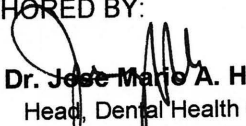


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	<b>Section : Manual User's Guide</b>	Effectivity Date: September 20, 2019	Page : 1/3
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<b>AUTHORED BY:</b>  <b>Dr. Jesse Mario A. Hipolito</b> Head, Dental Health Office	<b>REVIEWED BY:</b>  <b>Dr. Dexter L. Manzano</b> Head, ISPS	<b>APPROVED BY:</b>  <b>Dr. Jasper Jay N. Mendoza</b> Dean, SAS
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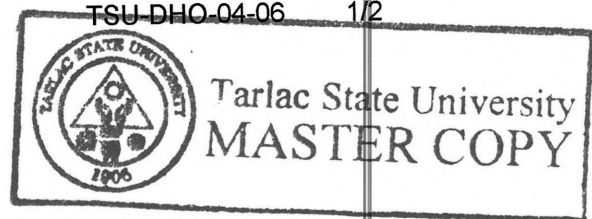
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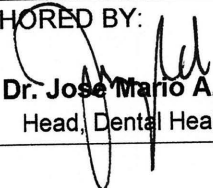
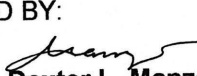

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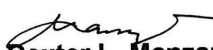
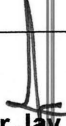
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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b>	<b>Example : TSU-DHO-02-01</b>	
	<b>Section : PROFILE</b>	Effectivity Date : June 24, 2016	
	<b>Subject : INTRODUCTION</b>	Revision : 00	Page : 1/1

The Dental Health Office is a support service office under the Dean of Student Affairs that attends to dental emergencies of the students and personnel of the University. Its function covers attending severe cases for early intervention, consultation for prevention and referrals and dental health education for dental health literacy. The importance of dental health in the university is emphasized in molding the students to become a better and healthy individual that would make contributions to nation building.

It is important to establish and define detailed functions, responsibilities and guidelines in order to make a smooth and sound operational workplace. The necessity of this manual would enable the administration and its client to better understand the nature and workflow of the office. Thus, guidelines and protocols are needed to ensure order in every procedures to be made. It is important to continuously improve the system in order to give a better service to clients.

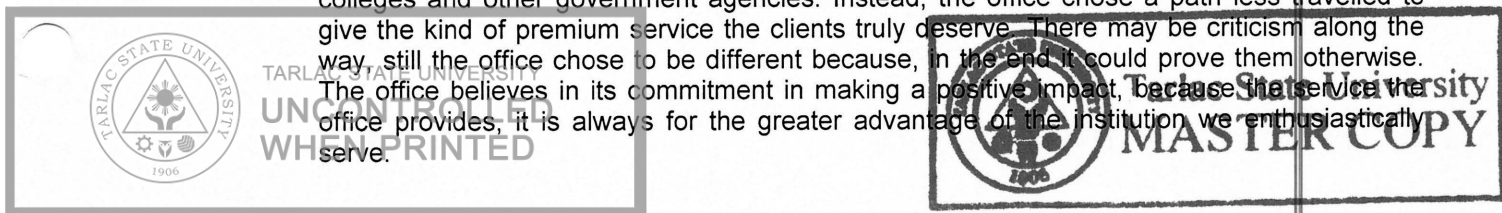
This manual will also define the type of services being rendered and detailed procedures to be made. The set up is very much different from private dental clinics and other government clinics. It depicts more of being a support service office which caters to severe and emergency cases. It will also include clinical dental health education and a series of lectures to be conducted among the different colleges and organizations in the university. This concept would further improve partnership with the clients and the private practitioners in the community in molding a healthy and sound oral health community.

