explained to the patient. 	2
Communicate responsibly and professionally, including when using social media.	<ul style="list-style-type: none"> • Communicates respectfully with patients, colleagues, staff and faculty. • Seeks permission from patients and the faculty before using social media to showcase the treatment on social 2 media. 	2
Communicate and engage patients, their families and communities in relation to oral health.	Treatment plan discussed with patients and families.	2
Section 5: Scientific and Clinical Knowledge Domain -15 Marks		
Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient.	<ul style="list-style-type: none"> • Has knowledge relevant to the most recent published literature • Applies knowledge adequately to treat the patient satisfactorily. 	3
Apply the biomedical, physical, and behavioral sciences in relation to oral health and disease.	Plans to prevent unwanted exposure to ionizing radiation or X rays.	3
Apply the scientific basis, application and risks of using ionizing radiation, anaesthesia, and risk management and quality improvement.	Decides upon the type of x-rays needed and prevents unnecessary and repeated exposure.	3
Demonstrate foundation knowledge as relevant to	Demonstrates knowledge & skills in: <ul style="list-style-type: none"> • Interpret the surgical anatomy and innervation of orofacial region. 	6

Competence Standards	Assessment Criteria	Marks
clinical skills related to oral surgery.	<ul style="list-style-type: none"> • Accurate diagnosis of the common conditions related to oral surgery like impacted teeth, odontogenic cysts and tumours odontogenic infections. • Understand and perform common maxillary and mandibular anaesthetic techniques. • Understand the principle of complicated and uncomplicated exodontia and perform atraumatic simple extraction and assist in surgical extractions. • Ability to diagnose and manage common post extraction complications like bleeding, dry socket and trismus. • Apply post-operative care and Follow up re-evaluation appointment protocol as needed. 	

Authorization Form

<p>Compiled by:</p> <p>Dr. Vivek Padmanabhan</p> <p>Chairperson, Clinical Sciences</p>	
<p>Reviewed by:</p> <p>Dr. Muhammed Mustahsen Rahman</p> <p>Dean, RAKCODS</p>	
<p>Approved by:</p> <p>Mr. Hassan Muhammad Khan</p> <p>CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical Practice Guidelines and Protocols	Prepared by: Dr. Shahistha Parveen Assistant Professor
Title:	Rubrics for Clinical Orthodontics	
Policy Code Number:	CL.11.7	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

Purpose

The students must have knowledge and skill in the recognition, diagnosis, and management of dentofacial abnormalities in the primary, mixed, and permanent dentitions with adequate knowledge on preventive and interceptive orthodontics.

- 1.1.** Review on the concepts of development of dentition and occlusion with adequate knowledge of primary, mixed and permanent dentition periods.
- 1.2.** Review on the definition, classifications, modifications, etiology and diagnosis of various malocclusions.
- 1.3.** Compare removable, functional and fixed appliances in orthodontics with evaluation of each of their indications, advantages and disadvantages.
- 1.4.** Compare and evaluate preventive and interceptive orthodontics with emphasis on diagnosis and treatment of different deleterious oral habits, space supervision and serial extractions.

Scope

To understand the number of clinical requirements at different levels of BDS program in the specific discipline and to illustrate the BDS professional competency standards rubrics used for the assessment of clinical competency at RAK College of Dental Sciences (RAKCODS).

2. Policy Statements

2.1. Guidelines for Clinical Work:

- 2.1.1. Uphold professional attitude and behaviour
- 2.1.2. Communicate respectfully with colleagues and staff
- 2.1.3. Show empathy towards patients and attendants
- 2.1.4. Apply appropriate infection control measures
- 2.1.5. Adapt the ability to work safely and effectively
- 2.1.6. Collect the relevant information and use them for diagnosis
- 2.1.7. Apply a systematic process for patient management
- 2.1.8. Select the proper instruments for the procedure
- 2.1.9. Enter all the procedures in progress sheet and complete patient's file
- 2.1.10. Maintain the clinical competency evaluation form and enter all details with timely approvals on HIMS

2.2. Clinical Work:

- 2.2.1. Wire bending exercises of various designs on study models.
- 2.2.2. Fabrication of retentive and active components of removable orthodontic appliances.
- 2.2.3. Case evaluation by cast study, space analyses
- 2.2.4. Cephalometric analysis
- 2.2.5. Patient diagnosis and treatment planning
- 2.2.6. An orthodontic case presentation of a malocclusion with all records

2.3. Clinical Requirements:

2.3.1. BDS Year 4

- Fabricate one each of Straight wire, Square, Triangle and Circle
- Fabricate on an ideal cast one each of C- Clasp, Adams Clasp, Finger spring, Z Spring, Short labial bow, Canine retractors, Hawley's appliance,
- One Cephalometric tracing
- One each of Model analysis, OPG analysis for age estimation, Case history taking & study model preparation and presentation

- Fabricate 1 Removable appliance on model and perform 5 Cephalometric tracing and interpretation exercises for any 5 patients

2.3.2. Internship

- One Cases Presentations – (one removable orthodontic case in the form of a fully documented printed report)

2.4. Assessments

Students' competency on clinical skills is assessed on a specially designed “Clinical examination Assessment criteria” based on a 5-point scale Excellent (90-100%), Very Good (80-89%), Good (70-79%), Satisfactory (60-69%) and Unsatisfactory ($\leq 60\%$). If it is found to be unsatisfactory, the student will be informed immediately or within 24 hours by email and the student has to repeat the procedure within two weeks' time.

Following are used to assess the clinical skills of the students

1. Objective Structured Clinical Examination (OSCE); one OSCE will be conducted during the mid of fall semester.
2. In Course Assessment Clinical Examination; 2 clinical examinations, one of which will be at the end of fall semester and the other in the mid of spring semester as per the criteria given below in each discipline.

2.4.1 The clinical requirements and examinations are graded based upon the Professional Competence Standards of Graduates of Baccalaureate Dental Initial Training and Education Programs laid down by the Ministry of Education as a part of the Reforming Dentistry Program in 2021.

2.4.1.1 The following table is used to grade student performance for all the domains

NO.	DOMAIN	MARKS
1	Professional Domain	15
2	Patient-Centered Care Domain <ul style="list-style-type: none"> • <i>Clinical Information Gathering</i> • <i>Diagnosis and Management Planning</i> • <i>Clinical Treatment and Evaluation</i> 	40
3	Health Promotion Domain	15
4	Communication and Social Skills Domain	15
5	Scientific and Clinical Knowledge Domain	15

2.4.1.2 The following table shows the criteria to grade students for clinical requirements and clinical assessments

CRITERIA	GRADE/ MARKS
<ul style="list-style-type: none"> • Excellent knowledge and ability to recall all information related to professionalism as mentioned below in the competency. • No assistance is required from the clinical supervisor 	<p>Excellent 90-100%</p>
<ul style="list-style-type: none"> • Good Knowledge. Student recalls almost all points related to the case. Seeks supervision from supervisor at times when in doubt, does not need assistance while working from supervisor 	<p>Very good 80-89%</p>
<ul style="list-style-type: none"> • Sound knowledge and ability. The student is able to recall all information with few missing points. • Occasional assistance while working is required from the clinical supervisor. 	<p>Good 70-79 % Performance better than expected</p>
<ul style="list-style-type: none"> • Sound knowledge and ability. May include minor deviations from accepted practice that can be easily corrected and that would not significantly compromise the clinical outcome. Limited assistance required from the clinical supervisor. 	<p>Satisfactory 60-69% Consistent with expected</p>
<ul style="list-style-type: none"> • Significant gaps in understanding and/or deviations from accepted practice that compromises patient safety or patient outcomes. • Performing treatment without approval from clinical supervisor. • Significant assistance required from the clinical supervisor to prevent adverse outcomes. 	<p>Unsatisfactory < 60 % Unsafe treatment Repeat the procedure</p>

2.4.1.3 Clinical Procedure Evaluation Form to be used for requirements and clinical examinations

MR No	Student ID and Name					
Malocclusion type- Angle classification	Faculty Name, Sign & Date					
1. Professionalism Domain	15 marks	Grades	Remarks			
<ul style="list-style-type: none"> • Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care. • Ensure that patient safety is paramount in all decisions and actions. • Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated. • Demonstrate empathy and caring behavior towards patients, their families and members of the community. • Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices. • Protect patients' privacy and confidentiality. • Maintain effective relationships with peers and respect professional boundaries. • Recognize the importance of continuing education and professional development for self and all members of the dental team. 						
2. Section 2: Patient-Centered Care Domain- 40 marks						
2.1 Clinical Information Gathering- 10 marks						
<ul style="list-style-type: none"> • Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs. • Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient. • Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition. • Maintain accurate, consistent, legible and contemporaneous records of the patient. 						
2.2 Diagnosis and Management Planning -15 marks						
<ul style="list-style-type: none"> • Formulate and record a comprehensive, patient-centered, evidence • Diagnosis of different types malocclusions with knowledge on the same. Differential diagnosis if applicable. • Sequential Treatment Planning presentation which require management and referral. • Apply the principles of preventive, interceptive, corrective orthodontics as part of comprehensive treatment plan. 						

<ul style="list-style-type: none"> • Ensure and record patient informed consent for treatment and their financial obligation. 		
<p>2.3 Procedures like Wire Bending/ Cephalometric analysis/ Model Analysis- 15 marks</p>		
<p>Adequate choice of armamentarium used for the procedure.</p>		
<ul style="list-style-type: none"> • Impression making and study model preparation with following appropriate angulations • Selection of appropriate impression tray of upper and lower arches • Alginate impression with appropriate sulcus depth • Study models with adequate anatomic and artistic proportions 		
<ul style="list-style-type: none"> • Extra oral and intra oral different photographs with interpretation • Quality of photos (Exposure, Depth) • If included all mandatory photographic views for interpretation • Able to gather diagnostic information from photographs 		
<ul style="list-style-type: none"> • Different cephalometric analyses and interpretations • Able to locate cephalometric land marks, planes and angles • Interpretation of cephalometric parameters and able to incorporate in orthodontic diagnosis 		
<ul style="list-style-type: none"> • Different model analyses and interpretations • Use of appropriate dentition analyses in mixed and permanent dentition 		
<ul style="list-style-type: none"> • Making problems list 		
<ul style="list-style-type: none"> • Formulating treatment plan • Space analysis and calculations • Managing space calculation with Space required and space available for correction of malocclusion • Prioritize patients chief complains and concern 		
<ul style="list-style-type: none"> • Presentation of a cases with comprehensive analyses and different treatment options, with an emphasis on retention protocol 		
<p>3. Health Promotion Domain 15 marks</p>		
<ul style="list-style-type: none"> • Evaluate the social, cultural and environmental factors which contribute to health or illness. • Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life and wellbeing. • Collaborate with dental team members and other health care professionals in the management of oral health care, preventive orthodontics with emphasis on parents counselling and health promotion for all patients. 		

<ul style="list-style-type: none"> • Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on malocclusion. • Design, implement and evaluate evidence-based health promotion programs. • Apply on different age groups and design a customized preventive program. • Demonstrate creativity in promoting oral health within the community using a variety of platforms. 		
<p>4. Communication and Social Skills Domain 15 marks</p>		
<ul style="list-style-type: none"> • Apply appropriate interprofessional and communication skills that allow building a teamwork approach to the delivery of oral healthcare. • Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team. • Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy. • Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits. • Communicate responsibly and professionally, including when using social media. • Communicate and engage patients, their families and communities in relation to oral health and importance oral health during orthodontic therapy. • Communicate effectively within the organizational hierarchy. • Recognize cultural diversity and apply cultural competency in caring for patients and communities. 		
<p>5. Scientific and Clinical Knowledge Domain 15 marks</p>		
<ul style="list-style-type: none"> • Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient. • Apply the biomedical, physical and behavioral sciences in relation to oral health and disease. • Design and implement research in a critical and scientific manner relevant to dentistry. • Apply the scientific basis, application and risks of using ionizing radiation, dental materials and risk management and quality improvement. • Demonstrate foundation knowledge as relevant to clinical skills in orthodontics. 		

Grades: Grades are based on a 5-point scale (tick as applicable)

- Excellent (90-100%)
- Very-good (80-89%)
- Good (70-79%)
- Satisfactory (60-69%)
- Unsatisfactory (Repeat procedure) (<60%)

2.4.1.4 The rubrics based upon which the evaluation form has been prepared is as follows

Competence Standards	Assessment Criteria	Marks
1. Professional Domain – 15 Marks		
Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care.	<ul style="list-style-type: none"> • Checks patient record to understand • Patient meets the criteria of registration • Signed consent form available • Patient rights & responsibilities available • Informed consent signed for Orthodontic procedures. 	2
Ensure that patient safety is paramount in all decisions and actions.	<ul style="list-style-type: none"> • Patient identification done • Reassessment was done as necessary • Checked for medical alerts on system. 	2
Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated.	<ul style="list-style-type: none"> • Required investigations done • Provisional and final diagnosis is correct • Treatment plan is completed and discussed with patient and family • Refers patient for speciality treatment beyond their scope 	2
Demonstrate empathy and caring behaviour towards patients, their families and members of the community.	<ul style="list-style-type: none"> • Greet the patient and make him/ her comfortable in the clinic. • Makes sure the patient/legal guardian of the patients are also attended to and involved in decision making. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Interdisciplinary health education form completed as per HIMS. 	
<p>Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices.</p>	<ul style="list-style-type: none"> • The care plan is discussed with the patient and family. • His/her choices of treatment is respected. • Performs oral health in the best interest of the patient. 	2
<p>Protect patients' privacy and confidentiality.</p>	<ul style="list-style-type: none"> • Patients history and case details are kept confidential. • There is no breach of patient's personal information. • The information of the patient is dealt professionally. 	2
<p>Maintain effective relationships with peers and respect professional boundaries.</p>	<ul style="list-style-type: none"> • Behaves and respects patients, colleagues, staff and faculty professionally and ethically. • All the patient information discussed with the faculty. 	1
<p>Recognize the importance of continuing education and professional development for self and all members of the dental team.</p>	<ul style="list-style-type: none"> • Appropriate knowledge related to the diagnosis and treatment planning of orthodontic case presented. • The knowledge shown during the case presentation was updated and was evidence based. 	2
<p>2: Patient-centred Care Domain - 40 marks</p>		
<p><u>Clinical Information Gathering 10 Marks</u></p>		
<p>Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs.</p>	<ul style="list-style-type: none"> • Findings of General examination, Extra-oral examination including Head, Neck, TMJ and Lymph nodes and details recorded • Findings of Intra-oral examination recorded. • Any abnormal change of both intra oral and extra oral examination are identified correctly and recorded. • Any abnormality on the tongue, buccal mucosa, soft palate and frenum attachment are identified 	2
<p>Identify and record the chief complaint, history of the present condition, medical,</p>	<ul style="list-style-type: none"> • Case history recorded correctly including details of: <ul style="list-style-type: none"> ▪ Chief complaint 	2

Competence Standards	Assessment Criteria	Marks
oral and social history of the patient.	<ul style="list-style-type: none"> ▪ History of presenting illness ▪ Medical & Social history ▪ Past dental history 	
Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition.	<ul style="list-style-type: none"> • Selection of appropriate investigation for the patient • Cephalometric analysis • Correct Interpretation of teeth present in the OPG • Recognize dental age of the patient 	3
Maintain accurate, consistent, legible and contemporaneous records of the patient.	<ul style="list-style-type: none"> • Diagnosis and treatment plan discussed with the supervisor • Next/follow up appointment of patient provided 	3
Diagnosis and Management Planning – 10 Marks		
Formulate and record a comprehensive, patient-centred, evidence-based oral health treatment plan.	<ul style="list-style-type: none"> • Proper Diagnosis and treatment plan established based upon the history, Clinical examination, Radiographs Study model analysis and contemporary knowledge as per evidence available • A Patient centric treatment plan is explained and discussed with the patient and family for their opinion 	2
Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral.	<ul style="list-style-type: none"> • All extra oral/ intra oral abnormality recorded and addressed • Formulate problem list after case history, Clinical Examination, Study models, Photographic analysis and Cephalometric analysis • Comprehensive treatment plan prepared. • Diagnosis of malocclusion • Patient prepared for referral if complex in nature. 	2
Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care.	<ul style="list-style-type: none"> • Details of medical history and hospitalization recorded • Oral manifestations of systemic conditions recorded • Risk of orthodontic therapy on systemic health noted 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Appropriate referrals/ consent obtained from physician prior to treatment 	
<p>Apply the principles of preventive care as part of comprehensive treatment plan.</p>	<ul style="list-style-type: none"> • In Preventive orthodontic significance of maintaining good oral hygiene explained to the patient and encourages the patient for same • Oral hygiene education and motivation provided 	2
<p>Ensure and record patient informed consent for treatment and their financial obligation.</p>	<ul style="list-style-type: none"> • Informed consent recorded if the procedure needs it • Financial obligations if any is discussed with the patient 	2
<p><u>Clinical Treatment and Evaluation – 20 Marks</u></p>		
<p>Identify patient’s anxiety and pain related to the oral cavity and associated structures and respond appropriately.</p>	<ul style="list-style-type: none"> • Identify the patient’s ability to cope with treatment procedure based on medical & Dental History. • Appropriate handling & use of instruments during the treatment procedures. 	3
<p>Evaluate and formulate treatment plan based on all available diagnostic records.</p>	<ul style="list-style-type: none"> • Explain the treatment plan to the patient with different treatment options that can be done • Wire bending skills • to be referred to a orthodontic specialist for standard of care 	8
<p>Apply universal infection control guidelines for all clinical procedures.</p>	<p>Apply universal infection control guidelines for all clinical procedures by:</p> <ul style="list-style-type: none"> ▪ Practicing Hand hygiene. ▪ Working in clean/ and disinfected operatory. ▪ Appropriate use of personal protective equipment. ▪ Sterilized instruments are used. ▪ Appropriate handling of instruments, sharp and medical waste. 	4
<p>Manage patients from different age groups, medically compromised patients, and people of determination according to their needs.</p>	<ul style="list-style-type: none"> • Identify the risk factors of orthodontic patient with systemic diseases • Refer for medical evaluation and treatment and develop complete orthodontic treatment plan with physician 	3

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Precautions that should be taken before proceeding to orthodontic therapy and effect of different drugs on orthodontic therapy • Assessment of periodontal disease risk with different age groups with definitive orthodontic therapy 	
Administer and/or prescribe pharmaceutical agents relevant to routine dental practice.	Has knowledge and demonstrates ability in prescribing drugs during orthodontic therapy	2
Section 3: Health Promotion Domain – 15 marks		
Evaluate the social, cultural and environmental factors which contribute to health or illness	<ul style="list-style-type: none"> • Recorded complete demographic details of the patient. • Demonstrates the understanding of the significance of demographic details. • Evaluate how it may influence the presenting condition 	3
Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life, and wellbeing	<ul style="list-style-type: none"> • Health promotion principles are applied with evidence on the importance and practice of prevention of oral diseases. • Demonstrates skills of proper oral hygiene instruction and education with proper tooth brushing technique and other cleansing aid. • Provides demonstrations on proper diet and its impact on oral and dental health. • Identify the contributing factors and the preventive methods of caries • Occlusal equilibration if premature contact exist to avoid establishing malocclusion 	3
Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients	<ul style="list-style-type: none"> • Maintains professional relationships with patients, colleagues, staff and faculty • Seeks/refers for consultation from specialists as needed. 	3

Competence Standards	Assessment Criteria	Marks
Assess the risk factors and behaviours such as nutrition, drugs and diseases that can have an impact on oral healthcare	Risk assessment done in terms of Oral hygiene maintenance • Systemic conditions such diabetes and endocrine imbalance	3
Design, implement and evaluate evidence-based health promotion programs.	Is innovative in providing a care plan Practices a follow-up plan as applicable to the patient.	3
Section 4. Communication and Social Skills Domain – 15 marks		
Apply appropriate inter-professional and communication skills that allow building a teamwork approach to the delivery of oral healthcare.	Communicates effectively with: <ul style="list-style-type: none"> ▪ Peer group/team ▪ Staff ▪ Faculty ▪ Other healthcare professionals as applicable ▪ Applied 4 handed dentistry 	3
Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team.	<ul style="list-style-type: none"> • Demonstrate appropriate interpersonal communication skills • In case presentation • Discussion of care plan • In referring patients to other team members 	3
Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy.	All the information is recorded appropriately to: <ul style="list-style-type: none"> ▪ Prioritize patient safety. ▪ Provide a handover/referral If and when needed. ▪ Ensures privacy and confidentiality regarding details of patients. 	3
Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits.	<ul style="list-style-type: none"> • Details of treatment plans discussed with the patient including both the ideal and alternative treatment plans. • Advantages, risks, and disadvantages of the treatment planned are explained to the patient. 	2
Communicate responsibly and professionally, including when using social media.	• Communicates respectfully with patients, colleagues, staff and faculty.	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> Seeks permission from patients and the faculty before using social media to showcase the treatment on social 2 media. 	
Communicate and engage patients, their families and communities in relation to oral health	Treatment plan discussed with patients and families.	2
Section 5: Scientific and Clinical Knowledge Domain -15 Marks		
Communicate effectively within the organizational hierarchy.	Respects the hierarchy of the team and communicates accordingly in a disciplined manner.	2
Recognize cultural diversity and apply cultural competency in caring for patients and communities.	Respects the cultural and ethnical differences of all involved.	2
Evaluate published clinical and basic science research and integrate this information to improve oral and dental health	<ul style="list-style-type: none"> Has knowledge relevant to the most recent published literature Applies knowledge adequately to treat the patient satisfactorily. 	2
Apply the biomedical, physical, and behavioral sciences in relation to oral health and disease.	Plans to prevent unwanted exposure to ionizing radiation or X rays.	2
Apply the scientific basis, application and risks of using ionizing radiation, anesthesia, and risk management and quality improvement.	Decides upon the type of x-rays needed and prevents unnecessary and repeated exposure. 3D imaging is advised only if 2D imaging Fails to give needed information for diagnose where 3-D imaging give additional information	2
Demonstrate foundation knowledge as relevant to clinical skills related to orthodontics	Demonstrates knowledge & skills in: <ul style="list-style-type: none"> Space analysis for the correction of malocclusion Photographic analysis for treatment planning 	5

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical Practice Guidelines and Protocols	Prepared by: Dr. Kusai Baroudi Associate Professor
Title:	Rubrics for Clinical Pediatric Dentistry	
Policy Code Number:	CL.11.8	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

Purpose

This course describes the principles of pediatric oral health management with special emphasis on growth & development. Theory and clinical training will be focused on the significance of preventive dentistry, understanding of child psychology, guidance of behaviour, management of dental problems in children including early childhood caries, rampant caries, pulp therapies, space management and temporary/metallic crowns.

Scope

To understand the number of clinical requirements at different levels of BDS program in the specific discipline and to illustrate the BDS professional competency standards rubrics used for the assessment of clinical competency at RAK College of Dental Sciences (RAKCODS).

2. Policy Statements

2.1. Guidelines for Clinical Work:

- 2.1.1.** Uphold professional attitude and behaviour
- 2.1.2.** Communicate respectfully with colleagues and staff
- 2.1.3.** Show empathy towards patients and attendants
- 2.1.4.** Apply appropriate infection control measures

- 2.1.5. Adapt the ability to work safely and effectively
- 2.1.6. Collect the relevant information and use them for diagnosis
- 2.1.7. Apply a systematic process for patient management
- 2.1.8. Select the proper instruments for the procedure
- 2.1.9. Enter all the procedures in progress sheet and complete patient's file
- 2.1.10. Maintain the clinical competency evaluation form and enter all details with timely approvals on HIMS

2.2. Clinical Work:

- 2.2.1. History taking and examination of the oral cavity and behavior management of the assigned pediatric patients
- 2.2.2. Interpret the findings from history, clinical examination, radiographs and other appropriate diagnostic procedures/tests to identify the etiology, pathogenesis and to establish diagnosis and treatment planning
- 2.2.3. Perform fillings, provide stainless steel crowns and fissure sealants during the clinical session on the assigned pediatric patients
- 2.2.4. Educate the patients in plaque control methods

2.3. Clinical Requirements:

2.3.1. BDS Year 4

- Fissure sealants - 5 teeth
- Fluoride application - 5 patients
- Restorations - 5 primary teeth
- Extractions - 5 primary teeth
- Direct/indirect pulp capping - 2 primary teeth
- Pulpotomy/Pulpectomy - 2 primary teeth
- Stainless steel crowns - 2 primary teeth
- Space maintainers – 2

2.3.2. BDS Year 5

- Fissure sealant – 5 teeth
- Fluoride application – 5 patients
- Restorations - 10 teeth

- Extractions - 10 teeth
- Pulp treatment (Indirect/Direct Pulp capping, Pulpotomy/Pulpectomy) - 5 teeth
- Space maintainer - 1

2.3.3. Internship

- Fissure sealant – 10 teeth
- Fluoride application – 10 patients
- Restorations - 10 teeth
- Extractions - 10 teeth
- Pulpotomy/Pulpectomy – 2 teeth
- Space maintainer – 1

2.4. Assessments

Students' competency on clinical skills is assessed on a specially designed “Clinical examination Assessment criteria” based on a 5-point scale Excellent (90-100%), Very Good (80-89%), Good (70-79%), Satisfactory (60-69%) and Unsatisfactory (<60%). If it is found to be unsatisfactory, the student will be informed immediately or within 24 hours by email and the student has to repeat the procedure within two weeks' time.

Following are used to assess the clinical skills of the students

1. Objective Structured Clinical Examination (OSCE); one OSCE will be conducted during the mid of fall semester.
2. In Course Assessment Clinical Examination; 2 clinical examinations, one of which will be at the end of fall semester and the other in the mid of spring semester as per the criteria given below in each discipline.

2.4.1 The clinical requirements and examinations are graded based upon the Professional Competence Standards of Graduates of Baccalaureate Dental Initial Training and Education Programs laid down by the Ministry of Education as a part of the Reforming Dentistry Program in 2021.

2.4.1.1 The following table is used to grade student performance for all the domains

NO.	DOMAIN	MARKS
1	Professional Domain	15
2	Patient-Centered Care Domain <ul style="list-style-type: none"> • <i>Clinical Information Gathering</i> • <i>Diagnosis and Management Planning</i> • <i>Clinical Treatment and Evaluation</i> 	40
3	Health Promotion Domain	15
4	Communication and Social Skills Domain	15
5	Scientific and Clinical Knowledge Domain	15

2.4.1.2 The following table shows the criteria to grade students for clinical requirements and clinical assessments

CRITERIA	GRADE/ MARKS
<ul style="list-style-type: none"> • Excellent knowledge and ability to recall all information related to professionalism as mentioned below in the competency. • No assistance is required from the clinical supervisor 	Excellent 90-100%
<ul style="list-style-type: none"> • Good Knowledge. Student recalls almost all points related to the case. Seeks supervision from supervisor at times when in doubt, does not need assistance while working from supervisor 	Very good 80-89%
<ul style="list-style-type: none"> • Sound knowledge and ability. The student is able to recall all information with few missing points. • Occasional assistance while working is required from the clinical supervisor. 	Good 70-79 % Performance better than expected
<ul style="list-style-type: none"> • Sound knowledge and ability. May include minor deviations from accepted practice that can be easily corrected and that would not significantly compromise the clinical outcome. Limited assistance required from the clinical supervisor. 	Satisfactory 60-69% Consistent with expected
<ul style="list-style-type: none"> • Significant gaps in understanding and/or deviations from accepted practice that compromises patient safety or patient outcomes. • Performing treatment without approval from clinical supervisor. • Significant assistance required from the clinical supervisor to prevent adverse outcomes. 	Unsatisfactory < 60 % Unsafe treatment Repeat the procedure

2.4.1.3 Clinical Procedure Evaluation Form to be used for requirements and clinical examinations

MR No	Student ID and Name		
Tooth Number and Clinical Procedure	Faculty Name, Sign & Date		
1. Professionalism Domain	15 marks	Grades	Remarks
<ul style="list-style-type: none"> Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care. Ensure that patient safety is paramount in all decisions and actions. Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated. Demonstrate empathy and caring behavior towards patients, their families and members of the community. Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices. Protect patients' privacy and confidentiality. Maintain effective relationships with peers and respect professional boundaries. Recognize the importance of continuing education and professional development for self and all members of the dental team. 			
2. Section 2: Patient-Centered Care Domain- 40 marks			
2.1 Clinical Information Gathering- 10 marks			
<ul style="list-style-type: none"> Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs. Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient. Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition. Maintain accurate, consistent, legible and contemporaneous records of the patient. 			
2.2 Diagnosis and Management Planning -15 marks			
<ul style="list-style-type: none"> Formulate and record a comprehensive, patient-centered, evidence Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral. Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care. 			

<ul style="list-style-type: none"> Apply the principles of preventive care as part of comprehensive treatment plan. Ensure and record patient informed consent for treatment and their financial obligation. 			
2.3 Clinical Treatment and Evaluation (will differ specialty wise, highlight the procedure) -15 marks			
Restoration	Pulp Therapy		
Tooth preparation and restoration	Access opening, cleaning and shaping		
Finishing and polishing	Obturation and Restoration		
Extraction	Fissure Sealants		
Patient and Pain management Removal of tooth and post op instructions	Isolation, sealant application		
Stainless steel crown	Finishing and polishing if applicable		
Tooth preparation			
Crown fitting, placing and cementing			
3. Health Promotion Domain 15 marks			
<ul style="list-style-type: none"> Evaluate the social, cultural and environmental factors which contribute to health or illness. Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life and wellbeing. Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients. Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare. Design, implement and evaluate evidence-based health promotion programs. Apply caries risk assessment (CRA) on different age groups and design a customized preventive program. Demonstrate creativity in promoting oral health within the community using a variety of platforms. 			
4. Communication and Social Skills Domain 15 marks			
<ul style="list-style-type: none"> Apply appropriate interprofessional and communication skills that allow building a teamwork approach to the delivery of oral healthcare. Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team. 			

<ul style="list-style-type: none"> • Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy. • Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits. • Communicate responsibly and professionally, including when using social media. • Communicate and engage patients, their families and communities in relation to oral health. • Communicate effectively within the organizational hierarchy. • Recognize cultural diversity and apply cultural competency in caring for patients and communities. 		
5. Scientific and Clinical Knowledge Domain 15 marks		
<ul style="list-style-type: none"> • Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient. • Apply the biomedical, physical and behavioral sciences in relation to oral health and disease. • Design and implement research in a critical and scientific manner relevant to dentistry. • Apply the scientific basis, application and risks of using ionizing radiation, dental materials and risk management and quality improvement. • Demonstrate foundation knowledge as relevant to clinical skills in Pediatric dentistry. 		

Grades: Grades are based on a 5-point scale (tick as applicable)

- Excellent (90-100%)
- Very-good (80-89%)
- Good (70-79%)
- Satisfactory (60-69%)
- Unsatisfactory (Repeat procedure) (<60%)

2.4.1.3 The rubrics based upon which the evaluation form has been prepared is as follows

Competence Standards	Assessment Criteria	Marks
1. Professional Domain – 15 Marks		
Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care.	<p>Checks patient record to understand</p> <ul style="list-style-type: none"> • Patient meets the criteria of registration • Signed consent form available on patient forms on HIMS • Patient rights & responsibilities available on patient forms on HIMS 	2
Ensure that patient safety is paramount in all decisions and actions.	<ul style="list-style-type: none"> • Patient identification done • Reassessment was done as necessary • Checked for medical alerts on system 	2
Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated.	<ul style="list-style-type: none"> • Required investigations done • Provisional and final diagnosis is correct • Treatment plan is completed and discussed with patient and family • Refers patient for specialty treatment if it is not within the scope of the school after consulting with the supervisor. 	2
Demonstrate empathy and caring behaviour towards patients, their families and members of the community.	<ul style="list-style-type: none"> • Greets the patient and makes him/ her comfortable in the clinic. • Makes sure the patient/families of the patients are also attended to and involved in decision making. • Interdisciplinary health education form completed as per HIMS. 	2
Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices.	<ul style="list-style-type: none"> • The care plan is discussed with the patient and family. • His/her choices of treatment is respected. • Performs treatment in the best interest of the patient. 	2
Protect patients' privacy and confidentiality.	<ul style="list-style-type: none"> • Patients' history and case details are kept confidential. • There is no breach of patient's personal information. 	2

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • The information of the patient is dealt professionally. • All the patient details after being saved in HIMS, the student checks out before logging out. 	
<p>Maintain effective relationships with peers and respect professional boundaries.</p>	<ul style="list-style-type: none"> • Behaves and respects patients, colleagues, staff and faculty professionally and ethically. • All the patient information discussed with the faculty. 	1
<p>Recognize the importance of continuing education and professional development for self and all members of the dental team.</p>	<ul style="list-style-type: none"> • Appropriate knowledge related to the diagnosis and treatment planning of pediatric dental diseases presented. • The knowledge shown during the case presentation was updated and was evidence based. 	2
<p>2: Patient-centered Care Domain - 40 marks</p>		
<p><u>Clinical Information Gathering 10 Marks</u></p>		
<p>Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs.</p>	<ul style="list-style-type: none"> • Findings of Extra-oral examination including Head, Neck, TMJ and Lymph nodes and details recorded. • Findings of Intra-oral examination recorded. • Any abnormal change of both intra oral and extra oral examination are identified correctly and recorded. 	2
<p>Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient.</p>	<ul style="list-style-type: none"> • Case history recorded correctly including details of: <ul style="list-style-type: none"> ▪ Chief complaint ▪ History of presenting illness ▪ Medical & Social history ▪ Checked for vital signs on HIMS and any deviation is updated. 	2
<p>Select, take, and interpret diagnostic images and other diagnostic procedures</p>	<ul style="list-style-type: none"> • Selection of appropriate investigation for the patient. • Correct Interpretation of investigations. 	3

Competence Standards	Assessment Criteria	Marks
relevant to the patient's condition.	<ul style="list-style-type: none"> • Appropriate thermal tests or any other diagnostic procedure needed is completed 	
Maintain accurate, consistent, legible and contemporaneous records of the patient.	<ul style="list-style-type: none"> • Diagnosis and treatment plan discussed with the supervisor • All details of patient including diagnosis and treatment plans duly approved on HIMS before performing treatment • Progress notes correctly mentioned • Next/follow up appointment of patient provided 	3
Diagnosis and Management Planning – 10 Marks		
Formulate and record a comprehensive, patient-centered, evidence-based oral health treatment plan.	<ul style="list-style-type: none"> • Proper diagnosis and treatment plan established based upon the history, investigations and contemporary knowledge as per evidence available • A Patient centric treatment plan is explained and discussed with the patient and family for their opinion 	2
Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral.	<ul style="list-style-type: none"> • All intra/extra oral abnormality recorded and addressed • Diagnosis for all findings established • Comprehensive treatment plan prepared. • Patient prepared for referral if complex in nature. 	2
Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care.	<ul style="list-style-type: none"> • Details of medical history and hospitalization recorded • Oral manifestations of systemic conditions recorded • Risk of presenting dental diseases on systemic health noted if any. • Appropriate referrals/ consent obtained from physician prior to treatment if needed. 	2
Apply the principles of preventive care as part of comprehensive treatment plan.	<ul style="list-style-type: none"> • Preventive care explained to the patient and encourages the patient for same • Oral hygiene education & motivation provided 	2

Competence Standards	Assessment Criteria	Marks
Ensure and record patient informed consent for treatment and their financial obligation.	<ul style="list-style-type: none"> • Informed consent recorded if the procedure needs it • Financial obligations if any is discussed with the patient 	2
Clinical Treatment and Evaluation – 20 Marks		
Identify patient’s anxiety and pain related to the oral cavity and associated structures and respond appropriately.	<ul style="list-style-type: none"> • Identify the patient’s ability to cope with treatment procedure based on medical & Dental History. • Appropriate handling & use of instruments during the treatment procedures. 	2
Apply universal infection control guidelines for all clinical procedures.	<p>Apply universal infection control guidelines for all clinical procedures by:</p> <ul style="list-style-type: none"> ▪ Practicing Hand hygiene. ▪ Working in clean/ and disinfected operator. ▪ Appropriate use of personal protective equipment. ▪ Sterilized instruments are used. ▪ Appropriate handling of instruments, sharp and medical waste. 	2
All the following clinical procedures		14
Manage patients from different age groups, medically compromised patients, and people of determination according to their needs.	<ul style="list-style-type: none"> • Adequate knowledge on child psychology and behaviour guidance • Manages patient according to age Preventive procedure like <u>Fissure sealants</u> <ul style="list-style-type: none"> • Is knowledgeable of the preventive procedures to be performed • Demonstrates skills in <ul style="list-style-type: none"> • Isolation • Fissurotomy • Sealant application • Checking for high points and polishing as needed • Post-operative instructions • <u>Fluoride application</u> <ul style="list-style-type: none"> • Is knowledgeable of the preventive procedures to be performed 	

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Demonstrates skills in <ul style="list-style-type: none"> • Isolation • Fluoride application • Post-operative instructions 	
<p>Perform preventive therapeutic procedures to preserve the vitality of the pulp.</p>	<p>Restorative procedures & Pulp therapies including deep restorations, Indirect Pulp Capping, Direct Pulp Capping.</p> <p>Is knowledgeable of the restorative procedure/s to be performed</p> <ul style="list-style-type: none"> • Demonstrates skills in <ul style="list-style-type: none"> • Case selection • Local anesthesia • Rubber dam application appropriate isolation • Preparation of tooth • Choice of restorative material • Proper restoration • Checking for high points • Polishing as needed • Post-operative instructions 	
	<p>Pulp therapies like pulpotomies and pulpectomies</p> <p>Is knowledgeable of the procedure/s to be performed</p> <p><u>Pulpotomy</u></p> <ul style="list-style-type: none"> • Demonstrates skills in <ul style="list-style-type: none"> • Case selection • Local anesthesia • Rubber dam application/ appropriate isolation • Preparation of access • amputation of the coronal pulp • Haemostasis • applying therapeutic pulp medicament • Intermediate Restorative Material • Post-operative restoration • Post-operative instructions 	

Competence Standards	Assessment Criteria	Marks
	<p><u>Pulpectomy</u></p> <ul style="list-style-type: none"> • Demonstrates skills in <ul style="list-style-type: none"> • Case selection • Local anesthesia • Rubber dam application/ appropriate isolation • Preparation of access • Working length estimation • Cleaning & Shaping • Obturation of the canals • Post-operative restoration • Post-operative instructions 	
<ul style="list-style-type: none"> • Manage uncomplicated tooth extractions and perform minor oral surgical procedures. 	<p>Is knowledgeable of the procedure/s to be performed</p> <ul style="list-style-type: none"> • Demonstrates skills in <ul style="list-style-type: none"> • Case selection • Local anaesthesia • Choice of extraction forceps • Post-operative instructions 	
<p>Manage restorative procedures that preserve tooth structure, replace defective tooth structure, maintain function, aesthetics, and promote soft and hard tissue health using direct or indirect methods.</p>	<p>Stainless steel crowns</p> <p>Is knowledgeable of the procedure/s to be performed</p> <ul style="list-style-type: none"> • Demonstrates skills in <ul style="list-style-type: none"> • Case selection • Local anesthesia • Choosing the correct crown • Tooth preparation • Seating/try-in of crown • Cementation of crown • Post-operative instructions <p>Space management</p> <p>Is knowledgeable of the procedure/s to be performed</p> <ul style="list-style-type: none"> • Demonstrates skills in <ul style="list-style-type: none"> • Case selection • Deciding upon type of space maintainer • Impressions of arches 	

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Lab requisition • Delivery of space maintainer • Post-operative instructions 	
Administer and/or prescribe pharmaceutical agents relevant to routine dental practice.	Has knowledge and demonstrates ability in prescribing drugs for pediatric patients	2
Section 3: Health Promotion Domain – 15 marks		
Evaluate the social, cultural and environmental factors which contribute to health or illness.	<ul style="list-style-type: none"> • Recorded complete demographic details of the patient. • Demonstrates the understanding of the significance of demographic details. • Evaluate how it may influence the presenting condition/s. 	2
Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life and wellbeing.	<p>Health promotion principles are applied with evidence on the importance and practice of</p> <ul style="list-style-type: none"> • Prevention of oral diseases • Demonstrating skills of proper oral hygiene instruction and education with proper tooth brushing technique and other cleansing aid. • Providing demonstrations on proper diet and its impact on health. • Identifying the contributing factors and its prevention & management if applicable. 	3
Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients.	<ul style="list-style-type: none"> • Maintains professional relationship with patients, colleagues, staff and faculty • Seeks/refers for consultation from specialists as needed. 	2
Assess the risk factors and behaviours such as nutrition, drugs and diseases that can have an impact on oral healthcare.	<ul style="list-style-type: none"> • Risk assessment done in terms of <ul style="list-style-type: none"> • Dietary factors • Oral hygiene maintenance • Systemic health conditions 	2

Competence Standards	Assessment Criteria	Marks
Design, implement and evaluate evidence-based health promotion programs.	<ul style="list-style-type: none"> • Is innovative in providing a care plan • Practices a follow up plan as applicable to the patient 	2
Apply caries risk assessment (CRA) on different age groups and design a customized preventive program.	<ul style="list-style-type: none"> • Caries risk assessment for the particular age group • Preventive program developed based upon the caries risk assessment 	2
Demonstrate creativity in promoting oral health within the community using a variety of platforms.	<ul style="list-style-type: none"> • Is innovative in promoting oral health with the patients and their families 	2
Section 4. Communication and Social Skills Domain – 15 marks		
Apply appropriate inter-professional and communication skills that allow building a teamwork approach to the delivery of oral healthcare.	Communicates effectively with: <ul style="list-style-type: none"> ▪ Peer group/team ▪ Staff ▪ Faculty ▪ Other healthcare professionals as applicable ▪ Applied 4 handed dentistry 	2
Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team.	<ul style="list-style-type: none"> • Demonstrate appropriate interpersonal communication skills • In case presentation • Discussion of care plan • In referring patients to other team members 	2
Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy.	All the information is recorded appropriately to: <ul style="list-style-type: none"> ▪ Prioritize patient safety. ▪ Provide a handover If and when needed. ▪ Ensures privacy and confidentiality regarding details of patient. 	2
Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment	<ul style="list-style-type: none"> • Details of treatment plans discussed with patient including both the ideal and alternative treatment plans. • Advantages, risks and disadvantages of the treatment planned is explained to the patient. 	2

Competence Standards	Assessment Criteria	Marks
options including risks and benefits.		
Communicate responsibly and professionally, including when using social media.	<ul style="list-style-type: none"> • Communicates respectfully with patients, colleagues, staff and faculty. • Seeks permission from patients and the faculty before using social media to showcase the treatment on social media. 	2
Communicate and engage patients, their families and communities in relation to oral health.	Treatment plan discussed with patients and families.	2
Communicate effectively within the organizational hierarchy.	<ul style="list-style-type: none"> • Respects the hierarchy of the team and communicates accordingly in a disciplined manner 	2
Recognize cultural diversity and apply cultural competency in caring for patients and communities.	<ul style="list-style-type: none"> • Respects the cultural and ethnical differences of all involved 	1
Section 5: Scientific and Clinical Knowledge Domain -15 Marks		
Evaluate published clinical and basic science research and integrate this information to improve the dental and oral health of the patient.	<ul style="list-style-type: none"> • Has knowledge relevant to the most recent published literature • Applies knowledge adequately to treat the patient satisfactorily. 	3
Apply the biomedical, physical, and behavioural sciences in relation to oral health and disease.	Plans to prevent unwanted exposure to ionizing radiation or X rays.	3
Apply the scientific basis, application and risks of using ionizing radiation, anaesthesia, and risk management and quality improvement.	<ul style="list-style-type: none"> • Decides upon the type of x-rays needed and prevents unnecessary and repeated exposure. • Uses dental materials without wasting • Demonstrates knowledge of recent updates in materials used 	3
Demonstrate foundation knowledge as relevant to clinical skills in Pediatric Dentistry.	<ul style="list-style-type: none"> • Demonstrates knowledge of the procedure being performed • Demonstrates skills of pediatric dentistry as applicable to the patient and procedure 	6

Authorization Form

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Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Clinical Practice Guidelines and Protocols	Prepared by: Dr. Krishna Chytanya Nallan Assistant Professor
Title:	Rubrics for Clinical Oral Medicine and Oral Diagnosis	
Policy Code Number:	CL.11.9	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

Purpose

The clinical component of this course is aimed to prepare the students for diagnosis and management of oral diseases, to be caring with sympathetic attitude towards the patients, elicits clinical and medical history, undertake a systematic examination of the orofacial region, head and neck.

The students should be able to communicate with patients for establishment of report, facilitate gathering of subjective data and understanding the role between medical and psychosocial problems to oral health. The students should be focused for understanding of the natural history of common oral diseases of oral mucosa in order to get a clear understanding of etiology, pathogenesis, laboratory diagnosis, treatment and control of infections of the oral cavity.

Scope

To understand the number of clinical requirements at different levels of BDS program in the specific discipline and to illustrate the BDS professional competency standards rubrics used for the assessment of clinical competency at RAK College of Dental Sciences (RAKCODS).

2. Policy Statements

2.1. Guidelines for Clinical Work:

- 2.1.1. Uphold professional attitude and behaviour
- 2.1.2. Communicate respectfully with colleagues and staff
- 2.1.3. Show empathy towards patients and attendants
- 2.1.4. Apply appropriate infection control measures
- 2.1.5. Adapt the ability to work safely and effectively
- 2.1.6. Collect the relevant information and use them for diagnosis
- 2.1.7. Apply a systematic process for patient management
- 2.1.8. Select the proper instruments for the procedure
- 2.1.9. Enter all the procedures in progress sheet and complete patient's file
- 2.1.10. Maintain the clinical competency evaluation form and enter all details with timely approvals on HIMS

2.2. Clinical Requirements

2.2.1. BDS Year 4

- 5 clinical case presentations

2.3. Assessments

Students' competency on clinical skills is assessed on a specially designed "Clinical examination Assessment criteria" based on a 5-point scale Excellent (90-100%), Very Good (80-89%), Good (70-79%), Satisfactory (60-69%) and Unsatisfactory (<60%). If it is found to be unsatisfactory, the student will be informed immediately or within 24 hours by email and the student has to repeat the procedure within two weeks' time.

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2.4.1.1 The following table is used to grade student performance for all the domains

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2.4.1.2 The following table shows the criteria to grade students for clinical requirements and clinical assessments

CRITERIA	GRADE/ MARKS
<ul style="list-style-type: none"> • Excellent knowledge and ability to recall all information related to professionalism as mentioned below in the competency. • No assistance is required from the clinical supervisor 	Excellent 90-100%
<ul style="list-style-type: none"> • Good Knowledge. Student recalls almost all points related to the case. Seeks supervision from supervisor at times when in doubt, does not need assistance while working from supervisor 	Very good 80-89%
<ul style="list-style-type: none"> • Sound knowledge and ability. The student is able to recall all information with few missing points. • Occasional assistance while working is required from the clinical supervisor. 	Good 70-89 % Performance better than expected
<ul style="list-style-type: none"> • Sound knowledge and ability. May include minor deviations from accepted practice that can be easily corrected and that would not significantly compromise the clinical outcome. Limited assistance required from the clinical supervisor. 	Satisfactory 60-69% Consistent with expected

<ul style="list-style-type: none"> • Significant gaps in understanding and/or deviations from accepted practice that compromises patient safety or patient outcomes. • Performing treatment without approval from clinical supervisor. • Significant assistance required from the clinical supervisor to prevent adverse outcomes. 	<p>Unsatisfactory < 60 % Unsafe treatment Repeat the procedure</p>
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2.4.1.3 Clinical Procedure Evaluation Form to be used for requirements and clinical examinations

MR No	Student ID and Name		
Tooth Number and Clinical Procedure	Faculty Name, Sign & Date		
1. Professionalism Domain	15 marks	Grades	Remarks
<ul style="list-style-type: none"> • Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care. • Ensure that patient safety is paramount in all decisions and actions. • Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated. • Demonstrate empathy and caring behavior towards patients, their families and members of the community. • Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices. • Protect patients' privacy and confidentiality. • Maintain effective relationships with peers and respect professional boundaries. • Recognize the importance of continuing education and professional development for self and all members of the dental team. 			
2. Section 2: Patient-Centered Care Domain- 40 marks			
2.1 Clinical Information Gathering- 10 marks			
<ul style="list-style-type: none"> • Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs. • Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient. • Select, take, and interpret diagnostic images and other diagnostic procedures relevant to the patient's condition. • Maintain accurate, consistent, legible and contemporaneous records of the patient. 			

<p>2.2 Diagnosis and Management Planning -15 marks</p> <ul style="list-style-type: none"> • Formulate and record a comprehensive, patient-centered, evidence based oral health treatment plan • Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral. • Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care. • Apply the principles of preventive care as part of comprehensive treatment plan. • Ensure and record patient informed consent for treatment and their financial obligation. 		
<p>2.3 Clinical Treatment and Evaluation (will differ specialty wise, highlight the procedure) -20 marks</p>		
<ul style="list-style-type: none"> • Identify patient’s anxiety and pain related to the oral cavity and associated structures and respond appropriately. • Evaluate and manage the mucosal lesions and conditions of oral cavity • Apply universal infection control guidelines for all clinical procedures. • Manage patients from different age groups, medically compromised patients, and people of determination according to their needs • Administer and/or prescribe pharmaceutical agents relevant to routine dental practice. 		
<p>3. Health Promotion Domain</p>		
<p style="text-align: right;">15 marks</p> <ul style="list-style-type: none"> • Evaluate the social, cultural and environmental factors which contribute to health or illness. • Apply the principles of health promotion strategies and disease prevention to promote oral and general health, quality of life and wellbeing. • Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients. • Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare. • Design, implement and evaluate evidence-based health promotion programs. 		
<p>4. Communication and Social Skills Domain</p>		
<p style="text-align: right;">15 marks</p> <ul style="list-style-type: none"> • Apply appropriate interprofessional and communication skills that allow building a teamwork approach to the delivery of oral healthcare. • Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team. • Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy. 		

<ul style="list-style-type: none"> • Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits. • Communicate responsibly and professionally, including when using social media. • Communicate and engage patients, their families and communities in relation to oral health. 		
<p>5. Scientific and Clinical Knowledge Domain 15 marks</p>		
<ul style="list-style-type: none"> • Communicate effectively within the organizational hierarchy. • Recognize cultural diversity and apply cultural competency in caring for patients and communities. • Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient. • Apply the biomedical, physical and behavioral sciences in relation to oral health and disease. • Design and implement research in a critical and scientific manner relevant to dentistry. • Apply the scientific basis, application and risks of using ionizing radiation, anaesthesia and risk management and quality improvement. • Demonstrate foundation knowledge as relevant to clinical skills related to oral medicine. 		

