



UMM AL-QURA UNIVERSITY
Faculty of Dental Medicine

Clinical Manual

Version 2

Academic Year 2023-2024

Dental Teaching Hospital

Faculty of Dental Medicine, Umm Al Qura University

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Preparation and approval:

Version Number	Version 1	Version 2
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Changes	NA	<ul style="list-style-type: none"> - Updated working hours. - Updated vision, mission, objectives and values according to the Faculty of Dental Medicine. - Updated patients' registration process. - Updates according to the new organizational structure of the hospital. - Flowcharts were added when applicable. - Update the radiation unit section.

1. Introduction:

Since the Faculty of Dental Medicine was established at Umm Al-Qura University on 17 Shawwal 1428 A.H., the Dental Teaching Hospital has been keen to provide medical care to all members of society using the latest scientific and technical equipment. The treatment is provided by the faculty members, Saudi Board Program residents, dental interns, and dental students. Dental treatment is completed under the direct supervision of consultants in various dental specialties and auxiliary staff with higher degrees and distinguished experience in their specialties. The Dental Teaching Hospital contains seventy-five dental clinics that provide treatment services in various dental specialties. The hospital is supported by the radiology department, sterilization units, and a production lab equipped with the latest technologies.

In addition to the treatment services provided, the hospital has contributed to community services by providing a mobile dental clinic, which aims to provide treatment and spread awareness to all society by reaching out to their places of residence. Also, the Dental Teaching Hospital follows Umm Al-Qura University's vision in encouraging collaboration with other health sectors such as the Saudi Board Specialization Programs and the Dental Assistant Program.

2. Location:

The Dental Teaching Hospital is located at Health Sciences Complex at Al-Abdyyah Campus in Umm Al-Qura University Makkah, Saudi Arabia. Tel: +966 2 527 0000 Extension: 4701.

<https://goo.gl/maps/5okRF8LrmLt4UYkq9>

3. Working hours:

The work week is from Sunday – Thursday. Working hours are from 8:00 am-05:00 pm and Break time is set from 12:00-01:00 pm. During this time, safeguard security is available in the faculty.

Holidays: The Dental Teaching Hospital follows the University's academic calendar.

4. Vision, Mission, Objectives and Values

4.1 Vision:

To be a gate for science and knowledge in oral and dental health in the region. Pioneering in the field of scientific research. Centre of modern medical education that is based on educational outputs existing in the encouraging academic environment for both students and faculty members to achieve cognitive innovation and excellency. To have an effective role in sponsoring the community in Makkah and serve pilgrims.

4.2 Mission:

To offer an elevated standard of medical education for the students and practitioners in the oral and dental health field and support the scientific research in the basic and clinical sciences along with serving the community in accordance with the mission of Umm Al-Qura University.

4.3 Objectives:

- Qualifying and graduating high-level dentists, in terms of science, knowledge, and clinical skills, to provide treatment services.
- Meeting the labor market's need of dentists.
- Providing quality treatment services to patients in all dental specialties, offered by students under the supervision of a staff of professors who have both scientific and practical experience and with the application of modern technologies in the areas of treatment and diagnosis.
- Contributing to the continuing medical education of the doctors of our beloved Kingdom of Saudi Arabia.
- Preparing and supporting scientific research to find appropriate solutions to the problems of oral and dental health in the community.
- Providing medical and technical advice to the different state sectors.
- Spreading health awareness in the community and the necessary prevention methods to maintain oral and dental health.

4.4 Values:

- Commitment to the essential of Islamic medical morals.
- Dedication to the medical profession.
- Adherence to the doctor's role in the team and readiness to lead the medical team.
- Respecting the medical services organization and working in integrative frame.

5. Credentials of All Members of the Dental Teaching Hospital:

Students' and **Interns'** credentialing includes acceptable progress through the curriculum as determined by the periodic evaluation and exams. **Saudi Board program Residents'** credentialing includes acceptable progress through the residency program as defined by the respective program and compliance with the Saudi Commission for Health Specialties. **Faculty members** who supervise student clinical activity shall have credentials that indicate their qualifications and shall be in good standing in their disciplines. **Dental Assistants** and technicians are certified by passing an examination from the Saudi Commission for Health Specialties to evaluate their knowledge. **Administrative and auxiliary staff** have proper degrees and distinguished experience in their specialties.

6. Medical services Office

6.1 Student Teaching Clinics:

At these clinics, the students at the Dental Teaching Hospital offer comprehensive examination and treatment services under the supervision of a group of academic staff members specialized in the different dental disciplines. All interactions with patients must be conducted during working hours in specific clinical areas under faculty supervision. Treatment is not permitted outside of clinic hours or without faculty supervision. In the event of a violation, the faculty will take disciplinary action. Students entail keeping the clinical cubicle and laboratory stations clean and ready for the next individual to use. Failure to do so will result in a warning the first time and disciplinary action according to Faculty rules the second time. Faculty and students must make

sure to start the session on time and end all clinical procedures 20 minutes before end of the session to permit enough time for sterilization for the next session.

6.2 Screening Clinics:

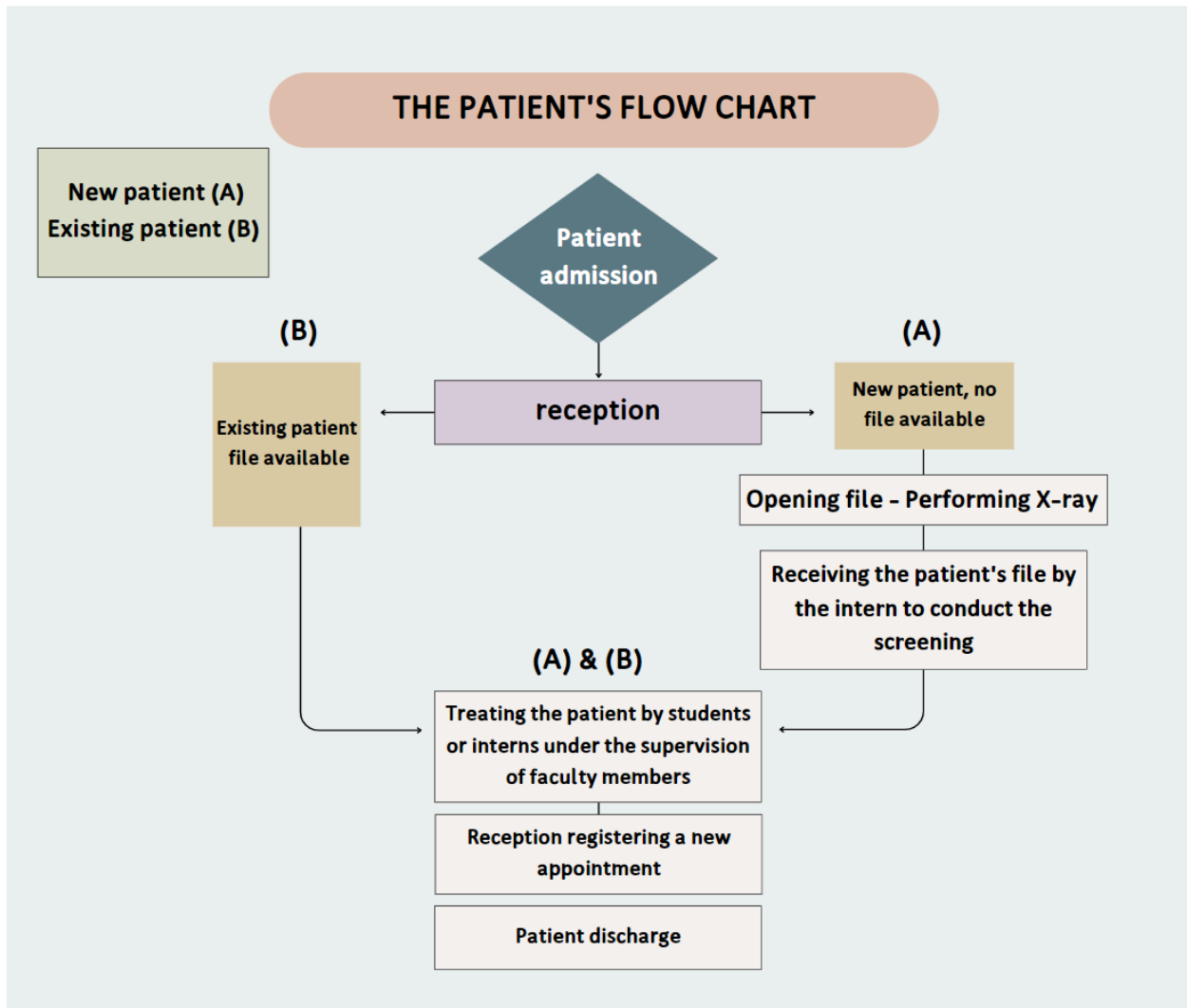
Screening clinics are located on the ground floor in front of the reception area. They serve new patients by opening new files and conducting comprehensive clinical examinations on the patient's mouth and teeth. Patients are referred to the clinic that best suits them, according to the diagnosis and the complexity of the case. Screening clinics are run by interns and their supervisors from different departments.

