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### I-REVISION AND APPROVAL

This procedure is released, checked and approved as follows.

Prepared by	Reviewed by	Approved by
Dentistry Department Staff	Rasha Alkabbanie Coordinator of QMS	Dr. Mehmet Ozdemir Vice president of Academic Affairs

### II-Revision History

#	Date of Revision	Ver.	Validity	Description of Change	Prepared by	Reviewed by	Approved by
1	16/02/2016	0	3 years	Original Release	Dentistry Department Staff	Rasha Alkabbanie	Dr. Mehmet Ozdemir

### 1- The Classes Schedule


Clinical classes starting form 9:00 am to 4:00 pm including two shifts from Sunday to Thursday as follow:

Morning shift: 9:00 am to 12:00 pm

Noon shift: 1:30 pm to 4:00 pm

### 2- Tools and Equipment

- Anesthetics – cartridges, anesthesia reversal, topicals, needles, and syringes
- Burs
- Cements & liners
- Cosmetic Dentistry
- Crown Forms
- Disposables

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- Evacuation products
- Small Equipment
- Equipment & Technology
- Finishing & Polishing
- Headpieces& impression material
- Healthcare Apparel
- Infection control, including face masks, hand care, sterilants, surface barriers
- Gloves
- Instruments
- Matrix Materials
- Pharmaceuticals
- Practice Solutions
- Rubber Dam
- X-ray

### 3- Safety Rules

#### Glossary:

Aseptic – Describing the absence of contamination, infectious materials, or agents.

Bacteria – A group of one-celled vegetative microorganisms found in nature or in the bodies of plants and animals.

Biofilm – A complex colony of microorganisms, most notably bacteria, that forms on surfaces that are bathed in water.

Biological indicator – Device that monitors the sterilization process by using a standardized population of resistant bacterial spores; verifies that all the parameters necessary for sterilization were present. Also called “spore test.”

Blood borne disease – An illness transmitted by exposure to pathogens in the blood.

Blood borne pathogens – Disease-producing microorganisms spread by contact with blood or other body fluids contaminated with blood from an infected person; examples include hepatitis B and C viruses and HIV.

Carrier – An individual, immune or recovered from a disease, who harbors and can transmit the infectious agent.

Chemical indicator – Device that monitors the sterilization process by changes in color or form with exposure to one or more sterilizing conditions (e.g., temperature, steam); intended to detect potential sterilization failures due to incorrect packaging, incorrect sterilizer loading, or equipment malfunction.


Clinical contact surface – Environmental surfaces that come into direct contact with hands or instruments during patient care; examples include light handles, countertops, and device control switches.

Contamination – The presence of microorganisms (usually those capable of causing disease or infection) on living or nonliving surfaces.

Critical – The category of medical devices or instruments that cut or otherwise penetrate bone or soft tissues, providing access to the

Bloodstream or normally sterile tissue; examples include anesthetic needles, surgical burs, andscalpel blades.

Date-related instrument storage – A storage practice that distributes sterile instrument packs to chair side on a “first in, first out” basis.

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Direct contact – Physical transfer of microorganisms between an infected or colonized person and a susceptible host.

Disinfection – Destruction of most pathogenic other kinds of microorganisms (but not spores) by physical or chemical means.

Droplet nuclei – Microscopic particles (5 microns or less in diameter) formed by the dehydration of airborne droplets containing microorganisms. These particles can remain suspended in the air for long periods of time.

Engineering controls – Devices that isolate or remove the risk of exposure to blood borne pathogens in a workplace; examples include sharps containers, needle recapping devices, and self-sheathing needles.

environmental surface – Surfaces within a dental or medical treatment area that are not directly involved in patient care, such as countertops, drawer handles, floors and walls, and instrument control panels, which may or may not become contaminated during the course of treatment. Also see *clinical contact surfaces* and *housekeeping surfaces*.

Event-related instrument storage – A storage practice that recognizes that a package and its contents should remain sterile until some event causes the item(s) to become contaminated.

Fluid infusion system – System for delivering intravenous fluids to patients; includes IV bags, flow meter, tubing, and an intravenous catheter.

Flushing – The act of running water through waterlines and/or the devices attached to them.

Fomite – An inanimate object (as a keyboard, drawer handle, pen, doorknob, or clothing) that may be contaminated with infectious organisms and serve in their transmission.