Grades: Grades are based on a 5-point scale (tick as applicable)

- Excellent (90-100%)
- Very-good (80-89%)
- Good (70-79%)
- Satisfactory (60-69%)
- Unsatisfactory (Repeat procedure) (<60%)

2.4.1.4 The rubrics based upon which the evaluation form has been prepared is as follows

Competence Standards	Assessment Criteria	Marks
1. Professional Domain – 15 Marks		
Apply ethical standards and comply with national legal and regulatory requirements in the provision of dental care.	<ul style="list-style-type: none"> • Checks patient record to understand • Patient meets the criteria of registration • Signed consent form available • Patient rights & responsibilities available 	2
Ensure that patient safety is paramount in all decisions and actions.	<ul style="list-style-type: none"> • Patient identification done • Reassessment was done as necessary • Checked for medical alerts on system. 	2
Recognize professional and individual scopes and limitations of practice or refer patients to professional colleagues when indicated.	<ul style="list-style-type: none"> • Required investigations done • Provisional and final diagnosis is correct • Treatment plan is completed and discussed with patient and family • Refers patient for specialty treatment as and when required 	2
Demonstrate empathy and caring behavior towards patients, their families and members of the community.	<ul style="list-style-type: none"> • Greets the patient and makes him/ her comfortable in the clinic. • Makes sure the patient/families of the patients are also attended to and involved in decision making. • Interdisciplinary health education form completed as per HIMS. 	2
Ensure that all actions focus on the patients' best interests and respect patients' dignity, rights and choices.	<ul style="list-style-type: none"> • The care plan is discussed with the patient and family. • His/her choices of treatment is respected. 	2
Protect patients' privacy and confidentiality.	<ul style="list-style-type: none"> • Patients history and case details are kept confidential. • There is no breach of patient's personal information. • The information of the patient is dealt professionally. • All the patient details after being saved in HIMS, the student logs out. 	2

Competence Standards	Assessment Criteria	Marks
Maintain effective relationships with peers and respect professional boundaries.	<ul style="list-style-type: none"> • Behaves and respects patients, colleagues, staff and faculty professionally and ethically. • All the patient information discussed with the faculty. 	1
Recognize the importance of continuing education and professional development for self and all members of the dental team.	<ul style="list-style-type: none"> • Appropriate knowledge related to the diagnosis and comprehensive treatment planning presented. • The knowledge shown during the case presentation was updated and was evidence based. 	2
2: Patient-centred Care Domain - 40 marks		
<u>Clinical Information Gathering 10 Marks</u>		
Perform an extra-oral and intra-oral examination for health, disease and abnormalities of the dentition, mouth and associated structures, including assessment of vital signs.	<ul style="list-style-type: none"> • Findings of Extra-oral examination including Head, Neck, TMJ and Lymph nodes and details recorded. Findings of Intra-oral examination recorded. • Any abnormal change of both intra oral and extra oral examination are identified correctly and recorded. • Calculus & debris, measurement of pocket depths and gingival bleeding, tooth mobility, migration, furcation involvement & recession (if present) are recorded • Any abnormality on the tongue, buccal mucosa, soft palate and frenum attachment are identified. 	2
Identify and record the chief complaint, history of the present condition, medical, oral and social history of the patient.	<ul style="list-style-type: none"> • Case history recorded correctly including details of: <ul style="list-style-type: none"> ▪ Chief complaint ▪ History of presenting illness ▪ Medical & Social history • Checked for vital signs on HIMS and any deviation is updated. 	2
Select, take, and interpret diagnostic images and other diagnostic procedures	<ul style="list-style-type: none"> • Selection of appropriate investigation for the patient. • Correct Interpretation of investigations. 	3

Competence Standards	Assessment Criteria	Marks
relevant to the patient's condition.	<ul style="list-style-type: none"> • General overall assessment and Interpretation of Intraoral and panoramic radiographs 	
Maintain accurate, consistent, legible and contemporaneous records of the patient.	<ul style="list-style-type: none"> • Diagnosis and treatment plan discussed with the supervisor • All details of patient including diagnosis and treatment plans duly approved on HIMS before performing treatment • Progress notes correctly mentioned 	3
Diagnosis and Management Planning – 15 Marks		
Formulate and record a comprehensive, patient-centred, evidence-based oral health treatment plan.	<ul style="list-style-type: none"> • Proper Diagnosis and treatment plan established based upon the history, investigations and contemporary knowledge as per evidence available • A Patient centric treatment plan is explained and discussed with the patient and family for their opinion 	3
Diagnose disease or abnormalities of the oral cavity and associated structures and identify conditions which require management and referral.	<ul style="list-style-type: none"> • All intra/extra oral abnormality recorded and addressed • Diagnosis for all findings established • Comprehensive treatment plan prepared. • Patient prepared for referral if complex in nature. 	3
Recognize the manifestations of systemic conditions and how these and their management may affect the management of dental care.	<ul style="list-style-type: none"> • Details of medical history and hospitalization recorded • Oral manifestations of systemic conditions recorded • Appropriate referrals/ consent obtained from physician prior to treatment. 	3
Apply the principles of preventive care as part of comprehensive treatment plan.	<ul style="list-style-type: none"> • Preventive care explained to the patient and encourages the patient for same • Oral hygiene education & motivation provided 	3
Ensure and record patient informed consent for	<ul style="list-style-type: none"> • Informed consent recorded if the procedure needs it 	3

Competence Standards	Assessment Criteria	Marks
treatment and their financial obligation.	<ul style="list-style-type: none"> • Financial obligations if any is discussed with the patient 	
<u>Clinical Treatment and Evaluation – 20 Marks</u>		
Identify patient’s anxiety and pain related to the oral cavity and associated structures and respond appropriately.	<ul style="list-style-type: none"> • Identify the patient’s ability to cope with treatment procedure based on medical & Dental History. • Appropriate handling & use of instruments during the examination. 	3
Evaluate and manage the mucosal lesions and conditions of oral cavity	<ul style="list-style-type: none"> • Correct and proper sequence of treatment planning. • Explain the treatment plan to the patient with different treatment options that can be done. • Detection and diagnosis of oral potentially malignant conditions, salivary gland disorders, diseases of the tongue and any extraoral manifestation of systemic disorders are thoroughly checked for and appropriately noted. • Identify patients with compromised medical care and referred to the physician in case of any foreseen or immediate medical emergency 	8
Apply universal infection control guidelines for all clinical procedures.	<p>Apply universal infection control guidelines for all clinical procedures by:</p> <ul style="list-style-type: none"> ▪ Practicing Hand hygiene. ▪ Working in clean/ and disinfected operatory. ▪ Appropriate use of personal protective equipment. ▪ Sterilized instruments are used. ▪ Appropriate handling of instruments, sharp and medical waste. 	4

Competence Standards	Assessment Criteria	Marks
Manage patients from different age groups, medically compromised patients, and people of determination according to their needs.	<ul style="list-style-type: none"> • Identify the risk factors of periodontal disease and manifestation of certain systemic disease in oral cavity • Refer for medical evaluation and treatment and develop comprehensive treatment plan with physician in case of oral disorders with medically compromised conditions 	3
Administer and/or prescribe pharmaceutical agents relevant to routine dental practice.	Has knowledge and demonstrates ability in prescribing drugs for oral mucosal and non mucosal problems	2
Section 3: Health Promotion Domain – 15 marks		
Evaluate the social, cultural and environmental factors which contribute to health or illness.	<ul style="list-style-type: none"> • Recorded complete demographic details of the patient. • Demonstrates the understanding of the significance of demographic details. • Evaluate how it may influence the presenting condition/s. 	3
Apply the principles of health promotion strategies and disease prevention to promote general health, quality of life and wellbeing.	<ul style="list-style-type: none"> • Health promotion principles are applied with evidence on the importance and practice of prevention of oral mucosal, infectious and non infectious diseases. • Provides demonstrations on proper diet and its impact on health. • Identify the contributing factors and its prevention & management if applicable. 	3
Collaborate with dental team members and other health care professionals in the management of oral health care and health promotion for all patients.	<ul style="list-style-type: none"> • Maintains professional relationship with patients, colleagues, staff and faculty • Seeks/refers for consultation from specialists as needed. 	3
Assess the risk factors and behaviors such as nutrition, drugs and diseases that can have an impact on oral healthcare.	<ul style="list-style-type: none"> • Risk assessment done in terms of Dietary factors • Oral hygiene maintenance <ul style="list-style-type: none"> • Systemic conditions • Smoking 	3

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Snuffing 	
Design, implement and evaluate evidence-based health promotion programs.	Is innovative in providing a care plan Practices a follow up plan as applicable to the patient.	3
Section 4. Communication and Social Skills Domain – 15 marks		
Apply appropriate inter-professional and communication skills that allow building a teamwork approach to the delivery of oral healthcare.	Communicates effectively with: <ul style="list-style-type: none"> ▪ Peer group/team ▪ Staff ▪ Faculty ▪ Other healthcare professionals as applicable ▪ Applied 4 handed dentistry 	3
Demonstrate appropriate interpersonal skills in mentoring and participating in activities within a health care team.	<ul style="list-style-type: none"> • Demonstrate appropriate interpersonal communication skills • In case presentation • Discussion of care plan • In referring patients to other team members 	3
Document and share written and electronic information about the dental encounter to optimize clinical decision-making and patient safety, ensuring confidentiality and privacy.	All the information is recorded appropriately to: <ul style="list-style-type: none"> ▪ Prioritize patient safety. ▪ Provide a handover If and when needed. ▪ Ensures privacy and confidentiality regarding details of patient. 	3
Present clear information to patients in a timely manner, that ensures that they are advised of and understand the different treatment options including risks and benefits.	<ul style="list-style-type: none"> • Details of treatment plans discussed with patient including both the ideal and alternative treatment plans. • Advantages, risks and disadvantages of the treatment planned is explained to the patient. 	2
Communicate responsibly and professionally, including when using social media.	<ul style="list-style-type: none"> • Communicates respectfully with patients, colleagues, staff and faculty. • Seeks permission from patients and the faculty before using social media to showcase the treatment on social 2 media. 	2
Communicate and engage patients, their families and	Treatment plan discussed with patients and families.	2

Competence Standards	Assessment Criteria	Marks
communities in relation to oral health.		
Section 5: Scientific and Clinical Knowledge Domain -15 Marks		
Communicate effectively within the organizational hierarchy.	Respects the hierarchy of the team and communicates accordingly in a disciplined manner.	2
Recognize cultural diversity and apply cultural competency in caring for patients and communities.	Respects the cultural and ethnical differences of all involved.	2
Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient.	<ul style="list-style-type: none"> • Has knowledge relevant to the most recent published literature • Applies knowledge adequately to treat the patient satisfactorily. 	2
Apply the biomedical, physical, and behavioral sciences in relation to oral health and disease.	Plans to prevent unwanted exposure to ionizing radiation or X rays.	2
Apply the scientific basis, application and risks of using ionizing radiation, anesthesia, and risk management and quality improvement.	Decides upon the type of x-rays needed and prevents unnecessary and repeated exposure.	2
Demonstrate foundation knowledge as relevant to clinical skills related to oral medicine.	Demonstrates knowledge & skills in: <ul style="list-style-type: none"> • Extra oral Examination of head and neck including salivary glands and lymphnodes • Examination of assymetries, swellings, ulcers in the oral cavity • Comprehensive examination of muscles of mastication and the TMJ. Examination of the cranial nerves • Examination of soft tissue of oral cavity and gingiva with emphasis on red and white lesions and ulcerative vesiculo bullous lesions. 	5

Competence Standards	Assessment Criteria	Marks
	<ul style="list-style-type: none"> • Examination of teeth- number of teeth present, missing teeth, caries teeth, mobile teeth and occlusal abnormalities. • Formulating a provisional diagnosis, enlisting the required investigations and differential diagnosis • Follow up re-evaluation treatment protocol and referral. 	

Authorization Form

<p>Compiled by:</p> <p>Dr. Vivek Padmanabhan</p> <p>Chairperson, Clinical Sciences</p>	
<p>Reviewed by:</p> <p>Dr. Muhammed Mustahsen Rahman</p> <p>Dean, RAKCODS</p>	
<p>Approved by:</p> <p>Mr. Hassan Muhammad Khan</p> <p>CEO, RAKCODS</p>	

MEDICATION

MANAGEMENT

POLICIES



RAK Medical Health and Sciences University
RAK College of Dental Sciences



Policy/ Procedure Type:	Medication Management	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Medication Safety & Management	
Policy Code Number:	MM.01	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

- 1.1. To maintain patients’ safety and improve the quality of medication management.
- 1.2. To assure efficiency and effectiveness of the medication management processes in RAKCODS.
- 1.3. To ensure that medications are used in a consistent manner and standardized process in RAKCODS.
- 1.4. To ensure the processes of medication management is prepared, managed, reviewed and revised by the clinical committee and the chairperson of quality and patient safety, after inputs from all stakeholders including the faculty of different clinical disciplines, nurses and dean’s office as applicable.
- 1.5. All the changes to applicable laws, regulations, standards of practice, and best practice literature are monitored and used to update medication management policies and procedures.
- 1.6. All the policies and procedures should be easily accessible and at all times will be available in the shared folder of the organization

2. Policy

- 2.1.** RAKCODS shall have a process on medication safety and management as per the standards and regulations.
- 2.2.** The medication safety and management process shall describe how it is designed and implemented in RAKCODS.
- 2.3.** The details of each process are described further in relevant policies and procedures as appropriate.
- 2.4.** Medication safety and management policies and procedures shall be prepared, implemented and monitored by the clinical committee and quality and patient safety committee and managed by the head nurse, the reporting of the same shall be done to the Chairperson, Clinical Sciences office.
- 2.5.** The head nurse will be responsible for medication management processes including maintenance of the organizations medication supply, evaluating medication use and the associated incidents with the management of medications at RAKCODS, this will be done in coordination with the clinical committee
- 2.6.** Medication if not specified at RAKCODS is limited to the use of Local anesthesia, the medications used will be fit to purpose for the organization and if there is any change in the list of stocked medications it will be discussed and decided by all the stakeholders through the clinical committee and QPS chairperson.
- 2.7.** The process shall include the following:
 - a) Medication selecting and procuring
 - b) Medication storage
 - c) Medication prescribing
 - d) Medication administration
 - i. Administration of LA
 - ii. First aid
 - iii. Emergency Medications

- e) Medication errors and adverse events reporting (refer to OVR policy)
- f) Medication recall
- g) Medication expiration
- h) Medication disposal

2.8. The available medications in RAKCODS (Appendix MM.01-1)

- a) First Aid
- b) Local Anesthesia
- c) Emergency Medications

2.9. High-alert medications are not available in RAKCODS including adrenergic antagonists, anti-arrhythmics, antithrombotic agents, cardioplegic solutions, chemotherapeutic agents, dextrose, dialysis solutions, insulin, and neuromuscular blocking agents.

2.10. HIMS database can be accessed by all staff which provides evidence-based referential drug and clinical information.

2.11. Concentrated Electrolytes, Heparin products, and Narcotic products are not available in RAKCODS.

3. Procedures

3.1. The Clinical committee and the chairperson of QPS prepares the medication and management-related processes.

3.2. The Clinical committee and chairperson of QPS manages the forms for recommendations, updates, addition, and deletion.

3.3. The head nurse shall ensure that all medications are managed as appropriate in the clinical areas with the assigned nurse for each clinic.

3.4. HIMS drug database can be accessed by logging into HIMS with the unique User ID and Password.

3.5. Inputs are obtained from all stakeholders within the clinical committee for the medication management process.

4. References

- 4.1. <https://www.dha.gov.ae/Documents/Regulations/Outpatient%20Care%20Facilities%20Regulation.pdf>
- 4.2. <https://www.ismp.org/sites/default/files/attachments/2018-08/highAlert2018-Acute-Final.pdf>

5. Tools/Appendices

- 5.1. Appendix MM.01-1 Available Medications in RAKCODS

Appendix MM.01-1 Available Medications in RAKCODS

First Aid Drugs	
1.	Mebo Ointment tube of 15g
2.	Fucidin® Ointment 2% Sodium fusidate 20mg
3.	Betadine® Antiseptic solution 125ml
4.	Paracetamol 500mg

Local Anesthesia	
1.	Lignospan Lidocaine hydrochloride 2% with adrenaline 1:80.000 1.8ml Cartridges
2.	Scandonest Mepivacaine hydrochloride 3% content: 1.8ml cartridges
3.	Topical Anaesthesia Gel Active ingredient- Benzocaine 20% with vitamin E and Xylitol
4.	Topical Anaesthesia Spray Active ingredient-20% ,gluten free

Emergency Medications										
Serial no	Drug	Quantity Available	Location	Dosage	Route of Administration	Indications	Maximum Dosage per patient	Lot Number	Expiry Date	Availability
1	Hydrocortisone Sodium Succinate Inj.IV	11 vials	2pc – recovery room	100mg powder vial	IV	Acute Hypersensitivity reactions and Anaphylaxis	100 mg, can be repeated if needed up to 300 mg.	SN076969781471 SN093067280045 SN864590878371	3/31/2025	✓
			3pcs- ground floor, first floor and second floor crash carts					SN482035688522 SN808466660581	2/28/2025	
								SN230245610535852	4/30/2026	
2	Water for injection-IV/IM	15pcs	3pcs – recovery room 4pcs – ground floor, first floor and second floor crash carts	5 ml	IV	Mixed with the Hydrocortisone Sodium Succinate as per manufacturer guidelines			9/30/2027	✓
3	Dexamethasone Inj. IV	9amp.	3pcs - ground floor, first floor and second floor crash carts	8 mg/2ml vial	IV	Post-operative Edema	8mg Once.	BN2106997	8/31/2024	✓
4	Epi Pen (Adrenaline)-IM/Sc	3 syringes	1pc – ground floor, first floor and second floor crash carts	0.3 mg preloaded syringe	IM	Acute Anaphylaxis	0.3 mg then 0.3 mg after 5 minutes As required	BN2KB462	5/31/2024	✓
5	Epi Pen (Adrenaline) pediatric-IM/Sc	1 syringe	1pc – recovery room	0.15 mg preloaded syringe	IM	Acute Anaphylaxis	0.15 mg then 0.3 mg after 5 minutes As required	BN3KC280	10/30/2024	✓

Emergency Medications										
Serial no	Drug	Quantity Available	Location	Dosage	Route of Administration	Indications	Maximum Dosage per patient	Lot Number	Expiry Date	Availability
6	Chlorpheniramine Inj.-IM/ 10mg /1ml vial	10amps.	4pcs – recovery room 2pcs each– ground floor, first floor and second floor crash carts	10mg /1ml vial	IM	Allergic reactions	Adult: 10 mg for 1 dose, to be repeated if necessary; maximum 4 doses per day	BN01895	6/30/2025	✓
7	Dextrose 5% - Infusion	8bottles	2 pcs each– recovery room, ground floor, first floor, second floor crash carts	5% - Infusion- 500 ml	IV Infusion	Supportive medication		BNLPO634	10/30/2026	✓
8	Diclofenac Na Inj.-IM-	2amps.	2pcs – recovery room	75 mg	IM	Acute Post-operative pain	75 mg 1-2 times a day; Maximum 150 mg per day	LNMS6258	10/30/2024	✓
9	Paracetamol Infusion-	2 bottles	2pcs – recovery room	1000mg/ 100 ml	IV Infusion	Pain, Fever	1 G every 4-6 hours does to be administered over 15 minutes; Maximum 4 G per day	BN23A1801	12/31/2024	✓
10	NS 0.9% infusion- Infusion-	4 bottles	1 each – recovery room, ground floor, first floor, second floor crash carts	0.9% infusion- Infusion- 500 ml	IV Infusion	Supportive Medication		BNNPO305	3/31/2028	✓

Emergency Medications										
Serial no	Drug	Quantity Available	Location	Dosage	Route of Administration	Indications	Maximum Dosage per patient	Lot Number	Expiry Date	Availability
11	Glucagon-IM/Sc-	1vial	1 pc – recovery room	1mg powder-1 ml sterile water	IM	Diabetic Hypoglycemia	1mg if no response within 10 minutes IV Glucose must be given	BNMW64355	2/28/2025	✓
12	Salbutamol inhaler Inhalational -			0.1mg/dose	Inhalation aerosol	Asthma	1-2 Puffs up to 4 Times per day			
13	Ventolin nebulules 5mg-Inhalational-nebulizer	3 pcs	1 pc each - ground floor, first floor, second floor crash carts	5mg/2.5 ml	Inhalation Nebulization	Asthma	5 mg repeated up to 4 times per day	LN6P4R LNFF3M LN6P4R	05/2024	✓
14	Phsiologica NS 5ml for neulization	9pcs.	3pcs – recovery room 2pcs - ground floor, first floor, second floor crash carts	5ml	Inhalation Nebulization	Mix with Ventolin for nebulization			8/31/2025	✓
15	Glyceryl Trinitrate (GTN)-Sublingual	1pc	1pc recovery room	-0.4 mg/dose spray		Angina	0.4-0.8 administered under the tongue and closed the mouth, dose can be repeated at 5 minutes intervals if needed.	LNIC990AE	3/31/2024	✓
16	Aspirin PO(Chewable)	10tabs.	4pcs – recovery 2pcs-ground	300mg tablets	PO	Unstable Angina/ MI	300 mg, Once per day.	BNBT172Z1	8/31/2024	✓

Emergency Medications										
Serial no	Drug	Quantity Available	Location	Dosage	Route of Administration	Indications	Maximum Dosage per patient	Lot Number	Expiry Date	Availability
			floor, first floor, second floor crash carts							
17	Desloratadine Tablets "Aerius"	24tabs	7tabs – ground floor crash cart 10tabs – first floor crash cart 7tabs – second floor crash cart	5mg	PO	Mild Allergic Reaction and Nasal Congestions	5 mg once per day	BN1220033	2/28/2024	✓

6. Document Change Record

Edition Number	Review Date	Description of Change	
		Current	Revised
1			-new addition-

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University
RAK College of Dental Sciences



Policy/ Procedure Type:	Medication Management	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Medication Selection and Procuring	
Policy Code Number:	MM.02	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose

- 1.1. To ensure the availability of approved medications in RAKCODS as per the needs, and types of services provided.
- 1.2. To ensure meeting patients-procedure medications needs.
- 1.3. To maintain a sufficient supply of medications and smooth running of all teaching activities in RAKCODS.

2. Policy

- 2.1. The Procurement Committee receives the requests regarding medications needed from the clinical committee.
- 2.2. The Procurement Committee oversees the establishment of an unbiased, transparent, efficient, and timely procurement of medications.

3. Procedures

- 3.1. The Procurement Committee shall develop selection criteria for medications including medication efficacy, safety, and cost with input from the specialty faculty in the use of the medications.
- 3.2. The Procurement Committee approves the purchase requests through SPI software.
- 3.3. The Procurement Committee does the technical evaluation for all the suppliers' offers to choose the matching offers.

- 3.4. Following the delivery of the purchased items, the committee does a technical report to ensure that the supplied items match the requested specification.
- 3.5. Sample medications are not accepted to be received nor stored in RAKCODS (only dental materials).
- 3.6. Medications approved will be procured and stored in the RAKCODS store as per need and consumption rate.
- 3.7. Maintaining medication supply shall follow the RAKCODS Store Inventory.
- 3.8. Additional medications- if any other medication is needed for RAKCODS than the usually used then the request has to be received which is then discussed in the clinical committee and then proceed as applicable.
- 3.9. The supply chain of local anesthesia is followed up with and maintained. The containers are checked on delivery to ensure there is no damage or tampering of the medications received. If there are any problems noticed, appropriate action will be taken as applicable including the return of medications to the supplier.

4. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1			-new addition-

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University
RAK College of Dental Sciences



Policy/ Procedure Type:	Medication Management	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Medication Storage	
Policy Code Number:	MM.03	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose

- 1.1. To assure the quality and safety of the medications stored in RAKCODS.
- 1.2. To optimize medications storage conditions to maintain their effectiveness.
- 1.3. To ensure that medications are stored as per the standards and regulations.

2. Policy

- 2.1. All medications in RAKCODS shall be stored under appropriate storage conditions as per the manufacturer's guidelines.
- 2.2. This applies to the nursing stations in clinics.
- 2.3. All medication storage areas shall be maintained safe and secured.
- 2.4. All medication storage areas shall be cleaned and organized regularly.
- 2.5. Medications stored in RAKCODS storage areas shall be with restricted access.
- 2.6. Medications shall be protected from loss in RAKCODS.
- 2.7. Medication storage areas' temperature and humidity shall be monitored daily by a digital thermometer. The result shall be documented accordingly. The concerned staff shall be aware of the required actions in case the temperature is out of normal range. (Appendix MM.03-1)
- 2.8. Medication storage areas shall be monitored and recorded accordingly.
- 2.9. In case of a power outage, immediately report to the FMS team.

- 2.10.** Quality and Patient Safety Chairperson/ in-charge shall audit medication storage in RAKCODS (Appendix MM.03-2).
- 2.11.** Expired and near expiry medications to be stored as per Medication Expiration policy.
- 2.12.** Medications stored in nursing stations in RAKCODS clinics shall be checked for storage conditions.
- 2.13.** Sample medications are not allowed to be stored in RAKCODS.
- 2.14.** Medication shortage- as the inventory of clinics is maintained weekly by the in-charge nurses and a monthly check is maintained for the main store, the chances of having a shortage of medication especially local anesthesia is unlikely. However, there are suppliers who are available to provide readily and in case if we have a supply chain issue then we will follow whatever the ministry directive is. Also the inventory of most of the materials at RAKCODS is kept at 25% of the required inventory for the year, this also allows RAKCODS to prevent itself from shortage of supplies.
- 2.15.** If there is any change in the medications used at RAKCODS, it shall be informed to all the stakeholders by mail or training as necessary.

3. Procedures

- 3.1.** All medications will be stored under appropriate storage conditions.
- 3.2.** The staff will monitor and document medication storage temperature and humidity daily.
- 3.3.** The assigned nurses assure appropriate storage conditions of all medications stored in the nursing stations and storage areas in clinics.
- 3.4.** The FMS including the bio-med engineer shall respond to cases if the temperature is out of normal range and liaise with FMS.
- 3.5.** The nurse in charge shall ensure all medications are labeled with expiration date and warnings as appropriate.
- 3.6.** If there are any notifications from the manufacturer regarding withdrawal of a certain shipment or lot number, then appropriate action is taken upon as advised by the manufacturer or if there is any directive from government authorities.

4. References

- 4.1. https://www.dha.gov.ae/Documents/Regulations/Policies/Pharmacy%20Guidelines_Final.pdf
- 4.2. <https://mohap.gov.ae/assets/download/1d7d895/Check%20list.doc.asp>

5. Tools / Appendices

- 5.1. Appendix MM.03-1 - Log Record Sheet for Monitoring Temperature and Humidity for the Store Rooms
- 5.2. Appendix MM.03-2 - Log Record Sheet for Monitoring Temperature and Humidity for the Nursing Station
- 5.3. Appendix MM.03-3 - Medication storage area checklist

Appendix MM.03-1

Log Record Sheet for Monitoring Temperature and Humidity for the Store Rooms

RAK COLLEGE OF DENTAL SCIENCES TEMPERATURE & HUMIDITY MONITORING SHEET																																
																														MONTH & YEAR:		
STORE 1																																
Temperature	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
$\leq 14^{\circ}$																																
15°C - 30°C <small>(acceptable temperature)</small>																																
$\geq 31^{\circ}$																																
Humidity																																
$\leq 19\%$																																
20% - 60% <small>(acceptable humidity)</small>																																
$\geq 61\%$																																
STORE 2																																
Temperature	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
$\leq 14^{\circ}$																																
15°C - 30°C <small>(acceptable temperature)</small>																																
$\geq 31^{\circ}$																																
Humidity																																
$\leq 19\%$																																
20% - 60% <small>(acceptable humidity)</small>																																
$\geq 61\%$																																
CHEMICAL STORE ROOM																																
Temperature	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
$\leq 14^{\circ}$																																
15°C - 30°C <small>(acceptable temperature)</small>																																
$\geq 31^{\circ}$																																
Humidity																																
$\leq 19\%$																																
20% - 60% <small>(acceptable humidity)</small>																																
$\geq 61\%$																																
SIGNATURE																																


*Put ✓ (check) for normal values

*Write the value if on red areas

**Please communicate with Biomed Engr. for values on red areas

Appendix MM.03-2

Log Record Sheet for Monitoring Temperature and Humidity for the Nursing Station

 RAK COLLEGE OF DENTAL SCIENCES TEMPERATURE & HUMIDITY MONITORING SHEET CLINIC/Area: NURSING STATION																																	
Temperature	MONTH, YEAR																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
≤14°																																	
15°C - 30°C <small>(acceptable temperature)</small>																																	
≥31°																																	
Humidity	Date																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
≤ 19%																																	
20% - 60% <small>(acceptable humidity)</small>																																	
≥61%																																	
Signature																																	

Appendix MM.03-3

Medication storage area checklist

#	Description	Yes	No	Remarks
1.	Medication Labels	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Availability of Expiry Date	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Temperature/ Humidity Log	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Clean/ dust-free environment	<input type="checkbox"/>	<input type="checkbox"/>	
5.	The store area is restricted	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Adequate lighting, heating, & ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Proper storing / Organized	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Empty passageways	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Expired items stored separately	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Other comments			

Inspector Name:

Nurse in-charge Name:

Date:

6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1			-new policy-

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Medication Management	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Medication Reconciliation and Prescribing	
Policy Code Number:	MM.04	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose

- 1.1. A medication reconciliation process is used to communicate complete and accurate information about medications across care transitions at RAKCODS.
- 1.2. At RAKCODS, medication reconciliation is a three-step process. 1. Best possible medication history 2. Identifies and resolves medication discrepancies and 3. Communicates a complete and accurate list of medication to the client and the next care provider. At RAKCODS it involves the INA nurses, IDA doctors, faculty, and clinical instructors partnering with clients and families to create a Best Possible Medication History (BPMH), resolve discrepancies, and communicate an accurate medication list.
- 1.3. The team members will be provided training regarding rationale, need and methodology of medication reconciliations and prescriptions practiced at RAKCODS.
- 1.4. To identify, establish and implement the list of abbreviations, symbols, and dose designations that are not to be used – **‘Do Not Use List’**
- 1.5. The **‘Do Not Use List’** mentioned on 1.1 includes abbreviations, symbols, and dose designations as identified on Institute for Safe Medication Practices (ISMP)
- 1.6. To establish a standardized process for prescribing medications in RAKCODS be it electronic or paper based
- 1.7. To assure the safety and effectiveness of the medications prescribed.

- 1.8. To define the elements of a complete prescription.
- 1.9. To define a process for verifying patients' medication history to the prescription.
- 1.10. At RAKCODS, <https://www.omnicalculator.com/health/pediatric-dose> is used for prescriptions of pediatric medications. Alternatively, <https://www.mdapp.co/pediatric-dose-calculator-470/> is also used.
- 1.11. Prescriptions at RAKCODS is strictly provided by supervising faculty and instructors.
- 1.12. A periodic audit (quarterly audit) will be conducted on the prescriptions sent from RAKCODS through HIMS to ensure compliance with the 'Do Not Use List'.
- 1.13. Based upon the audit reports, improvements can be planned

2. Policy

- 2.1. Medication reconciliation aims to establish the most precise and comprehensive list of a patient's current medications. This list is then compared with prescribed or administered medications during care transitions. At RAKCODS, the initial nursing assessment primarily handles medication reconciliation, with potential modifications during the initial dental assessment and student clinics under faculty supervision. Monthly reports in HIMS allow clinic leadership to monitor medication reconciliation for RAKCODS patients and its compliance.
- 2.2. Medication reconciliation includes the following:
 - a) Step 1: Obtain a Best Possible Medication History (BPMH) by performing a thorough patient medication interview
 - b) Step 2: Confirm the accuracy of the history by accessing additional sources of information using available information, past medical records, additional prescriptions brought by patients, medication boxes/bottles, et.
 - c) Step 3: Reconcile the history with the newly prescribed medications
 - d) Step 4: Supply accurate medication information – should be communicated to the client/family by educating the patient
- 2.3. Additional suggestions to aid in completing a medication history interview:
 - a) Use open-ended questions when possible (ex. "What medications do you take for your diabetes?")
 - b) Ask patients about routes of administration other than oral medicines.

Patients often forget to mention creams, ointments, lotions, patches, eye drops, ear drops, nebulizers, and inhalers.

- c) Ask about medications prescribed by other providers or specialists (ex. “Does your cardiologist prescribe any medications for you?”)
- d) Ask patients about adherence and how often they miss doses.
- e) Ask patients if their doctor recently started them on any new medicines, stopped medications they were taking or made any changes to their medications.

2.4. For inquiring about OTC drugs, additional prompts may include:

- a) What do you take when you get a headache?
- b) What do you take for allergies?
- c) Do you take anything to help you fall asleep?
- d) What do you take when you get a cold?
- e) Do you take anything for heartburn?

2.5. Clients' records on HIMS should be completed and prescription is generated with the following information:

- a) Date
- b) Patient Name
- c) Provider Name
- d) Drug Name
- e) Dosage
- f) Frequency
- g) Start and End Date (Duration)

2.6. Medications shall be prescribed to clients under the supervision and approval of the licensed faculty.

2.7. Patients must be identified by two identifiers (Full Name and Date of Birth) before medication prescribing as per the RAKCODS Patient’s Identification Policy.

2.8. The patient's medical and medication history shall be reviewed before the prescription.

2.9. Allergies shall be recorded in the patient’s medical history.

2.10. Care providers shall perform medication reconciliation before dental procedures and

upon medication prescription.

- 2.11. Care providers obtain the following information to reconcile the medications:
 - a) Medication Name
 - b) Medication Dosage
 - c) Frequency
 - d) Route
 - e) Purpose (indication)
 - f) Time of the last dose if applicable
- 2.12. Care providers may request a consultation from another concerned medical specialty to ensure that the medication reconciliation is performed.
- 2.13. Medications used during procedures e.g local anesthesia and emergency shall be verified and monitored by licensed faculty during and after administration.
- 2.14. Emergency medications shall be managed according to the Emergency Medications policy.
- 2.15. Legible prescriptions shall be used for prescribing medications to clients when manually done.
- 2.16. The ‘**Do Not Use List**’, abbreviations, symbols, and dose designations should NEVER be used when communicating medical information, internal communications, verbal prescriptions, and medication records. (Appendix MM.04-1)
- 2.17. The ‘**Do Not Use List**’, abbreviations, symbols, and dose designations should NEVER be used in medication-related documentation when handwritten or entered as free text into a computer/ HIMS.
- 2.18. It is always encouraged to stay alert and not to get distracted as faculty are prescribing medications for the patients on the student’s portal and ensure they sign on the print of the prescription.

3. Procedures

- 3.1. Team members including INA nurses, faculty, instructors will be provided with education about the ‘**Do Not Use List**’ at orientation and when changes or updates are made to the list.
- 3.2. BPMH will begin at the INA then at the IDA and then clinic wide at RAKCODS

- 3.3. Care providers reconcile medication for potential interaction.
- 3.4. The Computerized Prescriber Order Entry (CPOE) system used at RAKCODS includes alerts for medication interactions, drug allergies and maximum doses for certain drugs.
- 3.5. The faculty have the authority to over-ride the alerts shown in HIMS as long as they are valid.
- 3.6. A periodic audit will be conducted regarding the number of over-riding of alerts done and action or re-training done as necessary.
- 3.7. The medication information stored in the CPOE will be regularly updated as applicable.
- 3.8. Licensed faculty shall verify and approve the updated history including medications on HIMS.
- 3.9. Care providers prescribe a complete and legible prescription, verified and approved by the licensed faculty.
- 3.10. Signature of the supervising faculty is mandatory without which the prescription will be considered null and void.
- 3.11. Care providers record an incident in case of any variation from this policy according to the OVR policy.

4. References

- 4.1. <https://www.ismp.org/sites/default/files/attachments/2017-11/Error%20Prone%20Abbreviations%202015.pdf>
- 4.2. https://www.dha.gov.ae/Documents/Regulations/Policies/Pharmacy%20Guidelines_Final.pdf
- 4.3. <https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/ambulatory-care/medication-reconciliation-guidance-document-for-pharmacists.ash>

5. Tools/Appendices

- 5.1. Appendix MM.04-1 - ISMP's List of Error-Prone Abbreviations, Symbols, and Dose Designations
- 5.2. Appendix MM.04-2 The "Do Not Use" List, Abbreviations and Symbols Based on the ISMP

5.3. Appendix MM.04-3 LIST OF APPROVED ABBREVIATIONS AND SYMBOLS

Appendix MM.04-1 ISMP’s List of Error-Prone Abbreviations, Symbols, and Dose Designations

Abbreviations	Intended Meaning	Misinterpretation	Correction
µg	Microgram	Mistaken as “mg”	Use “mcg”
AD, AS, AU	Right ear, left ear, each ear	Mistaken as DD, OS, OU (right eye, left eye, each eye)	Use “right ear,” “left ear,” or “each ear”
OD, OS, OU	Right eye, left eye, each eye	Mistaken as AD, AS, AU (right ear, left ear, each ear)	Use “right eye,” “left eye,” or “each eye”
BT	Bedtime	Mistaken as “BID” (twice daily)	Use “bedtime”
cc	Cubic centimeters	Mistaken as “u” (units)	Use “mL”
D/C	Discharge or discontinue	Premature discontinuation of medications if D/C (intended to mean “discharge”) has been misinterpreted as “discontinued” when followed by a list of discharge medications	Use “discharge” and “discontinue”
IJ	Injection	Mistaken as “IV” or “intrajugular”	Use “injection”
IN	Intranasal	Mistaken as “IM” or “IV”	Use “intranasal” or “NAS”
HS	Half-strength	Mistaken as bedtime	Use “half-strength” or “bedtime”
hs	At bedtime, hours of sleep	Mistaken as half-strength	Use “units”
IU**	International unit	Mistaken as IV (intravenous) or 10 (ten)	Use “units”
o.d. or OD	Once daily	Mistaken as “right eye” (OD-oculus dexter), leading to oral liquid medications administered in the eye	Use “daily”
OJ	Orange juice	Mistaken as OD or OS (right or left eye); drugs meant to be diluted in orange juice may be given in the eye	Use “orange juice”
Per os	By mouth, orally	The “os” can be mistaken as “left eye” (OS-oculus sinister)	Use “PO,” “by mouth,” or “orally”
q.d. or QD**	Every day	Mistaken as q.i.d., especially if the period after the “q” or the tail of the “d” is misinterpreted as an “l”	Use “daily”
qhs	Nightly at bedtime	Mistaken as “qh” or every hour	Use “nightly”
qn	Nightly or at bedtime	Mistaken as “qh” (every hour)	Use “nightly” or “at bedtime”
q.o.d. or QOD**	Every other day	Mistaken as “q.d.” (daily) or “q.i.d.” (four times daily) if the “o” is poorly written	Use “every other day”
qid	Daily	Mistaken as q.i.d. (four times daily)	Use “daily”
q6PM, etc.	Every evening at 6 PM	Mistaken as every 6 hours	Use “daily at 6 PM” or “6 PM daily”
SC, SQ, sub q	Subcutaneous	SC mistaken as SL (sublingual); SQ mistaken as “5 every,” the “q” in “sub q” has been mistaken as “every” (e.g., a heparin dose ordered “sub q 2 hours before surgery” misunderstood as every 2 hours before surgery)	Use “subcut” or “subcutaneously”
ss	Sliding scale (insulin) or ½ (apothecary)	Mistaken as “55”	Spell out “sliding scale;” use “one-half” or “½”
SSRI	Sliding scale regular insulin	Mistaken as selective-serotonin reuptake inhibitor	Spell out “sliding scale (insulin)”
SSI	Sliding scale insulin	Mistaken as Strong Solution of Iodine (Lugol’s)	
tid	One daily	Mistaken as “tid”	Use “1 daily”
tiw or tiw	3 times a week	Mistaken as “3 times a day” or “twice in a week”	Use “3 times weekly”
U or u**	Unit	Mistaken as the number 0 or 4, causing a 10-fold overdose or greater (e.g., 4U seen as “40” or 4u seen as “44”); mistaken as “cc” so doses given in volume instead of units (e.g., 4u seen as 4cc)	Use “unit”
UD	As directed (“ut dictum”)	Mistaken as unit dose (e.g., diltiazem 125 mg IV infusion “UD” misinterpreted as meaning to give the entire infusion as a unit (bolus) dose)	Use “as directed”
Dose Designations and Other Information	Intended Meaning	Misinterpretation	Correction
Trailing zero after decimal point (e.g., 1.0 mg)**	1 mg	Mistaken as 10 mg if the decimal point is not seen	Do not use trailing zeros for doses expressed in whole numbers
“Naked” decimal point (e.g., .5 mg)**	0.5 mg	Mistaken as 5 mg if the decimal point is not seen	Use zero before a decimal point when the dose is less than a whole unit
Abbreviations such as mg, or mL, with a period following the abbreviation	mg mL	The period is unnecessary and could be mistaken as the number 1 if written poorly	Use mg, mL, etc. without a terminal period
Drug name and dose run together (especially problematic for drug names that end in “-l”) such as Inderal40 mg; Tegretol300 mg)	Inderal 40 mg Tegretol 300 mg	Mistaken as Inderal 140 mg Mistaken as Tegretol 1300 mg	Place adequate space between the drug name, dose, and unit of measure
Numerical dose and unit of measure run together (e.g., 10mg, 100mL)	10 mg 100 mL	The “m” is sometimes mistaken as a zero or two zeros, risking a 10- to 100-fold overdose	Place adequate space between the dose and unit of measure
Large doses without properly placed commas (e.g., 100000 units; 1000000 units)	100,000 units 1,000,000 units	100000 has been mistaken as 10,000 or 1,000,000; 1000000 has been mistaken as 100,000	Use commas for dosing units at or above 1,000, or use words such as 100 “thousand” or 1 “million” to improve readability

Drug Name Abbreviations	Intended Meaning	Misinterpretation	Correction
To avoid confusion, do not abbreviate drug names when communicating medical information. Examples of drug name abbreviations involved in medication errors include:			
APAP	acetaminophen	Not recognized as acetaminophen	Use complete drug name
ARA A	vidarabine	Mistaken as cytarabine (ARA C)	Use complete drug name
AZT	zidovudine (Retrovir)	Mistaken as azathioprine or aztreonam	Use complete drug name
CPZ	Compazine (prochlorperazine)	Mistaken as chlorpromazine	Use complete drug name
DPT	Demerol-Phenergan-Thorazine	Mistaken as diphtheria-pertussis-tetanus (vaccine)	Use complete drug name
DTO	Diluted tincture of opium, or deodorized tincture of opium (Paregoric)	Mistaken as tincture of opium	Use complete drug name
HCl	hydrochloric acid or hydrochloride	Mistaken as potassium chloride (The "H" is misinterpreted as "K")	Use complete drug name unless expressed as a salt of a drug
HCT	hydrocortisone	Mistaken as hydrochlorothiazide	Use complete drug name
HCTZ	hydrochlorothiazide	Mistaken as hydrocortisone (seen as HCT250 mg)	Use complete drug name
MgSO4**	magnesium sulfate	Mistaken as morphine sulfate	Use complete drug name
MS, MSO4**	morphine sulfate	Mistaken as magnesium sulfate	Use complete drug name
MTX	methotrexate	Mistaken as mitoxantrone	Use complete drug name
NoAC	novel/new oral anticoagulant	No anticoagulant	Use complete drug name
PCA	procainamide	Mistaken as patient controlled analgesia	Use complete drug name
PTU	propylthiouracil	Mistaken as mercaptopurine	Use complete drug name
T3	Tylenol with codeine No. 3	Mistaken as lithium	Use complete drug name
TAC	triamcinolone	Mistaken as tetracaine, Adrenalin, cocaine	Use complete drug name
TNK	TNKase	Mistaken as "TPA"	Use complete drug name
TPA or tPA	tissue plasminogen activator, Activase (alteplase)	Mistaken as TNKase (tenecteplase), or less often as another tissue plasminogen activator, Retavase (retaplast)	Use complete drug names
ZnSO4	zinc sulfate	Mistaken as morphine sulfate	Use complete drug name
Stemmed Drug Names	Intended Meaning	Misinterpretation	Correction
"Nitro" drip	nitroglycerin infusion	Mistaken as sodium nitroprusside infusion	Use complete drug name
"Norflex"	norfloxacin	Mistaken as Norflex	Use complete drug name
"IV Yanc"	intravenous vancomycin	Mistaken as Invanz	Use complete drug name
Symbols	Intended Meaning	Misinterpretation	Correction
3	Dram	Symbol for dram mistaken as "3"	Use the metric system
III	Minim	Symbol for minim mistaken as "mL"	
x3d	For three days	Mistaken as "3 doses"	Use "for three days"
> and <	More than and less than	Mistaken as opposite of intended; mistakenly use incorrect symbol; "< 10" mistaken as "40"	Use "more than" or "less than"
/ (slash mark)	Separates two doses or indicates "per"	Mistaken as the number 1 (e.g., "25 units/10 units" misread as "25 units and 10" units)	Use "per" rather than a slash mark to separate doses
@	At	Mistaken as "2"	Use "at"
&	And	Mistaken as "2"	Use "and"
+	Plus or and	Mistaken as "4"	Use "and"
o	Hour	Mistaken as a zero (e.g., q2 ^o seen as q 20)	Use "hr," "h," or "hour"
0 or ∞	zero, null sign	Mistaken as numerals 4, 6, 8, and 9	Use 0 or zero, or describe intent using whole words

Appendix MM.04-2 The “Do Not Use” List, Abbreviations and Symbols Based on the ISMP

THE “DO NOT USE” LIST, ABBREVIATIONS AND SYMBOLS

BASED ON THE ISMP

Unacceptable Abbreviation	Intended Meaning	Misinterpretation	Acceptable Alternative
Medication Names			
MS	Morphine sulfate	Mistaken for *magnesium sulfate”	Write “morphine sulfate”
M _{SO4}	Magnesium sulfate	Mistaken for “morphine sulfate”	Write “magnesium sulfate”
Abbreviations for drug names		Misinterpreted due to similar abbreviations for multiple drugs	Write drug names in full
Dose			
Trailing zeros: Zero written after decimal points (Unacceptable e.g. 1.0 mg) **Exception: Trailing zeros may be used in non-medication-related documentation when there is a clear need to demonstrate level of precision, such as for laboratory values, study measurement of lesion sizes, or catheter and therapeutic tube sizes.	1 mg	Misread as “10mg”	Do not use terminal zeros for doses expressed in whole units. (Write as “1 mg”)
Missing Leading Zeros: Zero missing before decimal points (Unacceptable e.g. .5mg)	0.5 mg	Misread as “5mg”	Always use zero before a decimal point when the dose is less than a whole unit. (Write “0.5 mg”)
Apothecary units		Unfamiliar to many practitioners. Confused with metric units.	Use metric units
U	Unit	Misread as “zero (0)”, “four (4)”, or “cc (cubic cm)”.	Write “unit”
IU	International unit	Misread as “IV (Intravenous)” or “10 (ten)”	Write “unit” or “international unit”

Unacceptable Abbreviation	Intended Meaning	Misinterpretation	Acceptable Alternative
µg	Microgram	Misread as “mg”	Write “mcg”
“o”	Hour(s), i.e. “q1 ^o ”	Misread as a zero when handwritten, i.e. every “10”	Write “Hr”
”	Inch	Misread for “11”	Write out inch
>	Greater than	Misinterpreted as the Number “7” or the Letter “L”	Write “greater than”
<	Lesser than	Confused for one another	Write “less than”
@	“at”	Mistaken for the Number 2	Write “at”
Frequency			
QD, Q.D., q.d., qd OD	Once daily	The period after “Q” can be mistaken for “I” (as in “QID”) or “O” (as in “QOD”)	Write “daily” or “once daily”
QOD, Q.O.D., q.o.d, qod	Every other day	The “O” can be mistaken for a period (as in “Q.D.”) or “I” (as in “Q.I.D”)	Write “every other day”
Letter “d” (Unacceptable example: x 3d)	Days	Mistaken for “doses”	Write “days” or “doses”
TIW or tiw	Three times a week	Mistaken for “three times a day”	Do not use this abbreviation. Specify which days of the week.
AD			Right ear
AS			Left ear
AU			Each ear
cc			ml
DPT			DTaP
IU			International units
OD			Right eye
os			Po
OS			Left eye
OU			Either eye
sc or sq			Subcutaneous
U			Units
µg			mcg

Appendix MM.04-3 LIST OF APPROVED ABBREVIATIONS AND SYMBOLS

LIST OF APPROVED ABBREVIATIONS AND SYMBOLS

Sr. No	Abbreviation	Full Name
1	RCT	Root Canal Treatment
2	RCF	Root Canal Filling
3	W.L.	Working Length
4	L.A.	Local Anesthesia
5	T.F.	Temporary Filling
6	GIC	Glass Ionomer Filling
7	C.F	Composite Filling
8	A.F	Amalgam Filling
9	PFM crown	Porcelain Fused to Metal Crown
10	RPD	Removable Partial Denture
11	Ex	Extraction
12	OPG	Orthopantomography
13	FPD	Fixed Partial Denture
14	IM	Intramuscular
15	OCC	Occlusal
16	M	Mesial
17	D	Distal
18	B	Buccal
19	L	Lingual
20	DO	Disto-occlusal
21	MO	Mesio -occlusal
22	MOD	Mesio-occluso-distal
23	#	Number
24	11	Upper Right Central Incisor

Sr. No	Abbreviation	Full Name
25	12	Upper Right Lateral Incisor
26	13	Upper Right Canine
27	14	Upper Right first premolar
28	15	Upper Right second premolar
29	16	Upper Right first molar
30	17	Upper Right second molar
31	18	Upper Right third molar
32	21	Upper Left Central Incisor
33	22	Upper Left Lateral Incisor
34	23	Upper Left Canine
35	24	Upper Left first premolar
36	25	Upper Left second premolar
37	26	Upper Left first molar
38	27	Upper Left second molar
39	28	Upper Left third molar
40	31	Lower Left Central Incisor
41	32	Lower Left Lateral Incisor
42	33	Lower Left Canine
43	34	Lower Left first premolar
44	35	Lower Left second premolar
45	36	Lower Left first molar
46	37	Lower Left second molar
47	38	Lower Left third molar
48	41	Lower Right Central Incisor
49	42	Lower Right Lateral Incisor
50	43	Lower Right Canine

Sr. No	Abbreviation	Full Name
51	44	Lower Right first premolar
52	45	Lower Right second premolar
53	46	Lower Right first molar
54	47	Lower Right second molar
55	48	Lower Right third molar
56	Max	Maxillary
57	Md	Mandibular
58	OHI	Oral Hygiene Instructions
59	Tr/Rx	Treatment
60	Dg/Dx	Diagnosis
61	Ca(OH) ₂	Calcium hydroxide
62	Gen	Generalized
63	NB Injection	Nerve Block Injection
64	NAD	No Abnormality Detected
65	N.A.	Not Assessed
66	N/A	Not Applicable
67	MB cusp	Mesio-Buccal
68	ML cusp	Mesio-Lingual
69	DB cusp	Disto-Buccal
70	DL cusp	Disto-Lingual
71	P cusp	Palatal Cusp
72	M.H	Medical History
73	D.H	Dental History
74	CEJ	Cemento enamel junction
75	BP	Blood Pressure
76	CLP	Cleft lip and palate

Sr. No	Abbreviation	Full Name
77	e.g.	For example
78	ENT	Ear,Nose and Throat
79	EO	Extra oral
80	IO	Intra oral
81	LFH	Lower facial height
82	UFH	Upper facial height
83	MRI	Magnetic Resonance Imaging
84	CT	Computed Tomography
85	CBCT	Cone-beam Computed Tomography
86	PA view	Posteroanterior view
87	AP view	Anteroposterior view
88	Ppm	Parts per million
89	SS	Stainless steel
90	Ni-Ti	Nickel titanium
91	TMJ	Temporomandibular joint
92	TMPDS	Temporomandibular pain and dysfunction syndrome
93	TMJD	Temporomandibular joint disorder

6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1			-new addition-

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University
RAK College of Dental Sciences



Policy/ Procedure Type:	Medication Management	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Antibiotics	
Policy Code Number:	MM.05	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose

- 1.1. To provide an evidence-based internationally-standardized approach to the safe and effective use of antimicrobial medications.
- 1.2. To ensure the utilization of antimicrobial guidelines is safe, appropriate, and reflects current evidence.
- 1.3. To optimize clinical outcomes and minimize unintended consequences of antibiotic use (ex: toxicity, antibiotic resistance, the emergence of infections).
- 1.4. To develop clinical practice guidelines for prioritizing common bacterial dental infections in RAKCODS.
- 1.5. To ensure the involvement of the patient and raise their health knowledge regarding antimicrobial use and their adverse event.
- 1.6. To promote the optimum use of antibiotic agents, including their choice, dosing, route, and duration of administration.

2. Policy

- 2.1. This policy applies to all children and adults coming to RAKCODS with the listed diagnosis:
 - a) Dental abscess with systemic involvement
 - b) Periodontal abscess with systemic involvement

- c) Necrotizing Periodontal Diseases
- d) Pericoronitis

2.2. This policy applies to patients undergoing dental procedures that require prophylactic antibiotics to prevent infective endocarditis as applicable.

3. Procedures

3.1. **General considerations for care providers**

- 3.1.1. Confirm the presence of infection by clinical presentation and radiographic investigations.
- 3.1.2. Use appropriate antibiotics: use full therapeutic doses, with the right dose, frequency, route of administration, and duration of treatment.
- 3.1.3. Consider using narrow-spectrum antibiotics.
- 3.1.4. Antibiotics are appropriate for oral infections when there is evidence of spreading infection or systemic involvement (fever, malaise).
- 3.1.5. Educate patients about the side effects of medication.
- 3.1.6. Consider a follow-up plan with the patient if symptoms worsen or do not improve.
- 3.1.7. Keep the risk of antimicrobial-resistant in mind when prescribing.

3.2. **Patient Assessment:**

- 3.2.1. The patient should be assessed for antimicrobial needs based on the following criteria:
 - a) The nature of infection/ location
 - b) Signs of fever and malaise indicate a potential for infection
 - c) The medical condition that might predispose the patient to certain infections e.g: immune deficiency, immune-suppression
 - d) Age
 - e) Allergies (Penicillin allergy). Patients should be carefully questioned about their history of antimicrobial allergies to determine whether a true allergy exists before selection of antimicrobial agents
 - f) Some medications may have adverse systemic effects (e.g: renal or liver impairment)

- g) Vital signs
- h) Weight and temperature

3.2.2. The oral examination includes:

- a) Dental and soft tissue examination including lymph nodes
- b) Radiographs should be obtained when indicated

3.2.3. The care provider shall prescribe the appropriate antimicrobials on HIMS/ prescription including:

- a) Name of antibiotic
- b) Dose
- c) Indication
- d) Duration
- e) Route of administration

3.3. Antimicrobial Selection

3.3.1. The selected antimicrobial should only cover the likely pathogen based on the nature and site of infection taking into consideration other patient risk factors to reduce the emergence of multidrug-resistant pathogens.

3.3.2. The spectrum of activity of antimicrobial chosen should be as narrow as possible covering the likely pathogens.

3.3.3. Broad-spectrum antibiotics such as clindamycin, co-amoxiclav, and clarithromycin should be restricted to the second-line treatment of severe infections only.

Antibiotics choices for oral bacterial infection in RAKCODS

Dental Abscesses	
Disease information	<p>As a first step in the treatment of bacterial infections, use local measures. For example, drain pus if present in dental abscesses by extraction of the tooth or through the root canals, and attempt to drain any soft-tissue pus by incision or through the periodontal pocket in case of periodontal abscess. However, do not attempt to drain a cellulitis-type swelling.</p> <p>The guidance recommends that antibiotics are appropriate for oral infections where there is evidence of spreading infection (cellulitis, lymph node involvement, swelling) or systemic involvement (fever, malaise). In addition, other indications for antibiotics are acute necrotizing ulcerative gingivitis and pericoronitis where there is systemic involvement or persistent swelling despite local measures.</p> <p>Broad-spectrum antibiotics such as clindamycin, co-amoxiclav, and clarithromycin should be restricted to the second-line treatment of severe infections only.</p> <ul style="list-style-type: none"> • Signs and symptoms of <u>non-spreading</u> infections may include: Pain, Swelling (Intra-oral), Mobile tooth, Tender tooth, Tender gum, and Sinus tract/fistula. • Signs and symptoms of <u>spreading</u> dental infection (systemic involvement): Pyrexia (Fever), Malaise, Regional lymphadenopathy, Extra-oral swelling/cellulitis, Trismus Difficulties with swallowing and breathing, Raised tongue and floor of the mouth, Drooling. <p>Note: that patients who have recently taken a course of antibiotics (within the preceding six weeks) have an increased risk of harboring bacteria resistant to that drug and should therefore be prescribed an alternative.</p>
Local measures	<p>If pus is present in a dental abscess, drain by extraction of the tooth or through the root canals.</p> <p>Soft tissue pus, drain by incision.</p>
First-line antibiotic (in case of ineffective local measures or systemic involvement)	<p>An appropriate 5-day regimen is a choice of:</p> <p>Adult: Amoxicillin Capsules- 500mg + Metronidazole- 400mg In patients who are allergic to penicillin, an appropriate 5-day regimen is: Metronidazole Tablets-400 mg</p> <p>Do not prescribe metronidazole for patients taking warfarin</p> <p>Pediatric: Amoxicillin 125mg-5ml / 250 mg -5ml</p>

	*Metronidazole is not licensed for use in children under 1 year
Second-line antibiotic	<p>If a patient has not responded to the first-line antibiotic prescribed, check the diagnosis.</p> <ul style="list-style-type: none"> • Co-amoxiclav is active against beta-lactamase-producing bacteria that are resistant to amoxicillin and can be used to treat severe dental infection with spreading cellulitis or dental infection that has not responded to first-line antibacterial treatment. • Clarithromycin is active against beta-lactamase-producing bacteria and can be used to treat severe dental infection with spreading cellulitis or dental infection that has not responded to first-line antibacterial treatment. • Clarithromycin is active against beta-lactamase-producing bacteria.
Periodontal Abscesses	
Antibiotic	<p>Amoxicillin- 500 mg 1.0-g loading dose, then 500 mg three times a day for 3 days</p> <ul style="list-style-type: none"> • Reevaluation after 3 days to determine the need for continued or adjusted antibiotic therapy <p>Penicillin Allergy metronidazole, 200–250 mg, t.i.d., for the duration of the active lesion (2–3 days) Clindamycin</p> <ul style="list-style-type: none"> • 600-mg loading dose, then 300 mg four times a day for 3 days • Azithromycin (or Clarithromycin) • 1.0-g loading dose, then 500 mg four times a day for 3 days

Necrotizing Periodontal Diseases	
Disease information	<p>use antiseptic agents; chlorhexidine-based mouth rinses (at 0.12– 0.2%, twice daily) are recommended. Other products have also been suggested, such as 3% hydrogen peroxide diluted 1:1 in warm water, and other oxygen-releasing agents, which not only contribute to the mechanical cleaning of the lesions but also provide the antibacterial effect of oxygen against anaerobes</p> <p>Metronidazole, at a dose of 250 mg every 8 hours, may represent the first line of treatment, due to its effectiveness against strict anaerobes</p>
Local measures	remove supra-gingival and sub-gingival deposits and provide oral hygiene advice. Limited debridement in the acute phase.

