



CODE PROGRAM INTRODUCTION

This CODE Manual is a supplement to the NJDS Student Clinic Manual.

All CODE students are expected to comply with all policies and procedures as outlined in the NJDS Student Clinic Manual, as well as this supplemental CODE Manual.

CODE PROGRAM ADMINISTRATION

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LOCATION OF THE CODE SITES

University John H. Cronin Dental Center (Primary Site)
235 Dolphin Avenue
Northfield, New Jersey 08225

University Dental Center at Galloway
4 East Jimmie Leeds Road, Suite 6
Galloway, New Jersey 08205

University Dental Center at Somerdale (Primary Site)
13 Somerdale Square
Somerdale, New Jersey 08083

*5 North White Horse Pike (Mapquest Address)
Somerdale, New Jersey 08083*

DIRECTIONS

University John H. Cronin Dental Center

From the Garden State Parkway

Take the Garden State Parkway south to exit 36. Merge onto CR-563/Tilton Road toward Northfield/Margate. Turn slight left onto Leo Frasier Drive. Turn left onto New Road/US-9. Turn right onto Dolphin Avenue. The dental center will be on your left behind the Meadowview Nursing Home.

From the Atlantic City Express Way

Take the Express Way to the US to Exit 5 (US-9 toward Northfield, Smithville). Turn left onto North New Road/US-9. Turn left onto Dolphin Ave. The dental center will be on your right behind the Meadowview Nursing Home.

University Dental Center at Galloway

From Route 30 West

Take Route 30 and make a slight right onto North Shore Road/NJ-157. Turn left onto West Church Street/CR-634. Turn left onto Jimmie Leeds Road/CR-561. The dental center is located in the Atlantic Professional Medical Complex. The last Suite on the right, Suite 6.

From the Garden State Parkway

Take the Garden State Parkway and get off at the Atlantic City Service Center (approximately mile marker 42). The service center is on the left from the north and on your right from the south. Follow the signs to Jimmie Leeds Road / Hospital. At the traffic light make a right onto Jimmie Leeds Road. The dental center is located on the right in the Atlantic Professional Medical Complex. The last suite on the right, Suite 6.

University Dental Center at Somerdale

From 295 South

Access Route 295 and travel north to Exit 29-A (Route 30 East, Berlin/Lawnsides). Take Route 30 East (White Horse Pike) for 3.5 miles. The 12th traffic light (Pep/Boys) is White Horse Road. Cross White Horse Road and take the jug handle (Checkers) to access White Horse Road. After you cross Rt. 30 (White Horse Pike) stay in the left lane, make a left at 1st traffic light (behind Exxon gas station) and make right into Kennedy Health System Plaza.

From New Jersey Turnpike

Take the NJ Turnpike to Exit 4. Follow road to 295 S (approximately ¼ mile). Take 295 S to Exit 32 (Route 561 – Voorhees). Make a left at the stoplight. Continue on 561 east until you pass Robbins Nursery on the right (approximately 2 miles). Just before the traffic light you will see lubes Works on your right. Make a right on the White Horse Road. Continue for approximately 1 – 1½ miles. As you cross over the bridge the high-speed line will be on your left (large parking lot). Immediately after the high-speed line before the traffic light you will see the Kennedy Health System Plaza. Turn right into the Plaza parking lot.

OVERVIEW OF CODE

CODE Program Mission and Goals

The Community Oriented Dental Education (CODE) program has a critical central mission: expanding the knowledge, skills and abilities of dental students while delivering care to the underserved.

Five goals have been identified as necessary for the successful accomplishment of the CODE mission. These are to:

1. Educate dentists to be technically competent in all aspects of general dentistry;
2. Educate dentists to be actively involved in community projects;
3. Assist students in developing practice management skills;
4. Educate dentists to respond to community needs for improving access to affordable oral health care; and,
5. Inform students about the available dental practice career opportunities in public service.

These goals are carried out through three interrelated activities in the CODE curriculum: education, patient care and community service.