6.2.1 Appointment Registration:

Any person with a valid national ID or iqama may request a screening appointment by filling a patient information form that is available on the website of the Dental Teaching Hospital: <https://uqu.edu.sa/dentistry/App/Forms/Show/68580?sec=176072>. Also, QR code of the form is available on site at the entrance of the hospital. Those patients will be contacted by the students or staff based on the availability of appointments. Colleagues, staff of Umm Al-Qura University, students and their family members are allowed for treatment by following the standard pathway through screening clinics and subjected to the availability of appointments.

6.2.2 Procedures for Opening Files for Patients Eligible for Treatment:

Patients with appointments come to the hospital at the time of their appointment and check and register the patient's ID, basic and contact information to prepare a file at the reception. The patient fills out the required forms and signs the general consent. The receptionist directs the patient to the screening clinic, then to the x-ray room to take appropriate radiographs. Interns and their supervisors perform the initial clinical examination and fill out the required forms indicating the appropriate treatment needs for each patient and the level of the complexity of the case. The provider returns the file to the reception. After that, appointments are arranged according to the appropriate clinics based on students' and faculty schedules.



6.3 Specialty Clinics:

Faculty members offer treatments in the different dental disciplines for complex cases that cannot be treated in the students' clinics. These clinics cover the specialties of periodontics, dental implants, oral surgery, restorative dentistry, endodontics, prosthodontics, pediatric dentistry, orthodontics, facial and temporomandibular joint pain, and oral pathology. The schedule of the specialty clinics is arranged by the medical records unit and the supervisor of nursing unit to prevent any overlap between appointments and ensure the availability of dental assistants.

6.4 Dental Emergency Clinics:

Two emergency clinics are located on the ground floor. Emergency cases should go through the triage process and a quick screening exam then the patient is referred to the ER clinics, if needed. When an emergency cannot be seen or managed at our institute, an external referral is given to the patient to one of the nearest hospitals. Walk-in non-urgent cases requiring dental treatment are given appointments to be seen according to the available time or scheduled for an appointment in the screening clinic for file-opening process. The ER clinics aim to diagnose and treat oral and dental emergency cases during the official working hours of the hospital.

The emergency services that will be provided at the dental hospital may include the following:

- Extraction of a symptomatic non-restorable tooth.
- Dry socket management.
- Incision/Drainage of abscess
- Management of dentoalveolar trauma.
- Management of soft-tissue injuries which include the tongue, cheeks, gums, and lips.
- Pulp extirpation of symptomatic irreversible pulpitis cases or with apical periodontitis.

6.5 Teledentistry Clinics:

The Dental Teaching Hospital is in a phase of implementing the Teledentistry which will improve access to oral healthcare, and it will help the providers to deliver, direct and supervise various services.

6.6 Medical Emergency Unit:

The emergency room is located on the ground floor in front of the X-ray room. An assigned medical emergency technician is always available in the room during working hours. The medical emergency service deals urgently with emergency cases that may occur in clinics during therapeutic services. It is equipped with cardiopulmonary resuscitation devices and special medicines to deal with emergency cases.

It is the obligation of anybody delivering dental treatment to a patient in a dental clinic to:

- Identify patients who are at medical risk by history taking and clinical evaluation.
- (ASA I and ASA II are the only eligible patient for treatment).
- Early identification of high-risk patients is to be encouraged.
- When dealing with a medical emergency, when necessary, seek professional assistance.
- The essential components for safe and efficient medical emergency treatment are the proper training and equipment.
- Training all faculty, students, and staff involved in patient care:
- The didactic program for the students includes courses in physical diagnosis and internal medicine which are designed to enable the student to recognize “at-risk” patients. The practical program of the students includes training sessions in monitoring vital signs and lectures about systemic diseases.
- All faculty, students and staff involved in patient care are certified in Basic Life Support for Health Care Providers.

6.6.1 Facilities of The Medical Emergency Room:

Basic medical emergency room equipped with a glucometer, a portable oxygen tank with positive pressure demand valve and mask, a stethoscope, a blood pressure cuffs, locked medical emergency kit with appropriate medications, first aid equipment, an automated external defibrillator AED and Electrocardiogram ECG, and a fridge for emergency medications. A medical Emergency Cart contains injectable drugs, intravenous fluids and administration sets, laryngoscopes, endotracheal tubes, and airway adjuncts. An assigned nurse is responsible for checking the medical emergency equipment and supplies as well as restocking and maintenance, when necessary.

6.6.2 Frequency of Medical Emergencies in Dental Practice

The most common problems range in the order of vasovagal syncope (faints) and hypoglycemia. Less commonly, angina, seizures, choking, asthma, and anaphylaxis.

6.6.3 Medical Emergency Protocol:

Assist the victim of a medical emergency until the arrival of the on-call emergency physician. While waiting for the response team. BE CALM! Do not panic. CALL FOR HELP!

follow BLS protocol:

- Place the patient in a supine position, and in case of vasovagal syncope: put the patient in a slightly elevated feet position.
- Monitor vital signs as appropriate (blood pressure, pulse, respiratory rate, temperature, blood glucose level).
- When necessary, a rapid response team will be called to transfer the patient to the nearest hospital. The provider writes down the time the emergency occurred, the time AMS or ambulance arrives at the area. A detailed account of the event should be recorded in the patient file and an incident report should be filed.

6.7 Clinical Rules and Regulation (Provider Responsibilities towards Patients):

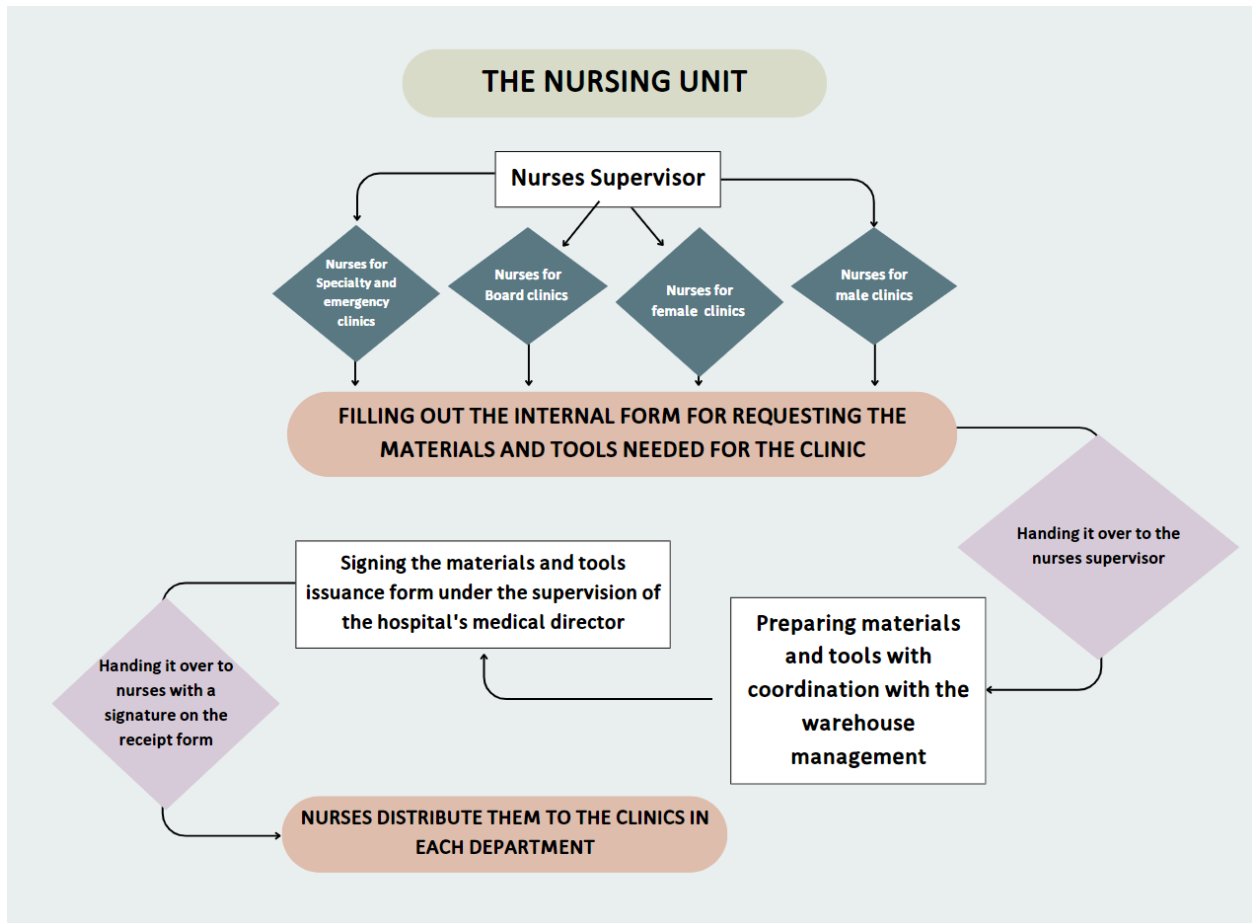
- Before starting any treatment, communicate and inform the patient about upcoming procedures.
- Use proper eye contact with active listening skills.
- For each patient, a medical and dental history will be obtained as part of the initial evaluation and must be reviewed at the time of each appointment.
- Educate patients about their medical and dental health including the need for medical consultations if required before the start of any dental treatment.
- An explanation is given to the patient (or guardian) describing the optimal and alternate treatment plans in easy and understandable language. Avoid dental terminology.
- Explain that the treatment will consist of a comprehensive treatment plan.
- Treatment will be delivered in a logical and orderly fashion with respect to the patient's time.