Antibiotic treatment	<p>If drug treatment is required (systemic involvement like swelling, fever or lymphadenopathy), an appropriate 5-day regimen is: Metronidazole Tablets, 400 mg *Do not prescribe metronidazole for patients taking warfarin.</p>
Pericoronitis	
Disease information	<p>Signs and symptoms of operculum are swollen, red, and often ulcerated, Pain, Trismus, Swelling, Halitosis, Fever, and Regional lymphadenitis.</p>
Local measures	<p>Carry out irrigation and debridement. In certain cases, consider extraction of the upper wisdom With spreading infection or persistent swelling consider antibiotics For severe infections, consideration should be given to using both amoxicillin and metronidazole in combination. Where there is significant trismus, the floor of the mouth swelling, or difficulty breathing, transfer the patient to the hospital as an emergency.</p>
Antibiotic treatment	<p>If drug treatment is required (systemic involvement like swelling, fever or lymphadenopathy), an appropriate 5-day regimen is: Metronidazole Tablets, 200 mg *Do not prescribe metronidazole to patients taking warfarin.</p>
Cardiac Conditions	
Disease information	<p>According to the American Heart Association and American Dental Association, antibiotic prophylaxis before dental procedures involving manipulation of the gums seems reasonable for patients with cardiac conditions. It's required in the following conditions:</p> <ul style="list-style-type: none"> ● Patients with prosthetic cardiac valve ● Previous infective endocarditis ● Congenital heart disease ● Cardiac transplantation ● Rheumatic heart disease <p>When to consider antibiotic prophylaxis in dental procedures? High-risk procedures. Antibiotic prophylaxis is indicated: Dental procedures requiring the manipulation of the gingival (including extractions and scaling) or periapical region of the teeth (including root canal procedures) or perforation of the oral mucosa, Oral/periodontal surgery, Periodontal procedures, Endodontic instrumentation beyond the apex or apical surgery, intraligamentary local anesthetic injections.</p>

	<p>Low-risk procedures. No antibiotic prophylaxis: Local anesthetic injections in non-infected tissue, Treatment of superficial caries not requiring gingival manipulation, Removal of sutures, Dental X-rays, Placement or adjustment of removable prosthodontic or orthodontic appliances or braces, Following shedding of deciduous teeth, Following trauma to the lips or oral mucosa.</p> <p>Special Circumstances:</p> <ul style="list-style-type: none"> • Antibiotics for prophylaxis should be administered in a single dose before the procedure. • If the dosage of antibiotic is inadvertently not administered before the procedure, it may be administered up to two hours after the procedure. • For patients already receiving an antibiotic that is also recommended for IE prophylaxis, then a drug should be selected from a different class; for example, for a patient already taking oral penicillin for other purposes; clindamycin would be recommended. • Management of patients with prosthetic joints undergoing dental procedures: in general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended before dental procedures to prevent prosthetic joint infection. • Consult a patient's orthopedic surgeon always.
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4. References

- 4.1. <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/antibiotic-prophylaxis>
- 4.2. <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/antibiotic-stewardship>
- 4.3. Lockhart, P. B., Tampi, M. P., Abt, E., Aminoshariae, A., Durkin, M. J., Fouad A. F., ... & Carrasco-Labra, A. (2019). Evidence-based clinical practice guideline on antibiotic use for the urgent management of pulpal-and periapical-related dental pain and intraoral swelling: A report from the American Dental Association. The Journal of the American Dental Association, 150(11), 906-921.
- 4.4. <https://www.dha.gov.ae/en/HealthRegulation/Documents/ddp/4.%20Guidelines%20for%20Oral%20and%20Maxillofacial%20Surgery.pdf>

4.5. <https://www.sdcep.org.uk/media/2wleqlnr/sdcep-drug-prescribing-for-dentistry-3rd-edition.pdf>

5. Tools / Appendices

5.1. Appendix MM.05-1 Common drug usage in Dentistry

Appendix MM.05-1 Common drug usage in Dentistry

Adult

Antibiotic	Dose	Frequency
Amoxicilin	500mg	8 hourly for 5 days
Amoxicilin plus clavulanic acid	375mg 875+125mg	8 hourly for 5 days 12 hourly for 5 days
Clarithromycin	250mg – 500mg	12 hourly for 5 days
Metronidazole	400mg 200mg	12 hourly for 5 days 8 hourly for 5 days

Pediatric

Antibiotic	Strength	Dose	Frequency
Amoxicilin	125mg/5ml 250mg/5ml	5-25mg/kg/dose	3 times a day
Amoxicilin plus clavulanic acid	156mg/5ml	22.5mg/kg/dose	3 times a day
Amoxicilin plus clavulanic acid	457mg/5ml	22.5mg/kg/dose	Twice a day
Clarithromycin	125mg/5ml	7.5mg-15 mg Kg/dose	Twice a day
Metronidazole	200mg /5ml 125mg/5ml	15-30 mg/kg	Twice a day

6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1			-new addition-

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University
RAK College of Dental Sciences



Policy/ Procedure Type:	Medication Management	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Administration of Local Anesthesia	
Policy Code Number:	MM.06	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Introduction

In anesthesia, the safe administration of drugs involves timely administration, preventing errors in drug administration, and reducing the chance of misdirecting drugs. It is the clinician's responsibility to realize that medication administration presents special challenges in the perioperative environment and to ensure safe dental practices. Clinicians are typically responsible for prescribing, administering, documenting, and monitoring local anesthetics.

A safe drug administration includes both correct administration practices and consideration for the medical condition of the client. Local anesthetic safety can be improved by identifying the causes of errors related to drug management and use and by actively implementing techniques accepted as likely to reduce such errors, such as regular auditing and review of practices.

2. Purpose

- 2.1.** Using these guidelines, clinicians can make sure that they are meeting all safety standards when providing local anesthesia and minimize adverse reactions.
- 2.2.** Additionally, they assist healthcare facilities in ensuring safe handling, proper documentation, and appropriate access to local anesthesia.
- 2.3.** The guidelines do not override the requirements of the MOHAP, but rather complement them.

3. Scope

This document is intended to apply to all RAKCODS clinicians and students administering local anesthesia.

4. General Principles

The aims of safe administration of local anesthesia are: Administer the correct medication to the correct client at the correct time, in the correct dose, by the correct technique. Furthermore, to accurately record this information in the template note of HIMS of the client's medical record.

In addition to the pharmacology of the medicines they prescribe and administer, clinicians providing anesthesia should also have an understanding of possible complications of drug administration and how to manage these complications. The clinicians who provide anesthesia should be aware of human factors that contribute to medication errors and take measures to prevent them. By collaborating with hospital staff, medications can be made available and presented safely. The regular audit of medication handling and reporting of errors in medication administration will enhance safe medication management and use.

5. Guidelines

5.1. Purchasing decisions on local anesthetics

Consideration should be given to factors relevant to reducing the risk of drug errors in purchasing and inventory management. When there is an interruption in supply, the purchasing strategy of a hospital can also significantly impact the availability of local anesthetics. The head of the procurement committee should consult before making any decisions regarding the purchase and presentation of drugs. Each type and concentration of drug should be separated.

5.2. Storage of local anesthetics

It is important to arrange anesthesia drugs and workspace formally with attention to orderliness and the position of dental cartridges. It is best to store similar medications together. Standardization within the institution is highly desirable. It should always be the goal to reduce complexity and eliminate redundancy. Consideration must be given to secure storage for transport, documentation of dispensing, administration of drugs, and disposal of unused medications. all the local anesthesia is received and stored as per

manufacturer's instructions and the supply chain is managed to ensure appropriate temperature is maintained. From the main storage of RAKCODS the cartridges are provided to the clinics through the nursing stations as per the weekly inventory raised by the in-charge nurses to the head nurses through SPI.

5.3. Checking drugs before administration

Before injecting any drug, it is critical to read the label on the dental cartridge. It is necessary to verify the drug's name, concentration, and expiry date. Within the hospital, a system is in place for regularly checking drug stock for expired drugs. To reduce medication errors and harm use the “five rights”:

1. the right patient
2. the right drug
3. the right dose
4. the right route
5. the right time

5.4. Maximum doses of Local Anesthesia

Generally, the least concentrated solution that provides effective pain relief should be used. However, there is a maximum tolerated dose that should not be exceeded in any case. In RAKCODS, the following local anesthetics are used with their maximum tolerated doses.

1. Lidocaine: without adrenaline is 4.4 mg/kg (not to exceed an absolute maximum dose of 300 mg), with adrenaline is 7mg/kg (not to exceed an absolute maximum dose of 500 mg).
2. Mepivacaine: with or without vasoconstrictor is 6.6 mg/kg (not to exceed an absolute maximum dose of 500 mg).
3. Adrenaline: The maximum tolerated dose of adrenaline in local anesthesia is 0.2 mg per appointment for healthy patients. The maximum recommended dose for patients with clinically significant cardiovascular disease (ASA Class 3 or 4) is 0.04 per appointment.

Note:

- The maximum volume of lidocaine administered depends on the concentration.
- In cases of multiple injections of local anesthetics, the total dose of both local anesthetics should not exceed the lower of the two calculated doses.

5.5. Administration principles

A person administering local anesthetic must identify each client clearly and explicitly before administering any medication. Before administering the local anesthetics, the client should be asked explicitly about their drug history and their allergies, and other adverse reactions. Alternatively, the client's medical records should be reviewed. Before administering a local anesthetic, a "Time Out" (or equivalent) process which includes client identification and verbal declaration of any known drug allergies should be performed. At RAKCODS this is practiced using the consent form for Local Anesthesia as in Appendix 1. All drugs should be administered by either a clinician or by senior dental students under the direct supervision of the clinician.

To minimize the risk of cross-infection between clients, the contents of anyone dental cartridge should be administered to only one client. The treatment area should be uncluttered, with clean trays available for each client. Care should be taken at all times to adopt best practices to mitigate the risk of transmission of micro-organisms associated with the storage and administration of local anesthetics. Do not let the dental needle contact the tray or other surfaces at all. A clinician must minimize the risk of infection by wiping the rubber stopper and diaphragm of the cartridge with 70% alcohol wipes.

The following points should be considered for a safe and efficient local anesthetic injection

Task	Standards
Communication with the client	<ul style="list-style-type: none"> - Identify client name and Date of Birth - Review the medical, allergies, and medication history - Evaluate the principal contraindications - Discuss the procedure with the client and allow asking questions - Observes the client’s reactions and talk to the client throughout the procedure

Task	Standards
Selection of the right anesthetic solution that fits the medical status of the client	<ul style="list-style-type: none"> - Know the maximum dose of local anesthetic with vasoconstrictors in the normal client and in case of the presence of medical problems like diabetes and a history of angina - Know when to use the plain local anesthetics - Know the properties of each local anesthetics
Applying topical anesthesia	<ul style="list-style-type: none"> - Wipe the injection site with a clean gauze (antiseptis of the injection site is optional) - Applies topical anesthesia for 1-2 minutes, wipes off excess
Selection of the right diameter and length of the needle	<ul style="list-style-type: none"> - Select the short needle for the infiltration technique and the long needle for the block technique - Use gauge (30) for infiltration only; 27 for both infiltration and block; 25 for block only
Loading and unloading sequences	<ul style="list-style-type: none"> - Put cartridge, engage the harpoon of the rod with the plunger of the cartridge (in case of doing aspiration), screw the needle, and check the flow of the solution from the needle before injection - Unload the needle first then the cartridge
Position of client and student and grip of the syringe	<ul style="list-style-type: none"> - Grip the dental syringe correctly by palm up and figure support or just palm up - Avoid palm-down grip - Put the client fully supine to aid cranial blood flow and prevent fainting (ideal). Some clients may be uncomfortable or feel vulnerable in this position. A compromise is to tilt the chair back at least thirty degrees to the vertical - Stand or sit at 7 O’Clock position to the client for right-handed students and 5 O’Clock position to the client for the left-handed student
Finger and or hand support	<ul style="list-style-type: none"> - Place the thumb of the non-dominant hand palpating the coronoid notch while the rest fingers are palpating the posterior aspect of the ramus externally - Use the 2 fingers (preferred in the anterior area) or the mirror or retractor (preferred in the posterior area) to reflect the tissue in case of buccal injection (block or infiltration) - Obtain good illumination and visibility of the injection site
Speed of the injection	<ul style="list-style-type: none"> - Deposit anesthetic solution at a proper speed. (Not too slow or too fast). It is about 1 minute for a full cartridge
Aspiration (regional block)	<p>Aspirate and proceed if a negative aspiration is observed or addresses a positive aspiration</p>

Task	Standards
The pace of the injection	<ul style="list-style-type: none"> - Identify and apply the point of entry and anatomical landmarks of the used technique - Obtains correct depth of needle penetration - Keep syringe out of client’s site - Use standard precautions throughout the procedure
Subjective and objective evaluations of the anesthetic Function	<ul style="list-style-type: none"> - Properly investigate the successfulness of anesthesia both by asking the client feedback subjectively and by applying the exact test objectively

5.6. Disposal of medications

Once local anesthetic utilization has been reconciled at the conclusion of the anesthetic and the anesthetic record completed, all partially used dental cartridges containing drugs should be safely discarded. No recapping of dental needles, but direct disposal in the sharps bin using artery forceps or any suitable manner as per the IPC training to reduce the possibility of occupational needle stick injury. The principles of effective hand hygiene should also be adopted in handling and administering medications. If a needle stick injury occurs, the student or staff is requested to go to the nursing stations and follow the protocol laid down and finally an OVR must be raised to record the happening.

5.7. Maintenance of accurate records

An accurate record of every local anesthetic injection is recorded by the nursing station as seen in Appendix 2. Also on HIMS details of LA are recorded as and when used. in a template note available on HIMS as applicable. This includes the drug name written in full, dosage, technique, time of administration, volume as seen in Appendix 3.

5.8. Reporting Adverse Events

Clients shall be monitored for any adverse effects by the clinicians. In case of any incident of adverse effect, the clinician shall inform the faculty immediately and shall take the appropriate actions and document in the client’s medical record accordingly. Any adverse event/ side effect/ complications should be reported immediately and an OVR raised which will then be looked into by the Quality and Patient Safety Chairperson/in-charge.

6. References

- 6.1. Malamed, Stanley F. Handbook of Local Anesthesia. 7 ed. St Louis: Mosby Elsevier, 2019. Text.
- 6.2. Australian Commission on Safety and Quality in Health Care. National standard for user-applied labelling of injectable medicines, fluids and lines [Internet]. 2016. From:<https://www.safetyandquality.gov.au/wpcontent/uploads/2015/09/National-Standard-for-User-Applied-Labeling-Aug-2015.pdf>. Accessed 12 October 2016.

7. Tools/Appendices

- 7.1. Appendix MM.06-1 Consent Form
- 7.2. Appendix MM.06-2 - LIDOCAINE ANESTHESIA LOGBOOK
- 7.3. Appendix MM.02-3 - LIDOCAINE ANESTHESIA ON HIMS

Appendix MM.06-1 Consent Form



RAK College of Dental Sciences
Consent Form for PROCEDURES with Local Anesthesia

Note: Nurses are requested not to issue LA if any field is wrong or missing.

Name: _____ Age/Sex: _____
 Date: _____ MR No.: _____ BP: _____

Make sure the patient had food or ate before the treatment

1. I hereby consent Dr. _____ RAKCODS to perform _____ on tooth #: _____ for clinical training and demonstration.
2. I declare that a complete explanation of all treatments, procedures and possible complications were provided to me.
3. I authorize my treating surgeon to perform additional or different procedures than those planned which they may discover during surgery and are advisable in their professional judgment.
4. I understand that my record could be used for research or teaching purpose without any reference to my name or identity.

 Name & Signature of the student

 Name & Signature of the Patient

No. of Cartridge/s:	For any additional LA needed, this line must be filled up again									
	1		+1		+1		+1		+1	
Type of Anesthesia	w/ Epi	non-Epi	w/ Epi	non-Epi	w/ Epi	non-Epi	w/ Epi	non-Epi	w/ Epi	non-Epi
Name & Signature of Supervisor										
Name & Signature of Nurse										
Remarks										



كلية رأس الخيمة لعلوم الأسنان

Consent Form for PROCEDURES with Local Anesthesia

Note: Nurses are requested not to issue LA if any field is wrong or missing.

Name: _____ Age/Sex: _____
Date: _____ MR No.: _____ BP: _____

Make sure the patient had food or ate before the treatment

- 1- أنا أدرك وأوافق أن يقوم الطبيب.....
بكلية رأس الخيمة لطب الأسنان بعمل
جراحة الفم والأسنان وذلك لغرض التدريب الإكلينيكي .
- 2- أقر بأنه قد قدم إلي شرحا كاملا لجميع العلاجات والإجراءات والمضاعفات المحتملة بالنسبة لي .
- 3- أنا أعطي الإذن للطبيب الجراح لتقديم عمليات اضافية (مختلفة) عن تلك المخطط لها أو قد تم الشرح عنها والتي قد تكتشف خلال فتره العلاج وينصح بها من خلال حكمهم المهني .
- 4- إني أعلم بأنه قد تستخدم قراءات سجلي (المرضى) لغرض البحث أو التدريس دون الاشارة الى هويتي أو اسمي .

Name & Signature of the student

Name & Signature of the Patient

No. of Cartridge/s:	For any additional LA needed, this line must be filled up again									
	1		+1		+1		+1		+1	
Type of Anesthesia	w/ Epi	non- Epi	w/ Epi	non- Epi	w/ Epi	non- Epi	w/ Epi	non- Epi	w/ Epi	non- Epi
Name & Signature of Supervisor										
Name & Signature of Nurse										
Remarks										



RAK College of Dental Sciences
Consent Form for PROCEDURES with Local Anesthesia
for PEDIATRIC PATIENTS

Note: Nurses are requested not to issue LA if any field is wrong or missing.

Name of child: _____

Age/Sex: _____

Date: _____

MR No.: _____

Make sure the patient had food or ate before the treatment

1. I hereby offer consent for my child to be treated by Dr. _____ of RAKCODS under the supervision of qualified faculty and clinical staff.
2. I authorize them to also give instructions in the form of presentations, demonstrations and also understand that my child can be a participant in the same.
3. I understand that my and/ or my child's record can be used for research or teaching purpose without any reference to my or my child's name or identity.
4. I offer consent for the extraction/restoration/pulp therapy/ any other treatment procedure that my child will be subjected to in this clinics under the supervision of licensed doctors.

Tooth #: _____

 Name & Signature of the student

 Signature of the parent (guardian)

No. of Cartridge/s:	For any additional LA needed, this line must be filled up again									
	1		+1		+1		+1		+1	
Type of Anesthesia	w/ Epi	non- Epi	w/ Epi	non- Epi	w/ Epi	non- Epi	w/ Epi	non- Epi	w/ Epi	non- Epi
Name & Signature of Supervisor										
Name & Signature of Nurse										
Remarks										



كلية رأس الخيمة لعلوم الأسنان

استمارة الموافقة بالنيابة عن الطفل

Note: Nurses are requested not to issue LA if any field is wrong or missing.

Name of child: _____ Age/Sex: _____
Date: _____ MR No.: _____

Make sure the patient had food or ate before the treatment

1. أقر بالموافقة على فحص طفلي من قبل د. ----- / طلاب / طالبات كليه راس الخيمة لطب الأسنان تحت إشراف أعضاء هيئة التدريس وطاقم العيادات المؤهلين.
2. أفوضهم أيضًا بإعطاء التعليمات في شكل عروض تقديمية وعروض توضيحية ، كما أفهم أيضًا أن طفلي يمكن أن يكون مشاركًا في نفس الشيء.
3. أدرك أنه يمكن استخدام سجلي / أو سجل طفلي لأغراض البحث أو التدريس دون أي إشارة إلى اسمي أو اسم طفلي أو هويته
4. أوافق على الاستخراج / الترميم / علاج اللثة/ أو أي إجراء علاجي آخر سيخضع له طفلي في هذه العيادات تحت إشراف أطباء مرخصين.

_____ Tooth #:

Name & Signature of the student

Signature of the parent (guardian)

No. of Cartridge/s:	For any additional LA needed, this line must be filled up again									
	1		+1		+1		+1		+1	
Type of Anesthesia	w/ Epi	non- Epi	w/ Epi	non- Epi	w/ Epi	non- Epi	w/ Epi	non- Epi	w/ Epi	non- Epi
Name & Signature of Supervisor										
Name & Signature of Nurse										
Remarks										

Appendix MM.06-2 - LIDOCAINE ANESTHESIA LOGBOOK



**RAK COLLEGE OF DENTAL SCIENCES
LIDOCAINE ANESTHESIA LOGBOOK**

CLINIC: _____

LOT NO						EXPIRY DATE
S. N O	DATE & CLINIC TIMINGS	STUDENT NAME	MR NO.	DOCTOR	NURSE	REMARKS
1						
2						
3						
4						
5						
6						
7						
8						
9						
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49						
50						

Name & Signature of Head Nurse: _____

Date: _____

Appendix MM.06-3 - LIDOCAINE ANESTHESIA ON HIMS

Local Anesthesia For

Anesthesia Required Yes No

Local Anesthesia Name:

Dose:

Cartridges/Carpules:

Route:

Sr #	Visit #	Local Anesthesia	Dose	Frequency	Route	Anesthesia Required	Date Time
1	78012	Lidocaine anesthetic	2 mg	2	Block	Yes	3/8/2023 11:34:04 AM

8. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1			-new addition-

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University
RAK College of Dental Sciences



Policy/ Procedure Type:	Medication Management	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Emergency Medications	
Policy Code Number:	MM.07	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose

- 1.1. To ensure the safe use of emergency medications including high alert medications in RAKCODS.
- 1.2. To maintain safe, appropriate, and quick access to medications used in case of a medical emergency.
- 1.3. To orient new faculty and staff on the availability of emergency medications including high alert medications. This will be a continuous process.

2. Policy

- 2.1. Medications used in case of emergency in RAKCODS shall be listed as per the MOHAP rules and regulations.
- 2.2. The list of Emergency Medications shall be standardized in all clinics of RAKCODS (Appendix 1)
- 2.3. Medications listed for emergency shall be available in crash carts or sealed box.
- 2.4. The crash cart shall be located on each floor where it is accessible and known to all staff.
- 2.5. Integrity and security of emergency medications in the crash carts and sealed boxes must be maintained.
- 2.6. Availability, storage, quality, quantity, expiry, and accessibility of emergency medications shall be monitored.

- 2.7. The head nurse shall assure the availability of emergency medications.
- 2.8. Emergency medications in the crash cart shall be placed in the first drawer and access is limited.
- 2.9. All emergency medications in RAKCODS shall be stored securely and identified in clinics as appropriate.
- 2.10. Clinical areas shall be identified where medications should be available to meet clients' and students' needs in case of medical emergencies.
- 2.11. The head nurse shall ensure that emergency medications are monitored as part of the monthly process whenever emergency medications are available in RAKCODS. This shall include:
 - 2.11.1. The availability of the emergency medications as per the approved list in each clinic as per MOHAP guidelines.
 - 2.11.2. Original labeling from the pharmaceutical supplier including high alert medication labels as appropriate. (High Alert Medications (HAM) should be labeled in the box)
 - 2.11.3. Security of the medication using an appropriate box with evidence of seal.
 - 2.11.4. Expiry as per the list of inventories of medications and their expiry date.
 - 2.11.5. The emergency medications are replaced promptly (within 24 hrs.) after use or when expired or damaged.
- 2.12. Concentrations and volume options for high-alert medications are limited and standardized.

3. Procedures

- 3.1. The head nurse and the registered nurse at RAKCODS will be responsible for implementing and monitoring this policy.
- 3.2. The emergency medications including the high alert medications will be used on the prescription of the oral and maxillofacial surgeon at RAKCODS.
- 3.3. The nurse who will administer these medications upon prescription is the one who will be responsible for the Emergency Medications, Ms Josephine Bumacod Velonza is the assigned nurse at RAKCODS. Ms. Sherin will replace Ms. Josephine if needed.

- 3.4. The assigned nurse will document the administration of all medications and then the details will be entered by the student/intern to whom the patient is assigned. The details will be recorded on HIMS.
- 3.5. The list of Emergency Medications is listed in the table below.
- 3.6. The head nurse shall list and standardize emergency medications in different clinics in RAKCODS.
- 3.7. The head nurse shall assure the availability of emergency medications.
- 3.8. The assigned nurse shall inspect the storage, security, availability, quantity, expiry, and accessibility of emergency medications after each use, for inspection or to replace the expired ones.
- 3.9. No other medications/items should be placed in the first drawer of crash carts/ sealed emergency box.
- 3.10. When Epinephrine (HAM) is used, an independent double check is required by the assigned nurse before administering.
- 3.11. The assigned nurse shall inform when the box seal is broken.
- 3.12. Expired medications should be discarded in a yellow bag with a blue seal as per Waste Management Agency (WMA) regulations of Ras Al Khaimah.
- 3.13. Any medication side effects should be reported to the Chairperson Clinical Sciences via the OVR reporting on HIMS.
- 3.14. The assigned nurse shall report any mis-happenings with regards to Emergency Medications by OVR as per the policy
- 3.15. The assigned nurse is responsible for the audit of the crash cart contents including the emergency and high alert medications.

4. References

- 4.1. <https://mohap.gov.ae/assets/download/b09307/Out%20Patient%20Care.%2013-07-2017.pdf.aspx>
- 4.2. <https://www.dha.gov.ae/Documents/HRD/RegulationsandStandards/Polocies/Purchasing%20Emergency%20Medication.pdf>
- 4.3. <https://www.dha.gov.ae/Documents/Regulations/Outpatient%20Care%20Facilities%20Regulation.pdf>

- 4.4. <https://www.sdcep.org.uk/media/2wleqlnr/sdcep-drug-prescribing-for-dentistry-3rd-edition.pdf>

5. Tools/Appendices

- 5.1. Appendix MM.07-1 Emergency Medications
- 5.2. Appendix MM.07-2 Flash Audit for Crash Carts and Recovery Room
- 5.3. Appendix MM.07-3 Regular Audit for Crash Carts
- 5.4. Appendix MM.07-4 Regular Audit for Recovery Room
- 5.5. Appendix MM.07-5 Emergency Medication/HAM Administration Sheet

Appendix MM.07-1 Emergency Medications

Serial no	Drug	Quantity Available	Location	Dosage	Route of Administration	Indications	Maximum Dosage per patient	Lot Number	Expiry Date	Availability
1	Hydrocortisone Sodium Succinate Inj.IV	11 vials	2pc – recovery room 3pcs-ground floor, first floor and second floor crash carts	100mg powder vial	IV	Acute Hypersensitivity reactions and Anaphylaxis	100 mg, can be repeated if needed up to 300 mg.	SN076969781471 SN093067280045 SN864590878371 SN482035688522 SN808466660581 SN23024561053585 2	3/31/2025 2/28/2025 4/30/2026	✓
2	Water for injection-IV/IM	15pcs	3pcs – recovery room 4pcs – ground floor, first floor and second floor crash carts	5 ml	IV	Mixed with the Hydrocortisone Sodium Succinate as per manufacture guidelines			9/30/2027	✓
3	Dexamethasone Inj. IV	9amp.	3pcs - ground floor, first floor and second floor crash carts	8 mg/2ml vial	IV	Post-operative Edema	8mg Once.	BN2106997	8/31/2024	✓
4	Epi Pen (Adrenaline)-IM/Sc	3 syringes	1pc – ground floor, first floor and second floor crash carts	0.3 mg preloaded syringe	IM	Acute Anaphylaxis	0.3 mg then 0.3 mg after 5 minutes As required	BN2KB462	5/31/2024	✓
5	Epi Pen (Adrenaline) pediatric-IM/Sc	1 syringe	1pc – recovery room	0.15 mg preloaded syringe	IM	Acute Anaphylaxis	0.15 mg then 0.3 mg after 5 minutes As required	BN3KC280	10/30/2024	✓
6	Chlorpheniramine Inj.-IM/10mg /1ml vial	10amps.	4pcs – recovery room	10mg /1ml vial	IM	Allergic reactions	Adult: 10 mg for 1 dose, to be	BN01895	6/30/2025	✓

Serial no	Drug	Quantity Available	Location	Dosage	Route of Administration	Indications	Maximum Dosage per patient	Lot Number	Expiry Date	Availability
			2pcs each–ground floor, first floor and second floor crash carts				repeated if necessary; maximum 4 doses per day			
7	Dextrose 5% -Infusion	8bottles	2 pcs each–recovery room, ground floor, first floor, second floor crash carts	5% - Infusion-500 ml	IV Infusion	Supportive medication		BNLPO634	10/30/2026	✓
8	Diclofenac Na Inj.-IM-	2amps.	2pcs – recovery room	75 mg	IM	Acute Post-operative pain	75 mg 1-2 times a day; Maximum 150 mg per day	LNMS6258	10/30/2024	✓
9	Paracetamol Infusion-	2 bottles	2pcs – recovery room	1000mg/100 ml	IV Infusion	Pain, Fever	1 G every 4-6 hours does to be administered over 15 minutes; Maximum 4 G per day	BN23A1801	12/31/2024	✓
10	NS 0.9% infusion-Infusion-	4 bottles	1 each – recovery room, ground floor, first floor, second floor crash carts	0.9% infusion-Infusion-500 ml	IV Infusion	Supportive Medication		BNNPO305	3/31/2028	✓
11	Glucagon-IM/Sc-	1vial	1 pc – recovery room	1mg powder-1 ml sterile water	IM	Diabetic Hypoglycemia	1mg if no response within 10 minutes IV Glucose must be given	BNMW64355	2/28/2025	✓
12	Salbutamol inhaler Inhalational -			0.1mg/dose	Inhalation	Asthma	1-2 Puffs up to 4 Times			

Serial no	Drug	Quantity Available	Location	Dosage	Route of Administration	Indications	Maximum Dosage per patient	Lot Number	Expiry Date	Availability
					aerosol		per day			
13	Ventolin nebulules 5mg- Inhalational- nebulizer	3 pcs	1 pc each - ground floor, first floor, second floor crash carts	5mg/2.5 ml	Inhalation Nebulization	Asthma	5 mg repeated up to 4 times per day	LN6P4R LNFF3M LN6P4R	05/2024	✓
14	Phsiologica NS 5ml for neulization	9pcs.	3pcs – recovery room 2pcs - ground floor, first floor, second floor crash carts	5ml	Inhalation Nebulization	Mix with Ventolin for nebulization			8/31/2025	✓
15	Glyceryl Trinitrate (GTN)- Sublingual	1pc	1pc recovery room	-0.4 mg/ dose spray		Angina	0.4-0.8 administered under the tongue and closed the mouth, dose can be repeated at 5 minutes intervals if needed.	LNIC990AE	3/31/2024	✓
16	Aspirin PO(Chewable)	10tabs.	4pcs – recovery 2pcs- ground floor, first floor, second floor crash carts	300mg tablets	PO	Unstable Angina/ MI	300 mg, Once per day.	BNBT172Z1	8/31/2024	✓
17	Desloratadine Tablets “Aerius”	24tabs	7tabs – ground floor crash cart 10tabs – first floor crash cart 7tabs – second	5mg	PO	Mild Allergic Reaction and Nasal Congestions	5 mg once per day	BN1220033	2/28/2024	✓

Serial no	Drug	Quantity Available	Location	Dosage	Route of Administration	Indications	Maximum Dosage per patient	Lot Number	Expiry Date	Availability
			floor crash cart							

Appendix MM.07-2 Flash Audit for Crash Carts and Recovery Room



RAK COLLEGE OF DENTAL SCIENCES
Crash Carts and Recovery Room Audit Form
FLASH AUDIT (✓ AS APPLICABLE)

S. No.	Check Points (If the following are mentioned or recognized)	Yes	No	Comments/Remarks
1	Name of medicine			
2	Lot number			
3	Expiry Date			
4	Quantity/stocks			
5	Date and Clinic			

AUDIT CONDUCTED BY:

FULL NAME:

SIGNATURE:

DD/MM/YYYY:

Appendix MM.07-3 Regular Audit for Crash Carts

REGULAR AUDIT FOR CRASH CARTS (✓ AS APPLICABLE)

Floor: _____

ITEMS	Month:		Month:	
	Quantity Available	Expiry Date	Quantity Available	Expiry Date
Drawer 1: MEDICATIONS				
Hydrocortisone Sodium Succinate Inj.IV				
Water for injection-IV/IM				
Dexamethasone Inj. IV				
Epi Pen (Adrenaline)-IM/Sc				
Epi Pen (Adrenaline) pediatric-IM/Sc				
Chlorpheniramine Inj.-IM/ 10mg /1ml vial				
Dextrose 5% -Infusion				
Diclofenac Na Inj.-IM-				
Paracetamol Infusion-				
NS 0.9% infusion- Infusion-				
Glucagon-IM/Sc-				
Salbutamol inhaler Inhalational -				
Ventolin nebules 5mg-Inhalational-nebulizer				
Physiologica NS 5ml for neulization				
Glyceryl Trinitrate (GTN)-Sublingual				
Aspirin PO(Chewable)				
Desloratadine Tablets “Aerius”				
Drawer2:				
Thermometer				
Pulse Oximeter				
Glucometer device				
Glucometer strips				
Glucometer needles				
Glucometer needle holder				
Tourniquet				
Suirgical glove				
Oxygen mask Pedia				
Oxygen mask Adult				
Drawer 3:				
Glucose D				
Blanket				
Drawer 4:				
Examination gloves small				
Examination gloves medium				
FIRST AID KIT: In the cabinet				
Betadine solution 120 ml				
Mebo ointment 15gm				
Fucidin cream 2% 30gms.				
Surgical gloves				

Appendix MM.07-4 Regular Audit for Recovery Room

REGULAR AUDIT FOR RECOVERY ROOM

(✓ AS APPLICABLE)

Floor: Ground

ITEMS	Month:		Month:	
	Quantity Available	Expiry Date	Quantity Available	Expiry Date
Drawer 1: MEDICATIONS				
Hydrocortisone Sodium Succinate Inj.IV				
Aspirin (effervescent)tablet				
Glucagon-IM/Sc-				
Dexamethasone Inj. IV				
Glyceryl Trinitrate (GTN)-Sublingual Spray				
Chlorpheniramine Inj.-IM/ 10mg /1ml vial				
Diclofenac Na Inj.-IM- (Voltaren inj.)				
Epi Pen (Adrenaline) pediatric-IM/Sc				
Epi Pen (Adrenaline)-adult IM/Sc				
Dextrose 5% -Infusion				
NaCl 0.9% infusion- Infusion-				
Water for injection-IV/IM				
Physiologica NS 5ml for nebulization				
Paracetamol Infusion-				
Drawer2:				
Non woven cannula wound dressing				
3Way stop lock w/blue handle				
IV cannula G.20,G22,G24				
IV Infusion set				
Guedal airways Sz.40,50,70,80,90,100,110,120mm				
Nebulizer mask set (pedia &adult)				
3Way with extension tube				
Oxygen nasal cannula				
Suction Catheter 14Fr.				
Drawer 3:				
Yankuer suction set 1.8m				
Facemask				
Headcap				
Gown				
Examination gloves (Medium & Small)				
Disp. tourniquet				
Spandex plain bandage				
Non-woven cannula wound dressing				
Distilled/Mineral water for oxygen humidifier bottle				
3-way stop lock				
Drawer 4:				
Thermal blanket				
Disp.pillows				

Appendix MM.07-5 Emergency Medication/HAM Administration Sheet

Emergency Medication/HAM Administration Sheet

SI No.	Date	MR No.	Name	Age	Gender	Prescribed by:	Administered by:	Time of Administration	Signature

6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	15 th Nov 2023		The list of all emergency medications modified.

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University
RAK College of Dental Sciences



Policy/ Procedure Type:	Medication Management	Prepared by: Dr. Vivek Padmanabhan Chairperson Clinical Sciences
Title:	Telephonic and Verbal Order Form	
Policy Code Number:	MM.08	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 24, 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

- 1.1. The use of telephonic and verbal orders in RAK College of Dental Sciences (RAKCODS) is used only in emergency situations where the prescribing doctor is not available in the building.
- 1.2. In case the verbal and telephonic orders need to be used to facilitate continued and timely care of the patients in RAKCODS.

2. Policy Statements:

- 2.1. In RAKCODS the complete verbal and telephonic order is written down by the receiver of the order.
- 2.2. In RAKCODS complete verbal and telephonic order is read back by the receiver of the order.
- 2.3. In RAKCODS order is confirmed by the individual who gave the order.
- 2.4. Above mentioned policy shall support consistent practice in verifying the accuracy of verbal and telephonic communication.

3. Definitions and Abbreviations:

- 3.1. **Telephonic orders:** An order given by an authorized dentist usually in response to a dental assistant/ dentist who initiated that telephonic call.
- 3.2. **Verbal Order:** An order given by an authorized dentist who is present in the clinic.

3.3. RAKCODS: RAK College of Dental Sciences

4. Procedures:

- 4.1. Verbal orders must be limited to situations where immediate written or electronic communication is not possible.
- 4.2. Telephonic orders are usually only accepted where the dentist is not present in the dental clinic.
- 4.3. Telephone and verbal orders must only be accepted by a student/intern/instructor/teaching assistant/faculty dealing with the patient directly.
- 4.4. Telephone and verbal orders must be clearly communicated and include two correct patient identifiers (Patient Full Name and Date of Birth).
- 4.5. Telephone order: The person receiving the order immediately writes it on a verbal/telephone order form. The receiving person then “READS BACK” the order to the prescribing physician for confirmation.
- 4.6. Verbal order:
 - 4.6.1. Verbal orders are only accepted in case of emergency situations.
 - 4.6.2. Verbal orders are also required to be written down, read back and confirmed in emergency situations.
 - 4.6.3. The receiving person writes down, “READS BACK” the order to the prescribing dentist for confirmation.
 - 4.6.4. The ordering person verifies the accuracy of verbal communication.
 - 4.6.5. All verbal order shall be documented in verbal order form by the order receiver and signed by the student and supervision doctor within 24 hours.
- 4.7. Telephone and verbal orders for medications must include:
 - 4.7.1. Name of medication.
 - 4.7.2. Dosage dictated in words e.g. fifty milligrams as “five zero” milligram.
 - 4.7.3. Route and frequency without abbreviations, e.g. one tab stat as “one tablet orally stat”.
 - 4.7.4. Name of the prescribing dentist.
 - 4.7.5. Date and time of prescription.
 - 4.7.6. Name and signature as needed on the form.
 - 4.7.7. Drug order must be transcribed as stated by the prescribing physician.

- 4.7.8. The order should be completed in the medication order form on HIMS within 24 hours from the telephonic/verbal order.

5. Performance Monitoring:

Not Applicable

6. References

JCI Accreditation Standards for Ambulatory Care, 3rd Edition

Qmentum International, 4th edition

7. Tools / Appendices

- 7.1.** Appendix MM.08-1 Telephonic and Verbal Order Form

Appendix MM.08-1 Telephonic and Verbal Order Form



RAK College of Dental Sciences

Telephonic / Verbal Order Form

Verbal Order

Telephonic Order

Date and Time:

Clinic:

Patient Name	MR no	Medicine Name	Dose	Frequency	Dental Assistant Name and Sign	Doctor Signature

Note: The order should be completed in the medication order form on HIMS within 24 hours from the telephonic/verbal order.

Student's Name and Signature:

Supervising Doctor and Signature

8. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1			-new addition-

Authorization Form

<p>Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	

NURSING

POLICIES



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Nursing	Prepared by: Ms. Puja Dipu Das Head Nurse
Title:	Dress Code for Nurses and Requirements	
Policy Code Number:	NS.01	Reviewed by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To ensure that professional image of RAKCODS Nursing Staff is upheld and standards in dress code maintained. All must adhere to the clinical dress code.

2. Policy Statement

This policy applies to all RAKCODS nurses undertaking clinical duties and assignments at RAKCODS to ensure appropriate uniforms during the provision of clinical care.

3. Procedures

- 3.1. All nurses are required to wear the prescribed uniform and to present at work in a neat, clean and professional manner.
- 3.2. Cardigans/ jackets are not allowed to be worn during clinical duties.
- 3.3. Footwear must be safe, fully enclosed, well fitting, and secure with good support and quiet nonslip soles.
- 3.4. Identification name tags/badges must be worn at all times and must be clearly visible to the patients and other clients.
- 3.5. Hair should be clean and neat, and if longer than the bottom of the collar is to be tied back securely.

- 3.6. Nails should be clean and short for hand hygiene.
- 3.7. Nurses belonging to different cultural and religious groups may need to observe specific requirements of the prescribed uniforms that constitute an important part of their religious or cultural beliefs. Their particular needs are met in addition to ensuring the health and safety and well-being of staff and patients.
- 3.8. During pregnancy, maternity uniform (loose) will be worn by the nurse in exchange for the standard uniform for the duration of pregnancy.
- 3.9. All uniforms are laundered by the individual staff nurse.

4. Other Requirements

4.1. Personal Qualities

4.1.1. Medically fit to work:

4.1.1.1. Free from contagious diseases (Hepatitis B and C, etc.)

4.1.1.2. Good eyesight

4.1.2. The calm, confident and reassuring manner

4.1.3. The ability to relate well to people including children and those with special needs

4.1.4. Caring for people

4.1.5. Working as a part of a team

4.1.6. A positive and flexible approach to work

4.1.7. Following instructions

4.2. Educational Qualities

4.2.1. A graduate of Bachelor's Degree in Nursing

4.2.2. Qualification of Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DMD) or Bachelor of Dental Surgery (BDS)

4.2.3. Diploma in Dental Assistant or Dental Nursing or Hygienist or its equivalent certificate.

4.2.4. Experienced in the field of Dental Nursing and General Nursing

4.2.5. Licensed as applicable

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022		-New Addition- 4.2.2 Qualification of Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DDM) or Bachelor of Dental Surgery (BDS). 4.2.3 Diploma in Dental Assistant or Dental Nursing or Hygienist or its equivalent certificate.

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Nursing	Prepared by: Ms. Puja Dipu Das Head Nurse
Title:	Care of Instruments/ Equipment	
Policy Code Number:	NS.02	Reviewed by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To ensure that all borrowed instruments/equipment must be returned in the same condition.

2. Policy Statement

All instruments/equipment borrowed from the instrument room must be checked and listed on the borrower's form.

3. Procedures

3.1. Dispensing of Instruments/ Equipment

3.1.1. Borrower's form must be filled with the name, ID number and station number of the borrower.

3.1.2. Instruments are checked before dispensing

3.2. Returning of Instruments/ Equipment

3.2.1. All returned instruments/ equipment must be checked upon receiving.

3.2.2. Any broken/ damaged or missing instruments, must be reported on the Occurrence Variance Report (OVR) form on HIMS and a separate log can be maintained.

3.2.3. All instruments/ equipment used in the treatment areas are brought to CSSD (Dirty Area) for the process of disinfection and sterilization.

- 3.2.4. Equipment that cannot be sterilized by the autoclave is disinfected.
- 3.2.5. All handpieces are oiled before sterilization.
- 3.2.6. All sterilized instruments from the CSSD are returned to the instruments room, checked and stored in the cabinets.
- 3.3. Inventory of instruments is done daily and in case additional instruments are needed in the clinics, a request has to be done with the approval of doctor directly involved in the usage of such instruments and by the Dean. This request will be forwarded to the Store-In-Charge and she will process the purchase of the requested items or instruments.
- 3.4. All handpieces and equipment that are not in good working are being reported to the Engineer.
 - 3.4.1. A maintenance request form is given to the engineer.
 - 3.4.2. A copy of maintenance request form with the details of the handpieces and equipment to be repaired to be retained for filing.

4. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	3.2.1 All returned instruments/ equipment must be checked	3.2.1 All returned instruments/ equipment must be checked upon receiving.

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Nursing	Prepared by: Ms. Puja Dipu Das Head Nurse
Title:	Care of Materials/ Requisition	
Policy Code Number:	NS.03	Reviewed by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To provide clinic supplies and dental materials in a timely manner and to track the use of materials/ supplies in every clinic session. This policy applies to all clinics of RAKCODS.

2. Policy Statement

Request for Dental Materials/ Supplies should be done by the nurse in charge of nursing station on a weekly basis.

3. Procedures

- 3.1.** Inventory of dental materials on a weekly basis to determine the needed materials/ supplies to be requested by the nurse in charge of nursing station.
- 3.2.** Needed materials/supplies for the coming week are being requested through the system and approved by Chairperson-Clinical Sciences.
- 3.3.** The Store-In-Charge then checks the material requisition and issues the materials along with the system and approval of Chairperson-Clinical Sciences.
- 3.4.** Dental materials/supplies dispensed by the nurse in charge of the nursing station with strict compliance with infection control protocol.

3.5. Record Keeping

To ensure that appropriate and immediate action is taken in the event of damage, loss or tampering.

All records under the nursing care and computer system shall be safeguarded at all times against damage, loss or tampering.

- 3.7.1.** Prevent and safeguard records from damage, loss or tampering.
- 3.7.2.** Keep all records in a self-place.
- 3.7.3.** Routine checking of records in work areas to ensure that there are no signs of water dripping from pipes. In case of repairs, notify the line manager before all records are being transferred to a safe place.
- 3.7.4.** In case records are missing or stolen, the line manager must be contacted and the security must be notified by a written report.

3.6. Managing Patient's Welfare

To ensure that all patients are treated and taken care in appropriate manner. All patients shall be treated adhering to the patients' bill of rights as outlined in patient's rights. These are displayed in the reception area visible for the patients to read upon registration and also in the waiting areas.

3.7. Managing Student's Clinical Training

To ensure the smooth flow of the student's clinic.

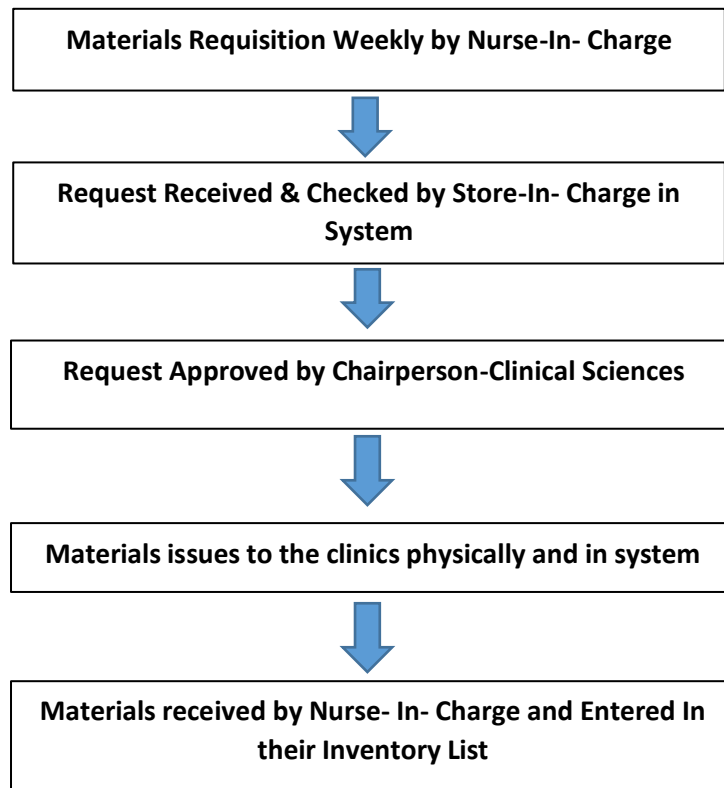
All Teaching Clinics must be prepared ahead of time.

- 3.7.1.** Clinics are prepared 30 minutes before clinic starts.
- 3.7.2.** Dental units and chairs are checked and disinfected.
- 3.7.3.** All instruments are ready for dispensing.
- 3.7.4.** All materials are ready for dispensing.
- 3.7.5.** Attendance of students is monitored and checked.
- 3.7.6.** Infection Control Protocol for students is monitored.
- 3.7.7.** Engineer is notified of any malfunction of the dental unit/chair for immediate service.

4. Tools/ Appendices

4.1. Appendix NS.03-1: Flowchart reflecting the Request and Approval of Material Required

Appendix NS.03-1: Flowchart reflecting the Request and Approval of Material Required



5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	Request for Dental Materials/ Supplies should be done by the nurse assigned to the material station on a regular basis.	Request for Dental Materials/ Supplies should be done by the nurse in charge of nursing station on a weekly basis.
			-New Addition- Appendix NS.03-1 has been provided.

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Nursing	Prepared by: Ms. Puja Dipu Das Head Nurse
Title:	Occurrence Variance Report (OVR)	
Policy Code Number:	NS.04	Reviewed by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To ensure that all incidents are reported in an appropriate manner and method. The policy applies to all clinics of RAKCODS.

2. Policy Statement

All incidents occurring within the clinical facility shall be reported through HIMS by using the Occurrence Variance Report (OVR) form within 72 hours of the event.

3. Procedures

- 3.1.** All incidents occurring within the clinical facility must be reported in writing by the involved individuals.
- 3.2.** The incident form is available in the HIMS at the nursing station in every clinic and also on HIMS.
- 3.3.** The Quality and Patient Safety committee decides the proper action regarding the reported incident.

4. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022		The timeline of reporting an OVR was added which was not previously present in the policy statement.

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	

CONTINUOUS
QUALITY
IMPROVEMENT
POLICIES



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Continuous Quality Improvement	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Quality Improvement Plan	
Policy Code Number:	QA.01	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

The RAK College of Dental Sciences Quality Improvement Plan is designed to evaluate the quality and appropriateness of care provided to patients and to ensure a safe and compliant environment for clinical training and patient care. The plan is intended to continuously improve the quality of care provided in the undergraduate clinics while enhancing the clinical educational experience for the student.

The Goals of the Clinical Quality Improvement Plan are:

1. To ensure that quality patient care is provided in the clinics
2. To provide a safe environment for our clients (patients and students), staff, and faculty
3. To provide a satisfactory dental experience for patients
4. To ensure a legally compliant practice environment

RAKCODS believes that its success depends solely on the quality of care it provides.

1. Purposes and Scopes

- 1.1.** To enhance the outcome of patient care through a planned quality improvement program based on established standards to measure the quality of patient care.
- 1.2.** To identify opportunities for performance improvement and to review policies and procedures at least annually and revise as necessary.

2. Policy Statement

A quality improvement plan, based on standards of care, evidence based practice and best practice guidelines must be established to monitor and improve patient care in RAKCODS.

3. Procedures

- 3.1. The Chairperson of the Quality and Patient Safety Committee supervises the quality improvement plan.
- 3.2. The Committee establishes criteria for standards of professional practice, for monitoring and assessing patient care and clinical performance, which are updated as needed in association with the Chairperson-Clinical Sciences and the Clinical Committee.
- 3.3. The Quality Improvement Plan includes regularly scheduled review of patient records, patient complaints and suggestions, reported incidents and any other documents pertinent to problem identification.
- 3.4. The Quality Improvement & Patient Safety Committee once formulated, which will include representation from all programs, meets regularly.
- 3.5. All policies and procedures and standards of care are reviewed at least annually and revised as necessary.

4. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	No changes	No changes

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	

HOSPITAL

SAFETY

POLICIES



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Infection Control	
Policy Code Number:	HS.01	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scopes

- 1.1. To define the Infection Control Program, its goals, objectives, authority and responsibility.
- 1.2. To develop and review infection control policies based on evidence-based and best practices that are consistent with the international literature and national regulatory guidelines.
- 1.3. To identify infections that occur in the clinics which have the potential for disease transmission; to recommend risk reduction practices by integrating principles of infection control into all direct and indirect standards of practice.
- 1.4. To identify potentially infectious patients, students or staff who may transmit disease to others.
- 1.5. To reduce the risk of disease transmission and to ensure maximal protection of patients, visitors, students and staff against infection.
- 1.6. To recommend risk reduction practices by integrating infection control principles into all standards of practice.
- 1.7. To provide feedback to clinicians and other healthcare

providers

- 1.8. The infection control program will cover all patients, students, staff, visitors, and all clinic areas all the time.

2. **Procedures**

2.1. **Program Leadership and Coordination**

2.1.1. Infection control program is run by IPC committee

2.1.2. The responsibilities of the committee include

2.1.2.1. To develop, evaluate and review policies and procedures

2.1.2.2. To implement and monitor the policies and procedures.

2.1.2.3. To carry out risk assessments to identify potential risks

2.1.2.4. To monitor likelihood of occurrence and spread of infectious diseases, including outbreaks.

2.1.2.5. To educate, train and communicate with staff, students and patients regarding guidelines to prevent exposure to infectious diseases.

2.1.2.6. To report cases to leadership and regulatory body, MOHAP, if required.

2.1.2.7. To monitor cleanliness, disinfection and sterilization of the facilities to reduce the number of pathogenic micro-organisms.

2.1.2.8. To raise awareness amongst students and clinical staff to practice standard infection control precautions for all patients/clients regardless of known or perceived contagious state.