Structure of the CODE Curriculum

Students selected for the CODE curriculum spend the majority of their senior year training either at the University John H. Cronin Dental Center or the University Dental Center at Somerdale. The centers are within the *Statewide Network for Community Oral Health Care*. Site-based faculty, in addition to the dental school-based faculty, supervise these students.

The CODE curriculum consists of three types of learning experience:

Didactic Component

The didactic component consists largely of courses, which exist in the traditional senior curriculum, i.e., courses in Patient Care and Management, Practice Management, Treatment Planning and Management of the Medically Compromised Patient, Advanced Topics in Oral and Maxillofacial Surgery, Ethics and Jurisprudence, and licensing preparation programs. Most of these courses are given at the dental school; the others are given at a CODE sites.

CODE students are encouraged to participate in Continuing Dental Education (CDE) courses in order to broaden their knowledge base and to experience CDE. Through special arrangements with the NJDS Department of Continuing Dental Education, CODE students are permitted to enroll in up to three NJDS-sponsored courses at no charge.

Clinical Component

The clinical activities of the CODE students take place in community sites that are part of the *Statewide Network for Community Oral Health*.

During the 30-week senior year, CODE students spend 28 hours per week in direct patient care, and the remainder of the time is spent in practice management/case conference/treatment planning activities at the sites. Because of the simulated private practice environment and resulting efficiency of the patient care system at the sites, students are able to provide care to more patients than the students at the main campus.

Students provide comprehensive dental care to the patients at the sites, including the full range of services provided at the dental school. There is a full mix of patients, i.e., children, adolescents, adults, seniors and those medically compromised. Clinical treatment includes diagnostic, preventive, restorative, prosthodontic, periodontic, endodontic, surgical and emergency care procedures. There is ample patient demand to support students' patient pool.

Two full-time faculty members, a director and an assistant director, are assigned to each site. The Director functions as the Group Practice Administrator (GPA) and attends a GPA meeting in Newark each month. The majority of the learning is supervised by these two generalist faculty supplemented by regularly scheduled visits from other NJDS faculty including specialists. The specialist faculty are calibrated and approved by their respective department chairs at the NJDS.

Additionally, there are calibrated dental assistants assigned to work with the CODE program. This allows the students the experience of fourhanded dentistry and the opportunity to develop dental auxiliary utilization skills. Each CODE site also has an office manager, dental care coordinator and secretarial support, which simulate a private practice model for providing patient care.

Grading and evaluation of the treatment performed by the students is completed using the same criterion-based grading systems used at the dental school. Site-based faculty engage in ongoing training and calibration in the use of the grading systems, which is conducted both in the NJDS departments and onsite. As part of CODE's ongoing calibration and standardization system, visiting dental school faculty periodically co-evaluate students at the sites to compare their grading with the site-based faculty.

Patient encounter forms (PEFs) are entered into the Newark- based patient management system at the CODE site. This system tracks students' progress and completed treatment and generates a variety of reports, e.g., discipline detail reports, point summary reports and requirement reports. The CODE director and assistant director, as well as NJDS department chairs review these reports, which are generated monthly or as requested.

Grade forms are handled according to the following procedures:

- The CODE assistant director reviews all grade forms to ensure they are completed correctly;
- An assigned personnel from each site mails the forms to the Director of Educational Programs at the NJDS;
- The forms are sent to the department chairs, for their review and records.

Community Service Component

Each student is required to complete community service activities, which accumulates to a minimum of 60 hours over the course of the academic year. Following is an outline of the formal CODE Community Service-Learning Project.

New Jersey Dental School
Selective-Elective Program

DEPARTMENT: General Dentistry and Community Health
COURSE TITLE: Community-Oriented Dental Education (CODE)
Service-Learning Project

MAIN PURPOSE OF THIS COURSE:

There are two main purposes of this course. They are:

1. To educate the student to better care for the HIV infected patient
2. To educate the student to understand the nature of Community Health Dentistry for underserved populations

COURSE CONTENT:

This course is comprised of two components. They are:

1. A minimum of 10 hours of didactic training pertaining to the dental care and treatment of the HIV infected individual
2. Approximately 50 hours of clinical experience in the care and treatment of HIV infected patients in a community based setting

OBJECTIVES OF COURSE:

The objective of this course is to prepare the student to recognize underserved patient populations and to incorporate community service into their clinical practices upon graduation. This is to be accomplished by using a specific underserved patient population, namely uninsured HIV positive individuals in the community in which the student will spend his/her clinical experience in the fourth year of dental school training.