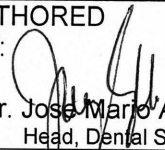
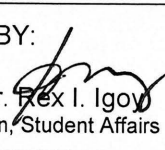
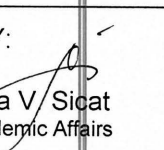
This manual will also serve as a guide for all the dental team members. The protocols and procedures were discussed accordingly in order to organize and collate the system that will be implemented. This would enable the team members to work as a group and not as individuals. It define their roles and responsibilities in their areas. It also enhances their interpersonal skills in order to deal with clients that visit the office every day. The verbal and non-verbal communication is very important in projecting the office as a whole. The mastery of the system is required to achieve professionalism in service delivery and meet the standards of service.

The office devised some safeguards and follow standards in infection control in order to assure the clients that microorganism transfer would not be possible. The office follow the "Guidelines on Infection Control for Dental Health Care Providers adapted from the Guideline for Infection Control in Dental Settings 2003 MMWR December 19, 2003:52 (RR-17). The office also sets the protocol in handling chemicals that will be used in the office to provide a much safer environment for members of the dental team.

The office tends to continuously monitor, evaluate and plan in order to continuously serve the clients better. Four years ago, the office devised an evaluation sheet for the clients to get feedback from them so as to improve the service and the capabilities of the personnel. With this method, the office was able to learn more about the clients and the office for molding the need to enhance the skills of the personnel and improve the system from within. It gave a clear perspective on how the personnel engage with the clients and identify what needs to be improved to meet their satisfaction.

The Dental Health Office is committed to impress its role as an organization which seeks its very purpose and existence in the university. The challenges that lay ahead in the path are not just mere obstacles but opportunities for the office to realize its true strength. The real value and worth of the personnel's skills and determination are put to limitless boundaries to further explore and expound. The office has a unique way of service in innovating and exhuming from the traditional service offered by other state universities and colleges and other government agencies. Instead, the office chose a path less travelled to give the kind of premium service the clients truly deserve. There may be criticism along the way, still the office chose to be different because, in the end it could prove them otherwise. The office believes in its commitment in making a positive impact, because the service the office provides, it is always for the greater advantage of the institution we enthusiastically serve.



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**DENTAL HEALTH OFFICE OPERATIONS MANUAL**

**TSU-DHO-02-02**

**Section : PROFILE**

**Effectivity Date : September 20, 2019**

**Subject : STANDARD OF SERVICE AND QEHS OBJECTIVES**

**Revision : 01**

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**2.2.1 STANDARD OF SERVICES**

- We seek to develop a partnership with our patient in creating a higher level of health
- We are dedicated in maintaining our education and professionalism at the highest level.
- We understand that the achievements of our organization are the result of building teamwork with those we serve and among ourselves.
- We shall share information with our patients so they can make educated and comfortable decision about their oral health.

We, the Dental Service Unit, offer our utmost quality care to our client by providing them the best accommodation and high standard dental service. It is where emergency cases are given utmost attention and prevention of diseases as are our prime objectives.

**2.2.2 QEHS OBJECTIVES**

1. To accommodate all scheduled patients within the academic year;
2. To provide at least two (2) dental health education within the academic year;
3. To increase the accommodation of patients by 5% based on previous academic year;
4. To provide safe environment and competent personnel through an enhancement of physical and personnel infrastructure and enforcement of strict infection control program; and
5. To achieve 90% customer satisfaction rate.

We offer our outmost care to our client by providing them the best accommodation and high standard dental service.



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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b>	<b>TSU-DHO-02-03</b>	
	<b>Section : PROFILE</b>	Effectivity Date : June 24, 2016	
	<b>Subject : PERSONNEL INFRASTRUCUTRE</b>	Revision : 00	Page : 1/1

The personnel infrastructure is very important in the delivery service of the office. The functions are vital in order to make into a concrete reality the commitment of its standard of service to its patients.