2.1.3. The infection control program must follow the current guidelines provided by international and local regulatory bodies and it is the responsibility of the infection control team to keep up-to-date with these guidelines

2.1.4. The clinic administration must support the clinic infection control program through providing them with the required financial and manpower resources

2.2. **Focus of the Program**

2.2.1. The focus of the Clinic infection control program must include

2.2.1.1. Patients

- 2.2.1.2.** Students
- 2.2.1.3.** Staff
- 2.2.1.4.** Visitors
- 2.2.1.5.** Surveillance
- 2.2.1.6.** Procedures and processes associated with the risk of infection
- 2.2.1.7.** Equipment cleaning and disinfection and sterilization
- 2.2.1.8.** Environment care
- 2.2.1.9.** Management of medical and sharp waste
- 2.2.1.10.** Management of sharp injuries
- 2.2.1.11.** Engineering control monitoring
- 2.2.1.12.** Monitoring of any construction demolition and remodeling activity

2.3. Utilization of standard precautions must be covered in the program

2.3.1 As per CDC, Standard precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect healthcare workers and prevent them from spreading infections among patients. Standard Precautions include:

- 1 Hand hygiene.
- 2 Use of personal protective equipment (e.g., gloves, masks, eyewear).
- 3 Respiratory hygiene / cough etiquette.
- 4 Sharps safety (engineering and work practice controls).
- 5 Safe injection practices (i.e., aseptic technique for parenteral medications).
- 6 Sterile instruments and devices.
- 7 Clean and disinfected environmental surfaces.

2.4. Surveillance process

2.4.1. The surveillance activity is done following risk based approach. The clinic uses annual data to identify the infection risk to design surveillance process.

2.5. Risk Reduction Goals in Dental Procedures

Infection control committee determines the following as the risk reduction goal and will review them monthly:

- 2.5.1.** Hand hygiene
- 2.5.2.** Sharp injuries
- 2.5.3.** Complication/ surgical site infection rates
- 2.5.4.** Lost instrument rates
- 2.5.5.** Antibiotic Prescription

2.6. Training Program

2.6.1. Goal: To provide all hospital staff, Patient and families with the required knowledge about the implementation and adherence to infection control program in order to prevent and control infection at the hospital

2.6.2. Focus groups

2.6.2.1. Infection control education program will cover students, doctors, nurses, radiology technician, patients and significant other(s), each according to their type of information needed through orientation, education and training but it will give more efforts in educating and training health care providers who are in direct contact with the patients.

2.6.2.2. Patients/significant other(s) should be educated through posters, brochures and videos at their level of understanding of rational for isolation precautions, behaviors required of them in observing these precautions and conditions for which to notify the health team

2.6.3. Structure of the Program

Infection control education program will be as follow:

2.6.3.1. Orientation program for the new hired employees.

2.6.3.1.1. Infection control training program will be part of all orientation programs of the clinic designed for all newly hired employees.

2.6.3.2. A continuous infection control in-service program for all employees:

2.6.3.2.1. Training for the staff on the important infection control policies, procedures and guidelines which should be conducted by the Infection and Prevention Control Team.

2.6.3.2.2. This may include but not limited to:

2.6.3.2.2.1. Lectures about policies and procedures to related personnel.

2.6.3.2.2.2. Lectures to show infection rates and trends in addition to actions taken to reduce those rates.

2.6.3.2.2.3. Lectures to address any new disease and topics related to infection issues as they arise.

2.6.3.3. Patient and families are encouraged and educated to participate in the implementation and use of infection prevention and control practices such as hand hygiene in the clinic through booklet, poster etc.

2.6.3.4. Annual training review:

Review for the most important policies must be done annually with the target groups who should be educated at their level of understanding and includes the following:

2.6.3.4.1. Students

2.6.3.4.2. Doctors

2.6.3.4.3. Nurses

2.6.3.4.4. Housekeeping workers.

2.6.3.4.5. Maintenance workers.

2.6.3.4.6. Technician

2.6.4. Strategies to Perform the program

2.6.4.1. Lectures

2.6.4.2. Videos

2.6.4.3. Posters

2.6.4.4. Brochures

2.6.5. Program evaluation

The program will be evaluated by different evaluation tools which include:

2.6.5.1. Demonstration which is used for the evaluation of procedures such as hands hygiene, etc...

2.6.5.2. General evaluation form to evaluate the lecture by attendees

2.6.5.3. Implementation observation by the infection control team during the infection control rounds.

2.7. Performance Monitoring

2.7.1. Infection control program sets different strategies to measure its performance, these strategies are:

2.7.1.1. Infection control quality indicators: that are measured and reviewed on monthly basis by the Infection and Prevention Control Committee. Significant variation requires intensive analysis and action taken report from the committee.

2.7.1.2. Hand Hygiene: Data on compliance to hands hygiene policy will be collected for doctors, students, nurses and technicians monthly and the analysis results will be discussed in the IPC committee for recommendations. Lower compliance rates will be analyzed and methods discussed to achieve the benchmark. All the results are circulated in the organization to create awareness amongst all stakeholders including patients and visitors.

2.7.2. Program Evaluation

2.7.2.1. A successful infection-control program depends on:

2.7.2.1.1. Developing standard operating procedures.

2.7.2.1.2. Evaluating practices and compliance rates

2.7.2.1.3. Routinely documenting adverse outcomes (e.g., occupational exposures to blood) and work-related illnesses in HCWs.

2.7.2.2. Strategies and tools to evaluate the infection-control program can include:

- 2.7.2.2.1. Periodic observational assessments
- 2.7.2.2.2. Checklists to document procedures.
- 2.7.2.2.3. Review of IPC policies every 3 years or as required owing to the dynamic nature of infections.
- 2.7.2.3. Evaluation offers an opportunity to improve the effectiveness of both the infection-control program and dental practice protocols.
- 2.7.2.4. If deficiencies or problems in the implementation of infection-control procedures are identified, further evaluation is needed to eliminate the problems.
- 2.7.2.5. Examples of infection-control program evaluation activities are provided in the table below:

Program Element	Evaluation Activity
Appropriate immunization of HCWs.	Conduct annual review of personnel records to ensure up-to-date immunizations.
Assessment of occupational exposures to infectious agents.	Report occupational exposures to infectious agents. Document the steps that occurred around the exposure and plan how such exposure can be prevented in the future.
Comprehensive post-exposure management plan and medical follow-up program after occupational exposures to infectious agents.	Ensure the post-exposure management plan is clear, complete, and available at all times to all HCWs. All staff should understand the plan.
Adherence to hand hygiene before and after patient care.	Observe and document circumstances of appropriate or inappropriate hand-washing. Review findings in IPC committee meeting.
Proper use of personal protective equipment to prevent occupational exposures to infectious agents.	Observe and document the use of barrier precautions and careful handling of sharps. Review findings in IPC committee meeting.
Routine and appropriate sterilization of instruments verification of sterilization cycle.	Monitor physical indicator with paper log of steam cycle. Chemical indicator with temperature strip with each sterilization load and Bowie-Dick test for efficacy of air removal. Further verify by weekly biologic

Program Element	Evaluation Activity
	monitoring. Take appropriate action when failure of sterilization process is noted.
Evaluation and implementation of safer medical devices.	Conduct an annual review of the exposure control plan and consider new developments in safer medical devices.
Proper handling and disposal of medical waste.	Observe the safe disposal of medical and non- medical waste and take preventive measures if hazardous situations occur.
Health-care–associated infections	Assess the unscheduled return of patients after procedures and evaluate them for an infectious process. A trend might require formal evaluation

3. References

- 3.1. WHO guideline for hand hygiene 2009.
- 3.2. CDC isolation precaution guideline 2007.
- 3.3. Joint Commission International Accreditation Standards for Hospitals, Prevention and Control of Infections, 5th Edition, Joint Commission Resources
- 3.4. Garner, J, Guideline for Isolation Precautions in Hospitals. Infection Control Hosp. Epidem.1996
- 3.5. Centers for disease prevention and control (CDC).
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- 3.8. Reheis, C. Neutropenia. Nursing Clinics of North America, Vol. 20 (1)
- 3.9. APIC Text of Infection Control and Epidemiology, 2000.
- 3.10. Reboli AC, John JF, Platt CG and Cantley JR. Methicillin Resistant Staphylococcus Aureus Outbreak at a Veteran’s Affairs Medical Center: Importance of Carriage of the Organism by Hospital Personnel.
- 3.11. Revised guidelines for control of MRSA: Applying Appropriately Based Recommendations. Journal of Hospital Infection 1999.

- 3.12. Hartstein A, Mulligam M. Methicillin-Resistant Staphylococcus Aureus. In C Glen Mayhall, Hospital Epidemiology and Infection Control, Williams and Wilkens, 1999.
- 3.13. Jones Hopkins hospital policy.
- 3.14. McDonald LL. Pugliese G. Textile processing service. In Mayhall CG. Hospital Epidemiology and Infection Control. Baltimore: Williams and Wilkins, 1999.
- 3.15. Regulations of the ministry of health
- 3.16. Hospital Procedure Manual.
- 3.17. Nursing competency based practice manual.
- 3.18. Dubai municipality regulations
- 3.19. American Occupation safety and health Administration (OSHA), Bloodborne Pathogen standard

4. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	1.5. To make and review infection control policies.	1.2. To develop and review infection control policies based on evidence-based and best practices that are consistent with the international literature and national regulatory guidelines.
			-New addition- 2.1.2. The responsibilities of the committee include: 2.1.2.1. To develop, evaluate and review policies and procedures 2.1.2.2. To implement and monitor of the policies and procedures. 2.1.2.3. To carry out risk assessments to identify potential risks 2.1.2.4. To monitor likelihood of occurrence and spread of infectious diseases, including outbreaks. 2.1.2.5. To educate, train and communicate with staff, students and patients regarding guidelines to prevent exposure to infectious diseases. 2.1.2.6. To report cases to leadership and

			<p>regulatory body, MOHAP, if required.</p> <p>2.1.2.7. To monitor cleanliness, disinfection and sterilization of the facilities to reduce the number of pathogenic micro-organisms.</p> <p>2.1.2.8. To raise awareness amongst students and clinical staff to practice standard infection control precautions for all patients/clients regardless of known or perceived contagious state.</p>
			<p>-New addition-</p> <p>2.3.1 As per CDC, Standard precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect healthcare workers and prevent them from spreading infections among patients. Standard Precautions include:</p> <ol style="list-style-type: none"> 1- Hand hygiene. 2- Use of personal protective equipment (e.g., gloves, masks, eyewear). 3- Respiratory hygiene / cough etiquette. 4- Sharps safety (engineering and work practice controls). 5- Safe injection practices (i.e., aseptic technique for parenteral medications). 6- Sterile instruments and devices. 7- Clean and disinfected environmental surfaces.
			<p>-New addition-</p> <p>2.5.3. Complication/ surgical site infection rates</p> <p>2.5.4. Lost instrument rates</p> <p>2.5.5. Antibiotic Prescription</p>
		2.7.2.1.2. Evaluating practices	2.7.2.1.2. Evaluating practices and compliance rates
		Program element Routine and appropriate	Program element Routine and appropriate sterilization of instruments verification of sterilization cycle.

		<p>sterilization of instruments using a biologic monitoring system.</p> <p>Evaluation activity</p> <p>Monitor paper log of steam cycle and temperature strip with each sterilization load, and examine results of weekly biologic monitoring. Take appropriate action when failure of sterilization process is noted.</p>	<p>Evaluation activity</p> <p>Monitor physical indicator with paper log of steam cycle. Chemical indicator with temperature strip with each sterilization load and bowie-dick test for efficacy of air removal. Further verify by weekly biologic monitoring. Take appropriate action when failure of sterilization process is noted.</p>
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Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Immunization	
Policy Code Number:	HS.02	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

The purpose of this policy is to outline the immunizations required or recommended for students, interns, staff and faculty in RAKCODS. This policy also provides list of immunizations recommended for patients in general.

2. Policy Statement

Health-care workers (HCWs) are at risk for exposure to communicable diseases because of their contact with patients or infectious material from patients. Maintenance of immunity to vaccine-preventable diseases is therefore an essential part of prevention and infection control.

3. Procedures

3.1. Vaccination requirements for healthcare workers in RAKCODS.

Hepatitis B is highly recommended for patients and Covid-19 is mandatory for all patients. Those who cannot take the covid-19 vaccine must have Al Hosn Green pass for entry in the facility. However, any updated guidelines from International and National Regulatory bodies will be followed.

3.2. Hepatitis B vaccination

3.2.1. Hepatitis B vaccination is a mandatory prerequisite to work in clinics.

3.2.1.1. Submission of documented evidence of Hepatitis B immunity in the form of a POSITIVE/REACTIVE Antibody titer test (10 mIU/mL or higher) is mandatory on all healthcare workers in RAKCODS including students, interns, staff and faculty.

3.2.2. Screening and Vaccination

3.2.2.1. RAKCODS holds annual Hepatitis B screening camp for students and staff.

3.2.2.2. Serologic screening testing will be performed prior to administering Hepatitis B vaccine for those who state that they have received prior vaccination but do not have proof.

3.2.2.3. Those whose test reports indicate prior immunity will not receive the vaccine.

3.2.2.4. A 3- dose of vaccines series for those who do not have immunity i.e. their antibody titer test is negative/non-reactive (less than 10 IU/L).

3.2.2.5. 3-dose series of Engerix-B or Recombivax HB at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks]

3.2.2.6. Staff and students may take their vaccinations at NMC Royal Medical Center RAK or any other medical center in UAE. It is important to save the vaccination card provided by the medical center as a record of the vaccination.

3.2.2.7. On completion of 3-dose series, a new antibody titer test is required. This test report must be submitted to the IPC department as evidence of Hepatitis B immunity.

3.2.3. Non-responders - Persons found to have negative antibody response (defined as <10mIU/mL) after the initial Hepatitis B vaccine series will be revaccinated with a second three - dose vaccine series. If they still do not respond after the second series of 3 dose vaccination, they will be

considered as a non - responder and will be referred for evaluation for lack of response and counseling.

- 3.2.4.** Validity of antibody titer - A reactive/positive Hepatitis B antibody titer test has life-long validity unless the immunity is compromised.
- 3.2.5.** Booster dose - No booster dose is needed as long as the antibody titer is valid.
- 3.2.6.** Right to refusal - In general, patient contact will not be allowed until documented evidence of immunity to Hepatitis B is provided. However, persons have the option to decline Hepatitis B vaccination. These persons will receive appropriate counseling. A written acknowledgment of complete understanding of possible risk and refusal at person's own responsibility will be required in case of post- counselling refusal. They will also be made to understand that their contract may not be renewed as the Ministry of Health may not allow them to work without vaccination records.

3.3. Covid-19 Vaccination (ever since the pandemic)

- 3.3.1.** Covid-19 vaccines and boosters are highly recommended. Exceptions must have updated Al-Hosn application.
- 3.3.2.** Evidence of Covid-19 vaccine is to be submitted to the head nurse.

4. References

- 4.1.** <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>
- 4.2.** <https://www.dha.gov.ae/Documents/HRD/Immunization%20Guidelines.pdf>
- 4.3.** <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

5. Tools / Appendices

- 5.1.** Appendix HS.02-1: MANDATORY AND RECOMMENDED VACCINES FOR HEALTHCARE WORKERS

Appendix HS.02-1: MANDATORY AND RECOMMENDED VACCINES FOR HEALTHCARE WORKERS

MANDATORY	1- Hepatitis B
RECOMMENDED	1- Covid-19 2- Measles (rubeola), Mumps, Rubella (MMR) 3- Tetanus- diphtheria-pertussis (Tdap) 4- Influenza 5- Varicella (chicken pox) 6- Meningococcal

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	3.1. Pre-employment Immunization list is provided to the new potential candidate by the HR department. It informs the candidate of mandatory (hepatitis B) and recommended vaccines, including measles (rubeola), mumps, rubella, tetanus-diphtheria-pertussis (Tdap), varicella (chicken pox), and influenza. The candidate is required to submit a documented evidence of the vaccination or titer test to the HR. The evidence must not be older than 5 years.	3.1. There are mandatory and recommended Pre-employment and Pre-admission vaccination requirements for healthcare workers in RAKCODS.
		3.2. All persons in RAKCODS including students, interns, staff and faculty who are in dental clinics or laboratories and who thereby may be at risk of	3.2. Mandatory Vaccination 3.2.1. Hepatitis b vaccination

		<p>exposure to blood borne pathogens must demonstrate compliance with requirements for Hepatitis B vaccine.</p>	
		<p>3.2.1.1. RAKCODS holds annual Hepatitis B screening and vaccination camp for students and staff. Serologic testing will be performed prior to administering Hepatitis B vaccine in those who state they have received prior vaccination but are unable to show proof. Those who have test results that indicate prior immunity will not receive the vaccine.</p>	<p>3.2.1. Submission of documented evidence of Hepatitis B immunity in the form of a POSITIVE/REACTIVE Antibody titer test (10 mIU/mL or higher) is mandatory on all healthcare workers in RAKCODS.</p>
			<p>3.2.1.5. Unvaccinated individuals will start with vaccination directly. A 3-dose Hepatitis B vaccination series of Engerix-B or Recombivax HB at 0, 1, 6 months is administered.</p>
			<p>3.2.1.6. Staff and students may take their vaccinations at a medical center in UAE. It is important to save the vaccination card provided by the medical center as a record of the vaccination.</p>
			<p>3.2.1.7. On completion of 3-dose series, a new antibody titer test is recommended.</p>

			3.2.1.8. Hepatitis B vaccination card or antibody titer test report must be submitted to the IPC department as evidence of Hepatitis B immunity.
			-New addition- 3.2.4. Validity of antibody titer - A reactive/positive Hepatitis B antibody titer test has life-long validity unless the immunity is compromised.
			-New addition- 3.2.5. Booster dose - No booster dose is needed as long as the antibody titer is valid.
		3.2.6.1. Post- exposure to Hepatitis B (followed by needle stick, percutaneous, or mucous membrane exposure) to blood of known or suspected to be at high risk of being HBsAg seropositive, will lead to Hepatitis B vaccine series to susceptible persons, if required.	Deleted
			-New addition- Covid-19 Vaccination Covid-19 vaccines and boosters are highly recommended. Exceptions must have updated Al-Hosn application. Evidence of Covid-19 vaccine is to be submitted to Dr. Puja.

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Respiratory Hygiene	
Policy Code Number:	HS.03	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 02 - Oct 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purpose and Scope

Respiratory hygiene practice helps prevent spread of respiratory pathogens.

This policy applies to all staff, students, and patients of RAKCODS.

2. Procedure

2.1. Containment of Respiratory secretions by following measures:

- 2.1.1.** Cover mouth and nose with a tissue when coughing or sneezing.
- 2.1.2.** Use the nearest waste bin to dispose of tissues after use.
- 2.1.3.** Perform hand hygiene after having contact with respiratory secretions and contaminated objects or materials.
- 2.1.4.** Offer masks to coughing patients and other symptomatic people when they enter the dental setting.
- 2.1.5.** Encourage people with symptoms to sit as far away from others as possible.
- 2.2.** Reminders to ask for a mask if having respiratory symptoms displayed in facility.
- 2.3.** Masks, tissues, waste bins and hand sanitizers are provided in the facility.

3. References

- 3.1.** <https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

4. Document Change Record

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		Current	Revised
1	12 th Sept 2022		-New Addition-

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<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	IPC Protocols in Radiology room	
Policy Code Number:	HS.04	Reviewed by: Dr. Riham Abdelraouf Assistant Professor Dr. Krishna Chytanya Nallan Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Introduction

Radiology rooms and units are used for multiple patients and are can be a source of device-associated infections.

2. Purpose and Scope

To provide guidelines regarding infection control precautions to be undertaken while taking radiographs. This policy is for all healthcare workers involved in taking radiographs.

3. Procedures

3.1. Steps to take an extra-oral radiograph

- 3.1.1.** If they are not detachable and sterilizable, non-critical items used to stabilize and position the head such as ear rods, head positioners, and chin rests (i.e., items that contact intact skin) should be covered with a barrier or disinfected between patients.
- 3.1.2.** Bite-blocks and any other item placed inside the oral cavity should be covered with a barrier or sterilized between patients.

3.1.3. During extra-oral radiography, the operator 's hands do not routinely contact the oral cavity, and, hence, do not become contaminated. Therefore, the film, the control panel, buttons, and door handle do not need to be covered with barriers or routinely cleaned and disinfected between patients. However, if the operator 's gloves do become contaminated, then precautions must be taken as with intra-oral radiography.

Steps to take a radiograph are shown in detail in appendix 1.

3.2. Steps to take an intra-oral radiograph

3.2.1. To take an intra-oral radiograph, 4-handed dentistry is important.

3.2.2. Duties of doctor-

- 3.2.2.1.** Discard old gloves and sanitize hands.
- 3.2.2.2.** Wear new gloves available in the radiology room.
- 3.2.2.3.** Take the patient to the radiology room.
- 3.2.2.4.** Place sleeves and barriers on all high-touch surfaces.
- 3.2.2.5.** Place the lead apron on the patient.
- 3.2.2.6.** Take the radiograph.
- 3.2.2.7.** Remove the lead apron and place it on the dental chair.
- 3.2.2.8.** Discard gloves and sanitize hands.
- 3.2.2.9.** Take the patient back to the station.

3.2.3. Duties of assistant-

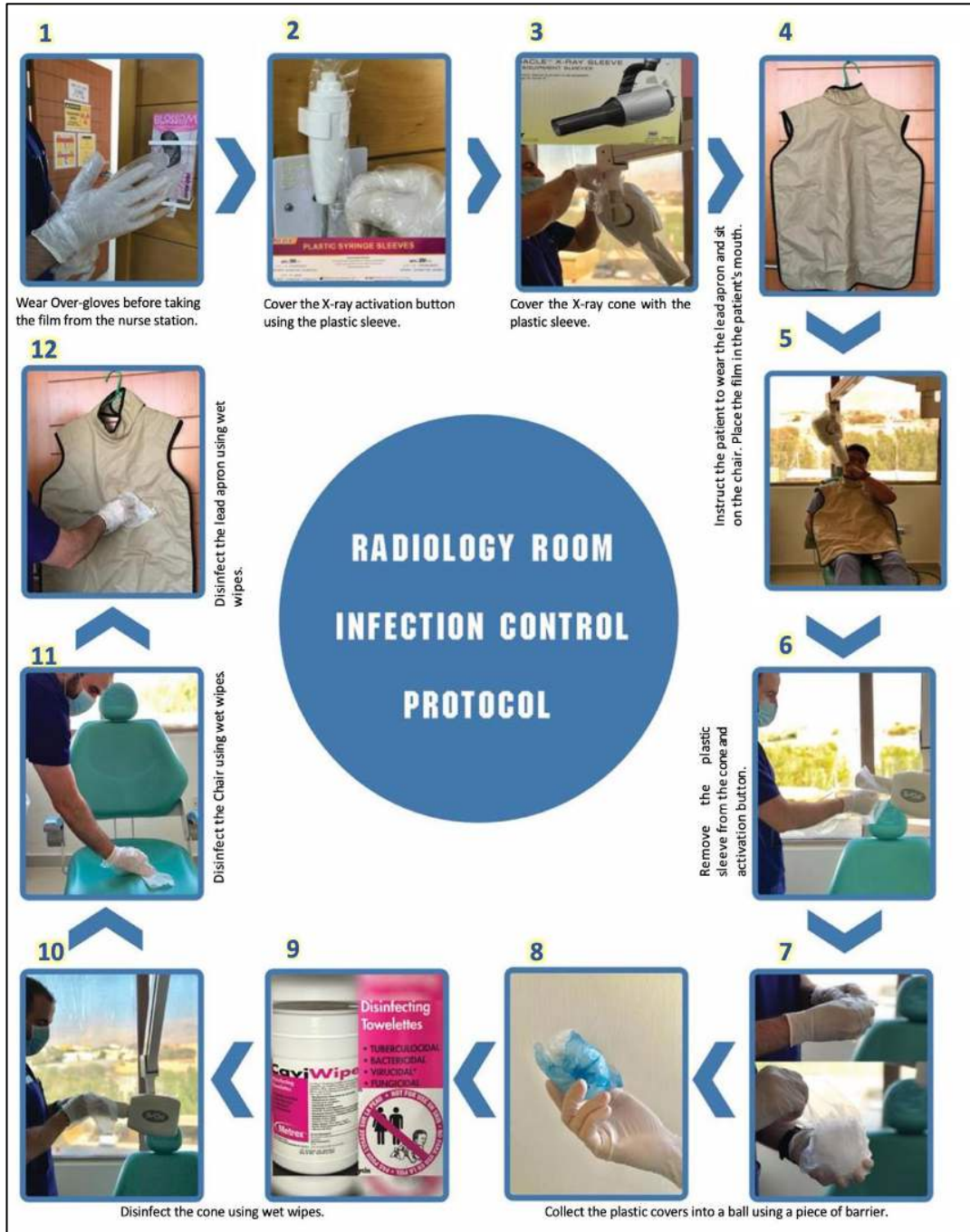
- 3.2.3.1.** Send the request for a radiograph.
- 3.2.3.2.** Discard old gloves.
- 3.2.3.3.** Bring the radiograph film from the nurse station.
- 3.2.3.4.** Wear new gloves available in the radiology room.
- 3.2.3.5.** Once the radiograph is taken, return the radiograph film to the nurse.
- 3.2.3.6.** Disinfect the lead apron thoroughly and hang it in place.
- 3.2.3.7.** Remove all sleeves and barriers and disinfect all surfaces.
- 3.2.3.8.** Discard gloves and sanitize hands.

All steps required to be taken in an intra-oral radiology room and shown in Appendix 1.

5. Tools/Appendices

5.1. Appendix HS.04-1

Appendix HS.04-1



6. Document Change Record

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<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Oral Surgery Asepsis	
Policy Code Number:	HS.05	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Oct 2022	Next Review Date: 30 Sep 2025	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS

1. Purposes

To provide guidelines on surgical aseptic techniques needed to be undertaken during all oral surgical procedures.

2. Scopes

This program is intended for all staff and students in general and specifically for licensed general practitioners and specialists who perform oral surgical procedures in the clinics.

3. Definitions

3.1. Oral surgical procedures: These include the incision, excision, or reflection of tissue that exposes the normally sterile areas of the oral cavity. Examples include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth (e.g., removal of erupted or non-erupted tooth requiring elevation of mucoperiosteal flap, removal of bone or section of tooth, and suturing if needed).

3.2. Surgical hand antisepsis: Antiseptic hand wash or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient and reduce resident hand flora. Antiseptic detergent preparations often have persistent antimicrobial activity.

- 3.3. Surgical hand scrub:** An antiseptic-containing preparation that substantially reduces the number of microorganisms on intact skin; it is broad-spectrum, fast-acting, and persistent.

4. Policy Statements

Oral surgical procedures raise the risk of surgical site infections, local or systemic. This is because microorganisms from inside or outside the mouth can enter the sterile areas of the oral cavity. This policy provides guidelines to prevent or reduce chances of surgical site infections.

5. Procedures

- 5.1.** Oral surgery procedures require infection control measures in addition to the standard precautions. These additional procedures are-
- 5.1.1.** Attire- Hair and beards must be covered with a disposable cap
 - 5.1.2.** Working zone- a defined working area within which the procedure takes place. This area is restricted to concerned personnel only. Those interested in observing must follow the IPC measures mentioned in this policy.
 - 5.1.3.** Surgical hand hygiene- the appropriate and preferred method is the application of a hand alcohol gel with sustained use that is formulated specifically for surgical hand hygiene and uses an extended rubbing time of 90 seconds. Alternatively, a surgical hand scrub can be used following the manufacturer's instructions.
 - 5.1.4.** Personal protective equipment- Sterile gowns and gloves minimize transmission of microorganisms from the healthcare worker to the patient. Practicing 4-handed dentistry, one person wears surgical gloves the other wears regular gloves.
 - 5.1.5.** Pre-operative skin preparation- Extra-oral skin preparation with povidone-iodine reduces the risk of surgical site infections. Intra oral preparation is done with saline or 0.12-0.2% chlorhexidine.

- 5.1.6.** Sterile surgical drapes- are used during surgery to isolate surgical site, prevent contact with unprepared surfaces and to maintain the sterility of environmental surfaces, equipment and the patient's surroundings. A sterile field is created with drapes. A drape is spread on a table and on the patient using only plastic tape edges.
- 5.1.7.** Instruments- All instruments and equipment used must be sterile and should be opened only at the point of use. The person wearing regular gloves will open pouches and drop instruments on the table, careful not to touch instruments, connect hand piece, suction tube etc. The person wearing the sterile gloves will only touch sterile items, they will organize the instruments.
- 5.1.8.** Sterile irrigating solutions- Irrigating solutions and the devices used to deliver these solutions must be sterile. Single-use syringes with irrigation needle are preferred devices.

5.2. Biopsy-

- 5.2.1.** All specimens are collected, labelled, and transported safely to prevent the risk of contamination or infection.
- 5.2.2.** Specimens must be well secured and placed in a re-sealable clear plastic bag with biohazard label.
- 5.2.3.** Specimens must be clearly labelled, on both the specimen container and the accompanying test requisition form.
- 5.2.4.** Specimens should be stored in a separate designated area while awaiting collection.
- 5.2.5.** Specimens should be transferred to the laboratory, under controlled circumstances.

6. References

- 6.1.** <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/oral-surgical-procedures.html>

6.2. <https://www.cdc.gov/handhygiene/providers/index.html>

6.3. <https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=16062&type=0&servicetype=1>

7. Document Change Record

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<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Hand Hygiene	
Policy Code Number:	HS.06	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purposes and Scope

- 1.1. To provide staff, students and patients’ guidelines for correct method of hand hygiene procedures and cleaning agents.
- 1.2. To provide understanding on role of hand hygiene in prevention of cross-contamination.
- 1.3. To provide clear guidance on the hand hygiene standards expected at RAKCODS.
- 1.4. To improve and maintain high standards of hand hygiene compliance in RAKCODS.
- 1.5. To establish understanding of the crucial role of hand hygiene practice in reduction of healthcare-associated infections.

2. Policy Statements

- 2.1. RAK College of Dental Sciences has adopted WHO Multimodal Strategy (2009) for RAKCODS Hand hygiene program.

3. Definitions/ Abbreviations

- 3.1. **Hand Washing:** A process for the removal of soil and transient microorganisms from the hands.
- 3.2. **Hand Antiseptics:** A process for the removal of and destruction of transient microorganisms.
- 3.3. **Transient Flora:** "Contaminating or non-colonizing flora": These are microorganisms

isolated from the skin but not demonstrated to be consistently present in the majority of persons.

- 3.4. **Resident Flora:** "Colonizing flora": These microorganisms are persistently isolated from the hands (skin) of most persons.
- 3.5. **Soap:** Detergent based hand cleanser in any form, used for the primary purpose of physical removal of dirt and decontaminating microorganisms, this solution will have no bactericidal action.
- 3.6. **Alcohol-based Hand Rub (ABHR):** A broad spectrum, fast acting, persistent and non-irritating alcohol preparation used for skin disinfection to reduce the number of microorganisms on intact skin. Most useful in
- 3.7. **WHO:** World Health Organization

4. Procedures

- 4.1. In healthcare, transmission of health-care-associated pathogens from one patient to can occur via the flora on the hands of healthcare workers or other patients.
- 4.2. For transmission to occur following is required:
 - 4.2.1. Organisms present on the patient's skin, or that have been shed on objects must be transferred to the hands of healthcare workers or other patients.
 - 4.2.2. These organisms must be able to survive for at least several minutes on the contaminated hands.
 - 4.2.3. Hand hygiene performed by the healthcare worker or patient is inadequate or omitted, or the hand hygiene agent used is inappropriate.
 - 4.2.4. The contaminated hands must come in direct contact with another patient, or with an inanimate object that will come into direct contact with the patient.
- 4.3. The WHO defines critical moments in "My Five Moments for Hand Hygiene" (Appendix HS.03-1) when hand hygiene must be performed:
 - 4.3.1. Before touching a patient,
 - 4.3.2. Before clean/aseptic procedures,
 - 4.3.3. After body fluid exposure/risk,

- 4.3.4. After touching a patient, and.
 - 4.3.5. After touching patient surroundings
 - 4.4. In addition to the critical moments there are other occasions where hand hygiene should be performed to reduce the risk to patients and healthcare workers, including but not limited to:
 - 4.4.1. Before commencing work/after leaving work area.
 - 4.4.2. Before preparing, handling or eating food
 - 4.4.3. Before and after handling medicines.
 - 4.4.4. After handling waste.
 - 4.4.5. After visiting the toilet.
 - 4.4.6. Before and after leaving isolation room.
 - 4.4.7. After cleaning equipment or the environment.
 - 4.4.8. After personal contamination e.g. blowing your nose, sneezing into your hand, after smoking
 - 4.4.9. After removing personal protective equipment
- 4.5. Wash hands with soap and water when visibly soiled with blood or other body fluids or after using the toilet. An alcohol-based hand rub can be used for routine hand antisepsis in all clinical situations, if hands are not visibly soiled.
- 4.6. A minimal of 20 seconds scrubbing of hands with soap or alcohol is required for the hand wash/rub to be effective.
- 4.7. Prerequisites:
 - 4.7.1. Hands and wrists need to be fully exposed to the hand hygiene product and therefore should be free from jewelry (including watches) and long sleeved clothing.
 - 4.7.2. Artificial nails are not allowed while on duty and natural nails must be kept trim.
- 4.8. How to Hand wash (Appendix HS.06-2)
 - 4.8.1. Wet hands with water;
 - 4.8.2. Apply enough soap to cover all hand surfaces;
 - 4.8.3. Rub hands palm to palm;
 - 4.8.4. Right palm over left dorsum with interlaced fingers and vice versa;

- 4.8.5. Palm to palm with fingers interlaced;
 - 4.8.6. Backs of fingers to opposing palms with fingers interlocked;
 - 4.8.7. Rotational rubbing of left thumb clasped in right palm and vice versa;
 - 4.8.8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
 - 4.8.9. Rinse hands with water;
 - 4.8.10. Dry hands thoroughly with a single use towel;
 - 4.8.11. Use towel to turn off faucet;
 - 4.8.12. Your hands are now safe.
- 4.9. How to Hand rub (Appendix HS.06-3)
- 4.9.1. Apply a palm-full of the product in a cupped hand, covering all surfaces;
 - 4.9.2. Rub hands palm to palm;
 - 4.9.3. Right palm over left dorsum with interlaced fingers and vice versa;
 - 4.9.4. Palm to palm with fingers interlaced;
 - 4.9.5. Backs of fingers to opposing palms with fingers interlocked;
 - 4.9.6. Rotational rubbing of left thumb clasped in right palm and vice versa;
 - 4.9.7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
 - 4.9.8. Once dry, your hands are safe.
- 4.10. Liquid hand soap will be provided at all hand washbasins in all clinical areas. ABHR dispensers are provided in every clinic floor.
- 4.11. Re-usable dispensing nozzles should be thoroughly rinsed through with hot water, tops cleaned and dispenser dried before re-use.
- 4.12. Visible Reminders**
- To promote hand hygiene and the need for hand hygiene to, a range of visible reminders are in place across RAKCODS:
- 4.12.1. Hand hygiene alcohol gel dispensers with how to hand rub posters are situated at the entrance to RAKCODS and clinics and waiting areas.
 - 4.12.2. Videos related to hand hygiene are displayed on LEDs.
 - 4.12.3. Other visual reminders and information leaflets are installed in key locations

in order to raise awareness amongst staff, patients and visitors.

4.12.4. Paper towel dispensers are provided at each hand washbasin. No re-usable linen/cotton hand towels are to be used by staff in any areas for hand drying.

5. **Equipment**

5.1. Liquid antiseptic soap and dispenser.

5.2. Running water and washbasin.

5.3. Disposable paper hand towels.

5.4. Alcohol Based Hand Rub dispensers

6. **Education and Training**

6.1. It is important to educate staff and patients about the importance of hand hygiene, and inform them about the availability of hand hygiene facilities and their role in maintaining standards of healthcare workers hand hygiene. Patients and relatives will be provided with information about the need for hand hygiene and how to keep their own hands clean in form of posters and videos. Patients will be offered the opportunity to clean their hands using the hand sanitizer dispenser placed in all convenient places.

6.2. Hand Hygiene training is mandatory training requirements for staff and students of RAKCODS. Low compliance will be reported to the quality and patient safety chairperson.

7. **Performance Monitoring**

7.1. Performance indicators for monitoring hand hygiene: direct observations of before and after patient contact with a compliance benchmark of 80%. Monthly data showing the percentage of compliance of hand hygiene will be provided to all.

7.2. Performance measure through measure of correct method/how to hand rub/wash rates.

8. **Reference**

8.1. WHO Guidelines on Hand Hygiene in Health Care 2009

9. **Tools/ Appendices**

9.1. Appendix HS.06-1 - 5 Moments of Hand Hygiene.

9.2. Appendix HS.06-2 - How to Hand wash?

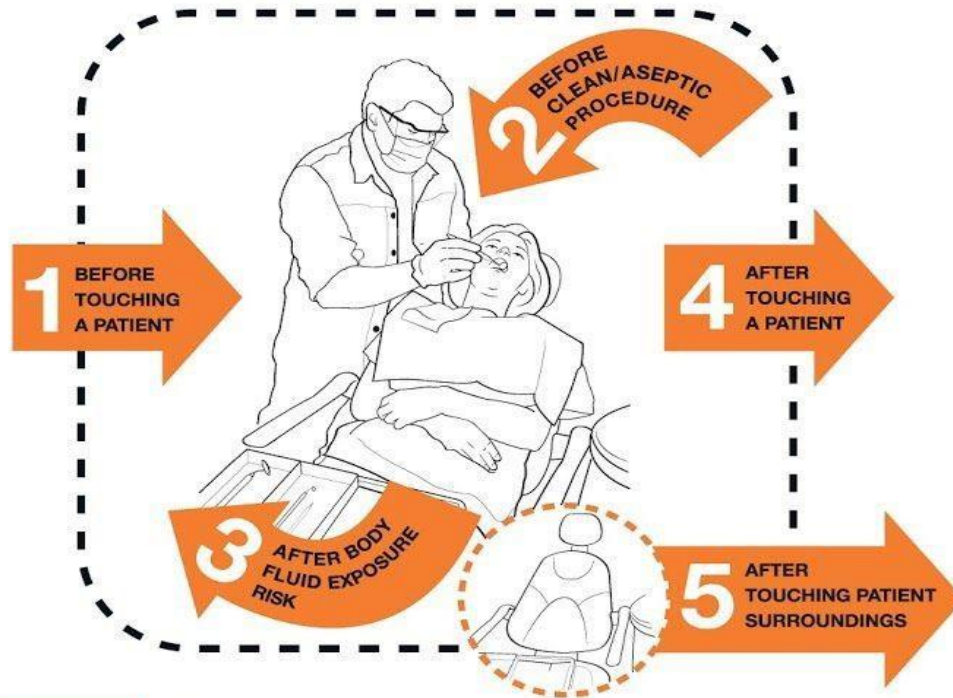
9.3. Appendix HS.06-3 - How to Hand Rub?

9.4. Appendix HS.06-4 - Hand hygiene products used in RAKCODS

Appendix HS.06-1 - 5 Moments of Hand Hygiene

Your 5 Moments for Hand Hygiene

Dental Care



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after a procedure involving exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching the patient at the end of the encounter or when the encounter is interrupted.
		WHY?	To protect yourself and the environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient surroundings when a specific zone is temporarily and exclusively dedicated to a patient - even if the patient has not been touched.
		WHY?	To protect yourself and the environment from harmful patient germs.



World Health Organization

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March 2012

Appendix HS.06-2 - How to Handwash?

 **RAK College of Dental Sciences**

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds

0  Wet hands with water;

1  Apply enough soap to cover all hand surfaces;

2  Rub hands palm to palm;

3  Right palm over left dorsum with interlaced fingers and vice versa;

4  Palm to palm with fingers interlaced;

5  Backs of fingers to opposing palms with fingers interlocked;

6  Rotational rubbing of left thumb clasped in right palm and vice versa;

7  Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8  Rinse hands with water;

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Patient Safety
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Appendix HS.06-3 - How to Hand Rub?

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

🕒 Duration of the entire procedure: 20-30 seconds

1a  **1b** 

Apply a palmful of the product in a cupped hand, covering all surfaces;

2 

Rub hands palm to palm;

3 

Right palm over left dorsum with interlaced fingers and vice versa;

4 

Palm to palm with fingers interlaced;

5 

Backs of fingers to opposing palms with fingers interlocked;

6 

Rotational rubbing of left thumb clasped in right palm and vice versa;

7 

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 

Once dry, your hands are safe.

 **World Health Organization**

Patient Safety
A World Alliance for Better Health Care

SAVE LIVES
Clean Your Hands

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May 2019

Appendix HS.06-4 - Hand hygiene products used in RAKCODS

HAND HYGIENE PRODUCTS				
#	Product	Product Name	Brand Name	Main Ingredients
1.	Hand Wash	PEX Handwash Rose	Al Basma Detergents and Cleaning Industry L.L.C.	Sodium lauryl sulphate, Comperlan KD, Coco Amido Betaine, Glycerol, Citric Acid, Sodium Chloride, Fragrance, Color
2.	Hand Rub Wash	Pro- Sept Gel	Protecta	70% Ethyl alcohol

10. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022		-New addition- 4.1. In healthcare, transmission of health-care-associated pathogens from one patient to can occur via the flora on the hands of healthcare workers or other patients.
			-New addition- 4.2.For transmission to occur following is required: 4.2.1. Organisms present on the patient's skin, or that have been shed on objects must be transferred to the hands of healthcare workers or other patients. 4.2.2. These organisms must be able to survive for at least several minutes on the contaminated hands.

			<p>4.2.3. Hand hygiene performed by the healthcare worker or patient is inadequate or omitted, or the hand hygiene agent used is inappropriate.</p> <p>4.2.4. The contaminated hands must come in direct contact with another patient, or with an inanimate object that will come into direct contact with the patient.</p>
			<p>-New addition-</p> <p>4.6. A minimal of 20 seconds scrubbing of hands with soap or alcohol is required for the hand wash/rub to be effective.</p>
		<p>6.2. Hand Hygiene training is mandatory training requirements for staff and students of RAKCODS. As of 2020, IPCC will be keeping an educational key performance indicator which will measure attendance of staff and students attending the education and training sessions. Low compliance will be reported to the quality and patient safety chairperson.</p>	<p>6.2. Hand Hygiene training is mandatory training requirements for staff and students of RAKCODS.</p>
		<p>Alcohol based hand sanitizer product- Protecta Pro-sept Gel: 52% ethanol, 28% isopropanol, 19% 1-propanol</p>	<p>Alcohol based hand sanitizer product- Protecta Pro-sept Gel: 70% Ethyl alcohol</p>

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Personal Protective Equipment	
Policy Code Number:	HS.07	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

- 1.1. To provide understanding of Personal Protective Equipment (PPE) standards and its role in preventing transmission of infections.
- 1.2. To provide understanding to all on what PPE is available to them and how to access it.

2. Policy Statements

- 2.1. The use of personal protective equipment (PPE) is essential for health and safety of healthcare workers and patients. This policy defines standards and processes for the use of protective equipment and is applicable to all staff, students, patients and visitors of RAKCODS.

3. Procedures

3.1. Function of Personal Protective Equipment (PPE)

- 3.1.1. Personal protective equipment (PPE) such as scrubs and eyewear, face shields and disposable gloves are designed to protect the skin and mucous membranes of the eyes, nose, and mouth of dental healthcare practitioners. Therefore, they are worn as a barrier to prevent the transfer of microorganisms

between patients and the dental team. Gloves also reduce the likelihood that microbes will be transmitted to patients during surgery or patient-care procedures. Contaminated PPE should be disposed of as regulated medical waste.

3.2. Types of PPE

3.2.1. Gloves- Gloves protect from direct contact with microorganisms present in the patient's mouth and on contaminated surfaces. Also, they protect patients from microorganisms on the hands of the dental team.

3.2.1.1. Indications of Wearing Gloves

3.2.1.1.1. To provide a barrier to protect the wearer from contamination when a potential exists for contacting the patient's blood, saliva, mucous membranes, or other potentially infectious materials.

3.2.1.1.2. To reduce the risk of transmission of microbes from dentist to patient

3.2.1.1.3. Gloves should be worn for all routine dental treatment and discarded between patients

3.2.1.1.4. Preventing heavy contamination of the hands through the use of gloves is considered necessary, because hand washing or hand antiseptics may not remove all potential pathogens when hands are heavily contaminated.

3.2.1.2. Precautions to be Taken When Wearing Gloves

3.2.1.2.1. Fingernails should be short

3.2.1.2.2. Hands must be washed immediately before donning gloves. Never consider gloves to be an alternative to hand washing.

3.2.1.2.3. Use of petroleum-based hand lotions or creams may adversely affect the integrity of latex gloves

3.2.1.2.4. After a hand rub with alcohol, the hands should be thoroughly dried before gloving, because hands still wet with an alcohol-based hand hygiene product can increase the risk of glove perforation

- 3.2.1.2.5.** Never re-use single-use disposable gloves.
- 3.2.1.2.6.** Changing gloves between patients prevent cross-infection between patients and contamination of hard surfaces in the surgery.
- 3.2.1.2.7.** Gloves should be changed during patient care if the hands will move from a contaminated body site to a clean body site.
- 3.2.1.2.8.** Unprotected surfaces such as patients' files, pens, telephones, computer keyboards, door or drawer handles, or face should not be touched with gloved hands.
- 3.2.1.2.9.** Gloves that are torn, cut or punctured should be removed as soon as feasible, and hands washed before re-gloving.
- 3.2.1.2.10.** Gloves should be changed during very long procedures, as up to 40% of gloves develop tears after prolonged use and may leak. Gloves also become porous during prolonged use due to hydration of the latex. Also, by changing gloves, excess sweating can be prevented, reducing the risk of dermal infections or inflammation.
- 3.2.1.2.11.** Gloves must only be worn whilst treating the patient and removed at the end of the procedure and should be disposed of as hazardous waste.
- 3.2.1.2.12.** Gloves should not be washed, and no attempts should be made to disinfect or sterilize gloves.
- 3.2.1.2.13.** Hands should not be considered clean because gloves have been worn.
 - a) Gloves do not provide complete protection against hand contamination. Bacterial flora colonizing patients may be recovered from the hands of < 30% of DHCP s who wear gloves during patient contact.
 - b) When removing gloves, the patient's microorganisms can be transmitted from the external surface of the glove

to the dentist's hands and need to be removed by hand hygiene.

3.2.1.2.14. Gloves do not prevent sharps injuries.

3.2.1.3. Types of Gloves:

3.2.1.4. Different glove types and their indication are listed in Table given below:

Glove	Indication	Comment	Material
Patient Examination Gloves	Patient examinations, Radiograph taking, and laboratory procedures. Double gloves should be used when clearing or handling contaminated sharp items.	Medical device regulated by the Food and Drug Administration (FDA). Non-sterile and sterile single-use disposable. Use for one patient and discard appropriately.	<ul style="list-style-type: none"> - Natural-rubber latex (NRL) - Nitrile - Nitrile and Chloroprene (neoprene) blends - Nitrile and NRL blends - Butadiene methyl methacrylate - Polyvinyl chloride - Polyurethane - Styrene-based copolymer - Powder-less gloves - Flavored gloves - Low-protein gloves
Surgeon Gloves	Surgical procedures (all dental procedures performed by the dentist or hygienist, other than the patient examination and radiograph taking)	Medical device regulated by the Food and Drug Administration (FDA). Sterile and single-use disposable. Use for one patient and discard appropriately.	<ul style="list-style-type: none"> - NRL - Nitrile - Chloroprene (neoprene) - NRL and nitrile or chloroprene blends - Synthetic polyisoprene - Styrene-based copolymer - Polyurethane

Glove	Indication	Comment	Material
Non-medical gloves	Clearing and disinfection Handling contaminated sharps or chemicals	Commonly referred to as a utility, industrial or general purpose gloves. Should be puncture or chemical-resistant, depending on the task. Latex gloves do not provide adequate chemical protection. Sanitize after use.	NRL and nitrile or chloroprene blends Chloroprene (neoprene) Nitrile Butyl rubber Fluoroelastomer Polyethylene and ethylene vinyl alcohol copolymer

3.2.2. Face Masks

Face masks protect the face and oral and nasal mucous membranes during procedures likely to generate splashing or spattering of blood or other body fluids. Masks also prevent particles (respiratory droplets) expelled into the environment by the wearer from contaminating the operatory field. Most masks produce a poor facial seal and are not designed to filter the air as it is breathed into the lungs. So they do not protect the wearer from aerosol inhalation.

3.2.2.1. Requirements of an Ideal Face Mask

- 3.2.2.1.1.** Does not come into contact with nostrils or lips.
- 3.2.2.1.2.** Has a high bacterial filtration efficiency rate.
- 3.2.2.1.3.** Fits snugly around the entire periphery of the mask.
- 3.2.2.1.4.** Does not cause fogging of eyewear.
- 3.2.2.1.5.** Easy to put on and remove.

3.2.2.1.6. Is made of fabric that does not irritate the skin or induce allergic reactions.

3.2.2.1.7. Made of fabric that does not collapse during wear or when wet.

3.2.2.2. Types of Face Masks

3.2.2.2.1. Standard surgical facemasks.

- a) Provide no, or only partial, protection of the wearer from respiratory pathogens such as Mycobacteria tuberculosis or influenza.
- b) Maybe dome-shaped, or pliable.
- c) May be secured with elastic bands, ear loops, or ties
- d) Ties enhance stabilization during lengthy procedures.

3.2.2.2.2. Respirator type masks.

- a) Provide high filtration of aerosols, and thus offer a higher degree of personal respiratory protection compared to a standard facemask.
- b) Recommended for DDHCP s for use whilst treating patients with infections that are spread via aerosols, e.g. tuberculosis and influenza.
- c) Since patients with serious airborne diseases should be treated in special facilities, and not in the dental college, respirators are not part of the standard PPE used routinely in the college.

3.2.2.3. Indications for Wearing Face Masks

3.2.2.3.1. It is essential for DDHCP s to wear a mask when:

- a) Coming in close proximity to the patient's oral cavity.
- b) Using hand piece, air/water syringe, or ultrasonic scaler.
- c) Washing contaminated instruments.
- d) Emptying a suction trap.
- e) Disinfecting surfaces.
- f) Taking radiographs.

- g) Polishing with a lathe or a hand piece.
- h) If DDHCP is suffering from a respiratory infection.

- 3.2.2.3.2.** Masks should be worn correctly and before gloving.
- 3.2.2.3.3.** Masks should be changed between patients.
- 3.2.2.3.4.** During patient treatment, masks should be changed at least once every hour, and more often if the mask becomes damp or wet, or if heavy spatter/ aerosol is generated during treatment.
- 3.2.2.3.5.** Clinical instructors who work in the clinical hall for long hours should change the mask every hour.
- 3.2.2.3.6.** Masks should not be touched or adjusted during procedures.
- 3.2.2.3.7.** When removing masks, only the elastic bands or ties around the head or ears should be touched. The body of the used mask should not be touched with unprotected hands.

3.2.3. Protective Eyewear, Face Shields

A variety of disease agents, such as the herpes simplex virus and hepatitis B virus, may cause harmful infections of the eye or may pass through ophthalmic mucous membranes and cause systemic infections. Protective eyewear may provide protection against infectious disease agents, splashes of chemicals during use of disinfectants and radiograph processing chemicals, as well as against physical damage to the eye by propelled objects, such as tooth fragments and restorative materials.

3.2.3.1. Types of Eye Protection Devices

Comparison of Eye Protection Devices are presented in below table to compares different types of eye protection. Due to the inadequate protection provided by glasses, they are unacceptable as eye protection devices for DDHCPs. Either goggles or face shields should be used for protection of the eye and face.

Type	Front Splash Protection	Side Splash Protection	Front Impact Protection	Side Impact Protection	Neck and Face Protections
Goggles	Excellent	Excellent	Excellent	Excellent	Poor
Glasses (no shields)	Good	Poor	Excellent	Poor	Poor
Glasses (with shields)	Good	Good	Excellent	Fair	Poor
Face Shield	Excellent	Good to Excellent	Variable (depends on thickness)	Variable (depends on thickness)	Variable (depends on type/length)

Source: (Miller, C.H. & Palenik, C.H., 2004)

3.2.3.2. Indications for Wearing Eye Protection Devices

- a) Whenever contamination of the eyes with aerosols sprays or splashes of body fluids is possible.
- b) Whenever projectiles may be generated during any grinding, polishing or buffering procedure with rotary instruments or equipment.
- c) Whenever handling chemicals, such as during disinfection procedures for patient care items or surfaces, or when handling radiography processing solutions.
- d) When skin protection, is needed or desired, for example when irrigating a wound or suctioning copious secretions, a face shield should be used as a substitute to wearing a mask and goggles. The face shield should cover the forehead, extend below the chin, and wrap around the side of the face.
- e) A face shield does not substitute for a surgical mask.

- f) Reusable eye/facial protective equipment should be cleaned with soap and water, or if visibly soiled, cleaned and disinfected between patients.
- g) Contaminated protective eyewear or face shield should not be touched with unprotected hands.

3.2.4. Protective Clothing

Protective clothing, i.e., gowns and head covers, should be worn to prevent contamination of street clothing and to protect the personal body parts of the dental team which are likely to be soiled with chemicals or blood, saliva or body substances during the performance of their duties.

3.2.4.1. Requirements of Protective Clothing

- 3.2.4.1.1.** Should cover personal clothing and skin including the head, forearms, and chest area.
- 3.2.4.1.2.** Veils are worn by females outside the work area and ghutras worn by males are not appropriate protective clothing and must be removed and replaced with proper well-fitting head covers.
- 3.2.4.1.3.** Gowns and head covers may be reusable or disposable.
- 3.2.4.1.4.** Disposable gowns and head covers must be discarded daily.

3.2.4.2. Indications for Wearing Protective Clothing

- 3.2.4.2.1.** Whenever a chance exists for contamination of skin or clothing with spray or splashes of saliva, blood or other potentially infectious materials.
- 3.2.4.2.2.** Whenever a chance exists for contamination of skin or clothing with spray or splashes of chemicals.
- 3.2.4.2.3.** Female dental workers must wear a separate head cover for the working area and must change this head cover before leaving the clinic.
- 3.2.4.2.4.** Change protective clothing at the end of each clinical session or when it becomes visibly soiled or is penetrated by body fluids.

3.2.4.2.5. All protective clothing (gowns and head covers) should be removed before leaving the work area.

3.2.4.3. The sequence of Wearing PPE

3.2.4.3.1. Gown and head cover first.

3.2.4.3.2. Mask

- The peripheries of the mask should be appropriately adjusted to fit.
- The mask should not contact the nostrils or lips.

3.2.4.3.3. Goggles or face shield.

3.2.4.3.4. Gloves

- Hand hygiene should be performed immediately before donning gloves.
- If an alcohol rub was used for antisepsis, hands must be completely dry before donning gloves because hands wet with the alcohol-based product may increase the risk of glove perforation.
- Gloves should be extended over protective clothing cuffs

3.2.4.4. The sequence of Removing PPE

The sequence for removing PPE is intended to limit opportunities for self contamination. The gloves are considered the most contaminated pieces of PPE and are therefore removed first. The face shield or goggles are next because they are more cumbersome and would interfere with the removal of other PPE.