EVALUATION OF STUDENTS:

There will be two methods of student evaluation employed in this course. Firstly, a pre-and post-test course evaluation will test the student's basic knowledge and attitudes about treating HIV infected patients. Secondly, the clinical component of the course will be evaluate in the same manner as the student's other clinical performance by means of grade slips and faculty evaluation.

CODE Student Selection Criteria And Process

The student selection process outlined below has been designed to accomplish two purposes: 1) to assure a fair, equitable mechanism for selection; and 2) to assure that only competent, committed seniors capable of succeeding in the CODE environment are chosen to participate.

Student Academic and Clinical Preparation

Student participation in CODE is voluntary. However, participation is subject to final review by department chairpersons and the Associate Dean for Clinical Affairs. Should a student not be deemed prepared to enter the CODE program, an alternate student will be selected.

Student Selection

An orientation to the CODE program is given to the junior class in the middle of their academic year. The presentation provides a description of the Community Oriented Dental Education (CODE) program, which offers senior dental students an opportunity to treat patients in a community-based dental center that is part of the NJDS *Statewide Network for Community Oral Health*. Interested students are asked to voluntarily apply for participation.

Selection of students is conducted by a three-member Selection Committee composed of the associate dean for academic affairs (chair), the associate dean for student affairs, and the associate dean for clinical affairs. Group Practice Administrators (GPA's) provide written input to the Selection Committee regarding those students who have expressed an interest in participating in the CODE program. Consideration is given to students who demonstrate good academic standing, are not on academic probation and have a minimum of 2.0 grade point average.

On average five primary and five alternate students are randomly selected for each CODE site. All candidates are notified of their status. The primary students are asked to respond to the Selection Committee in writing of their intent to participate in the CODE program. If for any reason a student declines the offer or withdraws from the program, an alternate student will be selected from the waiting list. [Note: Provision is made by the Selection Committee to keep a reasonable balance among the clinical groups.]

CODE – COMPREHENSIVE PATIENT CARE SYSTEM

CODE Practice Model

Since the Comprehensive Patient Care System (CPCS) is designed to support a patient-centered, prevention-oriented, oral health care philosophy, the CODE practice model is structured to facilitate the interaction of patients with students, faculty and staff. This is accomplished using a predoctoral practice model which functions as a group private practice.

Composition of the CODE Team

Each CODE site has administrative personnel and supporting staff. The delivery of comprehensive, patient-centered care is accomplished through the coordination of these various personnel:

Administrators

Director for the Statewide Network for Community Oral Health

- Responsible for development and management of extramural sites;
- Ensures standardization of extramural sites.
- Responsible for development and operations of CODE program;
- Oversee the educational process through regular site visits;
- Act as an advocate for CODE faculty;
- Coordinate site visits of Newark-based NJDS faculty;
- Coordinate faculty calibration with NJDS departments;
- Ensure standardization of educational experiences;
- Monitors outcomes data to insure the highest standards of education and patient care;
- Oversee quality assurance activities at the extramural sites.

Clinical Site Director

- Responsible for the overall operation of the extramural clinic, excluding the educational component.