**2.3.1 DENTIST –**

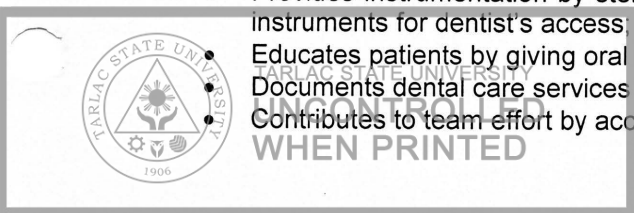
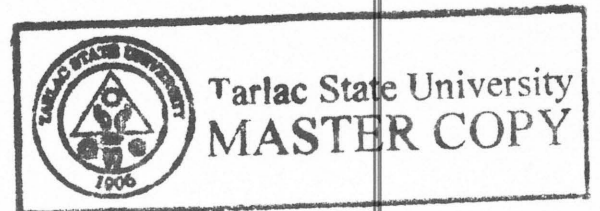
- Is in-charge of the oral health of the students of the university by responding to dental emergency cases or moderate to severe cases which would interrupt the academic or non academic activities of the students while inside the campus.
- Is in-charge of the oral health of the students by providing oral health education through accurate oral diagnosis and consultation and lectures on oral health awareness.
- Is in-charge of the oral health of the faculty and personnel by responding to dental emergency cases or moderate to severe cases which would disrupt the productivity of the employee during office hours.
- Performs Dental operatory procedure limited to Oral Prophylaxis, Restorative Filling and Oral Surgery limited to extraction and minor incision and drainage.
- Observes and follows Office protocol set by the Dental Service Unit.
- Submits monthly accomplishment report to the Director of the Dental health Unit.
- Maintains the efficiency of the equipment and instruments assigned to the clinic.
- Performs supervisory work and monitoring to subordinates assigned to the clinic.
- Maintains Log book and records for reporting and documentary purposes.
- In-charge of supervising the cleanliness the equipment and instruments through a strict infection control system performed by the dental assistant.
- Performs other duties that will arise other than those stated above which are incidental but involve the very function of the Dental Health Unit.

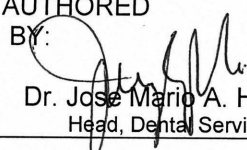
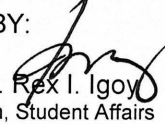
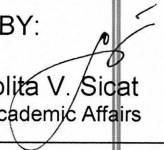
**2.3.2 Dental Clerk**

- Performs various clerical duties such as typing of correspondence, reports, memoranda, and other documents that involve the Unit.
- Maintains s systematic filing system for office files and records.
- Maintains a logbook for all incoming and outgoing documents.
- Establish good and sound customer relations among clients and offices ( Answers telephone calls, routes to various offices, accommodation of patients)
- Performs other duties that will arise Other than those stated above which are incidental but involves the very function of the Dental Health Unit.