Disposable PPE should be discarded appropriately upon removal, and not allowed to contact unprotected surfaces. Reusable PPE should be set aside in an appropriate place pending decontamination, in order to avoid contaminating unprotected surfaces.

3.2.4.4.1. Gloves

3.2.4.4.2. Face shield or goggles

3.2.4.4.3. Gown

3.2.4.4.4. Mask

3.2.4.4.5. Head cover

3.2.4.5. Placing and Removing Barriers

Wearing or removing PPE should be done in a sequence that limits further spread of microorganisms. The combination of PPE used, and therefore the sequence, will be determined by the task to be performed, and hence the PPE which need to be worn.

3.3. Usage and availability

3.3.1. PPE includes scrubs, disposable gowns, gloves, eye protection and face mask/shields. Sterile PPE is to be used for surgeries.

3.3.2. The choice of PPE is based on transmission-based precautions.

3.3.3. PPE is available at nurse station and is accessible to staff students and patients depending on the level and type of precaution needed.

3.3.4. Students are required to bring their own PPE. PPE for staff and patients is available at nurse station.

3.4. Storage and maintenance

3.4.1. PPE is to be stored to protect against environmental conditions and its shelf-life must be periodically checked to ensure its maximum effectiveness.

3.4.2. PPE is to be maintained in sanitary conditions and as per manufacturer's instructions.

3.4.3. Reusable PPE is to be cleaned and disinfected by the last individual to use it and before being handed back to the nurse station.

3.5. Education and training

3.5.1. Education and training on proper use and care of PPE will be provided to all staff and students during orientation and throughout the year as deemed necessary.

4. References

- 4.1. CDC. Guidelines for infection control in dental health-care settings – 2003. MMWR 2003;52(No. RR-17):1–66. Available at: www.cdc.gov/mmwr/PDF/rr/rr5217.pdf.

5. Tools / Appendices

- 5.1. Appendix HS.07-1 – SEQUENCE OF PUTTING ON PPE
- 5.2. Appendix HS.07-2 - SEQUENCE OF REMOVING PPE

Appendix HS.07-1 – SEQUENCE OF PUTTING ON PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



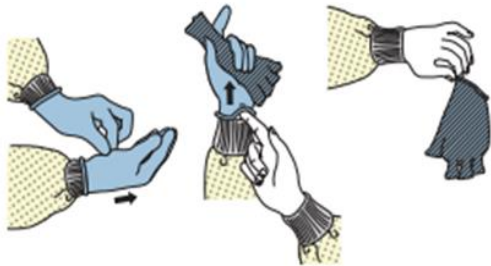
Appendix HS.07-2 - SEQUENCE OF REMOVING PPE

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:


1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container




2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container




3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

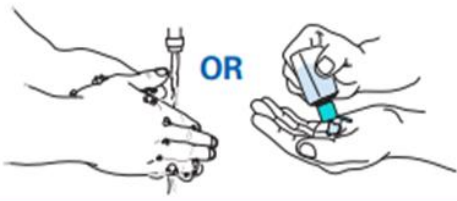


4. MASK OR RESPIRATOR


- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	This policy should not be read in isolation. Specific guidance on selection, use and other details on various types of PPE are provided in the Infection control manual.	-Deleted-
			-New addition- 3.1. Function of Personal Protective Equipment (PPE) 3.1.1. Personal protective equipment (PPE) such as scrubs and eyewear, face shields and disposable gloves are designed to protect the skin and mucous membranes of the eyes, nose, and mouth of dental healthcare practitioners. Therefore, they are worn as a barrier to prevent the transfer of microorganisms between patients and the dental team. Gloves also reduce the likelihood that microbes will be transmitted to patients during surgery or patient-care procedures. Contaminated PPE should be disposed of as regulated medical waste.
			-New addition- 3.2.1.1. Indications of Wearing Gloves 3.2.1.1.1. To provide a barrier to protect the wearer from contamination when a potential exists for contacting the patient's blood, saliva, mucous membranes, or other potentially infectious materials. 3.2.1.1.2. To reduce the risk of

			<p>transmission of microbes from dentist to patient</p> <p>3.2.1.1.3. Gloves should be worn for all routine dental treatment and discarded between patients</p> <p>3.2.1.1.4. Preventing heavy contamination of the hands through the use of gloves is considered necessary, because hand washing or hand antisepsis may not remove all potential pathogens when hands are heavily contaminated.</p>
			<p>-New addition-</p> <p>3.2.1.2. Precautions to be Taken When Wearing Gloves</p> <p>3.2.1.2.1. Fingernails should be short</p> <p>3.2.1.2.2. Hands must be washed immediately before donning gloves. Never consider gloves to be an alternative to hand washing.</p> <p>3.2.1.2.3. Use of petroleum-based hand lotions or creams may adversely affect the integrity of latex gloves</p> <p>3.2.1.2.4. After a hand rub with alcohol, the hands should be thoroughly dried before gloving, because hands still wet with an alcohol-based hand hygiene product can increase the risk of glove perforation</p> <p>3.2.1.2.5. Never re-use single-use disposable gloves.</p> <p>3.2.1.2.6. Changing gloves between patients prevent cross-infection between patients and contamination of hard surfaces in the surgery.</p> <p>3.2.1.2.7. Gloves should be changed during patient care if the hands will move from a contaminated body site to a clean body site.</p> <p>3.2.1.2.8. Unprotected surfaces such as</p>

			<p>patients' files, pens, telephones, computer keyboards, door or drawer handles, or face should not be touched with gloved hands.</p> <p>3.2.1.2.9. Gloves that are torn, cut or punctured should be removed as soon as feasible, and hands washed before re-gloving.</p> <p>3.2.1.2.10. Gloves should be changed during very long procedures, as up to 40% of gloves develop tears after prolonged use and may leak. Gloves also become porous during prolonged use due to hydration of the latex. Also, by changing gloves, excess sweating can be prevented, reducing the risk of dermal infections or inflammation.</p> <p>3.2.1.2.11. Gloves must only be worn whilst treating the patient and removed at the end of the procedure and should be disposed of as hazardous waste.</p> <p>3.2.1.2.12. Gloves should not be washed, and no attempts should be made to disinfect or sterilize gloves.</p> <p>3.2.1.2.13. Hands should not be considered clean because gloves have been worn.</p> <p>a) Gloves do not provide complete protection against hand contamination. Bacterial flora colonizing patients may be recovered from the hands of < 30% of DHCP s who wear gloves during patient contact.</p> <p>b) When removing gloves, the patient's microorganisms can be transmitted from the external surface of the glove to the dentist's hands and need to be removed by hand hygiene.</p> <p>3.2.1.2.14. Gloves do not prevent sharps injuries.</p>
			<p>-New addition-</p>

			<p>3.2.1.3. Table of types of Gloves and indication</p>
			<p>-New addition- 3.2.2. Face Masks Face masks protect the face and oral and nasal mucous membranes during procedures likely to generate splashing or spattering of blood or other body fluids. Masks also prevent particles (respiratory droplets) expelled into the environment by the wearer from contaminating the operatory field. Most masks produce a poor facial seal and are not designed to filter the air as it is breathed into the lungs. So they do not protect the wearer from aerosol inhalation.</p>
			<p>-New addition- 3.2.2.1. Requirements of an Ideal Face Mask 3.2.2.1.1. Does not come into contact with nostrils or lips. 3.2.2.1.2. Has a high bacterial filtration efficiency rate. 3.2.2.1.3. Fits snugly around the entire periphery of the mask. 3.2.2.1.4. Does not cause fogging of eyewear. 3.2.2.1.5. Easy to put on and remove. 3.2.2.1.6. Is made of fabric that does not irritate the skin or induce allergic reactions. 3.2.2.1.7. Made of fabric that does not collapse during wear or when wet.</p>
			<p>-New addition- 3.2.2.2. Types of Face Masks 3.2.2.2.1. Standard surgical facemasks. a) Provide no, or only partial, protection of the wearer from respiratory pathogens such as Mycobacteria</p>

		<p>tuberculosis or influenza.</p> <ul style="list-style-type: none"> b) Maybe dome-shaped, or pliable. c) May be secured with elastic bands, ear loops, or ties d) Ties enhance stabilization during lengthy procedures. <p>3.2.2.2.2. Respirator type masks.</p> <ul style="list-style-type: none"> a) Provide high filtration of aerosols, and thus offer a higher degree of personal respiratory protection compared to a standard facemask. b) Recommended for DDHCP s for use whilst treating patients with infections that are spread via aerosols, e.g. tuberculosis and influenza. 	
			<p>-New addition-</p> <p>3.2.2.3. Indications for Wearing Face Masks</p> <p>3.2.2.3.1. It is essential for DDHCP s to wear a mask when:</p> <ul style="list-style-type: none"> a) Coming in close proximity to the patient's oral cavity. b) Using handpiece, air/water syringe, or ultrasonic scaler. c) Washing contaminated instruments. d) Emptying a suction trap. e) Disinfecting surfaces. f) Taking radiographs. g) Polishing with a lathe or a handpiece. h) If DDHCP is suffering from a respiratory infection. <p>3.2.2.3.2. Masks should be worn correctly and before gloving.</p> <p>3.2.2.3.3. Masks should be changed between patients.</p> <p>3.2.2.3.4. During patient treatment, masks should be changed at least once every hour, and more often if the mask</p>

		<p>becomes damp or wet, or if heavy spatter/aerosol is generated during treatment.</p> <p>3.2.2.3.5. Clinical instructors who work in the clinical hall for long hours should change the mask every hour.</p> <p>3.2.2.3.6. Masks should not be touched or adjusted during procedures.</p> <p>3.2.2.3.7. When removing masks, only the elastic bands or ties around the head or ears should be touched. The body of the used mask should not be touched with unprotected hands.</p>	
			<p>-New addition-</p> <p>3.2.3. Protective Eyewear, Face Shields</p> <p>A variety of disease agents, such as the herpes simplex virus and hepatitis B virus, may cause harmful infections of the eye or may pass through ophthalmic mucous membranes and cause systemic infections. Protective eyewear may provide protection against infectious disease agents, splashes of chemicals during use of disinfectants and radiograph processing chemicals, as well as against physical damage to the eye by propelled objects, such as tooth fragments and restorative materials.</p> <p>3.2.3.1. Types of Eye Protection Devices</p> <p>Comparison of Eye Protection Devices are presented in below table to compares different types of eye protection. Due to the inadequate protection provided by glasses, they are unacceptable as eye protection devices for DDHCPs. Either goggles or face shields should be used for protection of the eye and face.</p>
			<p>-New addition-</p>

		<p>3.2.3.2. Indications for Wearing Eye Protection Devices</p> <ul style="list-style-type: none"> a) Whenever contamination of the eyes with aerosols sprays or splashes of body fluids is possible. b) Whenever projectiles may be generated during any grinding, polishing or buffering procedure with rotary instruments or equipment. c) Whenever handling chemicals, such as during disinfection procedures for patient care items or surfaces, or when handling radiography processing solutions. d) When skin protection, is needed or desired, for example when irrigating a wound or suctioning copious secretions, a face shield should be used as a substitute to wearing a mask and goggles. The face shield should cover the forehead, extend below the chin, and wrap around the side of the face. e) A face shield does not substitute for a surgical mask. f) Reusable eye/facial protective equipment should be cleaned with soap and water, or if visibly soiled, cleaned and disinfected between patients. g) Contaminated protective eyewear or face shield should not be touched with unprotected hands. 	
		<p>-New addition-</p>	<p>3.2.4. Protective Clothing</p> <p>Protective clothing, i.e., gowns and head covers, should be worn to prevent contamination of street clothing and to protect the personal body parts of the dental team which are likely to be soiled with chemicals or blood, saliva or body</p>

			substances during the performance of their duties.
			<p>-New addition-</p> <p>3.2.4.1. Requirements of Protective Clothing</p> <p>3.2.4.1.1. Should cover personal clothing and skin including the head, forearms, and chest area.</p> <p>3.2.4.1.2. Veils are worn by females outside the work area and ghutras worn by males are not appropriate protective clothing and must be removed and replaced with proper well-fitting head covers.</p> <p>3.2.4.1.3. Gowns and head covers may be reusable or disposable.</p> <p>3.2.4.1.4. Disposable gowns and head covers must be discarded daily.</p>
			<p>-New addition-</p> <p>3.2.4.2. Indications for Wearing Protective Clothing</p> <p>3.2.4.2.1. Whenever a chance exists for contamination of skin or clothing with spray or splashes of saliva, blood or other potentially infectious materials.</p> <p>3.2.4.2.2. Whenever a chance exists for contamination of skin or clothing with spray or splashes of chemicals.</p> <p>3.2.4.2.3. Female dental workers must wear a separate head cover for the working area and must change this head cover before leaving the clinic.</p> <p>3.2.4.2.4. Change protective clothing at the end of each clinical session or when it becomes visibly soiled or is penetrated by body fluids.</p> <p>3.2.4.2.5. All protective clothing (gowns and head covers) should be removed before leaving the work area.</p>
			-New addition-

		<p>3.2.4.3. The sequence of Wearing PPE</p> <p>3.2.4.3.1. Gown and head cover first.</p> <p>3.2.4.3.2. Mask</p> <ul style="list-style-type: none"> •The peripheries of the mask should be appropriately adjusted to fit. • The mask should not contact the nostrils or lips. <p>3.2.4.3.3. Goggles or face shield.</p> <p>3.2.4.3.4. Gloves</p> <ul style="list-style-type: none"> •Hand hygiene should be performed immediately before donning gloves. •If an alcohol rub was used for antiseptis, hands must be completely dry before donning gloves because hands wet with the alcohol-based product may increase the risk of glove perforation. •Gloves should be extended over protective clothing cuffs 	
			<p>-New addition-</p> <p>3.2.4.4. The sequence of Removing PPE</p> <p>The sequence for removing PPE is intended to limit opportunities for self-contamination. The gloves are considered the most contaminated pieces of PPE and are therefore removed first. The face shield or goggles are next because they are more cumbersome and would interfere with the removal of other PPE.</p> <p>Disposable PPE should be discarded appropriately upon removal, and not allowed to contact unprotected surfaces. Reusable PPE should be set aside in an appropriate place pending decontamination, in order to avoid contaminating unprotected surfaces.</p> <p>3.2.4.4.1. Gloves</p> <p>3.2.4.4.2. Face shield or goggles</p> <p>3.2.4.4.3. Gown</p>

			<p>3.2.4.4.4. Mask</p> <p>3.2.4.4.5. Head cover.</p>
			<p>-New addition-</p> <p>3.2.4.5. Placing and Removing Barriers</p> <p>Wearing or removing PPE should be done in a sequence that limits further spread of microorganisms. The combination of PPE used, and therefore the sequence, will be determined by the task to be performed, and hence the PPE which need to be worn.</p>

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University

RAK College of Dental Sciences



Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Instrument Care	
Policy Code Number:	HS.08	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purposes and Scopes

- 1.1. To establish standards for assuring that best practice infection control and sterilization steps of equipment and devices are undertaken by the concerned staff.
- 1.2. This policy applies to all clinics, Initial Dental Assessment (IDA), Initial Nursing Assessment (INA) and CSSD department.
- 1.3. The aims of this policy is to ensure:
 - 1.3.1. There are clear specifications for taking care of medical equipment and devices.
 - 1.3.2. All staff are correctly educated and trained and have easy access to methods of cleaning for their review
 - 1.3.3. Proper transportation and storage of these equipment

2. Policy Statement

The cleanliness of equipment and devices is important as it plays a crucial role in minimizing hospital acquired infections. This policy provides guidelines for reprocessing equipment and devices as well as their storage, transport and distribution.

3. Definitions/ Abbreviations

- 3.1. Sterilization: a process that destroys or eliminates all forms of microbial life. When chemicals are used to eradicate all kinds of microbiologic life, they can be called

chemical sterilants.

- 3.2. Disinfection: a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects.
- 3.3. Decontamination: removal of pathogenic microorganisms on a surface or item so that they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- 3.4. Sanitation: reduction of the numbers of bacterial contaminants to safe levels as judged by public health requirements.
- 3.5. Cleaning: the removal of visible soil (e.g., organic from objects and surfaces)
- 3.6. Aseptic technique: The aseptic technique is performing all tasks while maintaining the “aseptic to aseptic” relationship of contact, thus reducing or eliminating the spread of microbes.

4. Procedures

4.1. Spaulding Classification.

All equipment and devices used are given a cleaning level designation based on the Spaulding classification.

4.1.1. Non-critical Instruments – These instruments pose the least risk of transmission of infection, contacting the only intact skin. These items may be immersed in or sprayed and wiped with a high-level disinfectant. If cleaning is difficult or will damage the instrument, then the use of disposable barrier protection may be considered as an alternative.

4.1.2. Semi-critical Instruments – These instruments touch mucous membranes or non-intact skin, and have a lower risk of transmitting micro-organism. They should also be sterilized by using heat.

4.1.3. Critical Instruments – These are instruments used to penetrate soft tissue or bone, or have the greatest risk of transmitting infection. These should be sterilized by heat.

4.2. When handling patients, patient materials, or instruments and devices used during patient treatment, sterile, disinfected, and clean (aseptic) materials should not contact contaminated materials and vice versa. If such contact occurs, the barrier of infection control is broken, and the possibility of cross contamination exists.

4.3. Care of equipment

4.3.1. Non-Critical Devices

All non-critical instruments are wiped with an approved disinfectant after each use and when visibly soiled. The equipment is stored in the nurse station after decontamination.

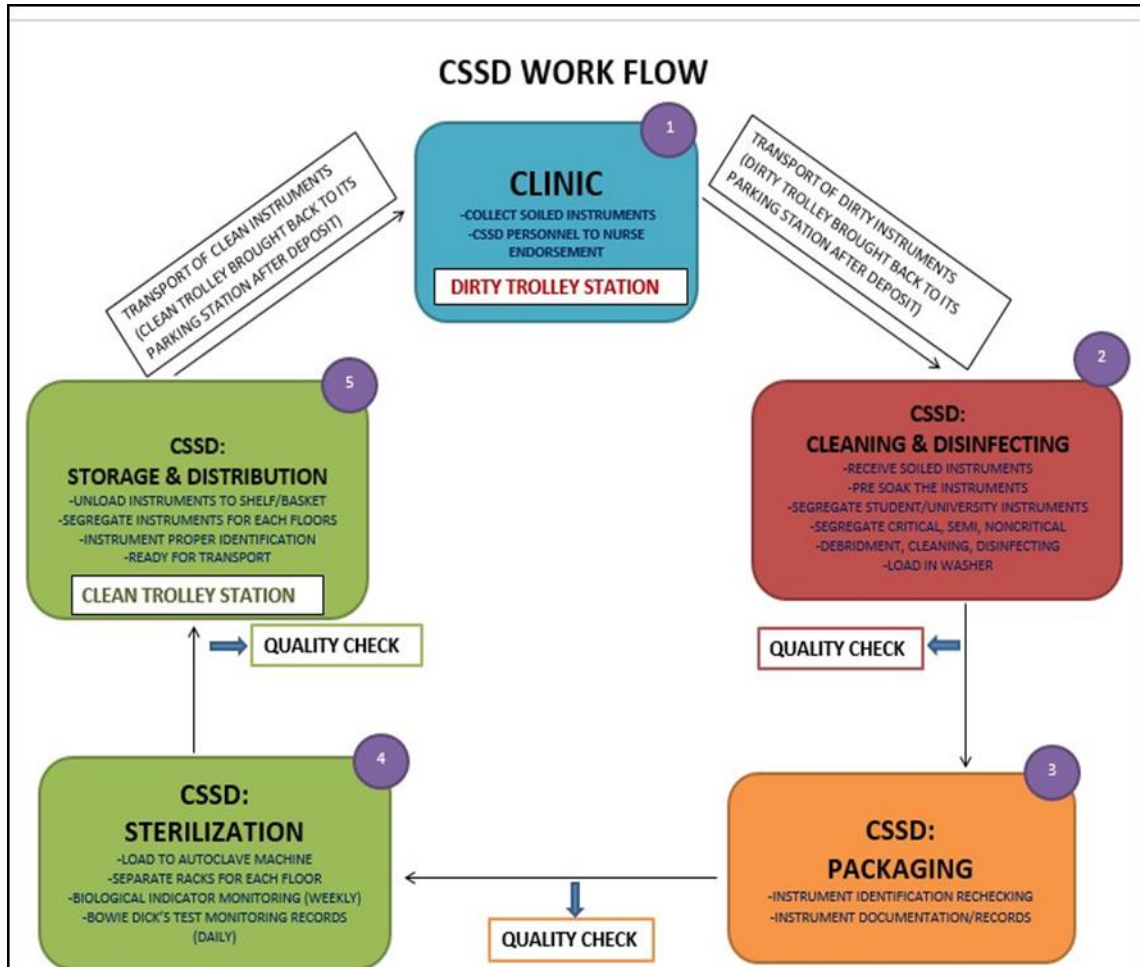
4.3.2. Semi-Critical and Critical Devices

Both semi-critical and critical devices are to be sterilized in RAKCODS.

4.3.3. Single-Use Devices (SUDs)

Single-Use Devices are not to be reused in RAKCODS and must be discarded immediately after use in a safe manner. The exception are plastic impression trays that are reused after appropriate disinfection.

4.4. Workflow:



4.5. The following Standard Operating Procedures (SOPs) are care of these devices:

4.5.1. Dress Code and Hygiene

4.5.1.1. General Hygiene

4.5.1.1.1. Cleanliness and good hygiene are mandatory. Hair, body, and nails should be clean at all times.

4.5.1.1.2. Hair must be tied beforehand. Grooming is prohibited inside the CSSD areas.

4.5.1.1.3. Jewelry should not be worn.

4.5.1.1.4. Clean scrubs must be worn with closed shoes.

4.5.1.1.5. Hand hygiene must be maintained. All personnel working in central sterilization processing instruments must wear appropriate attire. These include nurses responsible for collection and transportation of instruments.

4.5.1.2. Work Attire for nurses responsible for transportation of instruments

All nurses must wear a disposable gown, face mask/shield and gloves during collection and transportation of instruments. A new disposable gown is to be used each day unless it becomes visibly soiled. If soiled, a new gown must be used.

4.5.1.3. Work Attire for nurses responsible for CSSD Personnel

4.5.1.3.1. All CSSD personnel are to wear disposable gowns, shoe covers, facemasks, and goggles when entering the dirty or clean area of CSSD. This PPE is to be worn at all times inside the CSSD and must be removed before exiting the room.

4.5.1.3.2. Hands must be washed before and after donning of utility gloves.

4.5.1.3.3. If any disposable gown becomes wet due to a splash of liquid, the garment should be changed.

4.5.1.3.4. Any visitors to the department must be instructed to wear a gown, head cover, and shoe covers before being allowed to enter the department

4.6. Transportation of Dirty Instruments to CSSD

4.6.1. Procedures

4.6.1.1. Students are to separate their instruments and college instruments into the two transfer trays provided at each station.

4.6.1.2. The transfer tray with student instruments must have the transfer label added to it. The label contains Student name, student I.D., BDS year and floor number.

- 4.6.1.3.** CSSD personnel will perform hand hygiene, wear proper PPE, collect, transport the trays using the dirty trolley and deliver it to the CSSD Dirty Area.
- 4.6.1.4.** CSSD personnel will unload the trolley and wipe the trolley clean with wet wipes or disinfectant spray and tissue.
- 4.6.1.5.** CSSD personnel will place new set of closed trays in the trolley.
- 4.6.1.6.** CSSD personnel will bring trolley back to the clinics.
- 4.6.1.7.** New trays will be placed in the tray area and trolley will be parked in its designated area.

4.7. Sorting, Cleaning and Disinfection of Instruments

4.7.1. Procedures

- 4.7.1.1.** All the instruments, equipment and disinfectants are used based upon the manufacturer's instructions.
- 4.7.1.2.** All contaminated instruments shall be received in the CSSD dirty area.
- 4.7.1.3.** All instruments and equipment received in the CSSD dirty area are considered contaminated and standard precaution standards must be observed.
- 4.7.1.4.** The CSSD Personnel must inspect for protruding instruments from the trays and sterilization pouches.
- 4.7.1.5.** All instruments shall be sorted by the set, lose or student or intern owner. Components of sets will be processed together.
- 4.7.1.6.** Hinged instruments shall be opened and separated to ensure proper cleaning.
- 4.7.1.7.** Cleaning of instruments follow three different processes depending on the nature of the instrument.
- 4.7.1.8.** All instruments should be inspected for debris, organic matter, cements. All such soiling must be removed.
- 4.7.1.9.** Surgical, small, and loose instruments are manually or using ultrasonic cleaner washed using heavy duty gloves and proper instrument disinfectant solution.

- 4.7.1.10.** Hand pieces must be cleaned with soap and water, lubricated with hand piece oil and dried properly with paper towels. All hand pieces must be sterilized.
- 4.7.1.11.** Tray must place in instrument washer disinfectant using appropriate detergent and lubricant.
- 4.7.1.12.** Washer disinfectant cleans instruments by combining impingement, high water temperature, and mild enzymatic detergent action. All detergents and disinfectants used in CSSD are mentioned in Appendix HS.08-1.
- 4.7.1.13.** Instruments that cannot be placed inside the autoclave for sterilization like intraoral mirrors, cheek retractors, and bib holders shall be cleaned properly by using soap, water, and disinfectant spray.
- 4.7.1.14.** All instruments must be checked properly for cleanliness.
- 4.7.1.15.** Instruments must be counted properly before being put inside the trays.

4.8. Packaging and Sterilization

4.8.1. Procedures

- 4.8.1.1.** All the instruments shall be inspected for proper function and cleanliness.
- 4.8.1.2.** All college instruments are categorized according to use.
- 4.8.1.3.** All instruments are thoroughly dried.
- 4.8.1.4.** All hinged instruments must be in an open position to ensure proper sterilization.
- 4.8.1.5.** Place the trays and other instruments to be sterilized in the pouches.
- 4.8.1.6.** The pouches should have chemical indicators on them. If not a chemical indicator strip is placed inside the pouches.
- 4.8.1.7.** The pouch must be labelled, dated, and sealed before transferring to the CSSD Clean Area for sterilization. If the

instruments belong to a student, then student details must also be mentioned.

4.8.2. Verification of washer-disinfector cycle function

The washer-disinfector function is monitored by the post-wash output report generated by the washer (Appendix HS.08-2). If any error is found, the cycle is repeated.

4.8.3. Verification of Sterilization Cycle

4.8.3.1. Mechanical or Physical Indicator

The sterilization function is monitored by the post-wash output report generated by the autoclave (Appendix HS.08-3). If any error is found, the cycle is repeated.

4.8.3.2. Biological Monitoring: Spore Testing

Biological indicators (*Geobacillus stearothermophilus* spores) are used on weekly basis for the steam sterilizers to document the efficacy of steam sterilization cycles underused conditions (Appendix HS.08-4).

4.8.3.2.1. Procedures

4.8.3.2.1.1. Identify the indicator by writing the sterilizer, load number, and the processing date on the vial label (Appendix HS.08-5).

4.8.3.2.1.2. The indicator is placed in a pouch and this pouch is placed on the bottom shelf of the cart near the door.

4.8.3.2.1.3. After the cycle run, the test pack is allowed to cool for a sufficient amount of time in order to cool the indicator.

4.8.3.2.1.4. The indicator is placed on the incubator machine weekly within 2 hours. If these instructions are not followed, the spores will die off at room temperature and sterilization process failure may go undetected.

4.8.3.2.1.5. Incubation of biological indicator is

processed within 24 hours to be able to read the result.

- 4.8.3.2.1.6.** All biological results for sterilization will be recorded. The documentation will record the date of sterilization and result.

4.8.3.3. Chemical Monitoring: Chemical Indicators

4.8.3.3.1. Procedures

4.8.3.3.1.1. A chemical sterilization process indicator strip will be included with each sterilized item or pouches containing the chemical indicator will be used (Appendix HS.08-6).

4.8.3.3.1.2. A color change in the chemical sterilization process indicator shows that the package has been exposed to the conditions for sterilization, they do not guarantee sterility. Color change is from pink to brown or green depending on the type of pouch. A monthly record is maintained (Appendix HS.08-7).

4.8.3.4. Chemical Monitoring: Bowie-Dick Test Pack

This test is used to establish a method of function testing for pre-vacuum sterilizers.

4.8.3.4.1. Procedures

The Bowie-Dick test shall be conducted on each pre- vacuum sterilizer first thing in the morning on a daily basis.

4.8.3.4.1.1. Place a pre-assembled, disposable test pack in a horizontal position on the lowest shelf on the empty autoclave. The Bowie- Dick protocol requires that the only test pack may be in the autoclave during the test.

- 4.8.3.4.1.2.** Run a sterilization cycle that is set to Bowie-Dick test. The exposure time is 20- 30 minutes of 132-134 degree Celsius.
- 4.8.3.4.1.3.** After the test, remove the pack from the autoclave.
- 4.8.3.4.1.4.** Open the pack. Remove the Bowie-Dick test sheet from the center and interpret the result.
- 4.8.3.4.1.5.** A uniformly black color of the concentric lines is an indication of a pass.
- 4.8.3.4.1.6.** Overexposure caused by excessive temperature time or both will cause the block end point color to shift to an overall gray tone. Since the test requires the appropriate exposure conditions, a test resulting in an overexposed test sheet is not valid and the test must be repeated with the correct exposure condition.
- 4.8.3.4.1.7.** The date, the sterilizer number, and the operators initial must be entered on the Bowie-dick sheet following the test. File the sheet with the appropriate records for that sterilize (Appendix HS.08-8).
- 4.8.3.4.1.8.** Any result other than a pass must immediately be brought to the attention of the biomedical engineer who will determine whether or not the sterilizer can be used on that day or if it must be shut down until repaired.

4.8.4. Water Quality Testing

- 4.8.4.1.** Water quality testing is done quarterly to count the total viable count and presence of Legionella bacteria. (For further details, please refer to the Water Quality Testing Policy).

4.9. Storage and Transportation of Sterile Instruments from CSSD to Clinics

4.9.1. Procedures

- 4.9.1.1.** All pouched sterile instruments are segregated to student and college instruments and loaded in clean- trolley.

- 4.9.1.2.** The trolley is taken to clinics and instruments are deposited in the nurse station.
- 4.9.1.3.** The trolley is brought back to CSSD and parked in its designated area.

4.10. Recall of Instruments in Case of Autoclave Function Failure

4.10.1. Procedures

- 4.10.1.1.** All instruments pouched for sterilization shall be dated with the date of sterilization.
- 4.10.1.2.** All instruments pouched for sterilization shall be marked with the corresponding autoclave used for sterilization.
- 4.10.1.3.** Spore testing is done on a weekly basis. Bowie-Dick Test is run daily.
- 4.10.1.4.** In the event of a positive spore test, all instruments are sterilized from the date of the last negative spore test through the last cycle shall be recalled.
- 4.10.1.5.** All instruments that fit into the above category shall be re-sterilized in another autoclave or once two successive spore tests are negative.
- 4.10.1.6.** Biomedical engineer is called and a report is to be sent to Infection control committee.

4.11. General cleaning and maintenance of CSSD rooms

- 4.11.1.** All cabinets, and CSSD equipment must be cleaned and maintained by the CSSD team.
- 4.11.2.** All environmental surfaces including walls, doors etc will be cleaned by the cleaners.

4.12. CSSD Records

- 4.12.1.** The following records are maintained in CSSD:
 - 4.12.1.1.** Indicators- mechanical, chemical and biological
 - 4.12.1.2.** Lost and found instrument list
 - 4.12.1.3.** General cleaning of CSSD

5. References

5.1. <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/index.html>

5.2. DHA Guidelines for Infection Control in Dentistry Code: DHA/HRS/HPSD/CG-10
Issue Nu: 1 Issue Date: 10/06/2021

6. Tools / Appendices

6.1. Appendix HS.08-1 - Cleaning and disinfecting Products Used

6.2. Appendix HS.08-2 - Washer Disinfector Report Printout

6.3. Appendix HS.08-3 – Mechanical/Physical Indicator

6.4. Appendix HS.08-4 – Biological Indicator Vial

6.5. Appendix HS.08-5 - Biological Indicator Monitoring Form

6.6. Appendix HS.08-6 - Chemical Indicator Color Change in Pouch

6.7. Appendix HS.08-7 - Chemical Indicator Monitoring Form

6.8. Appendix HS.08-8 – Chemical indicator- Bowie-Dick Test and Output Report

Appendix HS.08-1 - Cleaning Products Used

RAKCODS INSTRUMENT CLEANING AND DISINFECTING PRODUCTS				
Sr. #.	Product	Product name	Brand Name	Composition
1	Alcohol based hand sanitizer	Prosept Gel	Protecta	70% ethyl alcohol
2	Hand Wash	Handwash Rose	Al Basma Detergents and Cleaning Industry L.L.C.	Sodium Lauryl Ether Sulphate 8-10%, Diethanolamide 0.7-1.0%
3	Wet Wipes		Protecta	
4	Surface Disinfectant 1	Pro-Surf AF	Protecta	0.23g Dailkyl dimethyl ammonium chloride, 0.48g Alkyl dimethyl ammonium chloride
5	Surface Disinfectant 2	Pro-Surf Rapid	Protecta	35.0g ethanol, 0.066g Quaternary ammonium compounds
6	Instrument Disinfectant	Pro Instruments	Protecta	2.6% Gluteraldehyde, 0.6% Bimethyl benzyl ammonium chloride, 0.6% Benzyl ammonium chloride, 96.25% inert ingredients
7	Washer Disinfector Cleaner	Natural Enzyme Cleaner	Belimed	5% anionic surfactants, 5% non-ionic surfactants, 5% polycarboxylates, 5% phosphonates, enzymes, corrosion inhibitors, preservatives, excipients

Appendix HS.08-2 – Washer Disinfecter Printout



Appendix HS.08-3 – Mechanical/Physical Indicator

03/08/2023

Signature: _____

Cycle approved: Y / N Date: _____

PROGRAM FINISHED CORRECTLY

FO value	127.2min
Time above target val. chamber	5.00m:s
Max. sterilizing temperature	134.9°C
Min. sterilizing temperature	134.5°C

41:50 End of program	958	50.1
40:42 Aeration	46	52.7
37:42 Drying	255	62.2
36:54 Post-vacuum	806	53.3
36:24 Holding aeration	825	54.6
35:34 Aeration	45	56.8
32:34 Drying	255	65.8
31:45 Post-vacuum	808	60.1
31:16 Holding aeration	827	61.6
30:26 Aeration	45	64.4
27:25 Drying	257	72.2
26:38 Post-vacuum	818	69.9
26:07 Holding aeration	825	71.2
25:18 Aeration	55	72.5
22:17 Drying	246	70.4
19:08 Post-vacuum	3110	134.7
19:07	3103	134.7
18:07	3103	134.7
17:07	3097	134.7
16:07	3100	134.7
15:07	3093	134.7
14:07 Sterilization	3096	134.5
9:54 Heating up	158	57.0
7:57 3. pre-vacuum	1816	116.5
5:56 2. pressure	170	58.0
4:03 2. pre-vacuum	1813	111.4
1:22 1. pressure	188	46.4
0:02 1. pre-vacuum	1001	41.3

Time Phase mbara 12 °C

Program start : 03.08.2023 / 16:35

Drying time	12.0min
Sterilizing temp.	134.2°C
Sterilizing time	5.0min

Target values : No. of fractions 3

Version : PR: 04.11.2021 SW: 116
 Program : 1: Instruments 134 °C
 User : User
 Current no. : 003495
 Machine type : 6-6-6 VS2 No.2005185
 Department : CSSD
 Operat. comp. : RAK CODS
 BELIMED CYCLE DOCUMENTATION

04/08/2023

Signature: _____

Cycle approved: Y / N Date: _____

PROGRAM FINISHED CORRECTLY

FO value	126.8min
Time above target val. chamber	5.00m:s
Max. sterilizing temperature	134.9°C
Min. sterilizing temperature	134.5°C

39:48 End of program	971	48.7
38:40 Aeration	45	51.5
35:40 Drying	255	63.7
34:52 Post-vacuum	806	51.5
34:21 Holding aeration	825	52.8
33:32 Aeration	42	55.1
30:31 Drying	257	67.3
29:44 Post-vacuum	808	57.4
29:14 Holding aeration	825	58.9
28:24 Aeration	42	61.4
25:24 Drying	252	70.1
24:37 Post-vacuum	808	57.4
24:06 Holding aeration	826	56.1
23:17 Aeration	51	40.5
20:16 Drying	237	69.1
17:15 Post-vacuum	3100	134.7
16:15	3108	134.7
15:15	3111	134.7
14:15	3092	134.7
13:14	3106	134.7
12:15 Sterilization	3092	134.7
8:23 Heating up	151	58.9
6:33 3. pre-vacuum	1817	116.3
4:45 2. pressure	165	61.5
2:59 2. pre-vacuum	1817	103.1
1:14 1. pressure	188	66.4
0:01 1. pre-vacuum	1020	60.4

Time Phase mbara 12 °C

Program start : 04.08.2023 / 10:38

Drying time	12.0min
Sterilizing temp.	134.2°C
Sterilizing time	5.0min

Target values : No. of fractions 3

Version : PR: 04.11.2021 SW: 116
 Program : 1: Instruments 134 °C
 User : User
 Current no. : 003497
 Machine type : 6-6-6 VS2 No.2005185
 Department : CSSD
 Operat. comp. : RAK CODS
 BELIMED CYCLE DOCUMENTATION

07/08/2023

Signature: _____

Cycle approved: Y / N Date: _____

PROGRAM FINISHED CORRECTLY

FO value	128.2min
Time above target val. chamber	5.00m:s
Max. sterilizing temperature	134.7°C
Min. sterilizing temperature	134.5°C

40:58 End of program	970	50.6
39:51 Aeration	46	53.2
36:51 Drying	255	62.7
36:03 Post-vacuum	805	53.7
35:32 Holding aeration	823	55.0
34:43 Aeration	46	57.2
31:42 Drying	256	66.5
30:55 Post-vacuum	805	60.3
30:24 Holding aeration	823	61.9
29:35 Aeration	45	64.6
26:34 Drying	258	72.8
25:47 Post-vacuum	812	70.3
25:16 Holding aeration	823	71.9
24:27 Aeration	47	73.8
21:26 Drying	256	72.2
18:26 Post-vacuum	3101	134.7
18:25	3091	134.7
17:25	3095	134.7
16:25	3100	134.7
15:25	3110	134.7
14:25	3091	134.8
13:25 Sterilization	3093	134.7
9:16 Heating up	160	57.9
7:21 3. pre-vacuum	1813	116.4
5:26 2. pressure	170	58.2
3:35 2. pre-vacuum	1815	111.9
1:19 1. pressure	190	48.1
0:02 1. pre-vacuum	998	41.0

Time Phase mbara 12 °C

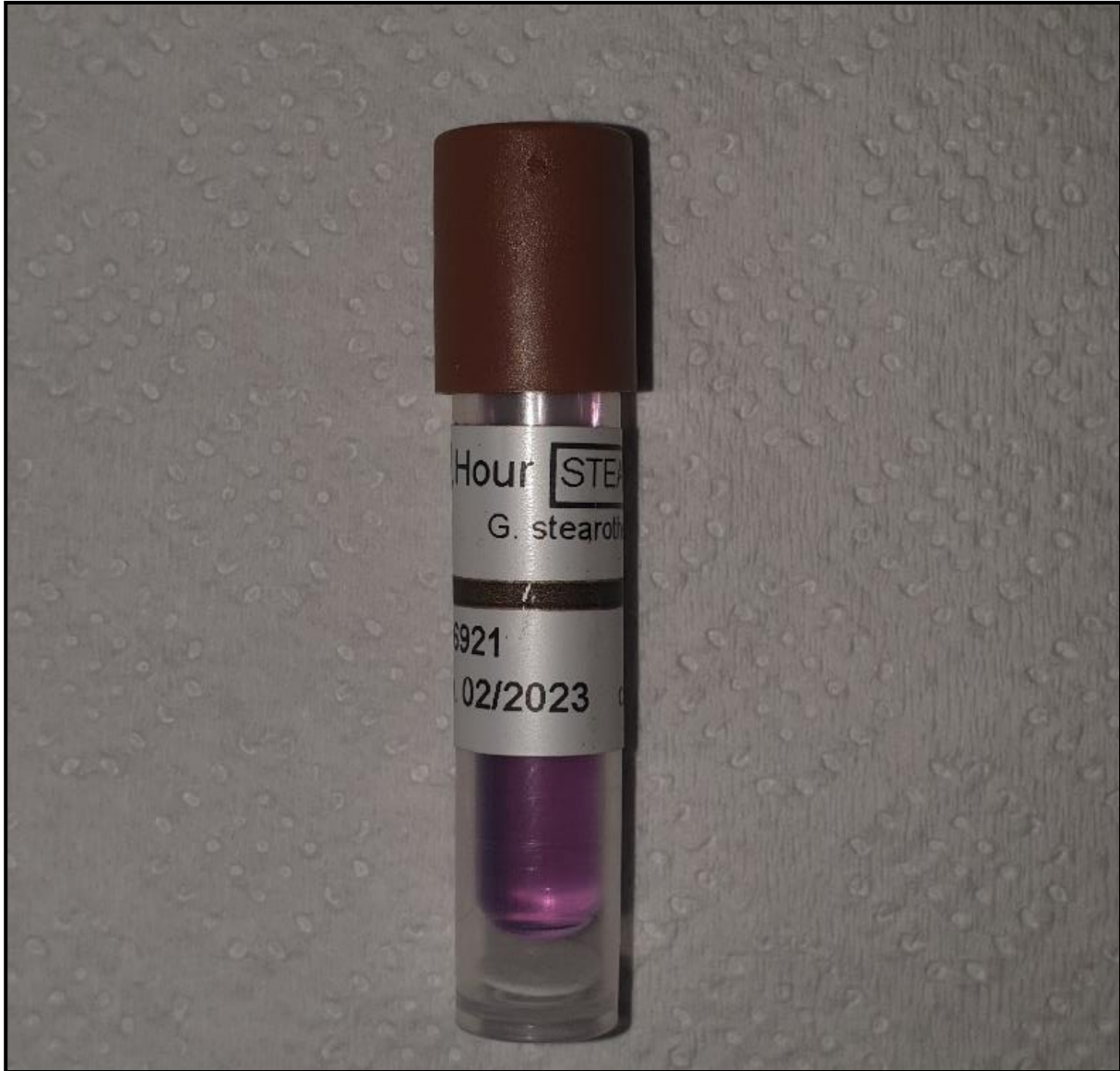
Program start : 07.08.2023 / 16:04

Drying time	12.0min
Sterilizing temp.	134.2°C
Sterilizing time	5.0min


Target values : No. of fractions 3

Version : PR: 04.11.2021 SW: 116
 Program : 1: Instruments 134 °C
 User : User
 Current no. : 003500
 Machine type : 6-6-6 VS2 No.2005185
 Department : CSSD
 Operat. comp. : RAK CODS
 BELIMED CYCLE DOCUMENTATION

Appendix HS.08-4 Biological Indicator Vial




Appendix HS.08-5 - Biological Indicator Monitoring Form

					
RAK COLLEGE OF DENTAL SCIENCES					
BIOLOGICAL INDICATOR MONITORING SHEET					
DATE	INCUBATION START TIME	INTERVAL MONITORING TIME	INCUBATION END TIME	RESULT	ICO SIGNATURE

Appendix HS.08-6 - Chemical Indicator Color Change in Pouch



Appendix HS.08-7 - Chemical Indicator Monitoring Form

	44	RAK College of Dental Sciences		
Chemical Indicator Monitoring Checklist				
DATE	TIME	CYCLE	RESULT	
			BROWN OR GREENISH BLACK <small>(*adequate sterilization)</small>	OTHERS/NO COLOR CHANGE <small>(*inadequate, Please indicate actions taken)</small>

Appendix HS.08-8 Chemical indicator- Bowie-Dick Test and Output Report

01 / 08 / 2023

Signature: _____

Cycle approved: Y / N Date: _____

PROGRAM FINISHED CORRECTLY

FD value 90.7min
 Time above target val. chamber 3.24m:s
 Max. sterilizing temperature 134.9°C
 Min. sterilizing temperature 134.6°C

24:23 End of program	972	66.9
23:18 Aeration	73	69.6
19:17 Drying	701	66.5
16:13 Post-vacuum	3096	134.7
15:48	3096	134.7
14:48	3088	134.7
13:48	3091	134.8
12:48 Sterilization	3086	134.7
9:00 Heating up	158	56.9
6:56 3 pre-vacuum	1820	116.5
5:07 2. pressure	171	59.0
3:07 2. pre-vacuum	1812	99.2
1:22 1. pressure	190	28.6
0:01 1. pre-vacuum	1002	46.6

m:s
 Time Phase mbara 12 °C

Program start : 01.08.2023 / 09:21

Drying time 4.0min
 Sterilizing temp 134.2°C
 Sterilizing time 3.4min

Target values : No. of fractions 3

Version : PR: 13.01.2020 SW_116
 Program : 5. Bowie-Dick-test
 User : User
 Current no. : 003490
 Machine type : 6-6-6 V52 No. 2005185
 Department : CSSD
 Operat. comp. : RAK CODS
 BELIMED CYCLE DOCUMENTATION

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022		<p>-New addition-</p> <p>New Definitions</p> <p>3.1. Sterilization: a process that destroys or eliminates all forms of microbial life. When chemicals are used to eradicate all kinds of microbiologic life, they can be called chemical sterilants.</p> <p>3.2. Disinfection: a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects.</p> <p>3.3. Decontamination: removal of pathogenic microorganisms on a surface or item so that they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.</p> <p>3.4. Sanitation: reduction of the numbers of bacterial contaminants to safe levels as judged by public health requirements.</p> <p>3.5. Cleaning: the removal of visible soil (e.g., organic from objects and surfaces</p> <p>3.6. Aseptic technique: The aseptic technique is performing all tasks while maintaining the “aseptic to aseptic” relationship of contact, thus reducing or eliminating the spread of microbes.</p>
			<p>-New addition-</p> <p>4.2. When handling patients, patient materials, or instruments and devices used during patient</p>

			treatment, sterile, disinfected, and clean (aseptic) materials should not contact contaminated materials and vice versa. If such contact occurs, the barrier of infection control is broken, and the possibility of cross contamination exists.
		4.5.2.1.1. Students are to place their used instruments in a tray provided at each station.	4.6.1.1. Students are to separate their instruments and college instruments into the two transfer trays provided at each station.
			-New addition- 4.6.1.2. The transfer tray with student instruments must have the transfer label added to it. The label contains Student name, student I.D., class year and floor number.
		4.5.2.1.2. Nurse in-charge will perform hand hygiene, wear proper PPE, collect, transport the trays using the dirty trolley and deliver it to the CSSD Dirty Area.	4.6.1.3. CSSD personnel will perform hand hygiene, wear proper PPE, collect, transport the trays using the dirty trolley and deliver it to the CSSD Dirty Area.
		4.5.2.1.5. Nurse will bring trolley back to the clinics	4.6.1.6. CSSD personnel will bring trolley back to the clinics
		4.5.3.1.5. All instruments shall be sorted by the set, loose or cassette tray. Components of sets will be processed together.	4.7.1.5. All instruments shall be sorted by the sets or loose, student or intern owner. Components of sets will be processed together.
			-New addition- 4.7.1.7.1. All instruments should be inspected for debris, organic matter and cements. All such soiling must be removed.
			-New addition-

			4.7.1.8. Washer disinfectant cleans instruments by combining impingement, high water temperature, and mild enzymatic detergent action.
			-New addition- 4.8.1.3. All instruments are thoroughly dried.
		4.5.4.1.6. Place a monitoring chemical process indicator in each pouch to be sterilized.	4.8.1.6. The pouches should have chemical indicators on them. If not a chemical indicator strip is placed inside the pouches.
			4.8.4.1 Water Quality Testing Water quality testing is done quarterly to count the total viable count and presence of Legionella bacteria. (For further details, please refer to the Water Quality Testing Policy).
			-New addition- 4.11. General cleaning and maintenance of CSSD rooms 4.11.1. All cabinets, and CSSD equipment must be cleaned and maintained by the CSSD team. 4.11.2. All environmental surfaces including walls, doors etc will be cleaned by the cleaners.
			-New addition- 4.12. CSSD Records 4.12.1. The following records are maintained in CSSD: 4.12.1.1. Indicators- mechanical, chemical and biological

			4.12.1.2. Lost and found instrument list 4.12.1.3. General cleaning of CSSD
		Appendix HS.08-2- Solution soaking form	-Removed- New Appendices Appendix HS.08-1 - Cleaning and disinfecting Products Used Appendix HS.08-2 - Washer Disinfector Report Printout Appendix HS.08-3 – Mechanical/Physical Indicator Appendix HS.08-4 – Biological Indicator Vial Appendix HS.08-5 - Biological Indicator Monitoring Form Appendix HS.08-6 - Chemical Indicator Color Change In Pouch Appendix HS.08-7 - Chemical Indicator Monitoring Form

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Sharp Safety	
Policy Code Number:	HS.09	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purposes and Scopes

- 1.1. The aim of this policy is to prevent/minimize the risk of exposure to blood borne pathogens.
- 1.2. To promote awareness of each healthcare workers’ responsibility in the safe management of sharps devices to avoid and occupational exposure.
- 1.3. To provide a framework for the education of healthcare workers in the safe handling of sharps
- 1.4. This policy applies to all RAKCODS staff and students. This policy should be used in conjunction with Occupational Exposure Policy. Adherence to the recommendations will also provide protection from communicable infections to patients and other persons present in RAKCODS.

2. Procedures

2.1. Sharp Safety Practices

2.1.1. Engineering Controls

- 2.1.1.1. Endo irrigation needles are available to avoid injury during irrigation. They are blunt-ended tips with side vent.
- 2.1.1.2. Sharps container

- 2.1.1.3. The IPC committee searches for and reviews new safety engineering device annually.

2.2. Work Practice Controls

2.2.1. Precautions while treating known blood borne patients

- 2.2.1.1. Clearance for dental treatment is from patient physician.

2.2.2. Precautions While Using Sharp Objects

- 2.2.2.1. Organize equipment. Trying to find an instrument from a mess can cause sharps injury
- 2.2.2.2. Ensure adequate lighting.
- 2.2.2.3. Keep sharps pointed away from user.
- 2.2.2.4. Do not uncover or unwrap the sharp object until it is time to use it. Do not pass a syringe with an unsheathed needle.
- 2.2.2.5. Needles should not be manually re-capped/re- sheathed. If re-sheathing is unavoidable this must be performed using a single handed scoop method, i.e. the dental healthcare personnel holds the barrel of the syringe and scoops the needle cap from a hard flat surface onto the end of the needle.
- 2.2.2.6. Remove burs before disassembling the handpiece from the dental unit.
- 2.2.2.7. Use instruments in place of fingers for tissue retraction or palpation.
- 2.2.2.8. Keep your fingers away from the tip of the sharp object.
- 2.2.2.9. If the object is reusable, put it in a secure, closed container after you use it.

2.2.3. Precautions While Cleanup and Disposal

- 2.2.3.1. Remove all sharps before starting unit clean up. Dispose them in sharps container promptly.
- 2.2.3.2. Never clean up broken sharps by hand.
- 2.2.3.3. If a needle is sticking out of the container, do not push it in with your hands. Use tweezer to push the needle back into the container
- 2.2.3.4. Make sure sharps are not left behind in napkins.

- 2.2.3.5. Do not throw sharps in medical or non-medical waste
- 2.2.3.6. Never put hands or fingers into sharps containers.
- 2.2.3.7. Visually inspect sharps containers for overfilling.
- 2.2.3.8. Replace containers before they become overfilled.

3. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022		- New addition 2.1.1.3.The IPC committee searches for and reviews new safely engineering device annually.

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University

RAK College of Dental Sciences



Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Occupational Exposure	
Policy Code Number:	HS.10	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To provide general protocol for occupational exposures to all students, interns, staff, faculty and patients in RAKCODS.

2. Policy Statement

Management of individuals exposed to blood or body fluids from needle stick, sharp injuries, or other exposures. Management will include appropriate medical care, serologic testing for HBV, HCV, and HIV and/or molecular testing, as well as counseling and further referral to appropriate specialist medical practitioners if required.

3. Definitions/ Abbreviations

3.1. Occupational Exposure: A Percutaneous injury (e.g., needlestick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or eye with blood, saliva, tissue, or other body fluids that are potentially infectious.

4. Procedures

4.1. Management of occupational exposure-

4.1.1. In case of an occupational exposure with sharp/needlestick injury, provide immediate wound care, which includes washing site with soap and running water

and putting band aid on wound. In case of an eye splash thoroughly rinsed with water at eye wash provided in clinics.

- 4.1.2.** Report to nursing station. An OVR will be raised by the nurse station.
- 4.1.3.** If the exposure is non-contaminated object, no further action is required.
- 4.1.4.** If the exposure is from a contaminated object, the following further actions are required:
 - 4.1.4.1.** Conclude the treatment in progress as soon as it is reasonable without compromising patient care, or arrange another appointment.
 - 4.1.4.2.** Obtain consent from the source patient for testing of serologic evidence of HBV, HCV and HIV infection.
 - 4.1.4.3.** Nurse will provide lab test requisition forms (See appendix) for the source patient and injured person.
 - 4.1.4.4.** Injured person and source patient will go to the external contracted lab.
 - 4.1.4.5.** The lab will send result to IPC department who will further guide the injured person.
 - 4.1.4.6.** Baseline serologic screening for HIV antibody; Hepatitis C antibody; and Hepatitis B surface antigen (HBsAg).
 - 4.1.4.7.** Based on interpretation counseling will be provided to student and/or source patient.
 - 4.1.4.8.** Counselling of injured person by IPC committee member. It includes explanation of test procedure, window period and implication of possible results.
 - 4.1.4.9.** Patient's test results are confidential.