CODE Director and CODE Assistant Director

- Assign patients to provide the appropriate mix of educational experiences to meet the needs of each student;
- Assist the student in the appropriate disposition of patients whose treatment needs have changed or who have not been able to meet their obligations to the institution (i.e., availability, health status, and finance);
- Review the progression of treatment for each assigned patient using guidelines established by the clinical departments and the Office for Clinical Affairs;
- Coordinate the activities of the site faculty related to clinic coverage, student performance, patient needs, treatment plan development, and implementation of all treatment;
- Monitor student progress on a regular basis to ensure an appropriate mix of patients, clinical progress in completion of patient treatment procedures, and fulfillment of closed rotation responsibilities and management skills related to delivery of patient care;
- Monitor patient recall and maintenance schedule;
- Monitor student attendance during time designated for patient care;
- Review the records of patients whose treatment has been documented as completed;
- Review patient records prior to termination of patient treatment. Authorization is documented in the consultation section of the patient's record;
- Participate in meetings with CODE faculty;
- Participate in Quality Assurance Program;
- Perform student evaluations for the patient care and management grade;
- Available for advice and counsel.

Faculty

The department chairs identify faculty either from within the department or from the communities surrounding the CODE sites. All CODE faculty are calibrated at NJDS in teaching the department's educational philosophy, grading criteria, and clinical protocols. These discipline-specific CODE faculty are essential elements of the CODE clinical program, as they are additional models for professional interaction designed to benefit the needs of the patient and the student. They perpetuate departmental philosophies and implement department policies for student evaluation. CODE faculty facilitate comprehensive clinical care by monitoring the integration of predoctoral patient care from patient assignment through diagnosis, treatment planning, referral, treatment, maintenance and post-treatment evaluation.

The primary role of the CODE faculty on duty is to provide support for students, assure timely care for the patients, and serve as a nucleus for interdepartmental faculty communication.

Their specific roles are to:

- Classify the patient according to risk;
- Determine if the patient may be treated by a CODE student;
- Dispense any necessary prescriptions;
- Adhere to the length of time for various treatment procedures;
- Monitor vital signs when necessary;
- Constantly evaluate the medical history as to any significant changes;
- Oversee all aspects of patient care and ensuring proper post-treatment management, including recare;
- Ensure that the standards, policies and procedures of NJDS, as outlined in the Clinic Manual, Radiation Hazard, Infection Control, Patient's Bill of Rights, UMDNJ and NJDS Confidentiality policies, and Quality Assurance protocols are followed at the sites.
- Supervise and instruct students in their respective disciplines, by demonstration when required;
- Service as a resource for the CODE Director and Assistant Director;
- Ensure, with site faculty, that NJDS standards for the education of students are maintained;
- Conduct small group discussions with students when possible;
- Continue CODE faculty standardization and calibration;
- Continue evaluation of students' competencies.

Staff

Program Clinical Coordinator

- Provides administrative support to the CODE II Program;
- Ensures calibration activities of faculty and dental assistants are recorded and maintained at each CODE II site;
- Compiles and reviews all grade and evaluation forms before transporting to Newark;
- Oversees data entry in the ACE System;
- Prepares outcome data for the directors, i.e. point requirements, production analysis
- Monitors the CODE II Quality Assurance Program to ensure that documents are submitted to Newark, i.e., Patient Satisfaction Survey and Final Case Complete.

Office Managers

- Office managers oversee a wide variety of the day-to-day activities of the University Dental Centers. They supervise the front desk and dental auxiliary personnel. They manage the office support operations and activities of the site.

Dental Assistants

- Calibrated dental assistants are responsible for providing assistance in the examination and treatment of patients. They provide chairside and other duties as required, and are knowledgeable of dental auxiliary utilization and chairside ergonomics.

Receptionist/Patient Scheduler (and other site personnel)

- Receptionists and office personnel are available to schedule appointments, maintain the practice management program, manage patient records, receive telephone messages, and greet patients as they arrive for care.

Secretaries

- Secretaries are available to assist students with their practice management needs.

BECOMING A PATIENT AT THE CODE SITES

Patients are asked to contact the dental center to make an appointment. Following is the procedure that will be followed:

Self-Pay Patient

When scheduling an initial exam, the patient will be advised of the approximate cost of the Initial Exam and X-Rays. The payment must be made at the time services are rendered by Cash, Check or Credit Card. Also, patients are advised to bring proof of income (such as: Copy of Income Tax for the last two years, Social Security statement or Pay stub for the last 12 months, or Unemployment stub), so as to determine if they qualify for the discount fee schedule. If the patient states that they do not have proof of income, they will be charged the Statewide Network's usual and customary fees.