Fungi – Group of microorganisms that include yeasts, molds, and mildews and are a source of opportunistic infections for immunocompromised individuals.

Hand hygiene – General term that describes the removal of debris and organic matter from the hands by washing and/or the use of an antiseptic agent.

HBV – See *hepatitis B virus*.

Heat sterilization – Temperature-driven process that destroys all microbial life, including bacterial endospores.

Hepatitis – An inflammation of the liver caused by viruses, bacteria, parasites, or toxic reactions to drugs, alcohol, or chemicals; primary symptoms include jaundice and liver enlargement.

Hepatitis B virus – A highly transmissible bloodborne viral agent that may cause inflammation of and damage to the liver. Abbreviated "HBV."

Hepatitis C virus – Virus that can cause very serious liver disease (acute and chronic). Abbreviated "HCV."

High-level disinfection – The process that inactivates vegetative bacteria, mycobacterium, fungi, and viruses but not necessarily high numbers of bacterial spores.


HIV – The human immunodeficiency virus, the virus that can cause AIDS.

hospital disinfectant – A germicide registered by the U.S. Environmental Protection Agency that inactivates the test microbes *salmonella choleraesuis*, *staphylococcus aureus*, and

*Pseudomonas aeruginosa* for use on inanimate objects in dental and medical facilities.

Housekeeping surface – Environmental surface that is not involved in the direct delivery of dental care but requires regular cleaning to remove soil and dust; examples include floors, sinks, and walls.

Immunization – The process, through vaccination or natural exposure, by which a person becomes protected against a disease.

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indirect contact– Contact between a susceptible host and a contaminated object that is not the original source of the contamination; examples of contaminated objects that can contribute to indirect contact include instruments, equipment, surfaces, or a healthcare worker’s hands when contaminated with patient materials.

Intermediate-level disinfection – Process that inactivates vegetative bacteria, most fungi, mycobacterium, and most viruses but is ineffective against bacterial spores.

Intermediate-level disinfectant – A liquid chemical agent registered by the Environmental Protection Agency as a hospital disinfectant that also has tuberculocidal activity.

Low-level disinfection – Process that inactivates most vegetative bacteria, some fungi, and some viruses but does not reliably inactivate resistant microorganisms such as mycobacterium or bacterial spores.

mode of transmission – Means by which pathogens are transferred from a source to a new host.

other potentially infectious materials (OPIM) – Occupational Safety and Health Administration term that refers to body fluids or tissues that (a) may contain blood borne pathogens (in dentistry, this includes saliva) or (b) are visibly contaminated with blood. Abbreviated “OPIM.”

Parenteral – Taken into the body or administered in a manner other than through the digestive tract, as by intravenous or intramuscular injection.

Pathogenic – Capable of causing disease in a host.

Patient-care item(s) – Instruments and supplies used to provide dental examinations, prophylaxis, or treatment; examples include headpieces, cotton

Rolls, sutures, and air-water syringes. Percutaneous injury – An injury that penetrates the skin, such as a needlestick or a cut with a sharp object.

Personal protective equipment (PPE) – Required clothing or devices worn by workers for protection against hazards; in dentistry: masks, gloves, protective apparel, and protective eyewear. Abbreviated “PPE.”

Qualified healthcare professional – A physician or other healthcare professional who has the necessary and current training, expertise, and credentials to provide occupational health and post-exposure management care to dental team Members.

standard precautions - Practices and procedures that integrate and expand the elements of universal precautions into a standard of care intended to protect healthcare workers and patients from pathogens that can be spread by blood or any other body fluids (except sweat), regardless of whether they contain blood; applies to contact with blood, all body fluids, all body secretions and excretions, non-intact skin, and mucous membranes.

Sterilant – A liquid chemical germicide capable of destroying all forms of microbiological life, including high numbers of resistant bacterial spores.

Sterilization – A physical or chemical process that destroys all microorganisms, including spores.


Universal precautions – Series of practices and procedures designed to reduce the risk of disease transmission by assuming that all blood and other potentially infectious materials are indeed contaminated with bloodborne pathogens.

Vaccination – Inoculation with a vaccine with the intent of producing immunity.

Vaccine – A product administered through needle injections, by mouth, or by aerosol that produces immunity, therefore protecting the body against the disease.