**2.3.3 Dental Assistant**

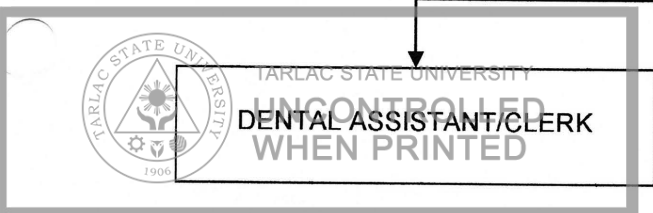
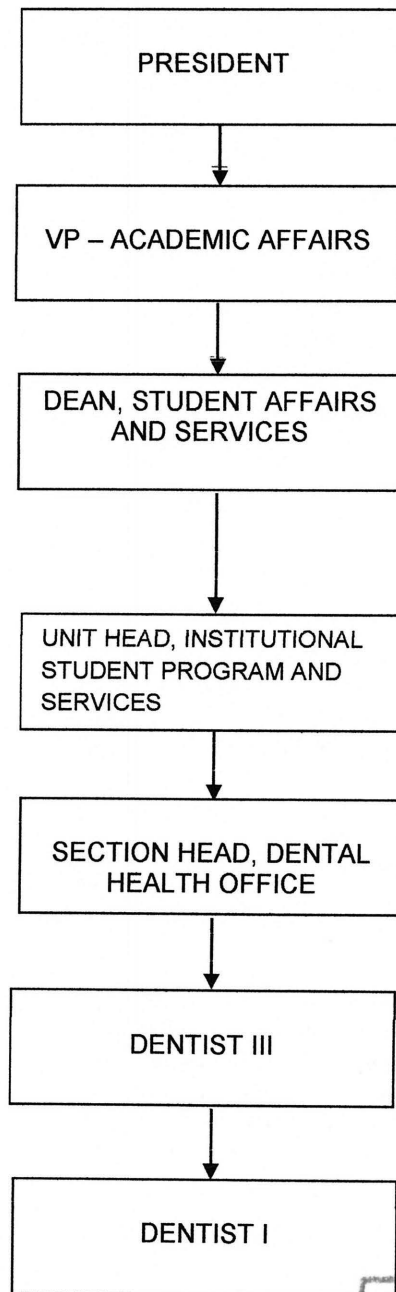
- Maintains cleanliness and orderliness in the office.
- Assists the Dentist during operatory procedures
- Prepares instruments before a dental procedure which includes cleaning and disposing instruments and materials used thereafter. (in accordance with Dental protocol and procedures regarding infection control)
- Prepares patient for dental treatment by welcoming, comforting, seating, and draping patient.
- Provides instrumentation by sterilizing and delivering instruments to treatment area, positioning instruments for dentist's access, suctioning, passing instruments.
- Educates patients by giving oral hygiene, plague control, and postoperative instructions.
- Documents dental care services by charting in patient records.
- Contributes to team effort by accomplishing related results as needed.



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# DENTAL HEALTH OFFICE ORGANIZATIONAL CHART




DENTAL ASSISTANT/CLERK

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 Vice President for Academic Affairs

	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b>		<b>Example : TSU-DHO-02-05</b>
	<b>Section : PROFILE</b>		Effectivity Date : June 24, 2016
	<b>Subject : DENTAL SERVICES</b>		Revision : 00      Page : 1/1

**2.5.1 Purpose**

This section will define the services the office provides to its clients. It is important that these services are to be discussed to emphasize the kind of service the office rendered. The Dental Health Office is designed to respond to severe and emergency. It seeks also to define the services it rendered to such cases.

**2.5.2 Restorative Dentistry**

It is the study, diagnosis, management and treatment of diseases of the teeth and its supporting structure. This includes the restoration of the function and esthetic appearance of the tooth. The treatment and management of gum diseases likewise encompass in this field of dentistry.

**2.5.3 Type of Treatment in Restorative Dentistry**

- o Tooth Filling
- o Oral Prophylaxis

**2.5.3 Dental Surgery**

The Dental Health Office is limited to perform dental extraction or tooth extraction. It is the removal of the tooth from the alveolus (tooth socket) in the alveolar bone.

**2.5.4 Oral Health Education**

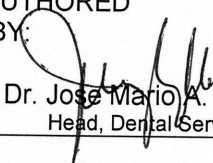
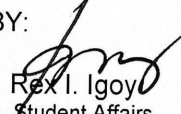
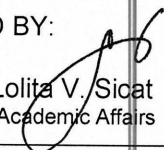
Oral Health literacy involves intellectual activity that helps motivate an individual to gain more knowledge and understand regarding oral health.

- o Oral Examination and Consultation
- o Oral Health Seminar and Promotion
- o Referrals


**2.5.5 Referral to Specialist**

Other cases which would require the dental attention of a specialist if needed. It is also the duty of every practitioner to refer cases that go beyond the scope of the dental services rendered by the office.