Medicaid/HMO Patient

When scheduling an initial exam, the patient will be advised to bring their current Medicaid and HMO ID card as well as know their social security number for registration. A copy of the Medicaid/HMO card will be made and filed in the dental record. Since the Medicaid card is issued monthly, this procedure will be followed at each subsequent visit.

Note: Plan D, H and I does not have any dental coverage.

Mercy and other HMO's thru Medicaid Program Patient

When scheduling an initial exam, the patient will be asked to reference their insurance card for the following information:

- Assigned Dentist (Mercy only)
- Office Telephone number
- Co-Pay, if any
- Service Package (such as Plan A, B, C, D, G, H and I)

Note: Plan D, H and Plan I, advised them that they do not have any dental coverage.

Commercial Insurance Patient

When scheduling an initial exam, the patient will be asked for the name of the dental insurance carrier, so as to verify that we are enrolled with that insurance carrier and that the patient is assigned to that site.

Child Patient

A parent or legal guardian must be present for initial exam, dental treatment planning and/or routine/emergency treatment of minors (under 18 years old). The parent or guardian must remain on the premises at all times.

Deaf Patient

When you receive a call placed through Relay TDD, a telecommunication device for the deaf, (TDD enables a patient who is deaf, hard of hearing, or speech-disabled, to use the telephone by typing messages back and forth) you should ask the patient if he/she requires an interpreter; it is our responsibility to get an interpreter as per the American with Disabilities Act. Proceed to make the appointment. Schedule the interpreter at the same time as the patient (they do not come together).

Emergency Patient

Emergency patients are either scheduled at either 8:30 a.m. or 1:30 p.m. and are seen by the first available dentist. Self-Pay patients are advised that they will have to make a payment of approximately \$60.00 for the emergency visit only, plus the cost of treatment.

Fees

Patients pay for treatment at each visit according to their established payment plan.

DENTAL RECORD AREA REGULATIONS AT THE CODE SITES

Each CODE site has a centralized Dental Record Area. Following is the protocol for requesting dental record and the operation of the Dental Record Area:

- Dental records required for patient visits are drawn the day before the scheduled appointment.
- The dental records are compiled by provider and will be available for review the day prior to the appointment.
- A copy of the provider's schedule will be attached to the dental records and placed in the designated area at the front desk.
- The dental record and the patient route sheet will be brought to the operatory and placed facing backward in the door pocket.
- The routing sheet contains all pertinent patient information (patient's name and procedure to be performed).
- Dental records must be returned to the front desk at the end of each clinic session after all entries have been completed, and all the required signatures have been obtained from the faculty.
- It is the students' responsibility to get faculty signatures.
- If for some reason the student does not get the faculty's signature by the end of the day, the Dental Care Coordinator will attach a Transmittal Form to the dental record indicating the appropriate action needed.
- The patient's dental record is a confidential record and should not be left on any desk or table for anyone to read.
- It is mandatory that all patient dental records be returned each day.
- **Under no circumstances may a dental record be held overnight or leave the CODE sites.**
- Warning notices in Patient Care and Management will be issued to offending students.
- If a dental record is to be reviewed by a student, it can be requested from the front desk personnel on the dental record review log between the hours of (8:30 a.m. and 4:45 p.m.)
- Only three patient dental records may be signed out for review within a 24-hour notification.
- **A request for a dental record will not be granted if the student is listed as having a non-returned record.**

MEDICAL EMERGENCY PROTOCOL (Code Blue) AT THE CODE SITES

Purpose

To provide a standard procedure for the appropriate management of medical emergencies that occur at the CODE sites, using the ABC (Airway, Breathing, Circulation) method of basic life support.