- Informed consent must be given prior to starting any dental therapy.
- Answer patient questions and ensure patient understanding before signing consent.
- Prior to starting dental treatment in the students' clinics, faculty approval/signature is acquired; all treatment will be provided under the supervision of a faculty member.
- All treatment provided will be recorded in the patient's record (progress note), will be signed by the student, and countersigned by the faculty supervisor.
- Upon completion of treatment, the patient will be scheduled for follow-up and maintenance appointments.
- Medications will be prescribed depending on each patient's needs.
- The standards of care for each department are important and serve as a guide for students, residents, faculty, and staff engaged in patient care.
- Patient expectations must match the ability of the dental student to fulfill them.
- A parent or legal guardian must be present at the minor's appointments to sign the consent and understand all the plans and instructions. A minor is any individual under the age of eighteen (18).
- Be honest about patient care, even when things go wrong.
- Be humble in referring patients.
- No students are allowed to provide any services to patients in the clinics outside of their allocated time without proper permission and supervision.

7. Supportive Medical Services Office

7.1 Nursing Unit:

Nurses and dental assistants help in providing high-quality treatment and care for the patients. Their responsibilities include recording vital signs, receiving patients, preparing, and sterilizing tools, preparing the clinic, applying infection control measures, monitoring storage, taking radiographs, and following up on the maintenance of the dental equipment.

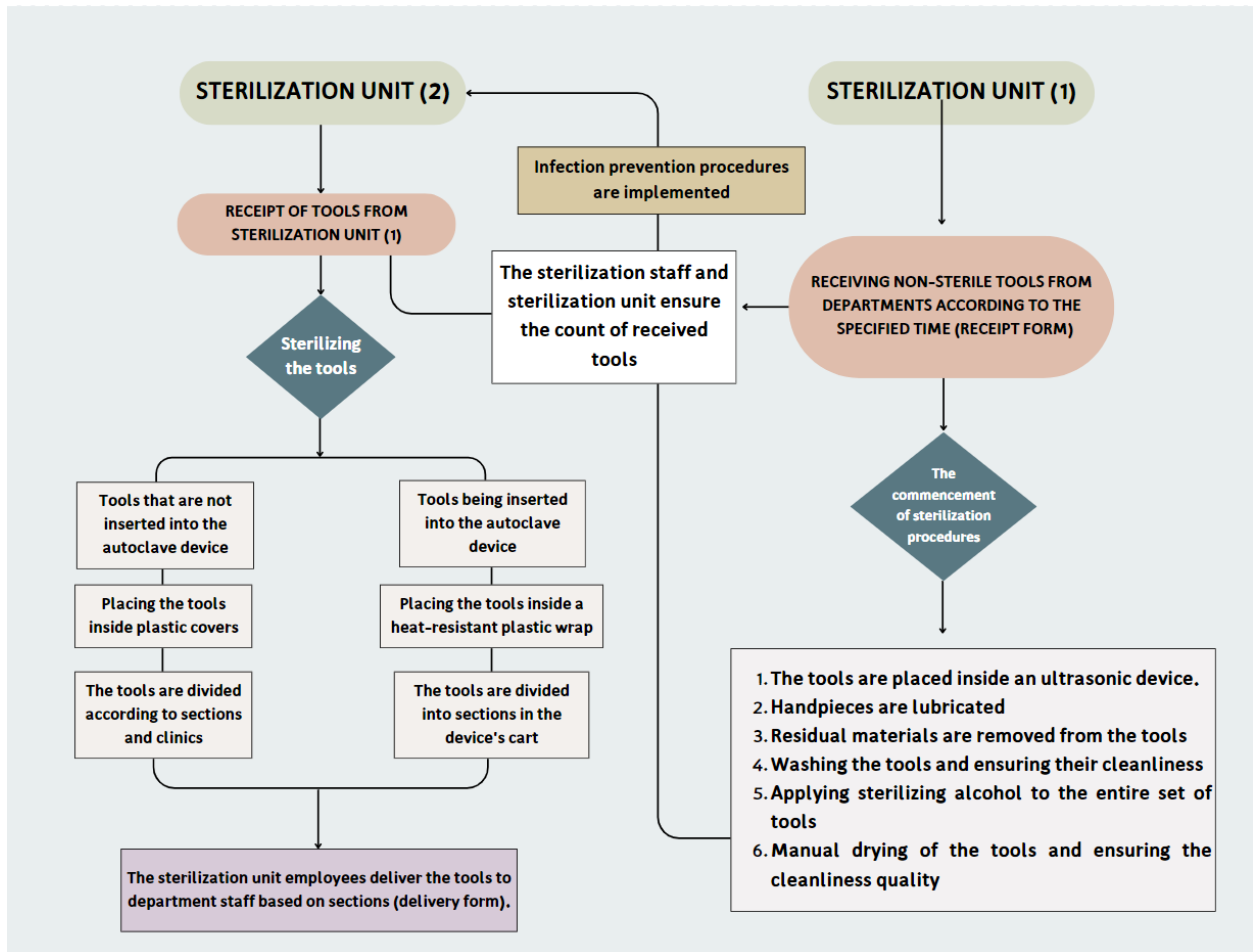


7.3 Central Sterile Supply Unit (CSSD):

The central sterile supply unit is located on the clinical area's ground floor. Professional equipment, and qualified employees present in the unit. Sterilization involves collecting, sorting, washing, disinfecting, packaging, and sterilizing tools and supplies to be ready for safe use on the patients and resending them to various clinics to provide therapeutic services for patients. Monitoring of sterilization process is performed by physical, chemical and biological spore testing.