Viruses – Submicroscopic organisms that infect cells, possibly causing disease.

Work practice controls – Procedures that reduce the likelihood of exposure to infectious materials by altering the manner in which a task is performed; for examples, recapping a needle using the one-handed scoop technique is safer than using two hands.

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Principle of Disease Transmission:

The nature of many dental procedures can place dental team members and patients in close contact with potential pathogens, especially those found in blood. Diseases can be transmitted from the patient to the dental worker, from the dental worker to the patient, or from one patient to another. In the dental setting, possible modes of transmission include:

- Direct contact with blood, oral fluids, or other patient materials;
- Indirect contact with contaminated objects (such as instruments, equipment, environmental surfaces, or a team member’s contaminated hands);
- Droplet contact, in which spray or spatter containing microorganisms travels a short distance before settling on the mucous membranes of the eyes, nose, or mouth; and inhalation of evaporated microorganisms (“droplet nuclei”) that can remain airborne for extended periods of time as aerosols.

**Personal Protective Equipment**

As part of standard precautions, dental team members who are at risk of exposure to potentially infectious materials must wear task-appropriate personal protective equipment (PPE). The dental employer is responsible for supplying all PPE.

The PPE that is chosen should fit well and be as comfortable as possible. Should the wearer develop any sensitivity or allergy, the employer must provide options.

Masks, Protective Eyewear, and Face Shields

To protect the mucous membranes of the eyes, nose, and mouth:

Protective Clothing

Protective garments are worn over street clothes to protect them from contamination.

Gloves Patient-care, sterile surgical, and utility gloves are offered in a variety of sizes, colors, and materials.

**Sterilization and Disinfection of Patient-Care Items**

patient-care items based on the degree of contact they have with patients. Their degree of contact with the patient suggests their risk of disease transmission. In turn, their risk of disease transmission indicates how they should be processed for reuse.

Critical items cut bone or penetrate soft tissue. These instruments carry the highest risk of disease transmission.

Semi-critical items touch only mucous membranes. They have a lower risk of transmission than critical items.


Noncritical items only contact intact skin. As such, they have the lowest risk of disease transmission.

The Instrument Processing Area To limit the spread of contamination,

Recommended using a separate instrument processing area and further dividing the space into designated “dirty” and “clean” areas.

Receiving, Cleaning, and Decontamination

Work Area (The Dirty Side) When collecting, transporting, and cleaning contaminated instruments:

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Preparation and Packaging although the instruments have been cleaned to remove debris, they are not sterile. Wear puncture-resistant utility gloves when inspecting and packaging instruments.

#### Sterilization of Unwrapped Instruments

Immediate-use steam sterilization, formerly known as "flash" sterilization, when performed correctly and when deemed appropriate, is an effective way to sterilize critical devices. However, the steps must be followed exactly and there is no margin for error. Improper technique can lead to process failure and cross contamination.

#### Sterilization Monitoring

Proper monitoring of sterilization processes involves the use of mechanical techniques, chemical indicators, and biological indicators (spore tests). While biological monitoring provides the best assurance that sterilization equipment and procedures are working as they should, mechanical or chemical monitoring

May provide the first indications of a sterilizer malfunction.

**Storage Area for Sterilized Items and Clean Dental Supplies (The Clean Side)** Store sterile instrument packs to maintain sterility until they are needed.

### **4- General Rules:**

**4.1** For any safety critical clinical session, students are not allowed to work alone without supervision of Clinician.

4.2 Any unauthorized treatment without knowledge of clinician is prohibited.

4.3 students must abide the dress code while working in the clinic.

4.4 Foods, Drinks and smoking are strictly prohibited inside clinics.

4.5 student bags and other belongings must be kept at the designated places.

4.6 noise must be kept to the minimum as a courtesy to respect others.


4.7 all equipment and apparatus must be handled with care.

4.8 students shall be liable for damages of devices caused by individual negligence. If damages occurred, an investigation will take place to identify the causes and the names of the involved students will be recorded for faculty attention.

4.9 students shall report immediately to clinician, if the clinics equipment is suspected to be malfunction or faulty.

4.10 students are required to instill an instinctive awareness towards property value of the clinic equipment and to be responsible when using it. Any damages can cause to jeopardize the success of not only individual work but also to the university.

4.11 Do not attempt to remove and dismantle any parts of the equipment/apparatus peripheral from its original design without permission. Instrument and equipment must be returned orderly after using them.