Protocol

The treating dentist or student using the ABC method should support the emergency patient and enlist the help of others to retrieve the emergency kit, oxygen and Automated Emergency Defibrillator (AED), if needed. **If the faculty or student feels the situation is critical enough (i.e., anaphylaxis, cardiac arrest, stroke), a CODE BLUE should be announced immediately giving the location of the emergency.**

Personnel trained in Advanced Cardiac Life Support (ACLS) present in the dental center should immediately proceed to the site of the emergency to assist the treating dentist or student. If indicated by the treating dentist, an ambulance will be called.

CODE GREEN:

- RECOGNIZE the problem
- CLEAR the airway
- POSITION the patient
- CHECK the ABCs of Basic Life Support
- TAKE VITAL SIGNS and record them (see Emergency Record)
- Assistant gets: O₂, SUCTION, EMERGENCY KIT

CODE BLUE:

- Assistant alerts front office "CODE BLUE":
- Front Desk Calls 911
- Front Desk Guides EMS to the emergency
- Front Desk helps Clear the Hallway
- DOCTOR gives record of vital signs, medications given, and medical history to EMS
- Patient transported to Hospital

EMERGENCY DENTAL CARE PROTOCOL AT THE CODE SITES

Patient in pain or discomfort should be first triaged for this situation prior to any other treatment.

- I. When a patient assigned to a student presents for regular care and informs the student that they are experiencing discomfort or pain.
 - The student immediately informs the CODE faculty that their patient presented in pain.
 - The CODE faculty will triage the patient and make the necessary recommendation for treatment.
 - The CODE faculty will ensure the patient is treated for this emergency.

- II. When a patient of record not assigned to a student presents for an emergency visit.
 - The patient reports to the Front Desk.
 - The Receptionist draws the patient's dental record and then contacts the CODE faculty.
 - The CODE faculty immediately assigns the first available student or another dentist on staff to the case and the triage process will begin.
 - The CODE faculty will ensure the patient is treated for this emergency.

EMERGENCY DENTAL CARE PROTOCOL AFTER HOURS OR ON WEEKENDS FOR THE CODE SITES

Goal: The Emergency Telephone System is a mechanism that provides our patients' access to a dentist when they are experiencing a dental emergency during hours in which the dental center is closed.

- Each center uses the answering machine for patients with dental emergencies when the dental center is closed.
- There are two possible messages that will be recorded:
 - Answering Machine Outgoing Message
 - Answering Machine Extended Absence
- One pager is assigned to each center.
 - University John H. Cronin Dental Center
 - University Dental Center at Galloway
 - University Dental Center at Somerdale
- One doctor is assigned a pager on a bi-weekly basis.
- The message on the answering machine will inform established patients experiencing an emergency to call the pager number assigned to the center.
- The patient telephones the pager and after the signal enters the telephone number by which they can be reached followed by the pound sign.
- The pager will signal and the patient's number will appear on the pager screen.
- The doctor on call will call the patient and appropriately instruct them.
- A Pager Schedule is devised for a six-month period and issued on the first of January and July of each year.
- The Pager Schedule will include the following.
 - Date of coverage
 - Attending on call
 - Pager number or home telephone number of attending

FINANCIAL RESPONSIBILITIES – PATIENT CARE AT THE CODE SITES

Clinic income is a vital component in the overall operating budget of the Statewide Network CODE sites. As such, faculty, students and staff share responsibilities to ensure the financial viability of the school's educational programs.

In keeping with this purpose, the following procedures should be followed:

- At all Statewide Network Dental Centers, all patients will be interviewed by a receptionist or secretary who will determine the payment method, procedure and fee scale to be followed according to the patient's financial information. The front desk personnel complete all necessary insurance forms with the patient and collect all fees. Patients are not seen until they have been cleared through the front-desk.
- At the completion of treatment planning, the course of treatment to be rendered by the student should be thoroughly explained to the patient. All ADA Codes and fees should be clearly noted and accepted by the patient. The faculty and student signing the treatment plan should confirm the patient's awareness of the costs of treatment projected, as well as the plan of treatment. The length of time for that treatment as well as possible modifications in fees and treatment should be explained to and signed for by the patient
- Students should remind patients of the type of treatment to be rendered and the fee to be paid at the next visit.
- All lab fees must be paid in full before any case is delivered to the patient. Patients are required to pay 1/3 the fee for prosthodontic procedures (fixed and removable) to begin the restoration; 1/3 the fee to have the case sent to the commercial or in-house lab; and the final 1/3 prior to the insertion of the case.
- All procedures, including the date, ADA code, tooth number, surface and description and student's initials should be listed in the appropriate column on the account record, with the fee for the service in the "Charge" column entered by clerical staff.