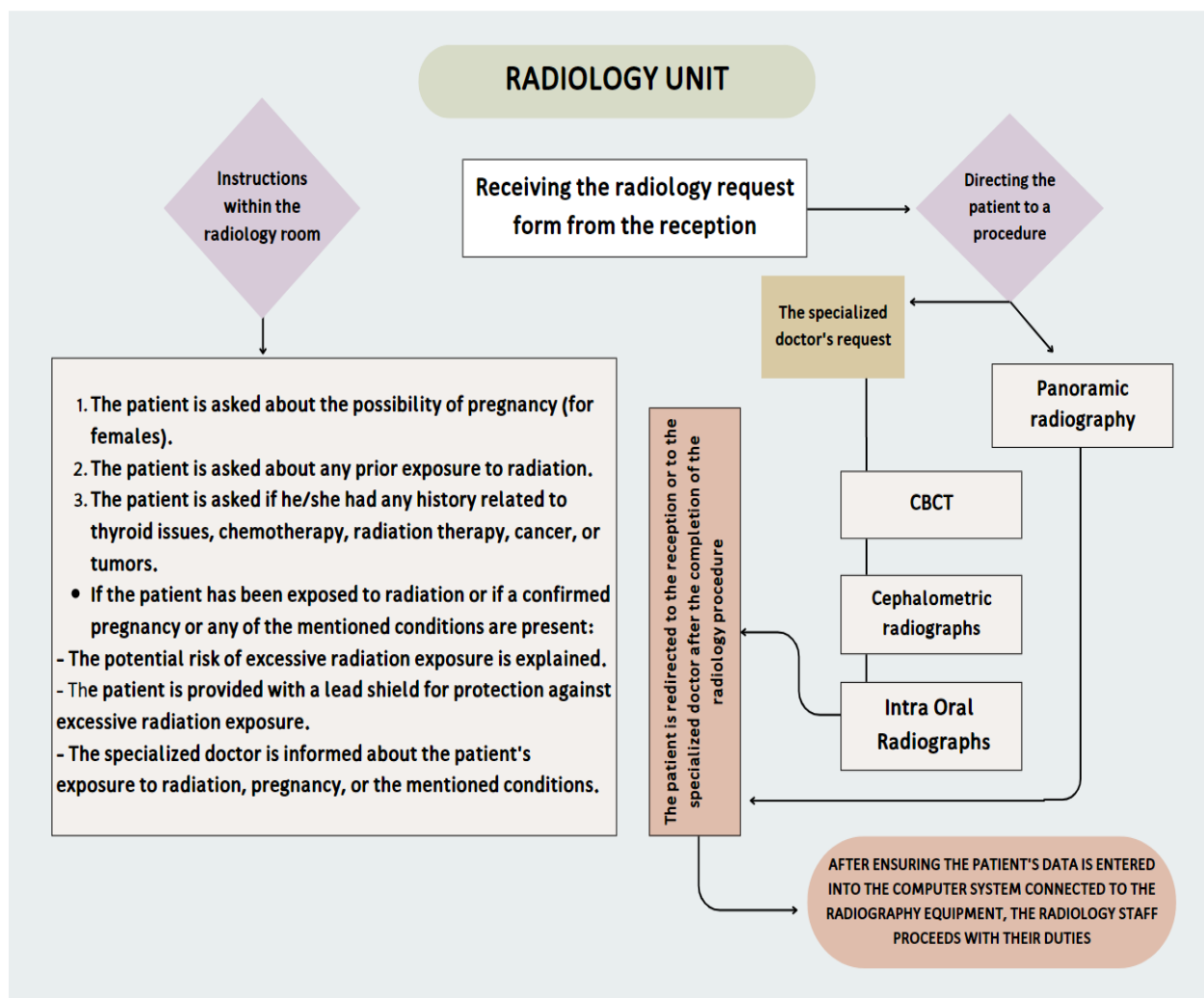
7.3.1 The workflow of the Central Sterilization:

- After each patient treatment session, all instruments used for patient care must be decontaminated and sterilized.
- The central sterilization processes all dental instruments used in the clinical area.
- After sterilization, the assigned assistants for each clinical area collect clean instruments (CCSD) from the central sterilization.
- Students can request the instruments from the clinic supply area's dispensary.
- Used instruments are transported to the clinic supply area's instrument utility section (dirty side).
- unclean instruments are carried to the central sterilization by the assistants.



7.4 Radiology Unit:

Intraoral x-ray units are distributed to all clinics. Panoramic, cephalometric x-ray units and cone-beam computed tomography devices are available in the clinical area. This is to meet the needs of the students and consultants working in the hospital to diagnose and set the proper treatment plan for each case. Radiation area warning signs are prominently displayed in radiation areas. These signs serve as a visual reminder and warning to individuals that they are entering a potentially hazardous area with elevated radiation levels.



i. Radiation Safety.

This section was updated according to the new recommendations in this paper: “Benavides E, Krecioch JR, Connolly RT, et al. Optimizing radiation safety in dentistry: Clinical recommendations and regulatory considerations. *J Am Dent Assoc.* 2024;155(4):280-293.e4. doi:10.1016/j.adaj.2023.12.002. It is available through this link: [Optimizing radiation safety in Dentistry - JADA 2024.pdf](#).

Clinicians should perform radiographic imaging, including CBCT, only after reaching the professional judgment that there is a clear clinical benefit from the imaging examination and that this benefit outweighs the risks associated with exposure to ionizing radiation. Before performing a radiographic examination, dentists should perform a clinical examination of the patient and consider the patient’s medical and dental history. In addition, when previous radiographs and images exist, a good-faith effort should be made to obtain them. CBCT examinations should not be merely routine and should not be for screening purposes. The size and age of the patient need to be considered when applying selection criteria and selecting dose-optimization procedures.

Even though radiation risk in dentistry is minimal, adherence to the policy guidelines will help all x-ray operators keep the exposure as low as reasonably achievable (ALARA) and, following the increased use of CBCT, as low as diagnostically acceptable. ALARA principle assumes that any radiation, no matter how small it is, can cause an adverse effect. The concept can be applied to the radiology technician and the dental health care workers using basic principles:

- Justification: for each radiographic examination, the benefit of the radiation dose should exceed the risk of harm from radiation.
- Optimization of protection (ALARA): every effort should be implemented to reduce unnecessary exposure to patients.
- Dose limitation: for occupational and public exposure to ensure no one is exposed to unacceptably high risk.

7.4.1 The Recommended Dose Limit:

Radiation workers should be monitored if they are likely to receive 10% or more of the dose limits. Currently, the dose limit for occupational and public are:

	Occupational exposure limit	Public exposure limits
Annual Effective dose limit	20 mSv/y	1 mSv/y
Dose to the lens of the eye	20 mSv/y	15 mSv/y
Dose limit to embryo/fetus for after declared pregnancy	1 mSv	--

For pregnant radiation workers, the dose is limited to 1 mSv to embryo/fetus over the pregnancy period once the worker declares her pregnancy in writing. The worker should notify her supervisors to arrange for precautions to minimize radiation exposure. It is recommended that operators of radiographic equipment who are pregnant firmly adhere to shielding procedures and always use dosimeters to monitor exposure.

7.4.2 Dosimetry:

Dental staff members who may be exposed to an annual effective dose that may exceed 1 mSv, should consider wearing dosimeters. Although it is unlikely that a dental health care worker will approach the exposure limit of 1 mSv per year, wearing dosimeters is recommended. Dosimeters is supplied to the radiology technicians through a contract between the operation and maintenance contractor and a radiation protection company. Dosimeters will be sent to the company for reading every 3 months. Radiation dosimeter reports will be sent from the operation and maintenance contractor to the medical director to be kept in a folder on the hospital drive.

7.4.3 Patient Protection and Shielding:

Thyroid collars are no longer recommended for any imaging modality. Thyroid collars and abdominal (gonadal) shielding can introduce artifacts by blocking the primary beam, potentially resulting in additional radiographs being taken, and do not protect against internal scatter radiation. Patient thyroid shielding during diagnostic

intraoral, panoramic, cephalometric, and CBCT imaging no longer should be used in routine practice for pediatric or adult patients.

7.4.4 Guidelines for Prescribing Dental Radiograph (Intraoral, Panoramic, and Cephalometric Radiographs):

- A dental radiograph should be prescribed after reviewing patient history, prior imaging, and thorough clinical examination to obtain adjunctive diagnostic information.
- No routine or screening radiographic examination should be conducted without prior clinical evaluation of patients.
- The number of radiographs made should be kept to a minimum and consistent with the clinical objective of the examination.
- No radiograph should be deleted from the patient file.
- The latest recommendations from the American Academy of Oral and Maxillofacial Radiology recommends discontinuation of lead aprons and thyroid shielding in all types of dental imaging as with new technology, appropriate patient selection and procedure optimization, including collimation and periodic quality assurance the diagnostic-level doses in dentistry are tens of thousands-fold below the allowable dose limits.
- Lead aprons can be heavy and uncomfortable for the pediatric patient, leading to motion during imaging. Many international organizations, including the Society for Pediatric Radiology support discontinuing routine shielding.
- Routine radiographic examination for an asymptomatic pregnant patient should be deferred until delivery.
- For a symptomatic pregnant patient, the benefit of maintaining good oral health outweighs the risk of radiation.
- The radiographic examination for children should have a clear indication for benefits. Appropriate pediatric exposure parameters should be selected when doing the radiographic examination.

- Full-mouth series (FMS) radiographs should be limited to Comprehensive Care Clinic (CCC) and patients with severe periodontal problems. Faculty approval should be obtained prior to FMS and for any retakes needed for the patient.

7.4.5 Guideline for Prescribing Advanced Imaging Radiographs (CBCT):

- It is used only when lower-exposure options will not yield the needed diagnostic information.
- A thorough history and clinical examination should be performed before prescribing CBCT imaging.
- CBCT requests should be justified and tailored to each patient with risk-benefit assessment. Reason and justification should be specified on the request form.
- Request form will not be accepted unless all requested information has been filled in the form.
- Request should be signed by treating/supervising faculty member (assistant professor or above)/consultant. Requests signed by undergraduate students, residents, or general dentists will not be accepted.
- The area to be scanned should be limited and correlated with the area of concern (e.g., small field of view instead of large field of view for endodontic treatment cases or single implant placement).
- A CBCT report can be provided by radiology faculty for consultation cases upon request.