4.2. Test report interpretation

Disease	Source negative	Source positive
Hepatitis B		<p>If the injured person is IMMUNE to HBV (antiHBs antibodies > 10 IU/mL) they are protected. No further action is required.</p> <p>If the injured person is NOT IMMUNE (e.g., has never been immunized, did not seroconvert to the vaccine (a non-responder), or has antibody levels to HBsAg less than 10 IU/mL), the correct treatment is to:</p> <ol style="list-style-type: none"> 1. Give a single dose of hepatitis B immunoglobulin (HBIG) within 48-72 hours; 2. Start a course of HBV immunization. HBV vaccine should be given within seven days of exposure, and then repeated at one to two months and again at six months after the first dose. Following the final vaccine dose, the antibody titer should be checked two to four weeks later.
Hepatitis C	<p>No further follow-up of the exposed staff member is necessary if blood tests show the source patient is negative for HBV, HCV or HIV.</p>	<p>If the source is positive for antibodies to HCV, there is no effective post-exposure prophylaxis (PEP) for HCV. The injured staff member should be re-tested for HCV antibodies at three weeks and six months, in addition to their baseline test.</p>
HIV		<p>If the source is positive for antibodies to HIV (or is at high risk of seroconverting) PEP is only indicated if there has been a significant exposure, and a proper risk assessment has been undertaken by a medical practitioner experienced in HIV management. HIV PEP is typically two or three orally administered anti-retroviral drugs and should be administered to the recipient within 24-36 hours after exposure (and preferably within two hours). This therapy should be continued for four weeks, on the advice of an infectious diseases physician.</p>

4.3. Refusal for testing

If the source patient refuses to screen, this refusal for testing should be documented in OVR. The situation should be treated same as the ‘positive patient’ scenario, and post-exposure prophylaxis and appropriate long-term follow-up should be by a specialist medical practitioner.

5. Reference

- 5.1. CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003
- 5.2. <https://www.ada.org.au/Dental-Professionals/Publications/Infection-Control/Guidelines-for-Infection-Control/Guidelines-for-Infection-Control-V4.aspx>

6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	12 th Sep 2022	2. Policy statement-Management of individuals exposed to blood or body fluids from needle stick, sharp injuries, or other exposures. Management will include appropriate medical care, serologic testing for HBV, HCV, and HIV as well as counseling and further referral to appropriate physicians if required. Details of management can be found in the infection control manual.	2. Policy statement-Management of individuals exposed to blood or body fluids from needle stick, sharp injuries, or other exposures. Management will include appropriate medical care, serologic testing for HBV, HCV, and HIV and/or molecular testing, as well as counseling and further referral to appropriate specialist medical practitioners if required.
			-New addition- 4.1.3. If the exposure is non-contaminated object, no further action is required.
			-New addition- 4.1.4. If the exposure is from a contaminated object, the following further actions are required: 4.1.4.3. Nurse will

			<p>provide lab test requisition forms.</p> <p>4.1.4.8. Counselling of injured person will depend on the report. Any person with exposure to blood borne diseases will receive counselling from specialist medical practitioner.</p>
			<p>-New addition- Table on test report interpretation</p>

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Work Restriction	
Policy Code Number:	HS.11	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To provide clear guidelines for staff and students of regulations related to when they contract infectious disease.

2. Policy Statement

All healthcare workers may contract infectious diseases. To maintain safety of patients and other employees, those with infectious disease may be restricted from certain work functions or be excluded from duty.

3. Procedure

At RAKCODS, safety is the highest priority, therefore any employee or student who falls sick must visit their physician. Restriction decision will be made by their physician based on the type of disease, mode of transmission, and period of infectivity. A document clearly stating the diagnosis and restriction period (clear dates of period start and end) must be provided by the physician.

4. References

4.1 DHA Guidelines on Dental Infection Prevention and Safety, 2012

4.2 CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	19 th Sep 2022	No changes	No changes

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Food Safety	Mr. Muhammad Zahid Khan Admin. Officer
Policy Code Number:	HS.12	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan
Edition 02 - Oct 2022	30 Sep 2025	CEO, RAKCODS

1. Purposes and Scopes

- 1.1. Specify the roles and responsibilities for ensuring food safety for each concerned department.
- 1.2. Provide clear guidelines to be followed by all food handlers.
- 1.3. Make a guideline of reporting and action taken
- 1.4. Catering and food retails services in RAKCODS are contracted to external providers. This policy provides guidelines to our management and external food suppliers for preparing and handling food with the required high standard of infection control.
- 1.5. This policy does not apply to food brought in by staff for their own consumption. However, staff kitchens/dining room standards must be followed by all staff.

2. Roles and Responsibilities

2.1. Administration Responsibilities

- 2.1.1. The administration department holds responsibility for the implementation of this policy.
- 2.1.2. Manage catering and food retail contracts and other required documents.

Contract must mention clause on proper infection prevention and control implementation.

- 2.1.3. Monitoring food hygiene issues and concerns in relation to catering contract
 - 2.1.4. Reporting food safety matters to Infection Prevention Department
 - 2.1.5. Providing pest control services according to recommended guidelines by Ministry of Health and Prevention.
 - 2.1.6. Ensuring the caterers implement the guidelines provided.
- 2.2. Contracted Caterers Responsibilities**
- 2.2.1. Caterers must provide a food license.
 - 2.2.2. Contracted caterers and food retailers are responsible to ensure that they have systems to ensure food is prepared, transferred, stored and handled following best practice food safety standards provided in this policy.
 - 2.2.3. Provide safety training and instructions to their employees from within the standards provided in this policy.
 - 2.2.4. Ensure high standard of environmental cleaning are followed as per policy.
 - 2.2.5. Maintain cleaning records.
 - 2.2.6. In case an employee is sick with an infectious disease, they should not be allowed to work in the kitchens, and caterer must bring in an appropriate replacement.
 - 2.2.7. Ensure that any deficiencies that lead to compromise on infection control standards are reported to RAKCODS administration in a timely manner, e.g. Pests control related issues.
 - 2.2.8. Inform RAKCODS administration of any recurring food complaints or allegations of food poisoning.
- 2.3. Infection Prevention and Control Department Responsibilities**
- 2.3.1. Carry out food safety audits once a month or as required and provide their finding and recommendations to the caterers and the administration.
 - 2.3.2. Handle any food poisoning complaints arising from food and drinks presented by staff or students.

3. Standards

3.1. Infection Prevention Precautions

- 3.1.1. Hand hygiene must be performed whenever handling food.
- 3.1.2. Hand hygiene supplies must be provided in the kitchen.
- 3.1.3. Protective clothing including plastic apron, caps, mask and gloves should be used when handling food.
- 3.1.4. Food must be prepared under high standards of infection control

3.2. Food Transfer

- 3.2.1. Hand hygiene and proper PPE must be used when transferring food
- 3.2.2. Food must be transferred in closed containers and through the storage elevator. Food trolleys used to transfer food must be regularly cleaned and stored in safe place, away from source of contamination.

3.3. Food Storage

- 3.3.1. Food must be stored in an appropriate area and must be covered with lidded containers and kept away from sources of contamination.
- 3.3.2. All food must be within expiry date. All expired food must be immediately disposed.
- 3.3.3. Refrigerators must be at 5°C or below. Freezer should be at -18°C or below.
- 3.3.4. Dry goods must be stored in cupboards or storage containers. Storage containers must be cleaned routinely. Manufacturer's guidelines to be followed.
- 3.3.5. Scheduled cleaning of storage areas and devices must be done.

3.4. Food Services

- 3.4.1. Proper hand hygiene and PPE must be worn during cooking and serving food
- 3.4.2. All food should be immediately consumed and if not consumed immediately must be stored covered in the refrigerator, Food should be reheated only once.
- 3.4.3. Left-over food or waste left on tables must be immediately disposed.
- 3.4.4. No food utensil must be left open. All food utensils must be cleaned after each use with an appropriate dishwasher.

3.5. Food Disposal

3.5.1. All cooked food must be disposed of daily.

3.5.2. All uncooked food must be disposed of on expiry date.

3.6. Environmental Cleaning

3.6.1. General cleaning methods mentioned in the environmental policy must be followed

3.6.2. Daily and scheduled cleaning must be set and checklists made.

3.6.3. All cleaning items must be stored in a separate area.

3.6.4. Proper mixing of detergent as per manufacturer's instructions must be followed.

3.7. Waste Management

3.7.1. All food waste must be disposed in general waste which should be sealed before being carried for disposal.

3.7.2. Once the garbage is 3/4 full, it should be discarded.

3.7.3. Garbage should be sealed while wearing PPE.

3.7.4. Leakages must be checked before transfer of garbage.

3.7.5. Any leakage found should be controlled before transfer.

3.7.6. Garbage bins must be cleaned inside out.

3.7.7. Hand hygiene policy must be strictly followed after waste disposal.

4. Related RAKCODS Policies

4.1. Hand Hygiene Policy

4.2. Standard Precaution Policy

4.3. Environmental Cleaning Policy

4.4. Outbreak Preparedness Policy

5. References

5.1. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>

5.2. <https://www.cdc.gov/foodsafety/foodborne-germs.html>

6. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	19 th Sep 2022		-New addition- 2.2.1 All food handlers must be certified with the RAK municipality approved mandatory basic food hygiene training. This training must be retaken at regular intervals as and when required.
			-New addition- 3.1.2. Hand hygiene supplies, like soap, must be provided at all washing stations in the kitchen.
			-New addition- 3.2. Food Purchase 3.2.1. All food must be purchased from reputable suppliers to ensure that the food and/or ingredients are safe and of good quality. 3.2.2. Packaging of food items must be intact, clean and expiry dates must be mentioned.
		3.3.3. Refrigerators must be at 5°C or below. Freezer should be at -18°C or below.	3.4.3. Refrigerators must be at 5°C or below. Freezer should be at -18°C or below. Dry food must be kept at 25 °C.
			-New addition- 3.4.4. Scheduled cleaning of storage areas and devices must be done.
			-New addition- 3.6.1. All cooked food must be disposed of daily.
			-New addition- 3.6.2. All uncooked food must be disposed of on expiry date.
			-New addition-

			<p>3.7. Environmental Cleaning</p> <p>3.7.1. General cleaning methods mentioned in the environmental policy must be followed</p> <p>3.7.2. Daily and scheduled cleaning must be set and checklists made.</p> <p>3.7.3. All cleaning items must be stored in a separate area.</p> <p>3.7.4. Proper mixing of detergent as per manufacturer’s instructions must be followed.</p>
			<p>-New addition-</p> <p>3.8. Waste Management</p> <p>3.8.2. Once the garbage is 3/4 full, it should be discarded.</p> <p>3.8.3. Garbage should be sealed while wearing PPE.</p> <p>3.8.6. Garbage bins must be cleaned inside out.</p>

Authorization Form

<p>Compiled by:</p> <p>Dr. Vivek Padmanabhan</p> <p>Chairperson, Clinical Sciences</p>	
<p>Reviewed by:</p> <p>Dr. Muhammed Mustahsen Rahman</p> <p>Dean, RAKCODS</p>	
<p>Approved by:</p> <p>Mr. Hassan Muhammad Khan</p> <p>CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in- Charge
Title:	Water Quality Testing	
Policy Code Number:	HS.13	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

The purpose of this policy is to establish standard operating procedures for the proper management of water in dental clinics. Water source disinfection, waterlines flushing and /or shocking and monitoring of biofilm present in dental unit water lines are the mandatory prerequisite for improved water quality.

2. Policy Statement

This policy is established to ensure that quality water is used in dental clinics to protect patient health through disease control measures.

3. Procedures

3.1. Water source

Water plant is to be supplied with municipality approved membrane cleaning disinfectant which is a solution of sodium chloride and hydrogen peroxide.

3.2. Water lines

Biofilm formation in the water lines is controlled by:

- 3.2.1.** As per manufacturer’s instructions for Belmont Clesta eII and eIII dental chair, waterlines are to be flushed daily for 40

seconds at start and end of clinics and between patients of all water lines at the same time (Handpieces turbine and air motors, scalers, triple syringe).

- 3.2.2.** In case a dental unit with water bottle system is used, manufacturer's instructions are to be followed. These waterline require shocking with 6% hydrogen peroxide in addition to regular flushing.
- 3.2.3.** Water in tubing is flowed at high flow rate to prevent biofilm initiation.
- 3.2.4.** Quarterly tubing inspection and maintenance to be done by the biomedical engineer. Tubing is to be changed yearly.

3.3. Water quality testing

- 3.3.1.** Water quality testing will be done monthly. Samples will be taken from handpiece line and cuspidor line from 6 different student dental units each month to ensure every unit is tested at least once annually. All interns chair will be tested monthly (See Appendix HS.13-1)
- 3.3.2.** Public water standards require <500 bacterial colony forming units (CFU)/ml of total bacteria count (TBC) of heterotrophic in non-potable water and <200 CFU/mL in potable water, according to MOHAP/DHA.
- 3.3.3.** Regular testing for detection of Legionella bacteria is mandatory.
- 3.3.4.** In case test reports show non-potable water having TBC of 500 CFU/ml or higher, main water supply must be checked. Consult with municipality, consider inserting additional filters and maintenance of water temperature in summers.
- 3.3.5.** Potable water having TBC of 200 or higher or presence of legionella is detected in the waterlines, flush water lines thoroughly for the recommended 40 seconds and/or shock waterlines with 6% hydrogen peroxide as per the

manufacturer's instructions and retest.

- 3.3.6. Monthly water quality testing report containing the date of test, initials of tester and results test will be provided by FMS department to the IPC department.
- 3.3.7. Any unit found to be contaminated in report on retest will be treated as per have its waterline tubes replaced and reflashed and / or shocked.
- 3.3.8. Until the retesting results are not received the unit will remain quarantined.
- 3.3.9. Water usage during surgical procedures. Sterile saline or water will be used as a coolant/ irrigant.

4. References

- 4.1. CDC Guidelines for infection control in dental health-care settings – 2003
- 4.2. DHA Dental Services Standard- 2020

5. Tools / Appendices

- 5.1. Appendix HS.13-1 Water Quality Testing Schedule

Appendix HS.13-1 Water Quality Testing Schedule

RAK MEDICAL & HEALTH SCIENCES UNIVERSITY						
RAK COLLEGE OF DENTAL SCIENCES						
WATER QUALITY TESTING SCHEDULE						
MONTH	QUATERLY		BIANNUALLY		QUATERLY	BIANNUALLY
	POTABLE					NON-POTABLE
	INTERNS CLINIC		STUDENTS CLINICS		RAKCODSMC	RAKCODS
	FLOOR AND BLOCK	CHAIR NUMBER	FLOOR AND BLOCK	CHAIR NUMBER	CHAIR NUMBER	
JANUARY	2nd - A	1 to 15	Ground	1 to 6	All chairs in use	Main reservoir and Roof top
FEBRUARY	2nd - B	16 to 22		7 to 12		
MARCH	1st - A	7,10,17		13 to 19		
	1st - B	All 5 chairs	1st	1 to 5	All chairs in use	
APRIL	2nd - A	1 to 15		6,8,9,11,12		
MAY	2nd - B	16 to 22		13 to 16 & Endo Microscope Room Chair		
JUNE	1st - A	7,10,17	Ground	1 to 6	All chairs in use	Main reservoir and Roof top
	1st - B	All 5 chairs		7 to 12		
JULY	2nd - A	1 to 15		13 to 19		
AUGUST	2nd - B	16 to 22	1st	1 to 5	All chairs in use	
SEPTEMBER	1st - A	7,10,17		6,8,9,11,12		
	1st - B	All 5 chairs		13-16 & Endo Microscope Room Chair		
OCTOBER	2nd - A	1 to 15	Ground	1 to 6	All chairs in use	Main reservoir and Roof top
NOVEMBER	2nd - B	16 to 22		7 to 12		
DECEMBER	1st - A	7,10,17		13 to 19		
	1st - B	All 5 chairs	1st	1 to 5	All chairs in use	
		6,8,9,11,12				
		13-16 & Endo Microscope Room Chair				

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	19 th Sep 2022	1. Purpose- Water source disinfection, waterlines flushing and monitoring of biofilm present in dental unit water lines are the mandatory prerequisite for improved water quality.	1. Purpose- Water source disinfection, waterlines flushing and /or shocking and monitoring of biofilm present in dental unit water lines are the mandatory prerequisite for improved water quality.
		3.1. Water plant is to be supplied with municipality approved membrane cleaning disinfectant.	3.1. Water plant is to be supplied with municipality approved membrane cleaning disinfectant which is a solution of sodium chloride and hydrogen peroxide.
		3.2.1. Daily 40 seconds flushing at start of clinics and between patients of all water lines at the same time (Hand pieces turbine and air motors, scalers, triple syringe). This flushing time is as per Belmont Clesta eIII dental unit used in the dental clinics.	3.2.1. As per manufacturer's instructions for Belmont Clesta eII and eIII dental chair, waterline is to be flushed daily for 40 seconds at start and end of clinics and between patients of all water lines at the same time (Handpieces turbine and air motors, scalers, triple syringe).
			-New addition- 3.2.2. In case a dental unit with water bottle system is used, manufacturer's instructions are to be followed. These waterlines require shocking with 6% hydrogen peroxide in addition to regular flushing.
		3.3.1. Water quality testing will be done monthly.	3.3.1. Water quality testing will be done monthly.

		<p>Samples will be taken from handpiece line and cuspidor line from 6 different dental units each month to ensure every unit is tested at least once annually</p>	<p>Samples will be taken from handpiece line and cuspidor line from 6 different dental units each month to ensure every unit is tested at least once annually. All interns chair will be tested monthly (See Appendix HS.13-1).</p>
		<p>3.3.2. Public water standards require 500 bacterial CFU/ml, flush water lines thoroughly for the recommended 40 seconds and retest</p>	<p>3.3.2. Public water standards require <500 bacterial colony forming units (CFU)/ml of total bacteria count (TBC) of heterotrophic in non-potable water and <200 CFU/mL in potable water, according to MOHAP/DHA.</p>
			<p>-New addition- 3.3.3. Regular testing for detection of Legionella bacteria is mandatory.</p>
		<p>3.3.4. Any unit found to be contaminated in report will be treated as per manufacturer's guidelines (including flushing or using disinfectant) and new sample will be sent for retesting. Until the retesting results are not received the unit will remain quarantined.</p>	<p>3.3.4. In case test reports show non-potable water having TBC of 500 CFU/ml or higher or presence of legionella, main water supply must be checked. Consult with municipality, consider inserting additional filters and maintenance of water temperature in summers.</p>
			<p>-New addition- 3.3.5. Potable water having TBC of 200 or higher or presence of legionella is detected in the waterlines, flush water lines thoroughly for the recommended 40 seconds and/or shock waterlines with 6% hydrogen</p>

			peroxide along with disinfection of unit as per the manufacturer's instructions and retest.
			-New addition- 3.3.7. Any unit found to be contaminated in report on retest will be treated as per have its waterline tubes replaced and reflashed and / or shocked.

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Handling of Extracted Teeth	
Policy Code Number:	HS.14	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

Extracted teeth are collected and frequently used in dental education settings. The purpose of this policy is to provide guidance on the safe handling and the decontamination process.

2. Policy Statement

Individuals handling extracted teeth for pre-clinical training or clinical assignments must be aware of the potential exposure to blood borne pathogens. Therefore, individuals who collect extracted teeth must sterilize and handle teeth according to standards set by the Center for Disease Control (CDC) and RAKCODS.

3. Procedures

3.1. General Handling - At all times, even after the sterilization protocol, extracted teeth should always be considered as contaminated and should be managed using appropriate PPE (scrubs/lab coat, gloves, masks) during all pre-clinical sessions in the lab/clinic. This procedure is not for teeth with amalgam restorations.

3.2. Disinfection - Use appropriate PPE. Rinse the teeth in tap water to remove all the visible blood, gross debris, soft tissue attachment, etc.

Rinse the container; add a solution of hydrogen peroxide and saline. Put the teeth in

it and let them soak for 1 day or until ready for sterilization. In case the solution gets murky, replace it. The container should be clearly marked with a biohazard label.

3.3. Sterilization - For sterilization, hand over the container to the CSSD personnel. CSSD personnel will open container, drain the solution and rinse the teeth. They will cover the teeth with wet gauze (to maintain moisture). Put the covered teeth in a labeled pouch (with student name and ID), seal it and hand it in for autoclaving.

3.4. Storage - Open the pouch and put the teeth in a container of sodium hypochlorite and saline solution so that they remain hydrated until used in the lab. Store teeth in the solution at all times so that they don't dry out and crack.

Extracted teeth containing amalgam restorations should not be heat sterilized because of the potential health hazard associated with possible mercury vaporization and exposure.

3.5. Amalgam extracted teeth - Extracted teeth with amalgam are not used in RAKCODS for educational purposes. Any extracted tooth containing amalgam will have amalgam removed from it with hand piece, and discarded in amalgam container provided by the Stericycle Dental Amalgam Service. The tooth should then be discarded in the medical waste.

4. Reference

CDC. Guidelines for infection control in dental health-care settings – 2003

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	19 th Sep 2022	3.5. Amalgam extracted teeth - Extracted teeth with amalgam are not used in RAKCODS for educational purposes. They should be safely disposed of in amalgam containers.	3.5. Amalgam extracted teeth – 3.5.1. Extracted teeth with amalgam are not used in RAKCODS for educational purposes.

			<p>3.5.2. Any extracted tooth containing amalgam will have amalgam removed from it with hand piece, and discarded in amalgam container provided by the Stericycle Dental Amalgam Service. The tooth should then be discarded in the medical waste.</p>
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Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in- Charge
Title:	Outbreak Preparedness	
Policy Code Number:	HS.15	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. **Purpose and Scope**

To provide a preparedness plan for identifying, managing, reporting, and communicating an outbreak to all staff and students in RAKCODS. This plan will depend on the extent to which the infectious disease affects the community and the guidelines provided by the UAE regulatory organizations like the Ministry of Health & Prevention (MOHAP).

2. **Policy Statement**

This policy provides a list of comprehensive, preplanned activities designed for the management of potential outbreaks of communicable diseases within the RAKCODS. This preparedness policy will serve as a baseline framework for the management of possible epidemics and pandemics.

3. **Definition/ Abbreviation**

Outbreak: An outbreak of infection occurs when multiple individuals become infected with the same organism within a healthcare setting.

Triage: the process of sorting and prioritizing patients based on the urgency of their needs

4. **Procedures**

4.1. **Identification of resources** – Resources include disease summary guidelines from

UAE regulatory authorities and other organizations like the Centers for Disease Control (CDC) and the World Health Organization (WHO).

4.2. Task force development

4.2.1. Rapid response team

This team will be made up of IPC committee members who will be directly responsible for all outbreak-related issues.

4.2.2. Triage team

Individuals who will be responsible for screening all people entering the organization.

4.2.3. Contact tracing person(s)

Person(s) responsible for investigating cases. Through contact tracing, they will identify close contacts.

4.2.4. Designated person for communication and record keeping

A person will be designated and be responsible for all communication with students, interns, faculty and staff, including positive cases and close contacts. This person will keep a record and report these cases to the IPC committee.

4.2.5. Communication with regulatory authorities and

A designated person from the HR office, usually the HR manager will be responsible for communicating with the UAE regulatory authorities to comprehend the updated guidelines and regulations as applicable.

4.3. Education and training - Target audience identification and training

General education and training for all employees and students and specific education and training session(s) will be provided for the rapid response team, triage, and initial nursing assessment. Simulation exercises and drills, if required, will be planned accordingly.

4.4. Capacity

4.4.1. Operational clinics designation

Clinics where all procedures will be carried out will be allocated. The ground-floor clinics will be utilized to minimize the spread of infection throughout the organization.

4.4.2. Isolation rooms designation

The recovery room on the ground floor will be utilized as the isolation room for cases identified in the organization until their transfer to the hospital is arranged.

4.5. Supply and inventory

Budget allocation, procurement, and management of supplies like hand hygiene products, personal protective equipment, and any other items will be done in collaboration with the leadership, procurement committee, and nursing department.

4.6. Rapid identification of cases

4.6.1. All persons entering RAKCODS will be triaged for early identification and separation of suspected and confirmed cases in order to prevent transmission of the disease in the facility.

4.6.2. Assessment of patients- Initial Nursing Assessment (INA) will assess all patients. Suspected or confirmed cases will be reported to the IPC response team immediately. IPC team will confirm the case as per the guidelines provided by the UAE regulatory authorities. Case(s) will be handled as per MOHAP guidelines.

4.7. Management of confirmed and suspected cases

4.7.1. Confirmed cases- Isolation of confirmed cases will be as per the guidelines provided and referred to the health and prevention department in Federal hospitals.

4.7.2. Close contacts- In case a staff or student is potentially exposed, contact tracing will be done by the IPC response team. The close contacts quarantine process will be followed as per guidelines.

4.8. Scope of services provided

4.8.1. Provision of dental care - Treatments, elective and/or urgent will be based on the extent of the outbreak, the spread of it through the community, and the guidelines provided.

4.8.1.1. All treatments will be performed while adhering to the standard and transmission-based precautions.

4.8.2. Cafeteria services

The provision of services during an outbreak depends on the type and mode of transmission.

4.9. Specimen sample collection

If applicable, depending on the type of sample, doctors or nurses will be delegated the task of sample collection. The IPC committee will arrange sample testing by an external laboratory. Test reports will be provided to case-handling doctors by the committee via email.

4.10. Environmental cleaning - Following the dismissal of suspected or confirmed cases, thorough cleaning and disinfection protocols will be followed.

4.11. Surveillance, reporting, and communication

4.11.1. Infection rates monitoring

Infection rate monitoring within the organization will be carried out as required. A focal person will be nominated by the committee and will be responsible for identifying and receiving information regarding cases. This person will provide daily or weekly reports to the committee.

4.11.2. Reporting cases within the organization and to regulatory authorities

A person will be nominated by the leadership responsible for communicating and reporting the infection rate to the UAE regulatory authorities.

4.11.3. Telehealth

If the patients' visits to the organization are temporarily halted, they will receive consultation through calls.

4.12. Vaccination strategy

If applicable, vaccination of employees and students will be arranged.

4.13. Assess preparedness plan

4.13.1. Strategy to evaluate plan through audits

The plan will be assessed through feedback and surveys. These will be utilized to improve the plan further.

The current outbreak policy and practices will be reviewed on a regular basis, in collaboration with partners and after every outbreak enhancement are implemented as required.

4.14. Regular update

Outbreaks are dynamic in nature and guidelines will be regularly updated and distributed throughout the organization.

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	19 th Sep 2022	OUTBREAK POLICY	OUTBREAK PREPAREDNESS POLICY
1	19 th Sep 2022	1. Purpose and Scope- To provide a clear framework for identifying, reporting, and communicating an outbreak immediately to all staff in RAKCODS and communication with other organizations in case of outbreaks of infection, to manage and control the spread of infection, and report to the Ministry of Health & Prevention.	1. Purpose and Scope- To provide a preparedness plan for identifying, managing, reporting, and communicating an outbreak to all staff and students in RAKCODS. This plan will depend on the extent to which the infectious disease affects the community and the guidelines provided by the UAE regulatory organizations like the Ministry of Health & Prevention (MOHAP).
1	19 th Sep	2. Policy Statement- The	2. Policy Statement-

Edition Number	Review Date	Description of Change	
		Current	Revised
	2022	purpose of this policy is to provide RAKCODS staff with a framework of practices to enable them to effectively manage and control any outbreak of infection identified by the Ministry of Health and Prevention (MOHAP).	This policy provides a list of comprehensive, preplanned activities designed for the management of potential outbreaks of communicable diseases within the RAKCODS. This policy will be used as a baseline framework for the management of possible pandemic outbreaks.
1	19 th Sep 2022	4.1. In case the occurrence of a certain infectious disease is reported in UAE by the Ministry of Health and Prevention, the person from RAKCODS who will communicate with or receive communications from MOH is the HR Manager, who will notify the Dean, Chairperson Clinical Sciences and the Chairperson of Infection Prevention and Control who will alert all staff	4.1. Identification of resources UAE regulatory authorities and other resource organizations like CDC and WHO.
1	19 th Sep 2022	4.3. IPC team will identify an outbreak as per the guidelines provided by Ministry of Health and Prevention. IPC will determine the time frame of the	4.2. Task force development Mentions development of rapid response, triage, contact tracing, communication, record-keeping, and collaboration with regulatory authorities person(s) designation.

Edition Number	Review Date	Description of Change	
		Current	Revised
		breach and number of patients who were exposed. If needed, experts will be consulted.	
	19 th Sep 2022		4.3. Education and training of all concerned
1	19 th Sep 2022		4.4. Capacity – limited operational area and designated isolation rooms
1	19 th Sep 2022		4.5. Supply and inventory for all products needed
1	19 th Sep 2022	4.2. Initial Dental Assessment (IDA) staff will be put on high alert to report any suspicious of case to the Infection Prevention and Control (IPC) Department right away.	4.6. Rapid identification of cases in triage and INA 4.7. Management of confirmed cases and close contacts.
1	19 th Sep 2022	4.5. All required precautions are taken and only urgent care will be provided and the recommendations of the Ministry of Health and Prevention will be followed at all times.	4.8. Dental care provisions limited to urgent care
1	19 th Sep 2022	4.6. The individual with the suspected infectious disease will be referred to the Federal Hospital after urgent dental care if any for	4.7. Management of confirmed cases and close contacts.

Edition Number	Review Date	Description of Change	
		Current	Revised
		treatment of the infectious disease.	
1	19 th Sep 2022	4.7. In case a staff or student is potentially exposed, they are also referred to FeHospital for follow-up.	
1	19 th Sep 2022		4.9. Sample collection if applicable
1	19 th Sep 2022		4.10. Environmental cleaning of contaminated areas.
1	19 th Sep 2022	4.9. An Occurrence Variance Report (OVR) will be prepared and submitted to the Quality and Patient Safety Committee. MOH will be notified.	4.11. Surveillance, reporting system and communication
1	19 th Sep 2022		4.12. Vaccination strategy developed if applicable
1	19 th Sep 2022		4.13. Plan assessed via surveys and audits
1	19 th Sep 2022	4.10. Further education on the disease is developed and provided to all staff.	4.14 Regular update Outbreaks are dynamic in nature and guidelines will be regularly updated and distributed throughout the organization.

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Environmental Cleaning	
Policy Code Number:	HS.16	Reviewed by: Mr. Atiq Ur Rehman Head, Admin and Marketing
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

Guidelines for cleaners to reach and maintain standards of cleaning and disinfection required for an optimal physical environment.

2. Policy Statement

A disinfected physical environment is provided to minimize risk of hospital-acquired infections and by thereby increasing patient safety.

3. Roles and Responsibilities

3.1 Administration Responsibilities

- 3.1.1** The administration department holds responsibility for the implementation of this policy.
- 3.1.2** Manage cleaning company contracts. Contract must mention clause on proper infection prevention and control implementation.
- 3.1.3** Regular monitoring of compliance to all standards by cleaners, including infection control standards.

- 3.1.4 Maintaining various cleaning checklists
- 3.1.5 Ensuring the cleaners adhere to and implement the guidelines.
- 3.2 Infection Control Department Responsibilities
 - 3.2.1 The cleaners will be educated and trained biannually by the Infection Control Head
 - 3.2.2 Carry out environmental audits once a month and provide their finding and recommendations to the cleaner supervisor.
 - 3.2.3 Carry out performance measures of cleaners and provide report to admin department.
- 3.3 Nurses' Responsibilities
 - 3.3.1 Check and sign all daily environmental checklists related to clinics including waste management checklist.
 - 3.3.2 Observe cleaners working standards and provide feedback to IPC Committee
 - 3.3.3 Implementation

4. Procedures

- 4.1 General cleaning techniques
 - 4.1.1 Perform visual preliminary site assessment to determine if:
 - 4.1.1.1 Patient health status is safe
 - 4.1.1.2 Check if there is need of additional PPE or supplies
 - 4.1.1.3 Any obstacles issues that need to be removed prior cleaning
 - 4.1.1.4 Any damaged or broken furniture or surfaces to be reported to management
 - 4.1.2 Start from cleaner to dirtier areas to avoid spreading dirt and microorganisms.
 - 4.1.3 Start from high to low areas to ensure that all dirt from top falls on and is cleaned when lower areas are being cleaned.
 - 4.1.4 Start in a systematic manner to ensure all areas are included, e.g., in clockwise direction
 - 4.1.5 Clean any spill first

- 4.2** Environmental surfaces can be divided into clinical surfaces and housekeeping surfaces. Clinical surfaces can be directly contaminated from patient materials either by direct spray or spatter generated during dental procedures or by contact with gloved hands of healthcare worker. These surfaces can subsequently contaminate other instruments, devices, hands, or gloves. Housekeeping surfaces (e.g., walls, floors, sinks) are not directly touched during dental treatment and carry the lowest risk of disease transmission.
- 4.3** Physical areas are also divided based on risk assessment of infection distribution and are identified as high- (clinical surfaces and high-touch housekeeping surfaces) and low-risk areas (low-touch housekeeping surfaces).
- 4.4** High risk areas are at a risk being contaminated with aerosols and splatter or touched with contaminated gloves during operation. Such surfaces include, but are not limited to, the dental chair, light handles, switches, dental radiograph equipment, dental chair-side computers, reusable containers of dental materials, drawer handles, sinks and faucet handles used for processing contaminated items, countertops, pens, telephones, and doorknobs.
- 4.5** Such surfaces, if contacted with contaminated gloves, can be potential reservoirs of microbial contamination. Healthcare worker's hands are the primary vehicle for the spread of microorganisms from these surfaces to the nose, mouth, or eyes of patients and workers, as well as to instruments and other surfaces. This spread can be minimized by:
- a) Frequent washing of hands
 - b) Using impervious barriers to cover the surfaces during treatment, and
 - c) Cleaning and disinfecting such surfaces after patient treatment.
- 4.6** When barriers are used to prevent cross-contamination, they must be removed between patients. A new set of barriers should be placed with each patient. Barriers should never be used for more than one patient. After removal of the barrier, the surface should be examined. If the surface is found to have been inadvertently soiled, then it should be cleaned and disinfected before placement of clean barriers for the next patient. Suitable materials for use as barriers include clear plastic wrap, bags, sheets, tubing, and plastic-backed paper or other materials impervious to moisture.

- 4.7** High-risk areas require daily cleaning whereas low-risk areas are cleaned according to set schedule.
- 4.8** High traffic areas are crowded areas. They must be cleaned and monitored daily. High traffic areas include:
- 4.8.1** Clinics
 - 4.8.2** Waiting Areas
 - 4.8.3** Elevators
- 4.9** Housekeeping surfaces (e.g., floors, walls, and sinks) are cleaned with a detergent and water or hospital disinfectant / detergent on a routine basis, depending on the nature of the surface and type and degree of contamination, and as appropriate, based on the location in the facility, and when visibly soiled.
- 4.10** Mops and cloths should be washed after each use and allowed to dry before reuse; or use single-use, disposable mop heads or cloths. Mops should be replaced when visible signs of wear appear on the fibers.
- 4.11** Prepare fresh cleaning disinfecting solutions daily as instructed by the manufacturer. It is recommended to change the soiled disinfectant solution on a routine basis, usually every three to four rooms. Exceptions to this rule would include isolation cases, discharges, cleaning in surgery or delivery, and cleaning of blood spills.
- 4.12** Clean walls, blinds, and window curtains in patient-care areas when they are visibly dusty or soiled.
- 4.13** To minimize contamination mops, buckets and solution containers are color coded i.e.:
- 4.13.1** Blue for clinical areas
 - 4.13.2** Red for toilets
 - 4.13.3** Yellow for offices and passages
- 4.14** The housekeeping personnel should wear masks, gloves, plastic apron and a uniform.
- 4.15** Fresh, cleaning solutions are to be prepared each day and then discarded as soon as cleaning has finished in each area. At the end of the day, containers are emptied allowing them to dry.
- 4.16** A hospital cleaning and disinfecting agents designed for housekeeping purposes should be used.

4.17 Floors should be cleaned regularly and any spills cleaned up immediately

4.18 Monitoring by the infection control and facility management and safety teams of the housekeeping personnel, including training on how to deal with spills ex: blood, saliva and vomit and medical and non-medical waste collection from clinics and public area.

5. Reference

CDC. Guidelines for infection control in dental health-care settings – 200

6. Tools/ Appendices

6.1 Appendix HS.16-1 – RISK ASSESSMENT

Appendix HS.16-1 – RISK ASSESSMENT

ENVIRONMENTAL CLEANING RISK ASSESSMENT

Location	Probability of Contamination Light = 1 Moderate = 2 Heavy = 3	Potential for Exposure High-touch = 3 Low-touch = 1	Total Score	Interpretation
Dental clinics	3	3	6	Clean at least thrice daily. Clean additionally if required
Diagnostic Imaging rooms	3	3	6	Clean at least thrice daily. Clean additionally if required
CSSD	3	3	6	Clean at least thrice daily. Clean additionally if required
Nurse station	2	1	3	Clean at least once daily. Clean additionally if required
Storage room	1	1	2	Clean according to a fixed schedule. Clean additionally if required
Dirty utility room	2	3	5	Clean at least once daily. Clean additionally if required.

Laboratory	2	2	4	Clean at least once daily. Clean additionally if required
Dining Room/Cafeteria and Food Preparation Areas	1	3	4	Clean at least once daily Clean additionally if required
Offices	1	1	2	Clean according to a fixed schedule. Faculty offices need to be cleaned once per day. Clean additionally if required
Other Areas: Corridors, Stairwells, Lobbies, Libraries, Meeting rooms, Locker rooms	1	1	2	Clean according to a fixed schedule Clean additionally if required
Public Areas: Elevators and waiting areas	3	3	6	Clean completely at least once daily. Buttons are high touch areas and need to be cleaned thrice daily at least. Clean additionally if required
Bathrooms	3	3	6	Clean at least thrice per day. Clean additionally if required
High touch areas (door knobs, handles, light switches, buttons, taps, commodes)	3	3	6	Clean at least thrice per day.

7. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	19 th Sep 2022	1. Purpose and Scope- To create a plan for cleaners to maintain standards of cleaning and disinfection required for an optimal physical environment.	1. Purpose and Scope- To guidelines for cleaners to reach and maintain standards of cleaning and disinfection required for an optimal physical environment.
		3.2.1. The cleaners will be educated and trained biannually by the Infection Control Head	3.2.1. The cleaners will be educated and trained as required by the Infection Control Committee.
		3.2.2 Carry out environmental audits once a month and provide their finding and recommendations to the cleaner supervisor	3.2.2. Carry out environmental audits as required and provide their finding and recommendations to the cleaner supervisor.
			-New addition- Procedures- 4.1. General cleaning techniques 4.1.1. Perform visual preliminary site assessment to determine if: 4.1.1.1. Patient health status is safe 4.1.1.2. Check if there is need of additional PPE or supplies 4.1.1.3. Any obstacles issues that need to be removed prior cleaning 4.1.1.4. Any damaged or broken furniture or surfaces to be reported to management 4.1.2. Start from cleaner to dirtier areas to avoid

			<p>spreading dirt and microorganisms.</p> <p>4.1.3. Start from high to low areas to ensure that all dirt from top falls on and is cleaned when lower areas are being cleaned.</p> <p>4.1.4. Start in a systematic manner to ensure all areas are included, e.g., in clockwise direction</p> <p>4.1.5. Clean any spill first.</p>
			<p>-New addition-</p> <p>4.2. Environmental surfaces are divided into clinical surfaces and housekeeping surfaces. Clinical surfaces can be directly contaminated from patient materials either by direct spray or spatter generated during dental procedures or by contact with gloved hands of healthcare worker. These surfaces can subsequently contaminate other instruments, devices, hands, or gloves. Housekeeping surfaces (e.g., walls, floors, sinks) are not directly touched during dental treatment and carry the lowest risk of disease transmission.</p>
		<p>4.1. Physical areas are divided based on risk assessment of infection distribution and are identified as high and low risk areas.</p>	<p>4.3. Environmental surfaces are further divided based on risk assessment of infection distribution and are identified as high- (clinical surfaces and high-touch housekeeping</p>

			<p>surfaces) and low-risk areas (low-touch housekeeping surfaces).</p>
			<p>-New addition- 4.3.1. High risk areas are at a risk being contaminated with aerosols and splatter or touched with contaminated gloves during operation. Such surfaces include, but are not limited to, the dental chair, light handles, switches, dental radiograph equipment, dental chair-side computers, reusable containers of dental materials, drawer handles, sinks and faucet handles used for processing contaminated items, countertops, pens, telephones, and doorknobs.</p>
			<p>-New addition- 4.3.2. Surfaces, if contacted with contaminated gloves, can be potential reservoirs of microbial contamination. Healthcare worker's hands are the primary vehicle for the spread of microorganisms from these surfaces to the nose, mouth, or eyes of patients and workers, as well as to instruments and other surfaces. This spread can be minimized by:</p> <p>d) Frequent washing of hands e) Using impervious</p>

			<p>barriers to cover the surfaces during treatment, and</p> <p>f) Cleaning and disinfecting such surfaces after patient treatment.</p>
			<p>-New addition-</p> <p>4.3.3. When barriers are used to prevent cross-contamination, they must be removed between patients. A new set of barriers should be placed with each patient. Barriers should never be used for more than one patient. After removal of the barrier, the surface should be examined. If the surface is found to have been inadvertently soiled, then it should be cleaned and disinfected before placement of clean barriers for the next patient. Suitable materials for use as barriers include clear plastic wrap, bags, sheets, tubing, and plastic-backed paper or other materials impervious to moisture.</p>
		<p>4.3. High traffic areas are to be cleaned and monitored daily.</p>	<p>4.4. High traffic areas are high risk areas as they are crowded. They must be cleaned and monitored daily.</p>
			<p>-New addition-</p> <p>4.5. High-risk areas require daily cleaning whereas low-risk areas are cleaned</p>

			according to set schedule.
			-New addition- 4.6. Housekeeping surfaces (e.g., floors, walls, and sinks) are cleaned with a detergent and water or hospital disinfectant / detergent on a routine basis, depending on the nature of the surface and type and degree of contamination, and as appropriate, based on the location in the facility, and when visibly soiled.
			-New addition- 4.6. Mops and cloths should be washed after each use and allowed to dry before reuse; or use single-use, disposable mop heads or cloths. Mops should be replaced when visible signs of wear appear on the fibers.
			-New addition- 4.12. Clean walls, blinds, and window curtains in patient-care areas when they are visibly dusty or soiled.

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Waste Management	
Policy Code Number:	HS.17	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purposes and Scopes

- 1.1. To minimize the potential for the spread of disease from the Clinic to the general public
- 1.2. To reduce the amount of waste generated from the clinic, which helps to protect the environment.
- 1.3. To reduces the expenditures of the clinic for waste treatment.
- 1.4. Compliance with Federal Government Guidelines.
- 1.5. This policy is clinic wide.

2. Definitions/ Abbreviations

- 2.1. **Medical Wastes:** medical waste includes all waste items that are contaminated with or suspected of being contaminated with blood and body fluids, it includes:
 - 2.1.1. Blood and blood products:
 - 2.1.1.1. Blood and blood products in a free flowing, unabsorbed state.
 - 2.1.1.2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state.
 - 2.1.1.3. Items that are caked with dried blood or other potentially infectious

materials.

2.1.1.4. All tubing with any visible blood.

2.1.1.5. Wastes consist of recognizable body parts e.g. teeth

2.2. Non-Medical Waste (general waste) are:

2.2.1. Used personal hygiene products such as:

2.2.1.1. Tissues.

2.2.1.2. Tubing and devices that are certified as not having been contaminated with blood and infectious body fluids.

2.2.1.3. Other examples Non-medical waste includes: paper, boxes, packaging materials, bottles, plastic containers, hand towels, tissues, and similar materials that are not contaminated with body fluids.

2.3. Liquid Medical Waste

2.3.1. Blood, blood products and infectious body fluids in a free flowing state

2.3.2. Body fluids that are considered as infectious are:

2.3.2.1. Anybody fluid with visible blood

2.4. Sharp waste

2.4.1. All sharp disposable products such as

2.4.1.1. Needles

2.4.1.2. L.A. Cartridges

2.4.1.3. Metal wires

2.4.1.4. Burs

3. Procedures

3.1. General Guidelines

3.1.1. Waste management is correct and safe – segregation, transportation and disposal of General Waste, medical waste throughout the clinic.

3.1.2. General Waste shall be collected in Black waste bin liners and disposed of into the supplied outside skip.

3.1.3. Medical Waste shall be collected in Yellow Bio hazard bags.

3.1.4. Segregation of Waste must be at the time of generation according to color

code.

- 3.1.5. When medical waste and general solid waste are mixed together, we are not permitted to separate them, once combined; the entire contents are considered medical waste.

3.2. Collection

- 3.2.1. Wastes shall be collected in a lined reusable container.
- 3.2.2. Once the box or container reach 2/3, the bag lining it must be sealed and disposed in the large container and new bag must be replaced.
- 3.2.3. The Bags must be appropriately placed in the Medical Waste Room.

3.3. Storage

- 3.3.1. Waste must be stored in a separate area away from clinical and patient's care areas.
- 3.3.2. Waste mustn't be stored at the clinic more than 24 hours.
- 3.3.3. Storage area must be easy to clean, with smooth liners, good ventilation and lightening.

3.4. Transportation

- 3.4.1. From the consultation to medical waste room
 - 3.4.1.1. Waste from the clinics must be transported to waste room once the medical waste bin is 3/4 full.
 - 3.4.1.2. Waste mustn't contain liquid.
 - 3.4.1.3. By moving trolleys to Waste room by Housekeeping staff.
 - 3.4.1.4. Medical waste vehicle transports medical waste to the incinerator on every Wednesday as per the agreement.
- 3.4.2. Precautions must be done to prevent spills.

3.5. Responsibilities

- 3.5.1. Infection control Nurse (Dental Assistant) is the designated RAKCODS staff responsible:
 - 3.5.1.1. To provide training for housekeeping staff on the removal of General Waste and medical waste.
 - 3.5.1.2. To provide an adequate supply of safety equipment and disposable

garments in accordance with the infection control guidelines.

3.5.1.3. To provide cleaning materials.

3.5.2. Infection control Nurse (Dental Assistant) are responsible for:

3.5.2.1. Ensuring the correct procedure is followed by the housekeepers at all times.

3.5.2.2. Reporting any malfunctions of the medical waste storage room.

3.5.2.3. Availability of cleaning materials, equipment and safety garments.

3.5.2.4. Reporting any unusual situations to the clinic manager immediately.

3.5.2.5. Ensuring the segregation of waste at the point origin.

3.5.2.6. Housekeepers are responsible for collection and disposal of General Waste and medical waste following the approved procedures.

3.6. Housekeeping staff are responsible for using personal protective equipment like apron, gloves etc. before handling any type of waste.

3.7. Disposal of Medical Waste:

3.7.1. Medical waste shall always be sealed and labeled before being transported out of the area.

3.7.2. Always wear safety garments as required along with disposable gloves and apron.

3.7.3. Start collecting and transporting medical waste bags from the clinic.

3.7.4. Transport medical waste bags to the outside medical waste storage room.

3.7.5. Never overload medical trolleys.

3.7.6. Medical waste trolley lid covers should be securely sealed when removing medical waste.

3.7.7. Never run with the medical waste trolleys.

3.7.8. Do not park the bio-hazardous waste collection trolleys in front of entrances, fire extinguishers, fire alarm and emergency exits.

3.7.9. Waste transporting trolleys should be cleaned and disinfected daily after use.

3.7.10. Any maintenance defects should be reported to the Infection and Prevention Control Team immediately.

3.7.11. When the task is completed remove apron and gloves, wash hands with germicidal hand-soap.

3.8. Disposal of General Waste:

- 3.8.1. Put on disposable gloves and apron.
- 3.8.2. Start collecting the waste from the clinic area in Housekeeping trolley.
- 3.8.3. Never over load general waster trolleys.
- 3.8.4. General waste trolley lid covers should be securely sealed for transportation.
- 3.8.5. Never run with the general waste trolleys.
- 3.8.6. Do not park the general waste collection trolleys in front of entrances, fire extinguishers, fire alarms and emergency exits.
- 3.8.7. Empty the general waste into the contractor supplied skip.
- 3.8.8. Clean and disinfect waste trolley daily after use.
- 3.8.9. Any maintenance defects should be reported to the housekeeping supervisors immediately.
- 3.8.10. When task completed remove apron and gloves and wash hands with anti-microbial hand-soap.

4. Reference

CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003

5. Document Change Record:

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1	19 th Sep 2022	No changes	No changes

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Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in- Charge
Title:	Construction, Renovation and Demolition	
Policy Code Number:	HS.18	Reviewed by: Dr. Riham Abdelraouf Assistant Professor
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To provide Infection Control guidelines that will ensure that all construction, renovation, installation and maintenance activities in healthcare and all other floors of RAKCODS are undertaken in a safe and appropriate manner to reduce the risk of infection to patients.

2. Policy Statements

- 2.1.** Most major constructions, renovations etc. will be done during summer break.
- 2.2.** Type of construction project will decide the type of precaution required.
- 2.3.** An assessment of risks to patients, students, staff, and the visitors will be done prior to planning for any major renovation, construction or demolition project in RAKCODS.
- 2.4.** Based on risk assessment, designs of measures to protect patients, healthcare workers, and the public from infections related to construction/renovation will be made and access to area near construction site will be based on risk assessment.
- 2.5.** Construction workers should be educated about infectious hazards they may encounter during the renovation/construction before start of project.

3. Procedures

3.1. Risk assessment

Each risk assessment shall include review of the following:

- 3.1.1.** Location of the project and susceptibility of patients, students, staff, visitors.
- 3.1.2.** Planning for air handling and water systems/plumbing.
- 3.1.3.** Traffic patterns for patients, healthcare workers, and visitors.
- 3.1.4.** Transport and disposal of waste materials.
- 3.1.5.** Education of construction workers on containment of dust within the construction/renovation area.
- 3.1.6.** Documentation of the findings of the risk assessment shall become part of the project file.

3.2. Design of measures to protect patients, healthcare workers, and the public from infections related to construction/renovation.

- 3.2.1.** Barriers will be used to isolate all construction/renovation projects from other areas in the hospitals/ clinics.
 - 3.2.1.1.** Minimal dust generation Non-combustible or limited combustible
 - 3.2.1.1.1.** Barriers will be provided using fire rated plastic sheeting.
 - 3.2.1.1.2.** The portal of entry through the plastic sheeting will have overlapping flaps that are at least 2feet in width.
 - 3.2.1.1.3.** Plastic sheeting will extend from the floor to the deck above and will be sealed to prevent dust from escaping from the worksite.
 - 3.2.1.1.4.** HEPA filtration will be used as needed.
 - 3.2.1.2.** Moderate to heavy dust generation
 - 3.2.1.2.1.** Barriers will be dust-proof, smoke-barrier walls with caulked seams.
 - 3.2.1.2.2.** Walls will extend from the floor to the deck above.
 - 3.2.1.2.3.** Entry ways will have doors with casketed door frames and doors with tight seals when closed.

- 3.2.1.2.4.** Non-combustible or limited combustible plastic barriers will be installed prior to construction and removal of dust barrier walls.

3.3. Ventilation systems

- 3.3.1.** All ventilation systems outside the construction area will be isolated from the construction area.
- 3.3.2.** All windows in the construction area will be sealed and seals checked periodically and repaired as needed.

3.4. Elevator Usage

- 3.4.1.** Elevator usage will be limited to utility elevator
- 3.4.2.** When elevators are used for removal of debris, they must be used at the period of lowest activity by patients and healthcare workers.

3.5. Construction workers

- 3.5.1.** Construction workers must wear protective apparel.
- 3.5.2.** Workers' clothing must be free of loose soil and debris before they leave the construction area.

3.6. Work site cleanliness

- 3.6.1.** The worksite must be swept and mopped daily to remove dust.
- 3.6.2.** Areas adjacent to the construction area must be damp mopped one or more times per day.
- 3.6.3.** Only authorized persons will be allowed to enter the construction zone
- 3.6.4.** When there are alterations in the water distribution system within an area under construction/renovation, no "dead legs" will be created, and any "dead legs" will be removed.
- 3.6.5.** After completion of renovation/construction, all water pipes in the areas of renovation/construction will be adequately flushed.

4. References

- 4.1.** Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). (2020). Retrieved from

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>

- 4.2. Healthcare Facility Design & Construction Resources | IPAC Canada. Retrieved from <https://ipac-canada.org/healthcare-facility-design-resources.php>
- 4.3. Planning, Design, and Construction of Health Care Facilities. Retrieved from <https://www.jointcommissioninternational.org/-/media/jci/jci-documents/offerings/advisory-services/industry-services-program/ebpdc15sample.pdf?db=web&hash=5A79570EBAAEDFE3A2E8D408DEF5672D>

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1	26 th Sep 2022	No changes	No changes

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RAK Medical Health and Sciences University
RAK College of Dental Sciences



Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Md. Sofiqul Islam Assistant Professor
Title:	Amalgam Waste Management	
Policy Code Number:	HS.19	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
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1. Purposes and Scopes

- 1.1 To standardize the disposal process of amalgam waste in dental clinic.
- 1.2 To provide guidance on safe/proper disposal of amalgam waste.
- 1.3 To protect the community from associated risks of amalgam waste and prevent amalgam sedimentation in sewage sludge, landfills and the atmosphere.
- 1.4 This policy applies to all Dental Health Care Providers who handle amalgam used in dental procedures.

2. Policy Statements

- 2.1 All Dental Health Care Provider (DHCP) should be educated and trained on safe disposal of amalgam.
- 2.2 Amalgam waste shall be disposed safely and shall not be disposed through general/medical waste.
- 2.3 In RAKCODS amalgam fillings are not done as per list of procedure policy, hence only contact amalgam removed from old fillings come as amalgam waste.
- 2.4 This work should be done in well-ventilated area in block “B” of 1st & 2nd floor clinic (with window open facility).

- 2.5 Protective gowns and covers including protective eye wear for the dentist, dental personnel, and the patient should be in place.
- 2.6 The use of rubber dam, high volume evacuator, extra-oral aerosol suction device and cooling the filling with water and air during removal is mandatory.
- 2.7 The amalgam filling should be sectioned into chunks and removed in as large pieces as possible using small diameter carbide drill.
- 2.8 The collected amalgam should transfer to amalgam waste container provided by Stericycle Dental Amalgam Service.
- 2.9 The container would be taken for disposal annually or as required according to the medical waste management policy.