HEARING IMPAIRED PATIENTS PROTOCOL AT THE CODE SITES

Objective: To insure that the Statewide Network is in compliance with the Americans With Disabilities Act (ADA) as it pertains to interpreting services for the hearing impaired.

The ADA states that health care providers must ensure they can communicate effectively with their deaf patients by providing auxiliary aids and services. These auxiliary aids include, but are not limited to, qualified interpreters (the recommended service), transcription services, written materials and provision of telecommunication devices. The ADA does not prohibit the use of friends or family serving as the interpreter as long as the deaf person consents to their use, and they can perform in an effective, impartial manner. Also, the ADA does not prohibit the use of written notes between the provider and patient as long as communication is effective.

To arrange for an interpreter

- Deaf Services, Inc. (856-740-4001).

Sources for interpreters

- Registry for the Interpreters for the Deaf (Trenton)
- Division of the Deaf and Hard of Hearing (Trenton) (609-984-7281)
- Camden County College.

Chart Notations

- After an appointment is scheduled by, or on behalf of a deaf patient, a letter should be sent to the patient's home strongly recommending that the patient attend his/her scheduled appointment to bring someone with them to serve as an interpreter.
- It is strongly suggested that all information transmitted to the patient via the interpreter (can be a family member or friend) be given to the patient in writing to ensure the patient understands what the provider is saying and vice versa, in the event the interpreter might have lost something in the translation.

Contacting a deaf patient via telephone

- The New Jersey Relay Services provide services for hearing people who need to contact a deaf individual. To use services dial #7-1-1.
- Follow the prompts for "hearing individuals."

NEEDLE STICK (PERCUTANEOUS INJURY) PROTOCOL AT THE CODE SITES

Prevention

The best way to manage percutaneous injury is to prevent its occurrence. Used needles are not to be resheathed without proper safeguards and used instruments are not to be cleaned by hand unless heavy-duty gloves are worn. Mental alertness combined with appropriate precautions are essential ingredients to reduce the incidence of this type of injury.

Percutaneous Exposure Includes:

- Contaminated needlestick wound;
- Subcutaneous puncture by a used dental instrument;
- Contamination of eyes, mucous membranes, or opened skin by patient's saliva and/or blood.

Student or Staff Member's Response:

When a percutaneous incident occurs, the student/staff person immediately stops working and washes the affected area and informs the CODE faculty. The faculty member will have another student or faculty/staff dentist complete the procedure to make the patient comfortable. The patient is then asked to wait to see the CODE faculty member.

Procedure

1. The student/staff member is sent to the CODE faculty member where the student or staff member fills out an incident report form, which is maintained in the dental center. Copies are forwarded to the Office for Clinical Affairs and the Department of Risk and Claims.
2. The injured person is requested to complete the incident report and the CODE faculty member will place the incident report in the dental record immediately behind the treatment record.
3. The CODE faculty member writes an administrative note on the consultation page of the patient's dental record.

The CODE faculty member will inform the person of the recommendation from the Center for Disease Control for blood testing for health care workers (HCW), including risk, benefits and alternatives. The HCW may choose not to complete the testing, but if he/she decides

to complete the testing. The CODE faculty member will initiate the process by contacting at one of the following locations to have blood drawn:

1. AtlanticCare Occupational Medicine
4622 Blackhorse Pike, Mays Landing, NJ.
Telephone: (609) 909-2800.
2. AtlanticCare Occupational Medicine
1401 Atlantic Avenue (Corner of New York and Atlantic Avenues),
Atlantic City, NJ.
Telephone: (609) 441-8083.
3. UMDNJ School of Osteopathic Medicine
University Doctor's Pavilion
42 East Laurel Road
Stratford, New Jersey
Telephone: 856-566-6845