8. Training Office:

8.1 The office supervises trainees in the programs offered and supervised by the Dental Teaching Hospital:

- Internship for graduates from outside Kingdom of Saudi Arabia. National Dental Assistant Program Unit.
- Clinical attachment for newly graduate dentists who want to be trained in a dental specialty under the supervision of the faculty.

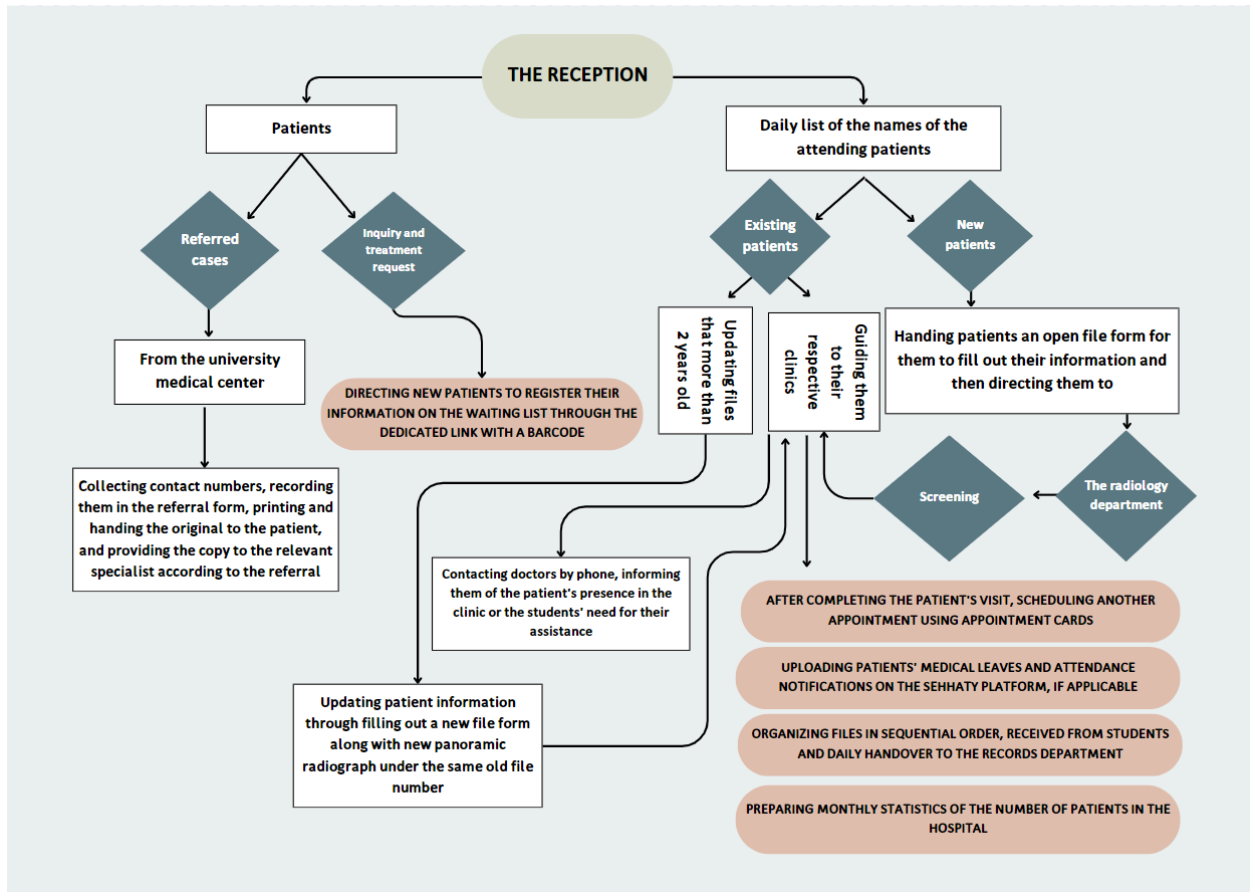
8.2 Credentials and Privileges unit:

The unit is responsible for collecting, reviewing, and updating the credentials and privileges for all faculty members.

9. Patient Affairs Office

9.1 Reception Unit:

The reception is concerned with receiving patients, opening their files, and directing them to the clinics. It is also concerned with recording and organizing appointments for the various clinics in the hospital as well as preparing and distributing patients' files to the clinics.



9.1.1 Patient Tardiness and Failure to Show:

A delay of up to 15 minutes results in an immediate cancellation of the appointment and rescheduling. Failure to show without notice should be noted in the patient file, repeated offence will blacklist the file number and the patient will be denied further appointments for elective treatments.

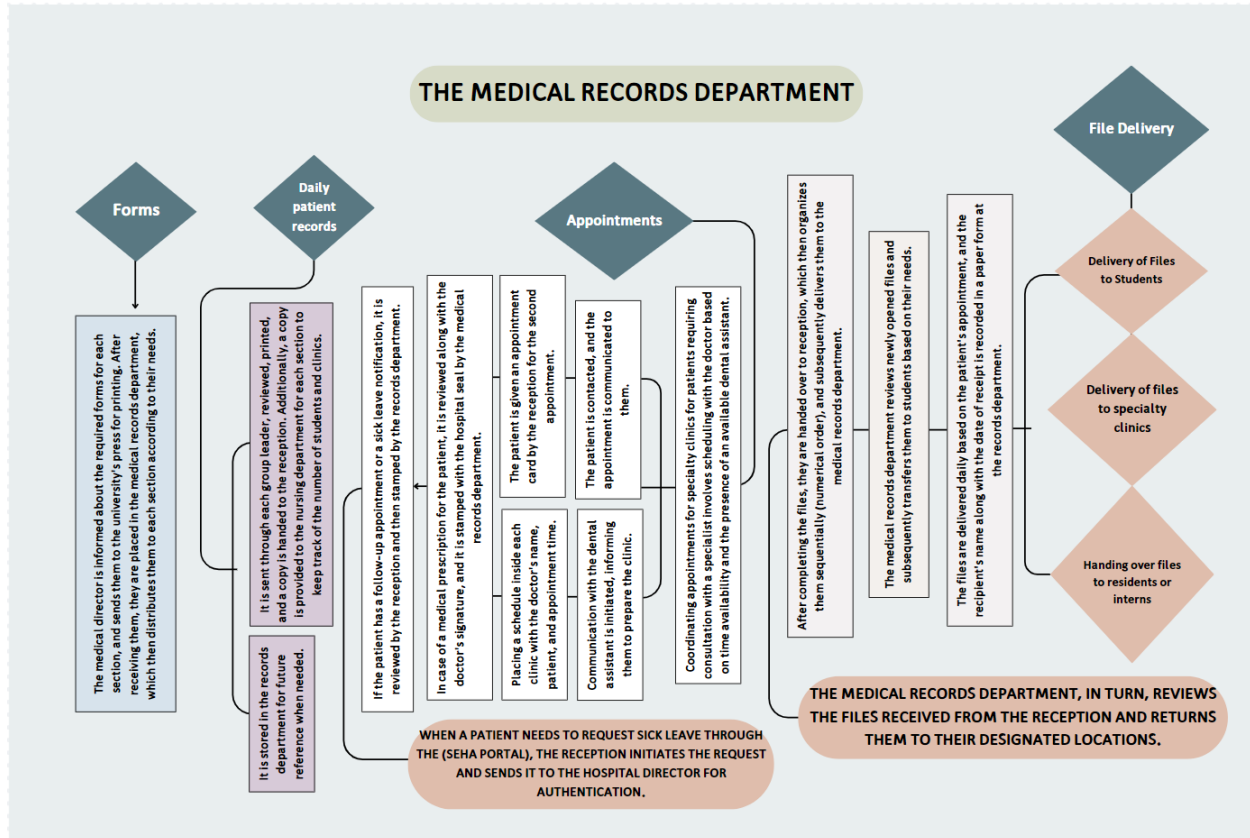
9.2 Medical Records Unit:

The medical records unit is concerned with the process of organizing, archiving, and preparing medical files for the reception unit.

At Dental Teaching Hospital, the archive room is located on the ground floor. The unit of medical records provides its services during clinical hours. The medical records unit is responsible for maintaining the patient records and organizing the transfer of the dental records between the reception unit, various clinical areas, and back to the medical record unit. Dental records are legal documents, and they are property of the Dental Teaching Hospital. They are confidential and protected from unauthorized disclosure. The dental records are secure, arranged by indexes, and kept in the designated shelves for easy retrieval upon request with only authorized access to the unit of medical records personnel. This unit is preparing the dental records for all individuals who seek dental care, tracking the file receiving and dispatching the dental record, reviewing the forms included in the patient records, providing researchers with the necessary information for research, preparing and submitting statistics and periodic reports and reviewing the dental records to ensure their quality and completion.