3. **Definitions/ Abbreviations**

- 3.1 **DHCP:** Dental Health Care Provider
- 3.2 **BMPs:** Best Management Practices for Amalgam waste
- 3.3 **Amalgam:** it is an alloy that contains mercury, silver, zinc and other materials. It is used in dentistry as a filling material.
- 3.4 **BMPs:** practices carried out to assist dental clinics to reduce the amount of contaminants (such as mercury and silver) discharged to the environment, to comply with regulations, and to improve overall waste management operation
- 3.5 **Contact Amalgam:** is the amount of amalgam that has been in contact with a patient such as the amalgam found in the trap/filter, extracted tooth contains amalgam and amalgam sludge.
- 3.6 **Non-contact Amalgam:** it is the leftover amalgam after dental procedure. Such as:
 - 3.6.1. Unused capsules
 - 3.6.2. Broken/ expired capsules
 - 3.6.3. Excess amalgam not used during restoration procedure

4. Procedures and Responsibilities

4.1	Educate all DHCP on safe amalgam disposal	Clinic management
4.2	Collect contact amalgam in a special container labeled with hazardous waste (amalgam waste)	Dental Assistant / DHCP
4.3	Transport amalgam containers to disposal room safely when they are ¾ filled and label the container of the date and type of the amalgam.	Dental Assistant
4.4	Maintenance of records includes: Disposal records the Amalgam Container shall be separated and identified till final disposal from the center	Dental Assistant / DHCP

5. Reference

http://www.ada.org/~media/ADA/Member%20Center/Files/topics_amalgamwaste_brochure.ashx

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RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Krishna Chytanya Nallan Assistant Professor
Title:	Radiation Safety	
Policy Code Number:	HS.20	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
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1. Introduction

- 1.1** Any organization having radiation producing equipment bears the moral responsibility to ensure that it follows all the universal safety regulations that are in accordance with the rules set up by the official government bodies and are suitable to the organizational set up.
- 1.2** This program aims to provide a definitive reference for the various policies, procedures and general information concerning the safe use of radiation producing equipment within the building.

2. Radiation Protection

- 2.1 Radiation protection is broadly classified into two sections:**
 - 2.1.1** Protection of those individuals (patients) undergoing medical exposure
 - 2.1.2** Protection of staff, radiation workers and general public
- 2.2 The basic principles are given by the following two guidelines**
 - 2.2.1** ALARA – As low as reasonably achievable

2.2.2 Justification, Optimization and Limitation (International Commission on Radiological Protection – ICRP)

These guidelines are further elaborated in the consequent sections.

3. Definitions

- 3.1 Referrer:** A person who refers the patients for medical exposure with regards to the medical history.
- 3.2 Operator:** Any person who carries out the said procedure practically for e.g. technicians who carry out X-ray(intra oral, Panoramic and Cephalogram)
- 3.3 Employer:** A person who is employing the practitioners and operators for the purpose of medical imaging in hospital services.
- 3.4 AMC:** Agent from manufacturing company

4. Regulations

- 4.1 To establish written policies and operating procedures framework under which the professionals can work. This includes:**
 - 4.1.1** The patients are identified at the Radiology Centre using minimum 2 identifiers and they are the **Patient’s full name and Date of Birth.**
 - 4.1.2** All operators are duly qualified and licensed by MOH.
- 4.2 Duties of the Operator**
 - 4.2.1** The operator must comply with the procedure protocols of RAKCODS related to his /her scope of practice.
- 4.3 Justification of Individual Medical Exposures**
 - 4.3.1** It deals with the justification and authorization of individual medical exposures
 - 4.3.2** Proper authorization for the medical exposure is obligatory. This can be done by the said referrer who may also be a qualified health professional, he requisition should include a brief clinical history with the signature/ stamp of the referrer this can be identified through the electronic request as well. The referrer should also supply any relevant previous study that has been done. The requisition is an important legal document and is preserved.

4.3.3 Following the basic principle of radiation protection, it is important that the referrer is well aware of the radiation hazards and that he/ she should consider the optimal number of views and the optimal protection for the particular condition.

4.4 Optimization

4.4.1 The process of optimization requires a fair amount of professional competence and skills. Besides the employer provided guidelines, the healthcare professionals and operators are responsible to optimize the exposure. Patient identification and appropriate markers, collimation and exposure factors are to be set to the optimal levels so as to avoid repeats by the operator. This involves a chain of checkpoints which are regularly evaluated so that the entire chain functions optimally with no breakdowns. The following are the important checkpoints:

4.4.1.1 Regular equipment servicing, calibration and maintenance including periodic quality assessment and testing by the agent from manufacturing company or contracted company.

4.4.1.2 Proper and accurate patient identification and numbering by the operator.

4.4.1.2.1 The patient identification procedure must specify how a patient has been identified before exposure. It should be both active and positive, 2 patient identifiers to be verified which includes patient's full name and date of birth.

4.4.1.2.2 The patient should be identified by the operator carrying out the exposure. This person is responsible for the correct patient identification.

4.4.1.3 Use of immobilization devices to maintain patient positioning.

4.4.1.4 Periodic checking of the Digital Radiography (DR) machine for cleanliness and proper calibration and function.

4.4.2 Adequate shielding and collimation should be used by the technician. The technician should ensure that exposure to the testes and ovaries are avoided by shielding. The eyes and neck should be kept away from the primary beam if

possible and alternative projections may be done. The tube should never point directly to the console booth.

4.4.3 The doses are kept as low as possible by using adequate filtration and collimation. Special care is taken in imaging methods including low doses, non-grid techniques with proper shielding by the operator.

4.4.4 These are some dose saving techniques:

4.4.4.1 Use of smallest possible field size and field collimation.

4.4.4.2 Collimate to exclude radiosensitive organs (gonads, breasts, eyes and others). Dose to the ovary can be halved and that to the testes can be reduced by a factor of 20 by the operator.

4.4.4.3 Position the patient carefully and use compression where possible.

4.5 Head of Administration:

4.5.1 Expert advice is always sought from the Biomedical Engineer. This is especially true in cases of introduction of new equipment.

4.5.2 Head of Administration will address issues with regards to the equipment and the periodic safety and quality assessment of all this equipment by the contracting company. This responsibility will be taken by the Head of Administration of the Clinic.

4.5.3 Prior examination of all equipment is done at installation and in relation to the engineering controls, design and safety features by the contracting company.

4.5.4 Periodic testing of all engineering controls including the power mains to the protective devices should be performed by the contracting company.

4.5.5 The equipment inventory must be updated at all times by the Radiographer and it should contain all the specifications of the equipment. It is made available on requests, to employers and officials acting on behalf of the appropriate authority, normal inspectors appointed by the Ministry of Health (MOH)/ Federal Authority for Nuclear Regulation (FANR).

4.6 Training:

4.6.1 Clinic Manager should ensure that any operator or practitioner is prohibited to carry out a medical exposure unless they are adequately trained for the purpose.

They should be licensed by the Ministry of Health (MOH). The licenses of all individuals must be renewed annually or when required.

- 4.6.2** Training is to be provided to all staff of the clinic on radiation safety. The person responsible for the training is the radiology technician and in his/her absence any other Radiology staff member can train. This training should be presented either with the Orientation presentation or separately. Records of the attendees should be maintained by the HR department in the personnel files.
- 4.7 Limitation:** These regulations are mainly in relation to doses to the staff and the members of the public.
- 4.7.1** The technicians should ensure that the legal dose limits for the workers and the members of the general public are based on the fact that no deterministic effects are produced and that the probability of the stochastic effects is kept to a minimum.
- 4.7.2** Any member of the staff who is likely to exceed 30% of the annual dose limit is designated as classified, and their records are to be maintained. They must be monitored by the approved dosimetry services. In practice however, most of our imaging staff members do not exceed this limit.
- 4.7.2.1** Controlled areas: These are the areas around the source of radiation such as the equipment along with its shielding. The controlled area must have physical boundaries such as an X-ray room with walls designed to protect to the necessary level to prevent any public exposure. The area is controlled by restricting entry only to the staff and patients with well-marked signs and warnings.
- 4.7.2.2** Staff should be protected by lead aprons, thyroid shields, lead glasses and other such protective devices with a lead equivalence of 0.25 to 0.50 mm.
- 4.7.2.3** The local rules include details about lead protection, distance and short exposure times for safety of staff. Local rules are legal document and ignoring them is tantamount to breaking the law. These rules are policed by the Radiographer.

4.7.5.2 Equipment should be temporarily withdrawn from use, until the fault has been identified and rectified completely. The equipment should be reused only after adequate quality assurance testing.

4.7.5.3 Details of malfunction are properly recorded including the circumstances, equipment settings and patient details. Also the name of the operator and the others present at the time.

4.7.5.4 They will then decide on the further action as appropriate to the circumstances. The Administration Committee will decide if the patient needs to be informed about the incident so as to arrange for any dosimetry for future procedures.

4.8 Practical Reduction of those to Staff and Visitors: Most measures dealing with the reduction of patient dose also effectively reduce dose incurred to the staff and others.

4.8.1 Leakage Radiation: In spite of the tube housing and shielding, there is some radiation leakage around the tube. This leakage of radiation should be checked by the manufacturing agent and he should authorize the machine for use.

4.8.2 Scattered Radiation: When rays strike any object there is scatter, the most important source is the patient. The operator should be as far away from the source, protected by an apron.

4.8.3 Reduction of Exposure: This is achieved in the following ways:

4.8.3.1 Distance – Using the Inverse square law, appropriate precautions should be taken. In wards a distance of 2 meters is advisable.

4.8.3.2 Speed and Time – The use of fast recording techniques and short screening times for patients can reduce the dose significantly to the patient and the staff.

4.8.3.3 Shielding – protective barriers and clothing are mandatory. The barriers need to be protective with a lead equivalent of 2 mm. The clothing has lead equivalent of 0.25 – 0.50 mm and is not protective against the primary beam. Aprons should always be draped on a thick rail or a hanger; it should never be folded in order to avoid cracking. All these barriers and clothing for Radiation Protection should be

assessed every year by fluoroscopy or whenever new material is purchased. Any defective shielding devices must be replaced.

- 4.8.4** Warning lights and signs: Warning lights are found on the control panel and the entrance to an X-ray room (controlled area) and are illuminated at times when the tube is energized for exposure. The door of the X-ray, and other rooms using ionizing radiation should have warning lights to show radiation is on in the room at a particular time.
- 4.8.5** Protection of Public: X-ray rooms are to be shielded properly so as to keep the radiation to the surrounding areas and the general public less than 0.1mSv per week under normal workloads. Protection should be greater where the direct primary beam falls such as the walls, floors and doors and windows. These should have shielding of 2 mm lead equivalent.
- 4.9 Quality Control and Assurance:** It broadly consists of two important aspects; Imaging Quality and Equipment Quality.
 - 4.9.1** Equipment Care and Maintenance: This has to be regularly supervised and executed by the agent from manufacturing company along with the coordinator who is usually the Chief Radiographer.
 - 4.9.1.1** Timely manufacturing company servicing for all equipment for optimal functioning is mandatory.
 - 4.9.1.2** Maintenance of a log for all breakdowns and faults with details about rectification. All equipment is checked properly after any breakdown rectification and the machine is brought back into use only after appropriate quality testing. All the manufacturing company visits should be recorded in detail.
 - 4.9.1.3** Periodic checking of radiation levels and leakage around the source in the controlled areas and the supervised areas. This has to be performed annually and may be performed by an external agency.
 - 4.9.1.4** The equipment calibration is to be done regularly. The tube output kVp are measured annually with the Penetrameter method. Focal spot size and filtration also change with time and are to be checked annually. Field definition and uniformity are also checked at that

time. The actual measured kVp must be within +/- 5% of the set value.

4.9.1.5 The contracting company personnel should check the output of the mains and watch for any surges to prevent equipment damage. Extension cords are not to be used without approval from the clinic Manager.

4.9.2 Image quality: The benefits of close quality control are as follows:

4.9.2.1 A reduction in number of repeats.

4.9.2.2 A reduction in the radiation dose to the patient and the public.

4.9.2.3 Improvement in rate of patient flow through the department.

4.9.2.4 Consistency of quality.

4.9.2.5 Standardization of radiographic results and reliability.

4.9.2.6 Standardization of radiological service protocols.

4.9.2.7 An accurate dispatch system for all films (if films are being utilized) and results.

4.9.2.8 A more informed selection for future equipment can be made on the basis of the existing apparatus.

4.9.3 The elements of image quality need to be monitored.

5. Performance Monitoring

Total Number of oral x-ray performed with unnecessary repeat exposure, this will be evaluated after updating of HIMS

6. References

<http://www.fanr.gov.ae/En/AboutFANR/OurWork/Pages/Basics-of-Ionising-Radiation-and-Radiation-Protection.aspx>

7. Document Change Record:

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Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Krishna Chytanya Nallan Assistant Professor
Title:	Quality Assurance in Radiology Centre	
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1. Purpose and Scope

These guidelines are issued to ensure the safety and quality of all resources utilized in the X-ray clinics of RAKCODS.

2. Policy Statement

RAKCODS ensures that the radiology center within the building follows all requirements laid by the local governing body (FANR) of the country.

3. Scope and Procedures

3.1. Scope:

3.1.1. Oral Radiology clinics must follow the guidelines which are recommended in this document in order to maintain X-ray machines and other related accessories in an ultimate working condition and to prevent staff and patients against the risk of exposure to ionizing radiation and the potential risks from radiation exposure.

3.1.2. Medical physics Department issues the approval reports of X-ray machines which were inspected by them.

3.1.3. Oral Radiology Staff should comply with the regulations and instructions of the Medical Physics Department.

3.2. Resources Required:

- 3.2.1. Dose monitoring badges issued to staff (where applicable).
- 3.2.2. Quality Assurance testing and monitoring of equipment
- 3.2.3. The comprehensive maintenance schedule for equipment
- 3.2.4. Radiographic equipment and the entire armamentarium that is used in all intra and extraoral techniques.
- 3.2.5. The assistance of concerned Medical Physics staff and equipment in monitoring X-ray machines.

3.3. Procedures:

3.3.1. New Equipment and Working Practices

- 3.3.1.1. The Radiation Safety Committee (Medical Physics) should be notified in writing of any new x-ray producing equipment planned for installation in the hospital or clinics.
- 3.3.1.2. New equipment (including replacement tubes) must be tested by the Medical Physics Department before being put into clinical use on patients.
- 3.3.1.3. The Radiation Safety Committee (Medical Physics) should be notified of any significant change in working practices with regard to ionizing radiation.

3.3.2. Checks and Maintenance of Safety Features

3.3.2.1. Equipment:

- 3.3.2.1.1. All new equipment must have an acceptance test performed by the Medical Physics department prior to being put into clinical use.
- 3.3.2.1.2. A quality assurance program designed to minimize patient, personnel, and public risks and maximize the quality of diagnostic information.
- 3.3.2.1.3. A qualified Medical Physicist at least once per year must carry out a full radiation survey of all X-ray generating machines.

- 3.3.2.1.4.** Quantitative dose measurements for each type of procedure must be made by the Medical Physics department.
- 3.3.2.1.5.** A Medical Physicist must check any equipment having had major repairs or alterations that may affect the radiation output prior to being returned to service.
- 3.3.2.1.6.** After the new equipment is installed, environmental monitoring of the surrounding area will be carried out for at least three months and at intervals thereafter for two years.
- 3.3.2.1.7.** Any malfunction/breakdown of an X-ray machine will be noted in a logbook kept at all times by the machine.
- 3.3.2.1.8.** A technique chart should be posted near each control panel. The technique chart indicates what X-ray machine settings to use for various X-ray examinations.
- 3.3.2.1.9.** The technique chart should include:
 - 3.3.2.1.9.1.** The patient's body part and stature (or age, for pediatric patients),
 - 3.3.2.1.9.2.** Technique factors (kVp, mA, and seconds) to be utilized.
 - 3.3.2.1.9.3.** The type and size of film or film-screen combination.

3.3.2.2. Lead Aprons:

- 3.3.2.2.1.** Visual defects in lead protective clothing must be reported to The Radiation Safety Committee (Medical Physics)
- 3.3.2.2.2.** Lead aprons must never be folded. They must be stored using appropriate wall-mounted units.
- 3.3.2.2.3.** Lead protective clothing should be inspected radiographically every 12 months as required.

3.3.2.2.4. Any lead protective clothing found to be defective must be withdrawn from service and replacements provided.

3.3.2.3. Monitoring devices:

3.3.2.3.1. Monitoring devices will be provided by the Medical Physics.

3.3.2.3.2. Personnel monitoring devices shall be used when they are required.

3.3.2.3.3. Monitoring devices shall be monthly checked by the Medical Physics

3.3.2.3.4. Readings of the monitoring devices shall be provided by the Medical Physics

3.3.2.3.5. The departments of Medical Physics and Diagnostic Radiology will review all radiation protection surveys and quality assurance reports, monitoring devices readings and take appropriate action when necessary.

3.3.2.4. X-ray films / digital imaging quality:

3.3.2.4.1. All (rejected) films / digital images will be kept and reviewed at regular interval

3.3.2.4.2. The Oral Radiologist should analyze the reasons for the rejection and undertake action to prevent their recurrence.

3.3.2.5. Continuous Exposure:

3.3.2.5.1. If the X-ray unit fails to terminate an exposure by normal or automatic means resulting in a continuous exposure, the unit is to be isolated from the mains immediately

3.3.2.5.2. Any fault must be reported immediately to the Radiation Safety Committee (Medical Physics)

3.3.2.5.3. No further exposures should be attempted using the equipment until a service engineer and a medical physicist have checked it.

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<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Krishna Chytanya Nallan Assistant Professor
Title:	Quality Control in Radiology Centre	
Policy Code Number:	HS.22	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
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1. Purpose and Scope

These guidelines are issued to ensure the safety and quality of all resources utilized in the X-ray clinics of RAKCODS

- 1.1 To provide a guideline for Oral Radiology services as an operational standard
- 1.2 To provide high-quality radiographs
- 1.3 To ensure the safe use of the radiographic machines
- 1.4 To provide adequate policy for prescribing radiographs

2. Policy Statement

This is to ensure that there are guidelines within RAKCODS for quality control in the radiology center.

3. Procedures

3.1. Quality Control in the Oral Radiology Division

3.1.1. General Notes: before doing an X-ray examination

- 3.1.1.1. Exclude pregnancy
- 3.1.1.2. Remove dentures and removable orthodontic appliances from the oral cavity during exposure

- 3.1.1.3. Remove Eyeglasses, earrings, nose rings, necklaces, hair pins, headbands
- 3.1.1.4. Always use sterilized/disposable film holders (parallel technique)
- 3.1.1.5. Apply infection control measures
- 3.1.1.6. Apply lead aprons
- 3.1.1.7. Follow ALARA (As Low As Reasonably Achievable)
- 3.1.2. **Exposure Factors:** Follow the exposure time settings of the radiographic machine according to:
 - 3.1.2.1. Type of the radiographic technique.
 - 3.1.2.2. Tooth number.
 - 3.1.2.3. Age/stature of the patient.
- 3.1.3. **Quality of Radiographs:**
 - 3.1.3.1. **General**
 - 3.1.3.1.1. The radiograph should have a proper density (blackness).
 - 3.1.3.1.2. The radiograph should show sharp borders of the object.
 - 3.1.3.1.3. The radiograph should show proper contrast.
 - 3.1.3.2. **Periapical Radiographs**
 - 3.1.3.2.1. The whole length of the tooth should be shown (crown plus root).
 - 3.1.3.2.2. Should show at least 2mm of the periapical area of the requested tooth/teeth.
 - 3.1.3.2.3. Open contact points of the requested teeth (unless naturally overlapped)
 - 3.1.3.2.4. Full coverage of the area requested
 - 3.1.3.2.5. The image of the structures should neither be elongated nor shortened.
 - 3.1.3.2.6. Image of the structures should not be distorted.
 - 3.1.3.3. **Bite-wing Radiographs**
 - 3.1.3.3.1. Not taken for edentulous areas
 - 3.1.3.3.2. The radiograph should show the whole crowns of teeth requested (upper and lower teeth).

3.1.3.3.3. The radiograph should show the alveolar crest of the area requested (upper and lower teeth).

3.1.3.3.4. Open contact points of the requested teeth (unless naturally overlapped).

3.1.3.3.5. Full coverage of the area requested.

3.1.3.4. Occlusal Radiographs

3.1.3.4.1. Full coverage of the area requested.

3.1.3.5. Orthopantomography

3.1.3.5.1. Full coverage of the mandible and maxilla including the condyle and the coronoid process.

3.1.3.5.2. The sinuses and floor of the nose should also be clearly depicted in the radiograph.

3.1.3.5.3. The image of the structures should not be distorted.

3.1.3.6. Lateral Cephalometric Radiographs

3.1.3.6.1. The entire skull, at least the first two cervical vertebrae

3.1.3.6.2. Soft tissues of the nose and lip should be depicted in the radiograph.

3.1.3.6.3. The radiograph should be clear enough to enable accurate selection of hard and soft tissue points necessary for cephalometric analysis.

3.1.3.6.4. The structures should not be double contoured.

4. References

4.1. White, C. and Pharoah, J: Oral Radiology Principles and Interpretation, 5th ed. Philadelphia, 2014, Mosby.

4.2. Summary of ICRP-60 (International Commission on Radiological Protection).

5. Document Change Record:

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<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Engr. Tarig Mohammed Alfadle Ebrahim
Title:	Medical Equipment Management, Training and Maintenance	
Policy Code Number:	HS.23	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
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1. Purpose and Scope

Policy defines the processes for inspecting, testing, maintaining and training of Medical Equipment used in RAKCODS and documenting the details.

2. Policy Statement

2.1 This policy is designed to protect students, interns, patients, staff and equipment, by providing training and promoting safe and reliable operation of Medical equipment. The primary objectives of this policy to ensure that Medical Equipment is available for use and functioning properly and appropriate training and retraining provided as necessary. RAKCODS establishes and implements a Medical Equipment program that includes performing and documenting as follows:

- 2.1.1** An inventory of Medical Equipment.
- 2.1.2** Regular inspections of Medical Equipment.
- 2.1.3** Testing of Medical Equipment according to its age, use, and manufacturer’s recommendation.
- 2.1.4** Carry out regular preventive maintenance.
- 2.1.5** Appropriate training as required to all

2.2 To select and procure safe medical equipment including diagnostic imaging equipment, autoclaves, sterilizers, dental chairs which will reduce the risks associated with equipment failures; and ensure the function and reliability of these equipment. These goals are consistent with the patient safety practices in providing quality healthcare to all.

3. Procedures

3.1 The Bio Medical Engineer along with the leadership is responsible for implementing this policy. The Bio Medical Engineer is responsible for training new students, interns, staff and faculty members to the capabilities, limitations, special applications of equipment, basic operating and safety procedures, emergency procedures if failure occurs, maintaining responsibilities, if applicable, and the reporting procedures for equipment problems, failures and user errors.

3.2 The selection and procurement of medical equipment:

3.2.1 This is taken care by the procurement committee in association with the finance department

3.2.2 A purchase request will be completed by user to the leadership and procurement committee for replacement of old or purchase of new equipment. It will be reviewed and approved by the dean and forwarded to the procurement personnel. Before the procurement of equipment, the Bio Medical Engineer will evaluate if the equipment meets appropriate space requirements, load and phase requirements, minimum safety standards of 3 wire AC line cord with Dental clinic grade plug, appropriate warranties and manufacturer's reliability prior to purchase. If the equipment does not meet the above specifications and other as required, it may not be ordered and an alternate choice may be submitted for approval.

3.3 Inventory Management

3.3.1 All Bio-Medical equipment will be evaluated based on function, physical risks associated with use to patients and operators and maintenance requirement.

3.3.2 All new equipment shall be inventoried and inspected prior to first use. Equipment that fails testing and commissioning shall not be approved for use

until the deficiencies have been corrected. There is a current inventory of all equipment included in the equipment management program.

3.4 Reporting of Medical device incidents:

3.4.1 Shift Supervisor will be informed about the incident.

3.4.2 The Shift Supervisor will visit the location and inspect the equipment which caused the problem.

3.4.3 An assessment of the incident will be carried out with proper documentation.

3.4.4 Occurrence Variance Report (OVR) shall be completed and sent to the quality and patient safety as per the policy.

3.5 Reporting of equipment problems, failures and user errors:

3.5.1 All Equipment failures and user errors will be reported to the Shift Supervisor.

3.5.2 Shift Supervisor will inform the dental assistant to contact Bio-Medical Engineering Department and generate a work order.

3.5.3 After receiving the work order Bio Medical Engineering Department will attend, rectify and document the results.

3.5.4 In case of any Medical equipment failure which may not be used for a while, needs to be quarantined properly by isolating it and marking the entrance to the place as “NOT IN USE” until the repair or maintenance can be finished.

3.5.5 In case if the repair or maintenance cannot be done at RAKCODS then it will be sent to the supplier or dealer until the deficiencies are rectified.

3.6 Planned Preventive Maintenance Program (PPMP)

3.6.1 All the equipment present in the inventory of RAKCODS also goes through a scheduled routine planned preventive maintenance program.

3.6.2 The maintenance of all equipment is done as per the manufacturer’s instructions

3.7 The Medical Equipment Orientation and Training Program

3.7.1 All students, interns, staff and faculty are oriented regarding the use and care of Medical equipment.

- 3.7.2 The initial training of any equipment procured at RAKCODS is provided by the supplier to the bio medical engineer and rest of the core team who were involved in the procurement of the equipment
- 3.7.3 If there is any specialized equipment procured for RAKCODS then it is ensured that the user (students, interns, staff or faculty) are provided with appropriate training and thereby are authorized to use this equipment and also can train the rest as needed
- 3.7.4 The bio medical engineer is then responsible for training the rest of the students, interns, staff and faculty
- 3.7.5 There is a provision for retraining that is provided as needed to all
- 3.7.6 Students, interns, faculty and staff will be educated on the reporting process for equipment related problems, failures and user errors.

4. Annual Review of the Medical Equipment Policy

- 4.1. Annual review of the Medical Equipment Policy will include an understanding if the scope of the policy matches the current environment and also if it meets the current local or regional standards.
- 4.2. If there are any concerns or issues it will be discussed with the leadership and appropriate action will be taken with a timeline.

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RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Emergency Preparedness Plan	
Policy Code Number:	HS.24	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
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1. Purpose

Emergency Codes are used at RAK College of Dental Sciences to denote to staff various kinds of emergency situations. The use of codes is intended to convey essential information quickly to appropriate staff, while minimizing stress and preventing panic among patients and visitors. The Emergency Preparedness Plan will be revised earlier than the schedule date if needed.

2. Policy Statement

2.1. To ensure the standard use of Emergency color codes within RAK College of Dental Sciences (RAKCODS).

RAKCODS will use the following color codes, where applicable:

- 2.1.1. Code Red:** Fire
- 2.1.2. Code Blue:** Medical Emergency
- 2.1.3. Code Brown:** Hazardous Material Spill
- 2.1.4. Code Grey:** Combative / Aggressive person or Assault
- 2.1.5. Code Black:** Bomb Threat
- 2.1.6. Code Pink:** Infant Abduction
- 2.1.8. Code Green:** Evacuation/Internal Disaster

3. Responsibilities

It is the responsibility of all RAKCODS staff to comply with this policy.

4. Procedures

4.1. To announce emergency codes staff has to dial RAKCODS Emergency number “**190**”

4.2. Color of Emergency Codes

4.2.1. **CODE RED:** This code is developed to provide an emergency response plan in the event of a fire.

4.2.1.1. In case of fire remember RACE and PASS.

4.2.1.2. If a fire or smoke condition is discovered: Follow “RACE”.

R = RESCUE

A = ALARM

C = CONTAIN/CLOSE

E = EXTINGUISH OR EVACUATE

4.2.1.3. To operate fire extinguisher: Follow “PASS”.

P = Pull the Safety Pin located at the top of the fire extinguisher

A= Aim the nozzle at the base of the fire

S = Squeeze the handle or trigger

S = Sweep the nozzle from side to side

4.2.2. **CODE BLUE:** This code is developed to act in a medical emergency. A medical emergency is an event requiring the rapid assessment and intervention of trained medical personnel which may include but is not limited to serious injury, unconsciousness, serious respiratory symptoms, symptoms of cardiac crisis.

4.2.3. **CODE BROWN:** This code can be used in the event of a hazardous chemical spill.

4.2.3.1. Chemical spill above 500ml is considered a major spill

4.2.3.2. Isolate the area.

4.2.3.3. Remove ignition sources and unplug nearby electrical equipment.

4.2.3.4. Obtain the MSDS (material safety data sheets) and Spill Kits.

4.2.3.5. Clean up the area as per the MSDS instructions.

- 4.2.4. CODE GREY:** This Code is developed to ensure staff and other persons in RAKCODS are protected from harm due to assaultive behavior incidents and to train staff accordingly.
- 4.2.4.1.** When **Code Grey** is activated the security staffs have to reach the spot immediately.
- 4.2.4.2.** Try to speak calmly and make the combative person under control.
- 4.2.4.3.** If the situation becomes worse seek the help of police.
- 4.2.5. CODE BLACK:** This Code is to provide instruction to all personnel for the handling of bomb threats in order to ensure the safety of employees, patients, and visitors; to reduce the disruption of necessary medical functions, and to prevent the possibility of panic.
- 4.2.5.1.** In the event a bomb threat is received, the telephone operator, with the knowledge of the dean, shall call the Police and Civil Defense via the emergency number and then they shall be responsible for contacting other agencies as needed e.g. Bomb Squad.
- 4.2.5.2.** The bomb squad shall be in total command upon arrival at the hospital. The decision to search and/or evacuate is left to the bomb squad commander/Police.
- 4.2.5.3.** The Dean/ Emergency Preparedness Committee chairperson will announce evacuation depending on the information by Police.
- 4.2.6. CODE PINK:** This code is activated in the event of an infant/ child abduction, to ensure that all hospital personnel and outside agencies are notified appropriately, with a goal being to locate and reunite the infant/ child and family as quickly as possible.
- 4.2.6.1.** Keep an eye on all patients, visitors, and staffs.
- 4.2.6.2.** Security staffs will cover all the exits in the ground floor and make sure that no one is carrying an infant/child. If anyone discovered stop them and seek the help of police calling the security supervisor.
- 4.2.7. CODE GREEN:** This code is activated in an event that results in loss of resources used for regular activities. E.g.: fire, smoke, fumes, utility system failures, worker strikes, the release of chemicals or radiation, hostage situations.

- 4.3. As soon as the emergency situation has been resolved, “Code All Clear”, must be announced three times.
- 4.4. An Occurrence Variance Report (OVR) must be written for all the codes.
- 4.5. The role of RAKCODS in External Disaster is limited but ready to comply with the MOH or MOHAP requirements as applicable.

5. Related Documents

- 5.1. **Code Red Policy**
- 5.2. **Code Black Policy**
- 5.3. **Code Brown Policy**
- 5.4. **Code Grey Policy**
- 5.5. **Code Pink Policy**
- 5.6. **Code Blue Policy**
- 5.7. **Code Green Policy**



RAK COLLEGE OF DENTAL SCIENCES

EMERGENCY CODES

CODE GREY	Workplace Violence Prevention	C A L L 1 9 0
CODE BLUE	Medical Emergencies in Dental Practice	
CODE RED	Fire Response Plan	
CODE BLACK	Bomb Threat	
CODE BROWN	Hazardous Spills	
CODE PINK	Infant/ Child Abduction	
CODE GREEN	Evacuation	

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Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Mr. Muhammad Zahid Khan Admin. Officer
Title:	Utility Management Plan	
Policy Code Number:	HS.25	Reviewed by: Mr. Atiq Ur Rehman Head, Admin. and Marketing
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

The Utility Management Plan monitors and evaluates the utility system in use at the Facility according to applicable laws and regulations:

- 1.1 To provide a reliable electric power system.
- 1.2 To provide safe and reliable water system.
- 1.3 To provide uninterrupted and safe water supply.
- 1.4 To provide reliable fire safety system.
- 1.5 To provide safe Air Conditioning system.
- 1.6 To provide reliable communication system.

2. Goals

- 2.1 To provide a Utility Management Plan designed to assure the operational reliability, assess the risk, and respond to failures of utility systems that support the consumer care environment.
 - 2.1.1 Identifies the equipment, systems, and locations that pose the highest risk to patients and staff
 - 2.1.2 Assesses and minimizes the risks of utility system failures.
 - 2.1.3 Plans emergency power and clean water sources.

- 2.1.4 Tests the availability and reliability of emergency sources of power and water;
- 2.1.5 Documents the results of tests.
- 2.2 The following systems are included in the Utility Management Plan:
 - 2.2.1 Electrical supply and distribution system.
 - 2.2.2 Vertical transport (elevators).
 - 2.2.3 Air Conditioning Systems.
 - 2.2.4 Water Delivery systems.
 - 2.2.5 Communication Systems.
 - 2.2.6 Fire protection system

3. Responsibility

The building maintenance supervisor is responsible for maintaining the Utility Management Plan

3.1 Emergency power system

- 3.1.1 The Main Distribution Boards are also having back up of two generators with a capacity of 200 KVA, 350 KVA and 500 KVA and it is connected to the synchronization panel with load shedding arrangement.
- 3.1.2 The synchronization panel and the Main Distribution Boards breakers are motorized. The load shedding arrangements are made through PLC system.
- 3.1.3 The generators are on a schedule to receive preventive maintenance on a regular basis.

3.2 Air Conditioning Systems

- 3.2.1 All A/C have annual maintenance contract and has a testing and maintenance documentation system for record.
- 3.2.2 There are very less chances of temperature of humidity increase. However, for controlling these elements the College is equipped with the Temperature and Humidity Meters in the Nursing Stations. These temperature readings are noted on daily basis by the Nurse on Duty and is presented to Admin Officer for Cross signing on monthly basis.

If the Temperature or Humidity is increased. Following actions are taken:

3.2.2.1 Temperature of main AC is reduced and lowered to make the temperature in the normal range of 22 to 24 degrees Celsius.

3.2.2.2 Portable Dehumidifiers are brought to the floor where the humidity is increased and on reaching the percentage of less than 60% are switched off.

3.3 Plumbing and water delivery system

3.3.1 Supply of water to the facility premises is accomplished by employing the following system

3.3.1.1 Water storage tank.

3.3.1.2 Water transfer pump set.

3.3.1.3 Domestic water storage tank.

3.3.2 Four water tanks are on a scheduled cleaning system. Water is monitored for tests (External) every month. In case of any disaster we have a tie up with an external agency for the alternative source.

3.4 Fire Protection System

3.4.1 The building is fully protected by fire alarms and firefighting system. Wet risers and dry risers are employed as part of firefighting system.

3.4.2 Wet riser system is comprised of:

3.4.2.1 Water fire pump.

3.4.2.2 Water sprinklers.

3.4.2.3 Fire Hose reel.

3.5 Communication System

3.5.1 The facility communication systems are:

3.5.1.1 Public address system.

3.5.1.2 Fire alarm system.

3.5.1.3 PABX telephone system.

3.6 Vertical Transport Elevators

3.6.1 The facility is providing 4 elevators of different capacity.

3.6.2 In case of fire, lift will open and stay on the same floor.

3.6.3 In case of any breakdown, the company representatives are contacted on a toll free number available with the building maintenance department.

Regular inspection is done and the records are maintained in maintenance department.

4. Utility Management Plan Includes in Education Program

4.1 Employees’ orientation to the utility systems safety is the responsibility of the Head of Administration. All employees will be trained during general orientation and annually thereafter on the process for reporting problems, location of emergency shut of controls and the procedures to follow if they alarm, procedures to follow in the event of an elevator failure and communication equipment protocols. The training is documented and kept in the employee’s department personnel file.

5. The performance and effectiveness of the Utility Management Plan shall be reviewed by the Administration Committee.

6. Measurable Elements

- 6.1** Utility systems are regularly inspected.
- 6.2** Utility systems are regularly tested under circumstances that simulate actual use/load requirements.
- 6.3** Utility systems are regularly maintained.
- 6.4** Utility systems are improved as appropriate

7. Document Change Record:

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Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Title:	Fall Risk Prevention	
Policy Code Number:	HS.26	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
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1. Purposes and Scopes

To ensure RAKCODS adopts and implements an appropriate Falls Risk prevention and management strategy aimed at reducing frequency and falls related injuries, and enhancing the:

- 1.1** Ability to identify patients/populations at risk for falls;
- 1.2** Ability to address the specific needs of the patients/populations identified at risk for falls;
- 1.3** Ability to collect and analyze falls related data; and
- 1.4** Ability to use falls related data to make improvements to the falls risk management strategy.

2. Policy Statements

- 2.1** The Falls Risk Management policy reinforces RAKCODS philosophy and commitment to improve **patient** safety.
- 2.2** RAKCODS acknowledges that despite best efforts to provide safe, quality care, patients may fall resulting in injury.

3. Definitions

- 3.1** A fall is defined as a sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object, excluding falls resulting from violent blows or other purposeful actions.
- 3.2** An un-witnessed fall occurs when a patient is found on the floor and neither the patient nor anyone else knows how he or she got there.

4. Procedures

4.1 Prevention

Appropriate training should be provided to all staff especially at the reception and triage areas to analyze the possibility of fall and help is offered if any. Patients are also encouraged with the help of signage's to report if they have difficulties.

4.2 Screening and Assessment (Appendices HS.23-1 and HS.23-2)

The patients are screened for possible fall risk by using appropriate tools:

4.2.1 Appendix HS.26-1 - Adults: Morse Fall Risk Assessment Tool

4.2.2 Appendix HS.26-2 - Children: Humpty Dumpty Scale

4.3 Intervention

Level of interventions will depend on the patient/population's assessed risk level, identified risk factors and individual needs. Multifactorial interventions (falls prevention and falls risk management) will be used to address risk factors and needs.

4.3.1 If a fall occurs the following must be completed:

- 4.3.1.1** Assess for level of consciousness, any injuries and changes in range of motion and provide appropriate aid.
- 4.3.1.2** Inform the clinic supervisor, who in turn either can solve the concerns or raise it to the emergency team on call for the session.
- 4.3.1.3** Note the date, time and location of the fall.
- 4.3.1.4** Notify family as appropriate.
- 4.3.1.5** Continue to monitor patient as condition warrants and perform the reassessment if the patient stays more than two hours in the clinic away from the dental chair.

4.3.1.6 Document circumstances in medical record.

4.3.1.7 Complete Occurrence Variance Report (OVR) according to the Occurrence Variance Reporting policy of RAKCODS

4.4 Evaluation

Standardized definitions, collection, reporting, analysis, and trending of falls event data allow for continuous examination of falls risk management strategies. Evaluation and learning will be shared across RAKCODS.

4.5 Practice Improvement

4.5.1 Data related to falls will be evaluated and the evaluation information will be used to make improvements to falls risk prevention and management strategies.

4.5.2 Practice improvement strategies, including but not limited to education, may be developed to support practice changes.

4.5.3 Of importance is the development of processes, an understanding of roles and responsibilities, and communication appropriately.

4.6 References

4.6.1 Morse, J. Enhancing the Safety of Hospitalization by Reducing Patient Falls. American Journal of Infection Control, Vol. 30 (6), October, 2002, pg. 376-380.

4.6.2 Stefler, C., Corrigan, B., Sander-Buscami, K., Burns, M. Integration of Evidence into Practice and the Change Processes: Fall Prevention Program as a Model. Outcomes Management in Nursing Practice. July/Sep., 1999, pg 102-111.

5 Tools/Appendices

5.1 Appendix HS.26-1 - Adults: Morse Fall Risk Assessment Tool

5.2 Appendix HS.26-2 - Children: Humpty Dumpty Scale

Appendix HS.26-1 - Adults: Morse Fall Risk Assessment Tool

Adult Fall Risk Scale			
Sr #	Parameter	Criteria	Score
1	History of Falling within the past three months	<input type="radio"/> (0) No <input type="radio"/> (25) Yes	
2	Secondary Diagnosis (>= 2 medical diagnoses in chart)	<input type="radio"/> (0) No <input type="radio"/> (15) Yes	
3	Ambulatory Aid	<input type="radio"/> (0) None/Bed rest / Nurse assist <input type="radio"/> (15) Crutches / Cane / walker <input type="radio"/> (30) Furniture	
4	Intravenous therapy / Heparin Lock	<input type="radio"/> (0) No <input type="radio"/> (20) Yes	
5	Gait/Transferring	<input type="radio"/> (0) Normal/Bed Rest/wheelchair <input type="radio"/> (10) Weak <input type="radio"/> (20) Impaired	
6	Mental Status	<input type="radio"/> (0) Oriented to own ability <input type="radio"/> (15) Forgets limitations	
Total: 0			
<input type="button" value="Save"/>			

Appendix HS.26-2 - Children: Humpty Dumpty Scale

Humpty Dumpty Scale			
Sr #	Parameter	Criteria	Score
1	Age	<input type="radio"/> (0) Less than 3 years old <input type="radio"/> (3) 3 to less than 7 years old <input checked="" type="radio"/> (2) 7 to less than 13 years old <input type="radio"/> (1) 13 years and above	2
2	Gender	<input checked="" type="radio"/> (2) Male <input type="radio"/> (1) Female	1
3	Diagnosis	<input type="radio"/> (4) Neurological Diagnosis <input type="radio"/> (2) Alteration in Organization (Respiratory Diagnosis, Dehydration, Anemia, Anorexia, Syncope/Dizziness) <input type="radio"/> (2) Psych/Behavioral Disorders <input type="radio"/> (1) Other Diagnosis	
4	Cognitive Impairments	<input type="radio"/> (3) Not Aware of Limitations <input type="radio"/> (2) Forgets Limitations <input type="radio"/> (1) Oriented to own ability	
5	Environmental Factors	<input type="radio"/> (4) History of Falls or Infant/Toddler Placed in Bed <input type="radio"/> (3) Patient uses assistive devices or Infant/Toddler in Crib or Furniture/Lighting (Bippled room) <input type="radio"/> (2) Patient Placed in Bed <input type="radio"/> (1) Outpatient Area	
6	Response to Surgery/Sedation/Anesthesia	<input type="radio"/> (3) Within 24 hours <input type="radio"/> (2) Within 48 hours <input type="radio"/> (1) More than 48 hours / None	
7	Medication Usage	<input type="radio"/> (3) Multiple usage of Sedatives (excluding ICU patients sedated and paralyzed), Hypnotics, Barbiturates <input type="radio"/> (2) One of the medicine listed above <input type="radio"/> (1) Other Medications / None	
Total: 3			
<input type="button" value="Save"/>			

6 Document Change Record:

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<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Md. Sofiqul Islam Assistant Professor
Title:	Abuse and Violence Prevention	
Policy Code Number:	HS.27	Reviewed by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
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1. Purpose and Scope

This policy is applicable to all stakeholders inclusive of patients, students, interns, staff and faculty. This policy is committed to respect, maintain and advocate the personal integrity, dignity and safety of all persons within the facility.

2. Policy Statement

RAK College of Dental Sciences (RAKCODS) believes in harboring an environment which is committed to creating and maintaining an abuse and violence free culture. RAKCODS will not tolerate any physical or psychological, verbal, financial or sexual abuse and violence of any persons within the building premises.

3. Definitions

Abuse or Violence may be:

- 3.1. Physical** - inflicting, or threatening to inflict, physical pain, injury, or discomfort on an older adult.
- 3.2. Sexual** - any form of sexual activity with a person without the consent of that person.
- 3.3. Emotional / Psychological** - inflicting mental pain, anguish, or distress on an older person through verbal or nonverbal acts.

- 3.4. Violation of Patient Rights and Responsibilities** - as mentioned in the bills of patient rights and responsibilities
- 3.5. Neglect** - Dental neglect is where the patient is prevented from receiving treatment which is ideal for him and in a given period of time, delay in appointments or refusal to treat accordingly will be considered as dental neglect
- 3.6. Treatment without consent** - providing treatment or procedures without his or her consent

4. Procedures

- 4.1.** RAKCODS maintains a strict zero-tolerance stance towards workplace abuse, violence or any associated threats.
- 4.2.** RAKCODS leadership is committed to ensure that there is always an appropriate number of staff, reduced work stress as much as possible, a just culture and a procedure to report any incident. All these will result in reduced number of abuses which can take place within the building.
- 4.3.** All students, interns, staff and faculty of RAKCODS have a responsibility to ensure that patients are treated with respect and dignity, live free from harm, and do not experience abuse.
- 4.4.** All students, interns, staff and faculty of RAKCODS who suspect or witness abuse or violence, must report it to the chairperson Ethics Committee for immediate response.
- 4.5.** RAKCODS is committed to ensuring that all allegations of abuse or violence will be properly and carefully investigated. All interviews and information obtained or recorded shall be dealt with as confidentially as is possible. Investigations and decisions will be made in as timely a manner as possible.
- 4.6.** All abuses or violence inclusive of the one with immediate response then should be reported appropriately as per the Occurrence Variance Reporting system of RAKCODS.
- 4.7.** To proactively prevent workplace, abuse or violence, RAKCODS will undertake various measures, including:
Delivering training sessions to employees to enhance their ability to recognize and report potential instances of abuse or violence.

Conducting thorough risk assessments aimed at identifying and addressing potential sources of abuse or violence.

Implementing necessary security measures, such as access control systems, to fortify the workplace against potential threats.

5. Document Change Record:

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1	26 th Sep 2022		The policy is revised as abuse and violence prevention policy and associated changes made.

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RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Md. Sofiqul Islam Assistant Professor
Title:	Code Grey - Workplace Violence Prevention	
Policy Code Number:	HS.28	Reviewed by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
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1. Purposes and Scope

- 1.1. This policy establishes the process which will be followed for patients and patient's family members or staff in the event of a physical assault occurring in RAKCODS facility.
- 1.2. It is the policy of RAK College of Dental Sciences (RAKCODS) to ensure the safety of all the students, interns, staff, faculty, patients and visitors.
 - 1.2.1. To understand the possible places or risks within RAKCODS where assaults and violence can occur
 - 1.2.2. To establish a process to protect students, interns, staff, faculty, patient's, visitors, and contractors from assault in RAKCODS.
 - 1.2.3. To establish standardized guidelines and procedures in the event of an assault which occurred in RAKCODS.
 - 1.2.4. This policy is made after consultation with team members and reviewed annually or as necessary or immediately after any event.

2. Definitions

- 2.1. **Hazard** - Hazard is something that is a potential source of harm. It can arise from people, equipment, environment or process

- 2.2. **Risk** - it is the combination of the probability/likelihood and the impact of severity of harm occurring. It arises from hazards.
- 2.3. **Violence** - Behavior involving physical force intended to hurt, damage, or kill someone
- 2.4. **Assault** - Assault is an unlawful attempt (physically) to do harm to another person.
- 2.5. **Workplace Violence**- Incidents in which a person is threatened, abused, assaulted in circumstances related to their work, including all forms of harassment, bullying, intimidation, physical threats, or assaults, robbery or other intrusive behaviors. These behaviors could originate from customers or co-workers at any level of the organization.

3. **Responsibility**

It is the responsibility of the Ethics Committee of RAKCODS to monitor the implementation of this policy.

4. **Procedures**

4.1. **To prevent an assault from happening in RAKCODS, the following measures shall be taken:**

4.1.1. Risk Assessment- An assessment of possible hazards within the building and surrounding premises will be carried out on an annual basis, this will be done with the leadership walk. Once the risks are assessed it will be prioritized. Based upon the assessment an action plan will be decided with timeline. Once the action is put into place then there will be evaluation. The risk assessment though will be conducted usually on an annual basis but in case if there is any incident then immediately it needs to be assessed and thereby reduce the recurrence of similar events. Risks for violence places or violent person at RAKCODS will be done at three levels (Appendix HS 28-1)

4.1.1.1 Students, Interns, Staff and Faculty

4.1.1.2 Patients and visitors

4.1.1.3 Point of care delivery (within clinics)

4.1.2. Confidential Reporting of Workplace Violence- anyone within the organization if faced with a threat or violent behavior which he/she wants to

report privately, can be done by meeting the chairperson of Ethics committee. The entire briefing will be kept confidential and dealt with accordingly. The individual can also use the Occurrence Variance Report (OVR) form and file the same confidentially.

4.2. In the event of any combative person or an assault occurs, the following procedures are to be followed:

- 4.2.1.** The operator should be informed who will call for the security and announce CODE **GREY** using the public address system of RAKCODS. The operator will inform the security and the chairperson of Ethics committee.
- 4.2.2.** The operator shall announce the CODE **GREY** and location information three times over the public address system.
- 4.2.3.** Upon hearing CODE **GREY** announcement, Security will respond immediately to the incident area if not already when he was informed first.
- 4.2.4.** On-duty Security Personnel must take the necessary actions, precautions, and procedure from a legal perspective in their approach with the violent individual.
- 4.2.5.** The on-duty security personnel must consider allowing a family member to stay with the patient to soothe him/her when necessary.
- 4.2.6.** The security personnel have the authority to remove all personal accessories that could be used as weapons such as; pocket knives belt's, pens, scissors or anything sharp that can be used as a weapon.
- 4.2.7.** The security personnel must avoid harsh contact or aggressive behavior of handling by anyone who is violent inclusive of students, interns, staff, faculty, patients and visitors.
- 4.2.8.** The security personnel/staff may limit the visitors in the area, and maintain adequate space for healthcare providers to perform their duties safely.
- 4.2.9.** Security shall assume control of the incident scene and notify police if appropriate, after consulting with the Administration on call.
- 4.2.10.** Security shall question the patient, patient's family and/or staff about any details concerning the assault.

- 4.2.11. Only the Security along with the Chairperson Ethics shall notify the reception to call “CODE GREY – All clear” when the situation has been resolved
- 4.2.12. The reception shall announce “CODE GREY – All clear” three times.
- 4.2.13. If the patient is violent due to a medico-legal case, the security must inform the police upon the instruction of the Dean’s Office/ Chairperson-Clinical Sciences.
- 4.2.14. The Security On-Duty must note the details of vehicle number, accompanying person’s driving license/ passport/ national ID/ or labor card (a copy of one of these document must be retained).
- 4.2.15. The Security On-Duty and Chairperson Ethics Committee will immediately inform and given a concise report of the case.
- 4.2.16. The Occurrence Variance Report (OVR) shall be completed and forwarded in accordance with the policy and if needed this report by the team members should be kept confidential.

4.3. Investigation Process:

- 4.3.1. Patient/team member confidentiality remains a key factor.
- 4.3.2. During the early stages of the CODE GREY event, information about the assault should not be given to anyone that does not have a valid reason to know.
- 4.3.3. Ethic committee chairperson and security shall conduct an interview of everyone including employees, patients, and visitors that were on the unit at the time of the incident. Staff shall not be allowed to leave the unit or area until the investigation is completed and cleared by security.
- 4.4. All the procedures of the investigation will follow the ethical framework flowchart of RAKCODS (Refer to RAKCODS Ethical Framework).
- 4.5. Training of students, interns, staff and faculty will take place every academic year during the orientation and periodically along with other scheduled workshops.
- 4.6. Quarterly reports are provided along with the Quality and Patient Safety reports.

5. Tools / Appendices

- 5.1. Appendix HS.28-1 – Risk Assessment for Violence Prevention at RAKCODS

Appendix HS.28-1 – Risk Assessment for Violence Prevention at RAKCODS

RISK ASSESSMENT FOR VIOLENCE PREVENTION AT RAKCODS

1. Students, Interns, Staff and Faculty risks associated with workplace violence should include an assessment of:

Assessment	Please place a check mark (✓) in the boxes below:
<ul style="list-style-type: none"> ● Internal documents such as: 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Feedback from “suggestion boxes” 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ IRO survey reports 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Security logs 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Reports about emergencies, incidents and accidents 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Workplace inspection reports (Leadership walk reports) 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Grievances 	
<ul style="list-style-type: none"> ● The organization’s physical environment 	
<ul style="list-style-type: none"> ● The work setting and clients 	
<ul style="list-style-type: none"> ● Point-of-care work practices 	
<ul style="list-style-type: none"> ● Staff perceptions 	

2. Patient and Visitor associated risks for workplace violence can be evaluated by ensuring that the following are avoided when dealing with all patients and visitors:

Assessment	Please place a check mark (✓) in the boxes below:
● Language/cultural barriers	
● Racist or Sexist behaviors	
● Foul smell or ambience at RAKCODS	
● Inappropriate staff behavior towards patients	
● Lack of information on	
▪ General consent/informed consent	
▪ Patient rights and Responsibilities	
▪ How to raise complaints/concerns/suggestion or feedbacks	
▪ Information about whom to contact in case of issues	
● Crowded lobbies	
● Improper maintenance of temperature	
● Improper maintenance of washrooms	
● Lack of guidance to the spiritual center	

3. Point of care delivery factors (Clinics) associated risk factors for violence – The following should be ensured:

Assessment	Please place a check mark (✓) in the boxes below:
● Predictable work load	
● Adequate training	
● Appropriate assistance/assistants available	
● Cleanliness of clinics maintained	
● Adequate staff hiring	
● Adequate training of staff, students to identify possible violent behavior and how to react	
● Avoid Racism/Sexism	
● Appropriate Body language	
● Avoid hurried approach in providing treatment	
● Appropriate Infection and Prevention Control Practices	
● Confidentiality and privacy of patient and the treatment maintained	
● Client’s wishes taken into consideration while planning his treatment	
● Appropriate information to be provided to patients as they get re-assigned	
● Appropriate information to be provided to patients when they are discharged or referred	
● Appropriate follow up of patients done	

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RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Nur Hatab Assistant Professors
Title:	Code Blue - Medical Emergencies in Dental Practice	
Policy Code Number:	HS.29	Reviewed by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences
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1. Purposes and Scopes

RAKCODS ensures that there is a Medical Emergency team that is available on call.

- 1.1 All faculty, staff and nurses involved in the direct provision of patient care must be trained and certified in Healthcare Provider Basic Life Support (BLS), including cardiopulmonary resuscitation, and are able to manage common medical emergencies. The Human Resources office is responsible to maintain current records of certification.
- 1.2 All faculty, staff, nurses and support staff involved in direct patient care are required to annually review procedures for the management of common medical emergencies.
- 1.3 RAKCODS contains appropriate resuscitation equipment, including emergency oxygen with a bag-valve-mask system.
- 1.4 Automated External defibrillators are available on all clinical floors.
- 1.5 All the equipment used are checked periodically and a check list is maintained.

2. Procedures

- 2.1 The student must notify the nearest faculty member of the emergent situation, relating the events that precipitated the emergency and the current status of the patient's medical condition and assist the faculty member in any manner that (s)he directs.