The injured recipient should:

- OSHA through the implementation of the bloodborne pathogen standard, require immunization against Hepatitis B for all faculty, staff and students who are at risk for occupational exposure to blood and other potentially infectious materials.
- Have blood tested for HBgAg and anti-HBs;
- The HBV-vaccinated injured recipient without anti-HBs should receive HBV vaccine and HBIG;
- The injured should be tested for anti-HIV and testing repeated at 6 weeks, 3, 6, 9 and 12 months.
- The injured should receive counseling from AtlanticCare Occupational Medicine regarding the University policy on Zidovudine (AZT) prophylaxis. The consultation can include, but not be limited to:
 - Availability of the drug
 - Feasibility of its use prophylactically
 - Contraindications and side effects from its use
 - Professional advice and/or recommendation for AZT use prophylactically based on the specific incident.

Source Patient:

The source patient is brought to the CODE faculty.

The CODE faculty seeks the patient's permission for blood testing but first allows the patient to read the authorization form for HIV antibody testing. If the source patient refuses to participate, the decision will not affect treatment at the University Dental Center.

However, a complete report must be entered in the source patient's dental record on the consultation page.

If the source patient chooses to be tested after a percutaneous injury, the following procedure should be followed:

- The director requests that the patient give permission to be tested.
- The Director then pre-counsels the patient about the multi-ramifications of the testing and makes the patient aware of the anonymous testing program in the area.
- Patients will be sent to one of the following locations for their blood work:
 1. Lab Corp.
221 South Franklin Avenue, Pleasantville, NJ.
Telephone: (609) 645-2367.
 2. Lab Corp.
310 Chris Gaupp Drive, Absecon, NJ.
Telephone: (609) 748-4265.
 3. Kennedy Memorial Hospitals-University Medical Center
18 East Laurel Road, Stratford, NJ
Telephone: (856) 346-60003.

After obtaining permission from the patient to notify the health care providers treating him/her, the CODE Director informs the treating student and/or staff member involved about the results and refers that individual to AtlantiCare Occupational Medicine or UMDNJ School of Osteopathic Medicine University Doctor's Pavilion.

If the results of the HIV, HBV testing is negative, the documentation is filed in the source patient's dental record in a sealed envelope marked confidential. The patient is entitled to a copy of these documents.

NOTE: For all patients who submit to the HIV testing, the patient is requested to bring the bill for the testing to the CODE Director who will forward it to the Office for Clinical Financial Affairs.

RE CARE PROGRAM AT THE CODE SITES

An important component of the CPCS is the functioning patient Recare Program.

- On the first of each month, a list patients due for a recall exam and prophylaxis is printed from the practice management program for the following month based on the date of their last prophylaxis.
- The list is reviewed and verified that all patients on the list require a recall exam and prophylaxis.
- The recall post cards are printed and mailed by the 5th of the month.
- Each post card will have the date of their recall on the bottom. Patients are asked for the date and an appointment is scheduled for that patient after this date.
- The recall schedule is as follows:

Self-pay

- Children (16 years of age or younger) 6-months
- Adults 6 months
- Provider may recommend more frequent intervals (ex. 3 months)

HMO/Medicaid

- Children (16 years of age or younger) 6-months
- Adults 1 year

HMO (diagnosed mental retardation/developmental disability)

- Patients can be placed on 3 months recall – preauthorization (once/yr.) required.

Medicaid (diagnosed mental retardation/developmental disability)

- Patients can be placed on 3 months recall does not need pre-authorization and you must use Code D0170 for recall and D1110-76 for prophylaxis
- Any patient that is inactivated from the practice management program must be removed from the recall system.
- The monthly recall list and the date cards are mailed are kept on file in office, as a permanent record.
- If a recall card is returned (undelivered) to the office: the address is verified for accuracy, the patient is inactivated from the recall system, recall returned is noted in the practice management program, and the recall card is filed in the patient's dental record.

CODE PROGRAM

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