Each form must include identification data such as (patient name, file number...). It is recommended to use black ink and not to use pencils and light ink. A coding number must be recorded on each form. The patient dental records include external folder which has:

- A general consent to open a file in the dental teaching hospital.
- Demographic and personal information.
- Health histories.
- Dental information and clinical examination.
- Treatment plan approval form.
- Progress notes form.
- Transfer form.
- Case Completion form.



Control of the movement of medical records and work procedures:

- All patient files are kept in the medical records department. Patient files are not allowed to leave the medical records department except after approval from the clinic director and for dental assistants, students, or providers who treat the patient at the student clinics, emergency clinics, and specialties' clinics. Students are required to deliver their files to the receptionist at the end of each clinical session. The records are collected with the help of the dental assistants and receptionist when the necessary care is completed.
- In case of missing files, meet the patient, confirm the date of the previous visit to the hospital, inquire about the file's movement with the treating provider, and find the file if the location is known. Suppose the location of the file is not reached, an alternative file shall be prepared and given the same file number. Identifying the alternative file by writing a note on the cover explaining this and the signature of the head of the medical records section on the note on the file while searching and investigating the main file. When the investigation reveals the responsible party, official consequences will be issued.

9.2.1 Rules and Regulations Regarding Dental Records:

- Students should NOT keep patient files under any circumstances. They should NOT store them in lockers or cubicle cabinets or take them home. Doing so will be grounds for official punishment.
- Students should request a patient file in advance of the clinic time.
- Operators are not allowed to work on the patient without the physical file in the clinic.
- Progress notes must be written clearly in detail and signed for each patient's visit.
- The use of abbreviations should be limited to known abbreviations.
- Students should not exchange files by hand. Instead, files must be handed over to the authorized personnel to collect files and then handed over to the other student to be recorded in the file itinerary.
- All treatments and procedures must be documented and signed. Faculty and students must sign their complete names legibly and clearly.
- All treatments, no shows, late arrivals, and other patient problems or attitude issues should be documented in patient records.
- Patients should sign the general consent in the registration area.
- Patients should not possess their files for any reason.
- Patients that request a copy of their chart or radiographs should be referred to the clinical director.

9.3 Patients' rights and responsibilities Unit:

The unit is concerned with ensuring the implementation of quality standards regarding the patients' knowledge of their rights and duties and dealing with patients' complaints by ensuring that they are resolved promptly.

9.3.1 Patients' rights:

- To be treated by students, faculty and staff with dignity, respect, and equality regardless of race, age, color, beliefs, national origin, gender, religion, or disability in a safe environment free of threat and harm.
- To seek assistance if they have a disability, such as visual impairment.
- To determine who will make decisions regarding care and treatment if they are unable to voice their preferences.
- To expect that emergency treatment, when indicated, will be provided promptly and within working hours.
- To obtain continuous and comprehensive dental treatment that follows professional standards of care.
- To stop treatment at any moment and be informed about the medical and dental implications of doing so.
- To be able to talk to the assigned student or a member of the faculty or staff about any concerns.
- To receive complete information about the diagnosis, treatment plan, treatment options, and prognosis in a language they can understand.
- To expect all appropriate infection control precautions and hazardous chemical protection standards to always be followed in the clinics.

9.3.2 Patients' responsibilities:

- Show respect for other patients, hospital personnel, and clinics' property.
- Inform the treating provider about the health situation and give accurate medical and dental history.
- Follow the provider instructions and treatment plan.
- Try to adhere to the appointments. Appointments should be canceled in case of inability to come.
- Follow all hospital policies and regulations.

- Understand that the hospital is an educational institute and the dental treatment will take a longer duration and may proceed at a slower pace than expected.

9.3.3 Patient Confidentiality:

The Dental Teaching Hospital is dedicated to maintaining the confidentiality of all patients. All information that could be used to identify patients directly or indirectly should be maintained. This information includes any clinical and radiographic information about an individual's diagnosis or treatment, the past, present, or future physical or mental health or condition. In addition to the patient's pictures, photographs, movies, audiotapes, or other resources.

Conditions to disclose identifiable medical information:

- Approval from the patient or a legal guardian for advice or a second opinion (subject to the approval's limitations).
- If higher authorities need the information.
- Notification of events or hazards to public health (birth, death, notifiable diseases, etc.)
- To prevent individual threats (e.g., crimes, sexually transmitted infections, etc.)
- If it is required for defense in front of judges or a disciplinary commission.

9.3.4 Patient Consent:

It is a mandatory agreement between the patient and the practitioner to provide care or treatment prior to any procedure. The patient must have the ability to make his own decision, have sufficient explanation and not sign under pressure.

9.3.5 Patient's Refusal of Treatment:

Refusal of treatment is one of the patient's options. Suppose a patient has refused a specific intervention. In that case, the practitioner should explain the pros and cons of their decision and ensure to provide other appropriate care, when possible, and a patient refusal treatment form should be signed and kept in the patient's file.

10. Laboratories

10.1 Production Lab:

The lab is dedicated to the production of crowns, bridges, fixed, removable prosthesis and orthodontic appliances to help hospital dentists in providing therapeutic services.

10.2 Submitting and receiving Lab Work:

Central Dental Laboratory, located on the first floor of the male building, handles all laboratory's internal cases. It is the student's responsibility to fill out a lab work order form correctly, and the signature of the faculty supervisor must accompany it. Lab work order forms can be found in the clinical area. To submit dental work for processing, students must follow the disinfection procedure according to material, secure the dental work in special bags with the completed request form stapled to them, and place them in their assigned area. Daily, laboratory staff will pick up work orders from the assigned area. Students should allow up to two weeks for processing. If the cases are not properly cleaned, disinfected, wrapped, and bagged (e.g., no cotton rolls or bloodstains on impressions), the lab will not accept them and will return them to the provider. The lab technicians inform the dental assistants about the completed dental work, and students pick up the completed work and sign the delivery log when they receive their dental work.



PRODUCTION LABORATORY

TRACKING WORKFLOW THROUGH RECEIVING CASES FROM CLINICS AND RECORDING THEM IN A DEDICATED FORM

When taking impressions from clinics, the prosthesis is fabricated based on the patient's needs and the request of the faculty member

Based on the laboratory's strategy

CREATING A WEEKLY WORK TRACKING TEMPLATE

Inventory of the laboratory's needs for materials and consumables and sourcing them from warehouses (a form submitted to warehouses)

Monitoring laboratory operations and addressing any issues – if needed – in coordination with the assistant medical director for medical services

Monitoring all laboratory staff's compliance with quality standards and infection control (after providing all infection control supplies) through field inspections

Monitoring the performance of laboratory equipment, conducting necessary maintenance, and ordering spare parts as needed (maintenance report with QR code)

After maintenance is done by the designated engineer, a report is written by the engineer and provided a copy to the laboratory supervisor

Preparing annual statistics and reports for the services provided by the laboratory (annual report)

11. Research:

Umm Al-Qura University places great emphasis on research and scholarly activities. One of the main roles of Dental teaching hospital is ensuring that all clinical research proposals prepared by students, interns, residents, and faculty members comply with high scientific and ethical standards. Researchers who are going to utilize patient-related records should write a letter to the medical director explaining their research with the IRB approval letter and a copy of the protocol. To give the authorization to access medical records, the principal investigator of the research should inform the medical director about the required records for the research and the names of the personnel who are going to access them.

11.1 Clinical research:

All clinical research projects and studies must have ethical approval from the Biomedical research Ethical Committee of the Umm Al-Qura University. Patients' informed consent should be obtained before the study. It is the responsibility of the researcher(s) to explain the nature of the study to the patients and get their signatures in the consent form which is kept in the patient's file. The study procedure should be documented on the patient's file clinical notes.

11.1.1 Requesting medical records for Research Purposes:

Researchers must submit a request for access to the medical director via email to: denthospital@uqu.edu.sa and authorization forms may be obtained from the Medical Records Department. A researcher must have valid Faculty ID. Medical records cannot be taken out of Faculty's Dental Clinics premises at any time.

11.1.2 Requesting research equipment for Research Purposes:

Principal Investigator (PI) is responsible for identifying the need for research equipment, and the availability in the hospital and he is responsible for taking care and maintenance.

11.1.3 Requesting CBCT for Research Purposes:

CBCT for research purposes will not be accepted without prior communication and submission of the official ethical approval to the medical director.