- 2.2 The faculty will make the decision regarding the clinical situation.
- 2.3 The faculty or nurse may call for further help through **CODE BLUE** announcement.
- 2.4 This is done by alerting the operator (by dialing “190”) at the reception.
- 2.5 **CODE BLUE** announcement “**CODE BLUE** and LOCATION” will be made by the operator through the address system three times, an announcement is heard through the whole hospital building.
- 2.6 The faculty shall assess the condition of the patient and decide whether a referral to a General Hospital is needed. The nurse shall call for the ambulance to transport the patient to the General Hospital.
- 2.7 Students/ staff must not leave the individual patient unattended. If the person is found on the floor, and there were no witnesses to the fall, the patient is not to be moved.
- 2.8 The supervising faculty will be primarily responsible for management of the patient, until the patient recover or until the Medical Emergency Response Team ambulance arrives.
- 2.9 The faculty should be prepared to tell the Emergency Response Team or ambulance crew regarding the events leading to the emergency and the current status of the patient. The faculty should provide the patient’s medical history and known allergies and medications if this is a patient of RAKCODS.
- 2.10 After the emergency is resolved, an OVR form is filled out and sent to the Quality and Patient Safety Committee.
- 2.11 The medical intervention expected from the faculty and staff for patient resuscitation at RAKCODS is limited to Basic Life Support only.

3. Guidelines and Procedures

3.1. Equipment

- 3.1.1. Ambu-bag/Mask device (adult & pediatric size masks)
- 3.1.2. Oxygen delivery system
- 3.1.3. Sphygmomanometer
- 3.1.4. Pulse oximeter
- 3.1.5. Automated External Defibrillator
- 3.1.6. Blood glucose monitor machine

3.2. Management of Vasodepressor or Syncope

- 3.2.1. Assess level of consciousness
- 3.2.2. ABC's
- 3.2.3. Supine or Trendelburg position
- 3.2.4. Monitor vital signs
- 3.2.5. Calm the patient
- 3.2.6. Remove drape/bib
- 3.2.7. Loosen uncomfortable clothing
- 3.2.8. Administer oxygen
- 3.2.9. If unconsciousness persists, call the ambulance **CODE BLUE**.

3.3 Management Seizure Disorders

- 3.3.1 Supine position
- 3.3.2 Protect the patient
- 3.3.3 Do not put any object in the mouth
- 3.3.4 Monitor vital signs
- 3.3.5 Administer oxygen
- 3.3.6 Basic life support as needed
- 3.3.7 Call **CODE BLUE**
- 3.3.8 For seizure lasting over 5 minutes or longer, call an ambulance

3.4 Management of Hypoglycemia in the Conscious Patient

- 3.4.1. Assess the patient
- 3.4.2. Comfortable position
- 3.4.3. ABC's
- 3.4.4. Check blood glucose level
- 3.4.5. Give oral glucose
- 3.4.6. Administer oxygen
- 3.4.7. Monitor vital signs

3.5 Management of Hypoglycemia in the Unconscious Patient

- 3.5.1. Supine position
- 3.5.2. ABC's

- 3.5.3. Check blood glucose level
- 3.5.4. Administer oxygen
- 3.5.5. Monitor vital signs
- 3.5.6. BLS, as needed
- 3.5.7. Call the ambulance and **CODE BLUE**

3.6 Management of Asthmatic Attack

- 3.6.1 Place patient in a comfortable position (usually sitting position)
- 3.6.2 Calm the patient
- 3.6.3 Administer bronchodilator via inhaler
- 3.6.4 Monitor vital signs
- 3.6.5 Administer Oxygen
- 3.6.6 Basic Life Support, as needed
- 3.6.7 Call **CODE BLUE**

3.7 Treatment of Aspirated Object

- 3.7.1 Place patient on the lateral recovery position
- 3.7.2 Encourage coughing
- 3.7.3 Retrieval of an object by the use of suction –or have patient put head down
- 3.7.4 Radiologic examination
- 3.7.5 Refer to General Hospital if failed to retrieve a foreign object or bleeding in airway or patient unwell.

3.8 Management of Local Anesthetic Overdose

- 3.8.1 Comfortable position: Supine, if unconscious
- 3.8.2 ABC's
- 3.8.3 Monitor vital signs
- 3.8.4 Administer Oxygen – Hyperventilate
- 3.8.5 BLS, as needed
- 3.8.6 Call the ambulance and **CODE BLUE**

3.9 Management of Mild Allergic Reactions

- 3.9.1 Comfortable position
- 3.9.2 Monitor vital signs
- 3.9.3 BLS, as needed

3.9.4 If condition worsens, call an ambulance

3.10 Emergency duties of a four-member dental team at the time of emergencies

3.10.1 TEAM MEMBER 1: LEADER

Directs team members

- 3.10.1.1** Positions the patient and stays with him or her
- 3.10.1.2** Performs “ABCs” of cardiopulmonary resuscitation (CPR)
- 3.10.1.3** Takes command and appears calm
- 3.10.1.4** States instructions directly and clearly
- 3.10.1.5** Requests acknowledgment from team members that instructions are understood.
- 3.10.1.6** Fosters open exchange among team members
- 3.10.1.7** Concentrates on what is right for the patient, not who is right

3.10.2 TEAM MEMBER 2

- 3.10.2.1** Brings emergency kit
- 3.10.2.2** Brings oxygen tank and attaches appropriate delivery system
- 3.10.2.3** Brings automated external defibrillator
- 3.10.2.4** Assists with ABCs of CPR, including monitoring vital signs
- 3.10.2.5** Checks oxygen tank regularly
- 3.10.2.6** Checks emergency kit regularly

3.10.3 TEAM MEMBER 3

- 3.10.3.1** Telephones emergency medical services (**998**)
- 3.10.3.2** Meets paramedics at building entrance
- 3.10.3.3** Keeps chronological log of events
- 3.10.3.4** Assists with ABCs of CPR

3.10.4 TEAM MEMBER 4

- 3.10.4.1** Assists with ABCs of CPR
- 3.10.4.2** Assists with other duties as needed

4 References

- 4.3** American Heart Association Guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation*; (2005), 112(24 suppl): IV1–203.

- 4.4 Brenner B, Van D, Cheng D, Lazar E. Determinants of reluctance to perform CPR among residents and applicants: the impact of experience on helping behavior. *Resuscitation*; (1997), 35:203–211.
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5 Tools / Appendices

5.1 Appendix HS.29-1 – Code Blue Emergency Checklist

Appendix HS.29-1 – Code Blue Emergency Checklist



RAK COLLEGE OF DENTAL SCIENCES

CODE BLUE EMERGENCY CHECKLIST

Team Member 1 Leader: _____ Yes No Location of Emergency: _____
 Team Member 2: _____ Yes No Date & Time: _____
 Team Member 3: _____ Yes No
 Team Member 4: _____ Yes No

Patient Name: _____ M.R #: _____

Brief Medical History:

ASSESSMENT	REMARKS	
Is Patient Conscious?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Patient Responsive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a Pulse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Patient breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR Done?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AED Done?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood Pressure:		
Pulse Rate:		
Respiratory Rate:		
Temperature:		
Glucose Level:		
Oxygen Saturation Level:		
Other Procedure/ Treatment Done:		

If Patient sent to Hospital thru ambulance, Name & Signature of the Ambulance Personnel:		

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	26 th Sep 2022		-Deleted- 3.6 Management of Acute Adrenal Insufficiency 3.9 Treatment of Complete Airway Obstruction in Conscious Patient 3.12 Management of Severe Allergic Reactions 3.13 Management of Acute Angina Pectoris Episode 3.14 Management of Acute Myocardial Infarction (MI) 3.15 Management of Cardiac Arrest

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Mr. Muhammad Zahid Khan Admin. Officer
Title:	Code Red - Fire Response Plan	
Policy Code Number:	HS.30	Reviewed by: Mr. Atiq Ur Rehman Head, Admin. and Marketing
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

To provide an environment of care that is safe from fire, smoke and other non-smoke emergencies as well as facilitating the process of safe exit from the building in case of fire, smoke and non-smoke emergencies.

2. Policy Statements

To design a process for the prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and non-fire emergencies.

1.1 The goals of Fire Safety & Evacuation Policy include the following:

- 1.1.1** The prevention of fires through the reduction of risks, such as safe storage and handling of potentially flammable materials.
- 1.1.2** Limitation of hazards related to any construction in or adjacent to the patient-occupied areas.
- 1.1.3** A safe and unobstructed means of exit in the event of a fire
- 1.1.4** Early warning, early detection systems such as fire patrols, smoke detectors, or fire alarms.
- 1.1.5** Suppression mechanisms such as water hoses, chemical suppressants, or sprinkler systems.

- 1.1.6 Inspecting, testing, and maintaining fire protection and safety systems, consistent with requirements.
- 1.1.7 The process for testing all parts and components of Fire, smoke & safety plan at least once per year.

3. **Procedures**

- 3.1 RAKCODS is responsible for the Fire Safety & Evacuation Plan and maintaining compliance with the Fire Safety Code. Each department head is responsible for orienting new faculty & staff members to the department and job specific fire safety procedures. All students, interns, faculty and staff are responsible for learning the fire safety protocols.
- 3.2 The protection of students, interns, faculty, staff, patients, visitors and property from fire smoke and other products of combustion:
 - 3.2.1 It is the responsibility of RAKCODS to manage the Fire Safety & Evacuation Policy that protects its students, interns, faculty, staff, patients, visitors and property by providing employee training and interim Fire Safety Measures.
 - 3.2.2 The Facility is equipped with general-purpose portable fire extinguishers (Carbon dioxide and Dry Powder). The fire extinguishers are located throughout the Facility.
 - 3.2.3 Fire Emergency Pre-Policy:
 - 3.2.3.1 Know the location of the nearest fire alarm.
 - 3.2.3.2 Know the emergency number to dial. Dial "190".
 - 3.2.3.3 Know the location of fire extinguishers and how to use them.
 - 3.2.3.4 Know the location of all fire exits.
 - 3.2.3.5 Know proper evacuation procedures and routes.
 - 3.2.3.6 Know the location of the fire assembly point which belongs to the facility at the time of evacuation.
- 3.3 **Emergency Procedures**
 - 3.3.1 The following emergency procedures will be implemented in the event of a fire.
 - 3.3.1.1 **R:** Rescue Patients immediately from fire or smoke area.

- 3.3.1.2** A: trigger the fire alarm and call extension 190 from the nearest landline, give exact location and announce **Code Red**.
- 3.3.1.3** C: Contain the smoke or fire by closing all doors of rooms and corridors.
- 3.3.1.4** E: Extinguish the fire (when safe to do so) (by using PASS technique)
 - 3.3.1.4.1** P: Pull
 - 3.3.1.4.2** A: Aim at the base of fire
 - 3.3.1.4.3** S: Squeeze
 - 3.3.1.4.4** S: Sweep side by side

Inspecting, testing and maintaining fire protection and fire safety systems:

- 3.3.2** The following firefighting and detection equipment is tested :
 - 3.3.2.1** Sprinklers system
 - 3.3.2.2** Fire hose reels.
 - 3.3.2.3** All heat detectors, manual fire alarm boxes and smoke detectors.
 - 3.3.2.4** Fire pumps
 - 3.3.2.5** Portable fire extinguishers

3.4 Reporting and investigating fire safety code and fire protection deficiencies, failures and user errors.

- 3.4.1** A comprehensive plan to correct any Fire Safety deficiencies which occur or are identified will be developed immediately in writing and will address:
 - 3.4.1.1** All fire Safety Code deficiencies.
 - 3.4.1.2** Corrective actions (Policy for improvement)
 - 3.4.1.3** A reasonable schedule for completion
 - 3.4.1.4** To be co-ordinates with available funding
 - 3.4.1.5** All interim Fire Safety measures have been implemented and are currently enforced.
- 3.4.2** All fire protection equipment failures or user errors shall be reported immediately and appropriate action taken. When a user error occurs, retained will be conducted.

3.5 Fire Response Team

3.5.1 Members

- 3.5.1.1 Supervisor of the area for the shift.
- 3.5.1.2 Operator /reception staff
- 3.5.1.3 Security Supervisor.
- 3.5.1.4 Building Maintenance Supervisor (On-Call).

3.5.2 Role of Operators:

- 3.5.2.1 To announce **Code Red** through public address system clearly three times. Mention: “**Attention, Attention, Code Red, plus exact location**”.
- 3.5.2.2 Call civil defense (**Dial 997**) and police if required.
- 3.5.2.3 Immediately inform all members of the fire response team through telephone.
- 3.5.2.4 Evacuation refers in the event that the fire is not extinguished, to move all students, interns, faculty, staff, patients and visitors towards Assembly Point area.
- 3.5.2.5 When the Shift Supervisor gives instruction to operator that **Code Red** is terminated, this has to be announced through the public speaker system; **Attention, Attention: Code Red Terminated, plus exact location**”.

3.5.3 Role of Security Supervisor.

- 3.5.3.1 Report to the site of fire immediately.
- 3.5.3.2 Ensure all patients/ occupants are safe and moved from the risk area.
- 3.5.3.3 Check the area of the disaster and ensure all occupants are moved to safer area.
- 3.5.3.4 Ensure effective triaging of clients and assure timely evacuation of the high risk patients, students and staff.
- 3.5.3.5 Brief and guide the civil defense when they arrive at the scene.

3.5.4 Role of Building Maintenance Supervisor:

- 3.5.4.1 Report to the site of fire immediately.

3.5.4.2 Coordinate with Shift Supervisor for shutting of electrical/ water supply.

3.5.5 General instructions for all Students, Interns, Faculty & Staff:

3.5.5.1 Know the closest fire exit, guide patients and colleagues.

3.5.5.2 Do not use elevators.

3.5.5.3 Make sure all fire, corridor and room doors are closed.

3.5.5.4 Clear all corridors and exits from unnecessary traffic and obstructions.

3.5.5.5 Assures patients, if any are aware of the fire, inform them that the alarm has been turned on, the emergency plan is in effect, and there is an abundance of help to assist as needed.

3.5.5.6 Know the evacuation routes (Fire Evacuation Plans are placed all over the Facility).

3.5.5.7 Report to the Assembly Point.

4. Management of Fire Safety Risks During Construction

4.1 Persons included in the construction process will be oriented & trained how to prevent & act in case of fire.

4.2 The contractors will be monitored during construction process.

4.3 Fire preventive & control systems will be added in case of any modification within the facility.

4.4 The Head of Administration is responsible for monitoring the effectiveness of the implementation of the fire safety during construction.

4.5 When deficiencies are identified, the Head of Administration will take appropriate action to resolve the deficiencies.

4.6 All monitoring and actions to resolve deficiencies related to a construction are documented.

5. Orientation and education to fire Safety Program

5.1 All students, interns, faculty & staff will have knowledge of the specific fire protocols in addition to their specific roles and responsibilities at the point of origin of a fire and away from the point of origin. Specific personnel will be trained in their specific roles

and responsibilities to handle fire, smoke & non-smoke emergencies. All new students & employees will receive general fire safety information at the Facility wide orientation program. In addition to the initial Facility orientation, all employees will be oriented by their department Heads on job specific responsibilities and process including: location of fire alarms and extinguishers, evacuation routes, department specific fire hazards, measures to avoid fires, etc.

5.2 Fire drills shall be conducted once a year at RAKCODS

5.3 Performance standards:

5.3.1 Percentage of periodical preventive maintenance for fire detective system as per the schedule.

5.3.2 One fire drill to be conducted per a year.

5.3.3 Periodic maintenance of the fire extinguishers as required

5.4 Annual evaluation of the fire safety Policy:

5.4.1 The annual evaluation of fire & smoke safety Policy will include a review of the scope according to the standards to evaluate the degree in which the policy meets current international standards and the current risk assessment of the facility. A comparison of the expectations and actual results of the policy will be evaluated to determine if the goals and objectives of the policy were met. The overall performance improvement outcomes and overall effectiveness of the policy will be evaluated by determining the degree that expectations were met. Included in this evaluation will be an evaluation of the effectiveness of personnel training related to the Fire & Smoke Safety Policy and its components.

5.4.2 The performance and effectiveness of the Fire & Smoke Safety Policy shall be reviewed by RAKCODS.

6. No Smoking

6.1 All students, interns, faculty, staff, patients and their families and visitors must not smoke anywhere in the premises including clinics, waiting areas, washrooms and areas adjacent to the facility.

7 Tools / Appendices

7.1 Appendix HS.30-1 - Fire Safety & Evacuation Plan – Area Leaders

Appendix HS.30-1 - Fire Safety & Evacuation Plan – Area Leaders

Area Leaders		Location
1.	Mr. Tariq Alfadli	Basement Floor
2.	Dr. Mumtaz Arsalan	RAKCODS MC
3.	Mr. Muhammad Zahid Khan Ms. Puja Dipu Das	Ground Floor
4.	Ms. Melody Barlaan	First Floor
5.	Mr. Khadim Hussain	Second Floor
6.	Dr. Lama Rahhal	Third Floor
7.	Mr. Muhammad Amir	Fourth Floor
8.	Ms. Jenefer Diez	Fifth Floor
9.	Mr. Atiq-ur-Rehman	Sixth Floor
10.	Mr. Tanveer Akhtar	Seventh Floor

8. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	26 th Sep 2022		Appendix HS.30-1 has been updated with new staff details

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Mr. Muhammad Zahid Khan Admin. Officer
Title:	Code Black - Bomb Threat	
Policy Code Number:	HS.31	Reviewed by: Mr. Atiq Ur Rehman Head, Admin. and Marketing
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

This policy is intended to provide both information and an organized plan of action, to ensure the safety of students, interns, staff, faculty, client/patients, visitors and RAKCODS in the event of a bomb threat.

This policy applies to all of RAKCODS.

2. Policy Statement

Code Black will be implemented in the event of any type of bomb threat or discovery of a suspicious object or package to ensure that immediate actions taken are appropriate and minimize the risk of injury to RAKCODS staff, client/patients, visitors, and facilities.

All bomb threats will be considered genuine until proven otherwise.

3. Definitions

3.1. Bomb: an explosive weapon detonated by impact, proximity to an object, a timing mechanism, or other means Bombs/explosive devices can be concealed in common objects of various sizes, shapes, and colour, including envelopes, pipes, pop cans, and boxes.

- 3.2. **Code Black:** The emergency “code designed to address a bomb threat or discovery of or search for a suspicious object”
- 3.3. **EPC:** Emergency Preparedness Committee which will be responsible in handling the situation

4. **Responsibilities**

The EPC team and Quality and Patient Safety Committee will be responsible for the annual review of this policy and associated procedures and completion of Code Black drills. In the event of a **Code Black**, all staff is responsible for compliance with the policy and procedures, including participating in searches and cooperating with police in bomb threat investigation. **Incident Manager:** Upon notification of a Bomb Threat, the most senior administrative person (Dean of RAKCODS) in RAKCODS along with the Chairperson Clinical Sciences is designated as the Incident Manager. Upon the arrival of an individual with more expertise, this role is transferred to him/her (refer to Incident Management System).

4.1. **ROLES AND RESPONSIBILITIES OF THE STAFF MEMBER RECEIVING THE BOMB THREAT BY PHONE**

- 4.1.1. The staff member that receives notification of a bomb threat by telephone will:
 - 4.1.1.1. Remain calm
 - 4.1.1.2. Treat the call seriously
 - 4.1.1.3. Speak in a normal voice
 - 4.1.1.4. Not interrupt the caller
 - 4.1.1.5. Take notes, if possible on the Bomb Threat Information Checklist Form (**Appendix HS.31-1**)
 - 4.1.1.6. Observe the telephone display (if available) and note the number calling you or any other information on the display
 - 4.1.1.7. Attempt to ask questions and prolong the conversation. Try to get information about whom or what the threat is directed against
 - 4.1.1.8. Whenever possible, alert a co-worker to contact Security STAT to respond to your location
- 4.1.2. On completion of the phone call, the person who received the call will:

- 4.1.2.1. Remain calm
- 4.1.2.2. Call RAK City Police and inform them before informing the security on site and the operator of RAKCODS. When the person is calling the police- State the name, department, that they have received a Bomb Threat and any significant details
- 4.1.2.3. Document all information relating to the phone call on the Bomb Threat Information Checklist Form (**Appendix HS.31-1**) and take the completed Checklist in person to the Incident Manager in the Emergency Operation Centre
- 4.1.2.4. Not leave the facility until authorized to do so

NOTE: If the threat is on voicemail– do not delete the message and respond as per #2 above.

4.2. ROLES AND RESPONSIBILITIES OF THE STAFF MEMBER WHO FINDS A SUSPICIOUS OBJECT OR PACKAGE

The staff member who finds a suspicious object/package will:

- 4.2.1. Not touch the item
- 4.2.2. Isolate the item
- 4.2.3. Call RAK City Police and inform them before informing the security on site and the operator of RAKCODS. When the person is calling the police- State the name, department, that they have received a Bomb Threat and any significant details

4.3. ROLES AND RESPONSIBILITIES OF THE STAFF MEMBER WHO RECEIVES A BOMB THREAT BY MAIL/FAX OR EMAIL

- 4.3.1. The staff member who receives notification of a bomb threat by letter/parcel/fax will:
 - 4.3.1.1. If letter or parcel, handle the item as little as possible. Do not allow anyone else to touch it in order to preserve fingerprints or other evidence
 - 4.3.1.2. Call RAK City Police and inform them before informing the security on site and the operator of RAKCODS. When the person

is calling the police- State the name, department, that they have received a Bomb Threat and any significant details.

4.3.1.3. Isolate the area and prevent anyone from entering the area

4.3.2. The staff member who receives notification of a bomb threat by email will:

4.3.2.1. Not delete the email

4.3.2.2. Call RAK City Police and inform them before informing the security on site and the operator of RAKCODS. When the person is calling the police- State the name, department, that they have received a Bomb Threat and any significant details

4.4. ROLES AND RESPONSIBILITIES OF THE STAFF MEMBER WHO RECEIVES A BOMB THREAT BY PERSONAL CONTACT

The staff member that receives notification of a bomb threat by someone in person will:

4.4.1. Remain calm

4.4.2. Note characteristics of informant

4.4.3. Take the threat seriously and conduct self in a manner.

4.4.4. Gather as much information as possible about the individual and the nature of the bomb

4.4.5. Call RAK City Police and inform them before informing the security on site and the operator of RAKCODS. When the person is calling the police- State the name, department, that they have received a Bomb Threat and any significant details

4.4.6. When possible, document all information on the Bomb Threat Information Checklist Form (**Appendix HS.31-1**) and take the completed checklist in person to the Incident Manager in the Emergency Operation Centre

4.4.7. Not leave the facility until authorized to do so

4.5. ROLES AND RESPONSIBILITIES OF OPERATOR

Upon notification by the incident manager announce the **CODE BLACK** with location three times and this should be continued every 15 minutes until the threat is cleared.

4.6. ROLES AND RESPONSIBILITIES OF SECURITY

- 4.6.1. Upon notification that a bomb threat has been received, proceed immediately to the location of the person reporting the threat.
- 4.6.2. Obtain all information and report with the individual who received the threat to the Emergency Operation Centre.
- 4.6.3. If a suspicious item is found, isolate the item and restrict the immediate area
- 4.6.4. Ensure that there is no further contact with the letter/package/fax and advise the Incident Manager of the contents
- 4.6.5. Commence Search using the appropriate Area Specific Floor Plan

4.7. ROLES AND RESPONSIBILITIES OF THE INCIDENT MANAGER

- 4.7.1. To announce **CODE BLACK** as necessary and let all be informed.
- 4.7.2. Ensure that the Command Centre has been searched prior to being set up
- 4.7.3. Restrict entry to the hospital where possible
- 4.7.4. In consultation with the Police and Fire Commander direct a limited/ hospital wide evacuation (Refer to Code Green.)
- 4.7.5. Upon completion of the Bomb Threat Search and after consultation with the Police, instruct the Telecommunications Operator to page, "**Code Black All Clear**" three (3) times

4.8. POST EVENT DEBRIEFING

The team will have an informal debrief amongst themselves as organized by the Team Leader/Incident Manager. The Manager will review and assess:

- 4.8.1. The effectiveness of the response
- 4.8.2. Requirement for additional documentation
- 4.8.3. Opportunities for improvement

Appendix HS.31-1 - BOMB THREAT INFORMATION CHECKLIST FORM

RAKCODS Site: _____ **Date:** _____ **Time:** _____

Your Name: _____ **Ext.** _____

Origin of Threat	Suspicious Item	Yes	Location: _____
		NO	Description: _____
	In Person	Yes	Location: _____
		NO	Time Arrived: _____ Time Departed: _____
	Letter/ Parcel or Email/ Fax	Yes	Location: _____
		NO	Time Arrived: _____ Tel. #/ Faxed from: _____
	Telephone Call Exact Wording of Caller and Threat, if by phone or in person.	Yes	Name and/ or phone number on Telephone display: _____
		NO	Time Call Received: _____ Time Call Terminated: _____ _____ _____

QUESTIONS TO ASK CALLER:

1. When is bomb going to explode? _____
2. Where is bomb located? _____
3. What kind of bomb is it? _____
4. What does it look like (size, shape) _____
5. Why did you place the bomb? _____
6. What will cause it to explode? _____
7. What is your name and address? _____
8. Where are you calling from? _____
9. How do you know so much about the bomb? _____

Person's Identity: Male Female Juvenile Adult Approx. Age _____

Height _____ Weight _____ Hair Colour/ Length _____ Glasses _____
Complexion _____ Scars _____ Tattoos _____
Clothing _____

Caller's Voice: Loud Soft High-Pitched Deep Raspy Calm Pleasant
 Intoxicated Excited Nervous Crying Laughing Disguised
 Heavy breathing

Accent: No Yes Specify: _____

Speech: Fast Slow Distinct Distorted Normal Lisp Stutter Nasal Slurred
 Incoherent

Language/Grammar: Excellent Good Fair Poor Foul

Background Noises: Clear House noises Music Aircraft Train/Subway Traffic Animal noises PA system Factory Machinery Street noises Horns Party atmosphere Office machinery Other: _____

Was the caller's voice familiar? No Yes -Who does it remind you of? _____

Does caller seem familiar with hospital? No Yes – Explain: _____

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		Current	Revised
1	26 th Sep 2022	No changes	No changes

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University

RAK College of Dental Sciences



Policy/ Procedure Type:	Hospital Safety	Prepared by: Dr. Aqsa Khan Infection Control-in-Charge
Title:	Code Brown - Hazardous Spills	Mr. Muhammad Zahid Khan Admin. Officer
Policy Code Number:	HS.32	Reviewed by: Mr. Atiq Ur Rehman Head, Admin. and Marketing
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

Most materials found in the dental laboratory, chemical storage, waste storage, clinical areas are hazardous to some degree and all have the potential to be spilled.

The purpose of this policy and its associated procedures is to outline expected response to Internal Hazardous Materials Spills at RAKCODS.

This policy applies to all staff, students, and affiliates of RAKCODS;

2. Policy Statement

RAKCODS is committed to protecting Students, interns, staff, faculty and patients and property from hazardous spills. Employees using hazardous chemicals are required to be trained in safe handling, storage and disposal of these materials.

3. Definitions

- 3.1. **Code Brown:** The term used to alert staff to an unmanageable accidental release of a hazardous or potentially hazardous substance or gas.
- 3.2. **Code Brown Response Team:** The team consists of site nurses and housekeeping. After regular work hours, responsibilities are assumed by Security, Housekeeping and/or Building Maintenance staff and may be delegated to other trained individuals on site.
- 3.3. **Material Safety Data Sheet (MSDS):** Detailed information about the hazards and safe use of products that suppliers of those products are obligated to provide. Details provided include information on health effects, fire hazards, handling, storage, and personal protection MSDS sheets are available through Materials Management.
- 3.4. **Spill:** A discharge of material to air, land or water or a chemical that has escaped its means of containment that could have an adverse effect on safety, health and/or the environment. Hazardous material spills are categorized as either major or minor.
- 3.5. **Major Spill:** A major chemical spill in excess of 1 L or 1 kg OR small amounts that could pose a danger to the safety and health of people in the vicinity of the spill OR spills where the hazardous potential of the spill is unknown. This type of spill requires external assistance from the Civil Defense.
- 3.6. **Personal Protective Equipment (PPE):** Protective equipment provided for personnel to wear while handling hazardous materials.

4. Responsibilities

4.1. All Staff

- 4.1.1. Complete an annual review of the **Code Brown** Policy
- 4.1.2. Complete the mandatory **Code Brown** training/e-learning annually
- 4.1.3. Complete training for spill kits as required for work area
- 4.1.4. Avoid the area of the spill
- 4.1.5. Follow public address (PA) system directions

4.2. Managers/Principal Investigators (After Hours Manager)

- 4.2.1. Assess the hazardous spill potential of substances used in the respective work area
- 4.2.2. Procure chemical/biological spill kits as needed for the area and ensure that they remain stocked
- 4.2.3. Provide staff with access to appropriate spill kits, protective equipment, and staff training

4.3. Security

- 4.3.1. Participate in the Spill Response Team
- 4.3.2. Attend the code location
- 4.3.3. Seal off the area and restrict personnel from entering the area of danger
- 4.3.4. Direct/escort the Fire Department staff and/or Police to the code location
- 4.3.5. Assist with the evacuation/Code Green if necessary

4.4. Spill Response Team

- 4.4.1. Determine the severity of the spill
- 4.4.2. Complete work according to procedures outlined in the MSDS

4.5. Emergency Preparedness Committee

- 4.5.1. Announce **Code Brown** and location of the spill three times in the event of a major spill
- 4.5.2. Repeat the **Code Brown** announcement every 15 minutes until the code is cleared or canceled
- 4.5.3. Call 190 on the instruction of the incident Manager/Staff on Duty
- 4.5.4. Notify key staff outlined in procedures

4.6. Categorizing Hazardous Spills

- 4.6.1. Categorizing the spill will help to inform whether it is a minor or major spill and the need to call a **Code Brown**. Consider the following when categorizing a spill:
- 4.6.2. Ability to identify spilled material (NB: it is important to have and use the Material Safety Data Sheet (MSDS)):
 - 4.6.2.1. The extent of the spill;
 - 4.6.2.2. The degree of hazard present;
 - 4.6.2.3. Toxicity of the material;
 - 4.6.2.4. Property of the material (e.g. displaces oxygen);
 - 4.6.2.5. Volatility and reactivity;
 - 4.6.2.6. Flammability/explosive properties;
 - 4.6.2.7. Infectious properties;
 - 4.6.2.8. The volume of the spill; and
 - 4.6.2.9. Location of the spill (enclosed area, proximity to ignition source).

4.7. Responding to Specific Hazards

4.7.1. Flammable or Combustible Materials Hazard

- 4.7.1.1. If a hazard or explosion could result from a spill (see MSDS), evacuate the area or building immediately.
- 4.7.1.2. Ensure that any flammable spill of any size is reported to the Fire Department (997) immediately via the **EPC**.
- 4.7.1.3. Notify:
 - 4.7.1.3.1. Security on Duty
 - 4.7.1.3.2. FMS
 - 4.7.1.3.3. Quality Improvement and Patient Safety chairperson

- 4.7.1.3.4.** Turn off burners and sources of electrical sparks.
- 4.7.1.3.5.** Stop all Hot Work.
- 4.7.1.3.6.** Turn off the sources of the spill (e.g., gas cylinder) or contain the spill as much as possible.
- 4.7.1.3.7.** Absorb flammable liquids with an absorbent specially designed for the purpose of containing the vapors as well as liquid, and then transfer it to fume hoods or a fire resistant disposal container.
- 4.7.1.3.8.** While flammable material is being cleaned up, have a person stand by with an appropriate fire extinguisher.

4.7.2. Toxic Materials

- 4.7.2.1.** Consult the product MSDS for information to assist with the evaluation of all toxic spills prior to any emergency response.
- 4.7.2.2.** Use an external response group, if it is determined toxic materials are extremely hazardous.
- 4.7.2.3.** Mop, towel or sponge up materials and transfer them to a labeled disposal container.
- 4.7.2.4.** Immediately clean up mercury spills, even small ones.
- 4.7.2.5.** Do not use a vacuum cleaner, as it will promote the vaporization of mercury, increasing air contamination and the risk of inhalation. React mercury that has escaped into inaccessible places with material specially formulated for this purpose (see MSDS). Never put mercury into the ordinary garbage where it may react with organic material and form biologically toxic products.

4.7.3. Air Quality Deterioration

4.7.3.1. If there is no obvious source of a spill but an unusual odor persists, there may be a danger of harmful outside contaminants entering the facility.

4.7.3.2. Immediately notify:

4.7.3.2.1. Quality Improvement and Patient Safety chairperson

4.7.3.2.2. Facility management and Planning Department

4.7.3.2.3. Evacuate to a safe location if required

5. Procedures

5.1. Chemical Inventory

A Master inventory of all chemicals used in the hospital will be with Quality Improvement and Safety Committee, and it will be updated at least quarterly or when required. Changes will be informed to the units by the Quality Improvement and Safety Committee chairman for the timely updating of their documents. For all the hazardous chemicals, MSDS (Material Safety Data Sheet) will be kept for the reference. Wherever it is applicable to the unit, a list of chemicals and its MSDS will be available and updated as required.

The chemical inventory includes the following:

5.1.1. Chemical name

5.1.2. Location

5.1.3. GHS Hazardous symbol

5.1.4. Quantity

5.2. Handling, Storage and Use

5.2.1. All the chemicals should be handled with extra care, especially hazardous chemicals. It will be according to the Material Safety Data Sheet (MSDS) details.

- 5.2.2. Chemicals shall be stored only in approved containers in work areas and the quantity should be as less as possible. If secondary containers are used proper labeling should be done.
- 5.2.3. Flammable Chemicals in bulk quantities should be stored in a safety cabinet and the cabinets must be marked as "Hazardous Chemicals" in a visible format.
- 5.2.4. Precautions/care should be taken according to the hazardous warnings on the containers. If required, MSDS also can be referred.

5.3. Identification of hazard and labeling of chemicals

The Hazard Materials Program requires that all containers of hazardous materials be labeled with the Globally Harmonized System (GHS) hazardous symbols and (National Fire Protection Association) NFPA.

5.4. Reporting and investigating spills, exposures and other incidents

- 5.4.1. Reporting all the incidents related to the hazardous materials and waste such as spills, exposure or other related incidents should be done as per RAKCODS OVR Policy.
- 5.4.2. The Quality Improvement and Safety Committee will investigate all the incidents related to the hazardous materials.
- 5.4.3. In the event of a spill of hazardous material of more than one litre (**Major Spill**), the following actions should be taken:
 - 5.4.3.1. Seal off the area and all unwanted personnel must evacuate the area.
 - 5.4.3.2. Report the spill in hospital's standard announcement format (e.g. **Code Brown, Code Brown, Code Brown**)
 - 5.4.3.3. If possible and safe, under the supervision of housekeeping supervisor, housekeeping staff will clean the area with the help of required PPE's and suitable spill kit. They can use the MSDS

details also for reference. Collect the waste and dispose of it properly.

5.4.3.4. If required, the Quality Improvement and Safety Committee chairman will be called or consulted.

5.4.3.5. If the cleaning is not possible in a safe manner, housekeeping supervisor/ Quality Improvement and Safety Committee chairman will inform EPC leader to seek help from an external agency such as Civil Defense.

5.4.4. In the event of an accidental release of a hazardous substance of one litre or less (**Minor Spill**), the Unit staff should:

5.4.4.1. Seal off the area and all unwanted personnel must be sent out.

5.4.4.2. Inform housekeeping supervisor/staff for cleaning.

5.4.4.3. If possible and safe, under the supervision of housekeeping supervisor, housekeeping staff will clean the area with the help of required PPE's and suitable spill kit. They can use the MSDS details also for reference. Collect the waste and dispose of it properly.

5.4.4.4. If cleaning is not possible in a safe manner, housekeeping supervisor will inform Quality Improvement and Safety Committee chairman /designee to seek help from an external agency such as Civil Defense.

5.4.5. Emergency Spill Clean-up & Basic Staff Response

5.4.5.1. Cleaning Procedure:

Appropriate Personal Protective equipment, spill kit, and waste collection items are used for emergency spill clean-up. For chemicals, the cleaning will be as per MSDS of that particular material.

The procurement committee member shall ensure availability of spill kits and shall maintain and update an inventory.

5.4.5.2. Action by Quality Improvement and Safety Committee chairman/designee

5.4.5.2.1. Reach the spot as soon as possible after getting the intimation.

5.4.5.2.2. Refer the MSDS of the spilled chemical.

5.4.5.2.3. Coordinate the cleaning up operation.

5.4.5.2.4. Ensure that the waste generated during cleaning up the spill is properly disposed of.

5.4.5.2.5. Investigate the Occurrence Variance Report (OVR) in conjunction with unit In-charge and determine the cause of the spill.

5.4.5.2.6. Take necessary decisions to prevent the recurrence.

5.4.5.3. Action by Housekeeping staff

5.4.5.3.1. Reach the spot as soon as possible.

5.4.5.3.2. Get information regarding the chemical and its cleaning procedure from unit in-charge/ Quality Improvement and Safety Committee chairperson/ House Keeping Supervisor/infection control member.

5.4.5.3.3. Get the suitable Spill Kit for the spill and use it to clean the spill. Collect the waste and dispose of it properly.

5.5. Collection and disposal of hazardous materials and wastes

All the wastes are collected from the hospital premises as per the categories of waste and the types of color-coded bags/containers as mentioned in the table.

5.6. Enforcement and responsibility:

- 5.6.1. The unit in-charge is responsible for the safe collection and disposal of any kind of waste generated from there.
- 5.6.2. The Quality Improvement and Safety Committee is responsible for establishing priorities for the investigation or resolution of identified problems with hazardous materials and wastes and also for evaluating the effectiveness of the program at least annually.
- 5.6.3. All persons required to handle infectious wastes or materials shall be provided with appropriate orientation, job training, PPEs, and equipment.
- 5.6.4. An approved agency is doing the disposal of all medical waste generated in the hospital and housekeeping department is responsible for the collection of all waste categories from different departments.
- 5.6.5. Housekeeping supervisor has an important role and responsibility to ensure compliance with this policy.

5.7. Education and training

The individual Head of departments – FMS, IPC, and House Keeping are responsible for arranging, training, and orientation for their staff that has contact with hazardous materials and waste. The training will address - Precautions for safe handling of hazardous materials, Emergency cleaning procedures, reporting of spills or exposures.

7 Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	26 th Sep 2022	No changes	No changes

Authorization Form

Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences	
Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Mr. Muhammad Zahid Khan Admin. Officer
Title:	Code Pink – Infant/Child Abduction	
Policy Code Number:	HS.33	Reviewed by: Mr. Atiq Ur Rehman Head, Admin. and Marketing
Ownership of Policy:	RAKCODS	
Issue Date: Edition 01 - Sep 2019	Next Review Date: 31 Aug 2022	Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS
Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

The purpose of this policy is to promote the safety of infants and children and prevent abduction during their treatment or their parents’ treatment at RAKCODS.

This policy applies to the procedures to be followed by RAKCODS Staff and Security Personnel for the prevention of infant/child abduction and procedures for responding to infant/child abduction in the hospital.

2. Policy Statements

- 2.1. Infants/Childs should never be left unsupervised.
- 2.2. Other than parents of Infants/child visitors should not be allowed inside the clinics.
- 2.3. Infants/Childs information should not be discussed aloud by health care providers.
- 2.4. All pediatric patients must have an escort with them throughout their time at RAKCODS.
- 2.5. All parents should be educated as a part of their orientation program at RAKCODS not to leave their child unattended.
- 2.6. All employees are educated on the prevention of abduction of Infants/children and abduction response plan, through mandatory yearly training sessions
- 2.7. Too many visitors crowding in the clinics are discouraged.

- 2.8. **Code Pink** drills shall be done every year and all concerned staffs are required to participate.
- 2.9. Infants/Child drills are conducted to practice and assess response, process, and procedures in the event of an actual infant abduction. The **Emergency Preparedness Committee** evaluates these drills.

3. **Responsibilities**

It is the responsibility of all RAKCODS staff and Security personnel to comply with this policy.

4. **Procedures**

4.1. **Response to Infant/Child Abduction**

- 4.1.1. When an infant is suspected or confirmed to be missing the employee notifies the operator by calling **190**.
- 4.1.2. If unable to locate the infant/child in the clinics the nurse will initiate a **Code Pink** (infant abduction).
- 4.1.3. The operator announces **CODE PINK** with location three times.
- 4.1.4. The EPC team is notified by the operator
- 4.1.5. The security team will close all exit doors of the hospital.
- 4.1.6. Entering and leaving the hospital –whilst conducting a search of the entire hospital and parking lot, the nursing team will continue with a thorough search of the immediate areas located to the unit, paying particular attention to small, unlikely spaces (cupboards etc...) offices, under chairs.
- 4.1.7. The nurse and the assigned doctor assess parents and provide psychological support, moving them away from the unit if requested and the nurse assigned to baby must stay with parents at all times.
- 4.1.8. The Unit nurse ensures all other infant/children are accounted for and ensure all with mothers.
- 4.1.9. The administration continues with the investigation liaising with Police Authorities

4.2. Responders on Hospital Ground Floor Lobby

- 4.2.1. Immediately upon hearing “**Code Pink**” designated responders go to assigned exit areas and check outside exits also checks inside of stairwells.
- 4.2.2. Remains in exit location until relieved by another staff; security personnel or **Code Pink** clear is announced
- 4.2.3. The responder to the exit should tell people that this is an emergency situation and it will be necessary to wait a moment while every adult with an infant is cleared.
- 4.2.4. The responder will ask the adult with the infant to wait momentarily until the **Code Pink** is over or the adult is cleared by security.

4.3. Security office

- 4.3.1. Immediately notifies security on duty to conduct a search.
- 4.3.2. Ensures no one leaves the building without proper check
- 4.3.3. Completes written report.

4.4. Process upon Recovery

When an Infant/Child is located /returned the following events occur:

- 4.4.1. The Security on - duty shall notify the police and operator to call “**CODE PINK – All clear**”, when the situation has been resolved;
- 4.4.2. The operator shall announce “**CODE PINK – All clear**” three times.
- 4.4.3. The operator informs the EPC team
- 4.4.4. The team facilitates the reunion of the infant/child with a family

4.5. The policy will be reviewed annually

5. Document Change Record:

Edition Number	Review Date	Description of Change	
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1	26 th Sep 2022	No changes	No changes

Authorization Form

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Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Mr. Muhammad Zahid Khan Admin. Officer
Title:	Code Green – Evacuation	
Policy Code Number:	HS.34	Reviewed by: Mr. Atiq Ur Rehman Head, Admin. and Marketing
Ownership of Policy:	RAKCODS	
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1. Purpose and Scope

Code Green is intended to facilitate the evacuation of patients. It refers to the evacuation of a specific area or the entire building on the announcement of **CODE GREEN** over the public address system (PAS). **Code Green** Stat is only initiated in a crisis and involves the immediate partial or complete evacuation of the facility. **Code Green** Stat is usually a last resort, and ordered only after horizontal (across) and vertical (down) evacuations do not ensure safety. The evacuation plan is intended to be a simple and flexible guide. All of the circumstances which might necessitate an evacuation cannot be anticipated. Knowledge of the contents of this plan must be supplemented with common sense, initiative and a cooperative attitude.

2. Policy Statements

RAKCODS is committed to providing an efficient and swift evacuation of students, interns, staff, faculty, patients and visitors safely to another side of the building or to the outside in the event of an emergency. Healthcare workers responding to a code will take care to assess the environment during the response to protect their own health and safety.

3. Definitions

- 3.1. Code Green:** Refers to the evacuation of a specific area or the entire building on the announcement of **CODE GREEN** three times over the public address system (PAS). No immediate danger exists but evacuation of the building is necessary. Designated exits may be indicated.
- 3.2. Code Green (Area Specific):** No immediate danger but requires evacuation of part of the building to a designated area either internally or externally.
- 3.3. Code Green Non-Urgent: Code Green, Non Urgent** is a planned evacuation and is initiated when the building has been given advance notice of the need for partial or complete evacuation of all.
- A **Code Green** non-urgent evacuation would allow us to:
- 3.3.1.** Ensure every individuals comfort during the evacuation process as much as possible.
- 3.3.2.** Ensure evacuation of all patients and match with their records of entry.
- 3.3.3.** Reduce the number of people by canceling elective procedures and discharging patients as soon as possible
- 3.4. Code Green Stat (Area Specific):** Immediate danger exists in part of the building. Everyone must be evacuated immediately to a designated area either internally or externally. (i.e. there is an event that compromises the safety of the occupants and the integrity of the building in a contained area).
- 3.5. Health Care Worker (HCW):** is defined as students, interns, staff and faculty of RAKCODS.
- 3.6. Incident Manager:** Person responsible for directing and coordinating all activities related to the incident. Upon the arrival of an individual with more expertise, this role may be transferred to him/her.
- 3.7. Total Evacuation:** All people within a building(s) must evacuate the building.
- 3.8. Horizontal Evacuation:** Patients, visitors and staff need to evacuate an area beyond the doors on the same side or floor.
- 3.9. Vertical Evacuation:** A complete evacuation of all people on a floor in a vertical downward direction.

4. **Responsibilities**

The EPC chairperson is authorized to declare a “**Code Green**”. If needed at times this decision of declaration is based upon consultation with the civil defense authorities of RAK. In the event that an immediate decision must be made to evacuate an area, the person in charge of the area shall order the evacuation past the closed exit doors to a safe area.

4.1. **Roles and Responsibilities for the Incident Manager (IM)**

4.1.1. **Response**

4.1.1.1. Upon being authorized as the incident manager by the EPC Chair or is the incident manager as he is responsible for managing the incident then the IM determines the need for **Code Green** or **Code Green Stat**: horizontal, vertical, total evacuation or code green non-urgent evacuation in consultation with the Police and Civil Defense if required.

4.1.1.2. Notify operator to initiate **Code Green** or **Code Green Stat** providing further specific instruction.

4.1.1.3. Depending on location of **Code Green** or **Code Green Stat**, maintain contact with the person in charge of the area impacted and Security to verify details and obtain latest information.

4.1.1.4. Establish Emergency Operations Centre (EOC)

4.1.1.5. Advise Communications

4.1.2. **Recovery**

4.1.2.1. Determine when to call all clear, notify operator to announce all clear

4.2. **Roles and Responsibilities of Operator**

4.2.1. **Response**

Upon notification of **Code Green**, inform:

4.2.1.1. Security

4.2.1.2. Building Services

4.2.1.3. Announce over the Public Address system “Attention! Attention! **Code Green** (or **Code Green Stat**) is in effect.” Page three times (3X). If able, give any obstructed routes

4.2.1.4. The evacuation alarms will only be activated for **Code Green** Stat.

4.2.2. Recovery

4.2.2.1. Notify the following individuals that **the Code Green/ Code Green** Stat has been resolved:

4.2.2.2. Security

4.2.2.3. Building Services

4.3. Roles and Responsibilities of Security

4.3.1. Response

4.3.1.1. Assist in traffic control in the impacted area or entire building if total evacuation

4.3.1.2. Monitor traffic on roads within the building

4.3.1.3. Once everyone is evacuated, secure all doors

4.3.1.4. Ensure that only authorized personnel and Community Agencies such as Ambulance, Fire, Police enter the building

4.3.2. Recovery

4.3.2.1. Assist with traffic control.

4.4. Roles and responsibilities of Building Services

4.4.1. Response

4.4.1.1. Ensure the status of the physical supports needed for an evacuation, e.g., operational elevators, etc.

4.5. Roles and Responsibilities of Floor Leader

4.5.1. Response

4.5.1.1. Wear appropriate vest

4.5.1.2. Supervise evacuation procedures

4.5.1.3. Assign staff to check room and place indicators on the doors following evacuation, safety permitting

4.5.1.4. Direct all visitors and vendors to the appropriate exit

4.6. Roles and Responsibilities of Floor Leaders on Clinical Floors

4.6.1. Response

4.6.1.1. Evacuate patients to the designated areas depending on their priority

4.6.1.2. Remove patients in immediate danger

- 4.6.1.3. Remove wheelchair patients
- 4.6.1.4. Evacuate rest of the occupants

5. **Post Event Debriefing**

The team will have an informal debrief amongst themselves within the shift that the **Code Green** occurred as organized by the Incident Manager. A report will be provided to the EPC committee.

The committee will Review and Assess the following based upon the report:

- 5.1. The effectiveness of the response
- 5.2. Requirement for additional documentation
- 5.3. Opportunities for improvement

6. **Post Event Documentation**

The incident manager will use the Occurrence Variance Report (OVR) form and submit the report within 48hrs as per the Occurrence Variance Reporting policy of RAKCODS.

7. **Tools / Appendices**

- 7.1. Appendix HS.34-1 – Evacuation – Area Leader

Appendix HS.34-1 – Evacuation – Area Leader

Area Leaders		Location
1.	Mr. Tariq Mohammed Alfadle	Basement Floor
2.	Dr. Mumtaz Arsalan	RAKCODS MC
3.	Mr. Muhammad Zahid Khan	Ground Floor Lobby
4.	Ms. Puja Dipu Das	
5.	Ms. Melody Barlaan	First Floor
6.	Mr. Khadim Hussain	Second floor
7.	Dr. Lama Rahhal	Third Floor
8.	Mr. Muhammad Amir	Fourth Floor
9.	Ms. Jenefer Rose Diez	Fifth Floor
10.	Mr. Atiq-Ur-Rehman	Sixth Floor
11.	Mr. Tanveer Akhtar	Seventh Floor

8 Document Change Record:

Edition Number	Review Date	Description of Change	
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1	26 th Sep 2022		Appendix HS.34-1 has been updated with new staff details

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Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS	
Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS	



RAK Medical Health and Sciences University

RAK College of Dental Sciences



Policy/ Procedure Type:	Hospital Safety	Prepared by: Mr. Muhammad Zahid Khan Admin. Officer
Title:	Elevator Rescue Procedure	
Policy Code Number:	HS.35	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
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Edition 02 - Oct 2022	30 Sep 2025	

1. Purpose and Scope

This procedure is to ensure safe, effective rescue of trapped personnel from elevator in RAKCODS.

2. Policy Statement

This policy applies to people who get stuck within the elevators of RAK College of Dental Sciences (RAKCODS)

3. Procedure for Elevator Entrapment

When an elevator malfunctions and passengers are trapped inside an elevator car, the following procedure will be followed:

- 3.1** Upon hearing the elevator emergency buzzer the personnel available at the nearby reception will immediately inform the Security Officer.
- 3.2** The Security Officer will immediately report it to Facility Management (Admin Officer/Head of Administration).
- 3.3** Facility Management will immediately contact the elevator maintenance service company for rescue. Facilities Management will obtain an estimated time of arrival

(ETA) from the elevator service company. This information will be passed on to entrapped personnel.

- 3.4** Only qualified personnel from the elevator maintenance service company are authorized to open the elevator doors and help rescue the trapped passenger(s). RAKCODS employees are not authorized to rescue the trapped passenger(s).
- 3.5** Facilities Management/Security Officer will maintain communication with the passenger(s) during the entrapment and inform the passenger(s) of the procedure that is being followed.
- 3.6** The officer/Facilities Management personnel at the scene will inform the passenger(s) not to attempt to open the elevator doors or the overhead hatch and stand back away from the doors.
- 3.7** The officer/Facilities Management personnel on the scene will assess the situation and determine physical and emotional stress. The officer/Facilities Management personnel will also assure the passenger(s) are not in any danger and that help is on the way.
- 3.8** The responding Security Officer will remain at the scene until all passengers are rescued safely.
- 3.9** Facilities Management maintenance personnel will remain at the scene unless another priority/emergency situation arises that would require immediate response. If Facilities Management personnel leave the scene, continual contact should be made available with the responding Security Officer.
- 3.10** After the passenger rescue Facility Management will contact RAKCODS Medical Emergency Team for First Aid.
- 3.11** If required Facility Management will call the national ambulance for proper medical care.

4. Occurrence Variance Reporting

Facility Management (Head of Administration/Admin Officer) will initiate the Occurrence Variance Report (OVR) as per the Occurrence Variance Reporting policy of RAKCODS.

5. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	26 th Sep 2022	No changes	No changes

Authorization Form

<p>Compiled by: Dr. Vivek Padmanabhan Chairperson, Clinical Sciences</p>	
<p>Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS</p>	
<p>Approved by: Mr. Hassan Muhammad Khan CEO, RAKCODS</p>	



RAK Medical Health and Sciences University



RAK College of Dental Sciences

Policy/ Procedure Type:	Hospital Safety	Prepared by: Mr. Muhammad Zahid Khan Admin. Officer
Title:	Handicapped Personnel Rescue	
Policy Code Number:	HS.36	Reviewed by: Dr. Muhammed Mustahsen Rahman Dean, RAKCODS
Ownership of Policy:	RAKCODS	
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1. Purpose and Scope

This procedure is to ensure safe, effective rescue of handicap personnel from handicap toilets in RAKCODS.

2. Policy Statement

This policy applies to people who get stuck within the toilets of RAK College of Dental Sciences (RAKCODS).

3. Procedures

3.1. Emergency Bell

An emergency bell is installed in handicap toilets on ground and first floor in male & female toilets. These bells are placed at the following locations to immediate attention and rescue:

Facility	Location	Bell Placement
Male Toilet	Ground Floor	RAKCODS Reception
Female Toilet	Ground Floor	RAKDC Reception
Male Toilet	Frist Floor	On Toilet Entrance Door
Female Toilet	First Floor	Nursing Station – B Side

3.2. Procedures for Rescue

In an occurrence where handicap personnel seek help to get him/her rescued from the toilet, the following procedure will be followed:

- 3.2.1.** The reception & nursing staff will immediately inform the security officer after listening the emergency bell.
- 3.2.2.** The Security Officer will immediately report it to Facility Management (Admin Officer/ Head of Administration).
- 3.2.3.** The officer/ Facilities Management personnel on the scene will assess the situation and determine physical and emotional stress. The officer/Facilities Management personnel will also assure the handicap personnel is not in any danger and that help is on the way.
- 3.2.4.** Facility Management will contact the Medical Emergency Team at RAKCODS for safe & effective rescue.
- 3.2.5.** Facilities Management/Security Officer will maintain communication with the handicap personnel during the entrapment and inform him/her of the procedure that is being followed.
- 3.2.6.** The responding Security Officer will remain at the scene until the safe rescue is done.
- 3.2.7.** After the rescue RAKCODS Medical Emergency Team will ascertain the physical wellbeing of the personnel and will provide the First Aid.
- 3.2.8.** If required Facility Management will call the national ambulance for proper medical care.

3.3. Occurrence Variance Reporting

- 3.3.1.** Facility Management (Head of Administration/Admin Officer) will initiate the Occurrence Variance Report (OVR) as per the Occurrence Variance Reporting policy of RAKCODS.

4. Document Change Record:

Edition Number	Review Date	Description of Change	
		Current	Revised
1	26 th Sep 2022	No changes	No changes

Authorization Form

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