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4.12 students are strictly prohibited to take any equipment out of clinic without permission of clinician.

4.13 students should ask permission from clinician before any operation.

4.14 students should not attempt to use any unfamiliar equipment without, first consulting the clinician.

4.15 students should report immediately to the clinician if any injury occurred.

4.16 please check the notice board regularly and pay attention to the clinician announcements.

4.17 please check with clinician about the deadline of requirements deadline.

4.18 disciplinary action shall be taken against those students who fails to abide to the rules and regulations.

4.19 It is disallowed to bring any outsiders into the clinics.

4.20 students are strictly prohibited from taking out any items from the clinics. In the event of an emergency, everyone in the clinic should escape through the exit. If in a story building, avoid using lifts, use the stairs.

4.21 If a fire breaks out in the clinics, the person nearest to the central power circuit breaker should switch off the switch.

4.21 It is always a good practice and a responsibility of an individual to keep a tidy working condition in clinics.

4.22 for overall safety when working with other people, it is essential for each student to follow the procedures given by the clinician when treating patients.


4.23 before the treatment start, students must have studied the information and understood the procedures mention in the givens theoretical lesson.

4.24 electric shocks is a serious fatal error due to human negligence. Electric current of higher than 100mA may cause death to human. Thus, do not work with electricity under wet condition in clinics.

4.25 If there is a tingling feel when working with electrical devices, stop and switch off the devices immediately. Place a warning note before reporting to the clinicians and wait until further instruction.

4.26 informing clinician, if you doubt the condition is not safe during the operations.

4.27 students with long hair must get their hair tied up tidily when doing treatments.

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4.28 Before operating equipment always ask the clinician to accompany, to check proper conditions of the equipment.

4.29 When operating Laser/light equipment, please avoid looking directly to the source.

## **5. Rules and Regulations on the clinics and equipment use.**

5.1 The facilities at the clinics are to be used for learning purposes only.

5.2 Carry your student identity cards at all times whenever you come into the clinics.

5.3 Do not tamper with any equipment or practical setups. If there are problems or faults, report immediately to the staff at the clinics.

5.4 Do not remove any equipment or procedure of operation manuals from the clinics.

5.5 Do not alter the default hardware and software setup of the instrument/equipment in the clinics.

5.6 If you have any doubts about what you are doing, don't do it. Contact the support of clinician at the clinics for clarification.

5.7 switch off your hand phone when you are in the clinics.

5.8 Do not bring your bags into the clinics.

5.9 clinician reserves the right to suspend the student from using the clinics facilities if found in breach of any rules and regulation stated above.

## **6- Filled Equipment's Log form**

## **7- Attendance Rules**


7.1 attendances are compulsory to all students.

7.2 Students must be punctual to attend clinical session.

7.3 Students are generally given 1-2 weeks to prepare the patient report.

7.4 clinics report has to be submitted to the clinician at the designated time and place.



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7.5 Clinic report is serious, work. Thus, Fabricating result and copying manners are strictly prohibited.

7.6 clinical session last for 3 weeks.

## **8- Responsibility**

8.1 The clinician prepares the practical lessons/tasks in consultation with specialist.

8.2 the specialist ensure that all the relevant equipment, apparatus, chemicals and reagents are availed to students.

8.3 The specialist also ensure that the appropriate equipment and apparatus are ready to be used in the practical lessons./assignments/tasks.

8.4 The clinician prepares a list of students expected to attend a givens practical lesson. If the students cannot fit in the clinics, the clinician prepares the list in groups and allocates time to the groups appropriately.

8.5 Only the students scheduled for the practical lesson are allowed in the clinics. To enforce this condition, the specialty maintains lists of all the students scheduled for the practical lessons.

8.6 The students are issued with practical lesson//assignment/task manuals one week prior to the start of the practical lesson/assignment/task.

8.7 on the practical session, the students do their tasks as laid out in the issued sheet/manuals, with help of the clinician. In every practical lesson, there is a clinician assigned to assist the students in their practical tasks.

8.8 If students need any clarifications from the clinician, they can request the clinician to arrange when to meet them in the clinics.

8.9 In the end of the practical session, the students in the clinics should return all equipment and apparatus they were using and sign the attendance sheet for that particular laboratory session.



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