12. Safety and Professional Health Office

12.1 Infection Control Unit:

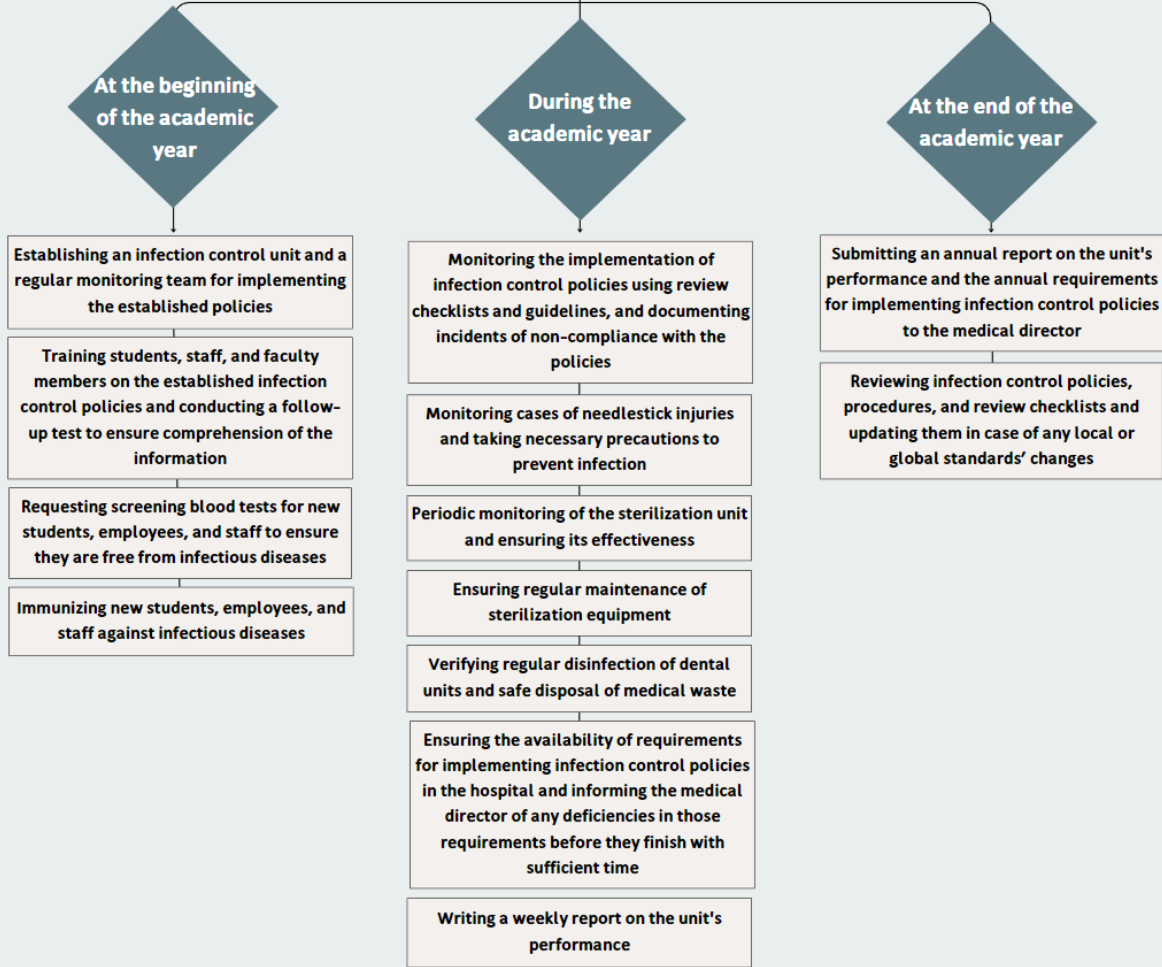
Infection control is the responsibility of all workers at the Dental Teaching Hospital. The infection control unit is responsible for establishing, maintaining, and supervising infection control measures. The unit is responsible for monitoring and keeping records about the required vaccination and blood tests for all students and workers of the hospital, including temporary trainees under the supervision of the faculty members. The unit provides training workshops and educational awareness lectures to raise awareness about inappropriate practices which may cause transmission of infection in the hospitals. Moreover, the unit conducts daily inspection tours to monitor violations. It also deals with cases of accidental needle stick or sharp injuries. The infection control unit members conduct random auditing for the elements of standard precautions of infection control throughout the academic year. The supervisor of the unit writes weekly reports as well as annual report about the implementation of infection control policy in the hospital and the recommendations and action plan for the coming academic year. For more detailed information regarding infection control in the Dental Teaching Hospital, you may refer to the UQUDENT manual of infection control policies and procedures: https://drive.uqu.edu.sa/_/dentistry/files/INFECTION%20CONTROL%20POLICIES%20&PROCEDURES.pdf



INFECTION CONTROL UNIT

Developing policies, procedures, and review checklists for infection control in accordance with international and local recommendations

IMPLEMENTING THE ESTABLISHED POLICIES FOR INFECTION CONTROL



12.2 Professional Ethics Unit.

12.2.1 Standers of Care:

Faculty members, students, and staff of the Dental Teaching Hospital follow the highest standards of care as a primary goal. They are committed to providing high-quality and comprehensive oral healthcare by having qualified, competent, and experienced staff to make sure they can meet these standards.

12.2.2 Code of Ethical Conduct:

Dental teaching Hospital is committed to honesty, integrity, courtesy, respect, and compliance with institutional, local, and governmental regulations and standards that relate to health and healthcare delivery are necessary elements to ensure success. Any violation of the code of ethical conduct will be referred to authorized University personnel for investigation.

12.2.3 Communication:

Classmates, faculty, staff, and patients should always be treated professionally. Respect for words, behavior, and topic selection are all examples of this. All personnel are asked to communicate with appropriate respect and uphold social norms. In the clinical environment, English shall be spoken amongst students, instructors, and staff; however, patients should be spoken to in their preferred language.

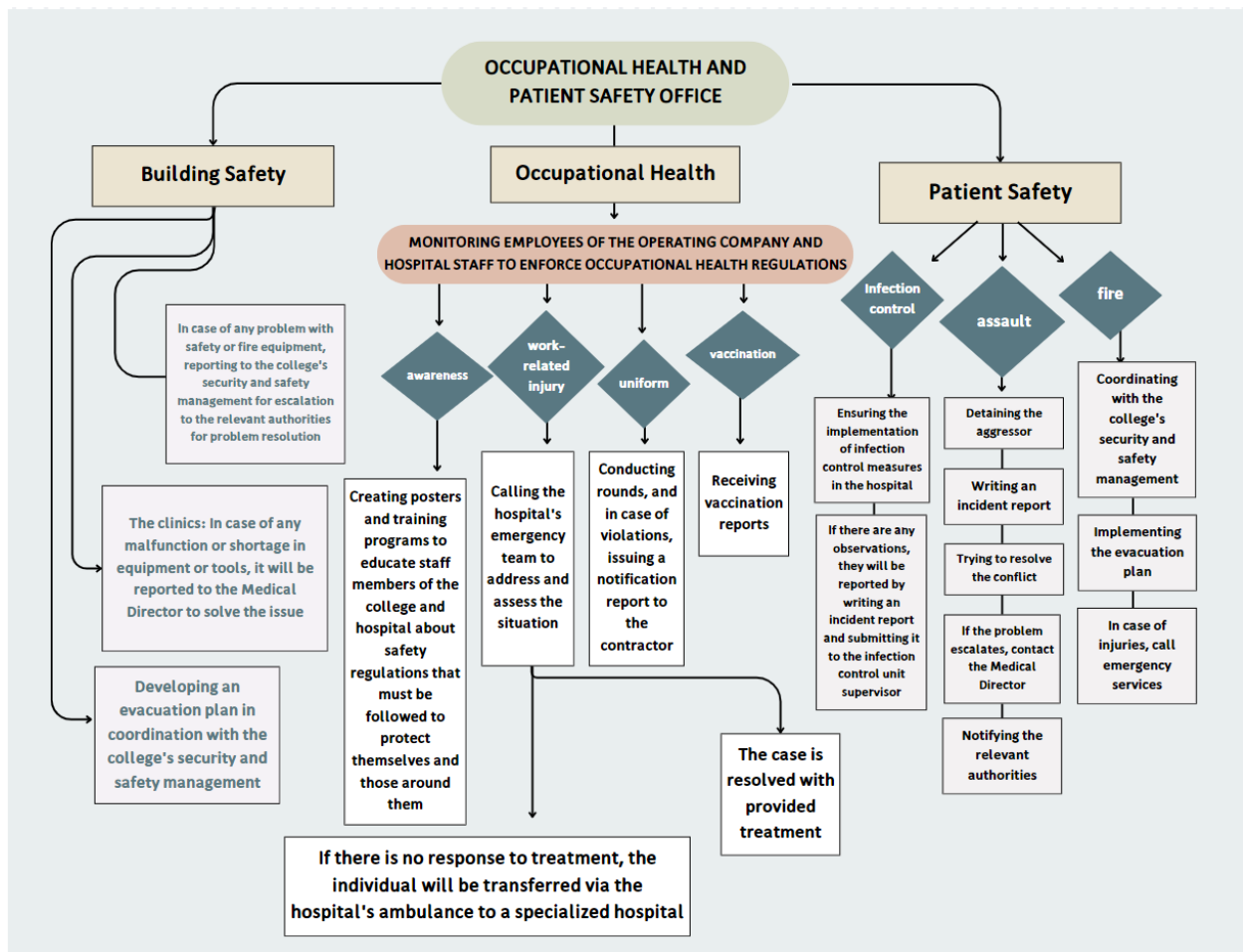
12.2.4 Dress Code:

- All students, faculty and staff are expected to adhere to strict medical personal uniforms.
- Whitecoat and scrub suits must be clean, pressed and always worn.
- Wear the name tag in an easily readable position.
- Avoid strong scents.
- Jewelry should be kept at a minimum.
- Tops and blouses should not expose midriiffs or low-cut necklines.

- Avoid open-toed shoes, flip-flops, and porous shoes.
- Long hair must be fixed as not to interfere with the field of vision.
- Female personnel are asked to cover their hair.
- Operators must uphold the infection control standards (see the UQUDENT manual of infection control policies and procedures:

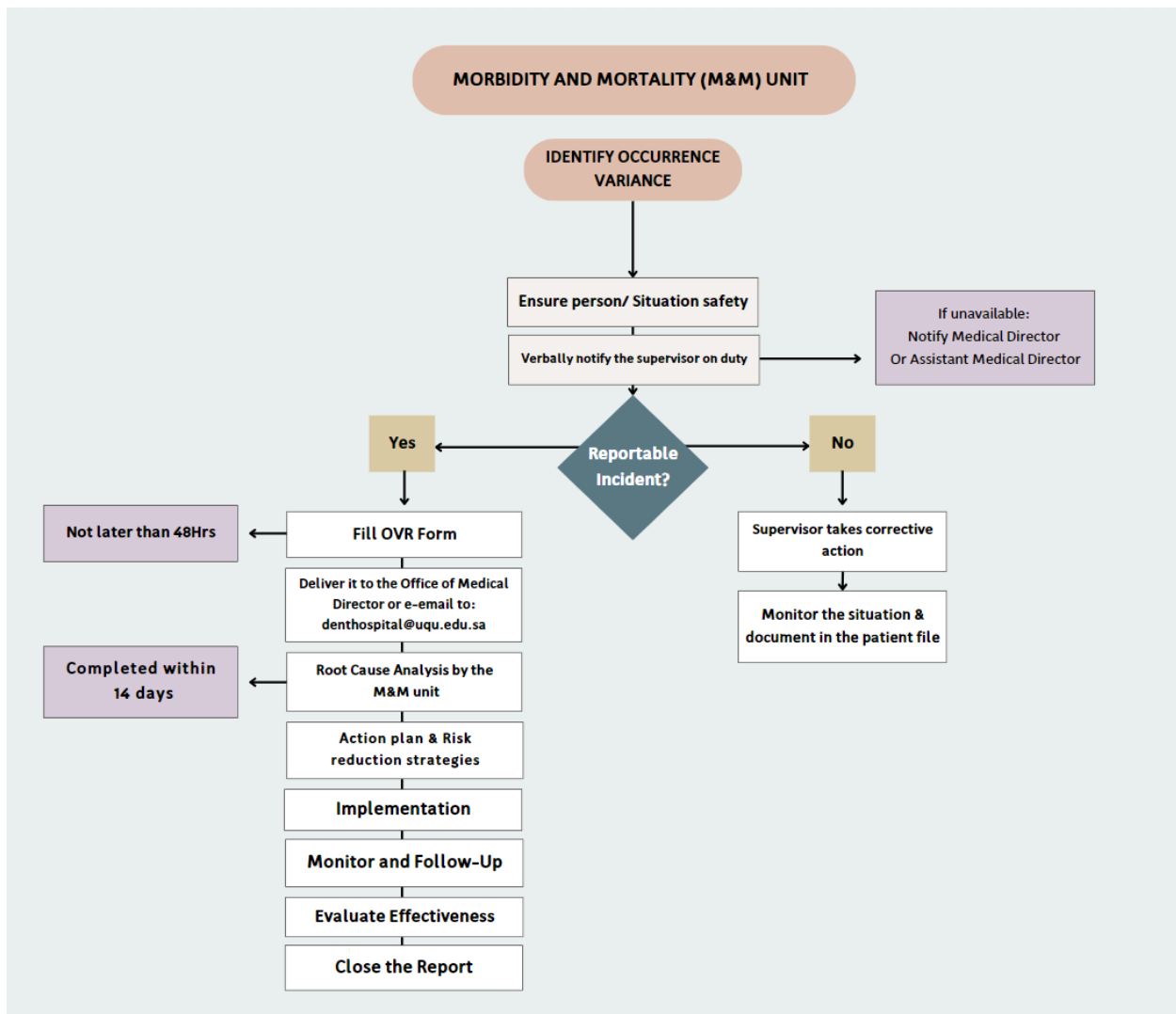
https://drive.uqu.edu.sa/_/dentistry/files/INFECTION%20CONTROL%20POLICIES%20&PROCEDURES.pdf) of complete protective wear including surgical gown, hair net, face shield and gloves.

12.3 Occupational Health and Patient Safety Office:



12.4 Morbidity and Mortality Review Unit:

To reduce the incidence of complications and increase patient safety, any condition or event that negatively impacts the patient's wellbeing should be reported using the occurrence variance report (OVR) form. The morbidity and mortality review unit are entrusted to investigate and submit a report of their findings to the medical director. Scheduled meetings take place to review and discuss incidents which can be used as a learning experience to increase patient safety.



12.4.1 Incident Report:

A form must be filed detailing the incident in question; this may range from social misconduct to malpractice. Reports are reviewed by the office of the medical director for resolution or delegated to the appropriate department. Malpractice reports are forwarded to the head of the morbidity & mortality committee for investigation. Grievances and complaints can also be filed using the same form.

12.4.2 Violations:

The range of retaliation may vary from a warning or suspension to dismissal, contingent on the gravity of the incident. Physical confrontation and violence will not be tolerated and are considered grounds for immediate dismissal. Repeat offense to the code of conduct will result in suspension. Dismissal or suspension is conducted by the office of the Dean of the Faculty of Dental Medicine and the Vice Dean of Academic affairs.

13. Operation Policy at the Dental Teaching Hospital.

13.1 Maintenance of Equipment and Machines in Clinics:

All equipment utilized in the clinics are meticulously monitored on a regular basis to ensure its proper operation and effectiveness. Ensure that any clinical equipment is repaired or replaced as soon as possible if it is damaged. All clinics and machines have QR code which is linked to a form to be filled with any problems in the clinic. The form will be submitted directly to the maintenance department to be reviewed and solved.

13.2 Damaged Instruments:

Faculty members, interns, students, assistants, and technician will return the damaged items to CCSD, who will sterilize the instruments and report to the medical director. The damaged instruments will be sent to the store to return to the supplier as per agreement or not returned item will be disposed off as required.

13.3 Expired Material:

At the time of receiving new items, the shelf-life is entered into the system of the store. The nearest expiry items are reported to the medical director to report to the respective department for necessary action. The store will

generate reports on a regular basis on the available items. The store informs the medical director about the expired items to be transferred to the laboratories for training or to be disposed off according to the manufacturer's instructions.

13.4 Waste management:

The Dental Teaching Hospital assures the safe disposal of hazardous and infectious waste with a company to remove infectious and hazardous waste. The company will make regularly scheduled pick-ups according to the agreement.

13.5 Purchase Orders:

The distribution of materials and devices to the clinical areas is carried out as required, each department head is responsible for filling out the Excel template of the Umm Al-Qura University purchasing policy, which must be delivered at the beginning of each year academic before the start of clinical work.

13.6 Receiving and Inspection of supplies:

Receiving, signing off for confirmation of delivery and storing of dental materials and equipment from the dental suppliers is performed with the accordance of stores unit. The process of receiving and inspecting the supplies is made by the medical director, the responsible head of the division and the dental store supervisor. Each new supply must be documented in the materials and equipment log. The documentation includes receiving date, quantity which will then be added to the perpetual balance, signature of authorized receiving staff. All materials received will then be placed in the store located on the first floor, depending on which department ordered the materials, under the direction of the store supervisor. The dispensing to the clinic is completed through authorization request form submitted to the clinical coordinator and distribution to the clinical area is done with the help of an experienced dental assistant.



UMM AL-QURA UNIVERSITY
Faculty of Dental Medicine

Clinical manual – 2nd Version

Dental Teaching Hospital

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Umm Al Qura University

Academic year

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