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	<b>Example : TSU-DHO-02-06</b>	
	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b> <b>Section : PROFILE</b>	Effectivity Date : June 24, 2016
	<b>Subject : PATIENT URGENCY SCHEDULING TREATMENT</b>	Revision : 00      Page : 1/1

**2.6.1 .PURPOSE**

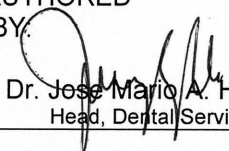
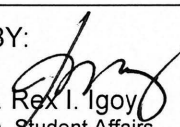
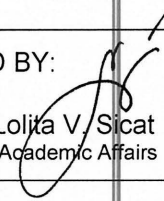
- To establish guidelines for the identification of the urgency of the treatment to be made in the dental clinic.


**2.6.2 GUIDELINES**

- Student presents Certificate of Registration (COR), proof that the student is currently enrolled.
- New patient will need to fill up a personal information sheet for record purposes.
- Old patient will need to retrieve their personal record at the record section.
- For new patient: an oral examination or check up will be conducted by the dentist to examine the severity of the case and discuss the treatment plan to the patient.
- Moderate to severe cases will be scheduled according to the urgency of the case.
- Mild cases will be considered as routine check-up.
- Emergency cases will be given immediate dental attention.
- For old patient: follow the treatment plan made by the dentist and set an appointment with the dental clerk. If there are no treatment plans stated in the personal records the patient will need to undergo oral examination.
- Students are entitled to a ONE procedure ONE dental appointment every three (3) months.
- Students below 18 years old need to get a parental consent before having a tooth extraction.
- The following dental procedures are available:
  - Oral prophylaxis
  - Filling: light cure Composite
  - Tooth extraction
  - Oral diagnosis
  - Referral of cases
- Rescheduling of appointment will be allowed but the office should be informed a day prior to scheduled date. Failure to notify the office will automatically forfeit the slot without rescheduling.
- For postponement of appointment date due to cancellation of classes, the TSU Dental Clinic will automatically reschedule appointment on the same day the following week.
- For postponement made by the TSU dental Clinic regarding appointment date due to unforeseen circumstances, the TSU Dental Clinic will inform the client thru Text messaging and reset appointment date.



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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b>	<b>TSU-DHO-03-01</b>	
	<b>Section : PRECLINICAL DENTAL PROCEDURES</b>	Effectivity Date : June 24, 2016	
	<b>Subject : PREPARATION OF THE OFFICE</b>	Revision : 00	Page : 1/1

### 3.1.1 Purpose

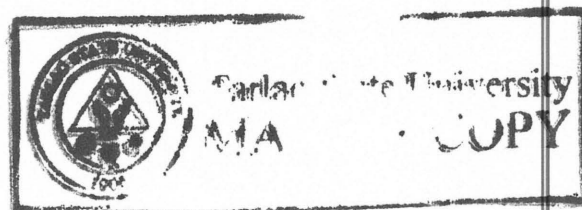
This section discusses the role of the dental assistant and clerk in preparing the office for treatment day. From the time the office opens and closes, there are routine functions to be administered: The room is cleaned and disinfected; Barriers for the dental chair, and equipment should be in place; The chair should be positioned for the first patient of day and compressors and light switches should be on.

### 3.1.2 Opening of the office:

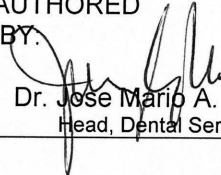
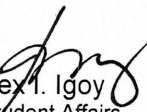
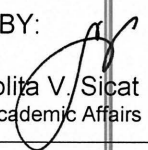
1. Turn on master switches to lights, each dental unit, the vacuum system, and the air compressor.
2. Check the reception room, turn on lights and unlock door to the office.
3. Turn on the computer and communication system to check for notices, memos and unlock the files and organize the business area.
4. Turn on all the equipment.
5. Review the daily patient schedule in the log book.
6. Prepare the treatment rooms for the first patients.
7. Turn on any sterilizing equipment.
8. Replenish supplies needed for the day


### 3.1.3 Closing of the Office

1. Clean the treatment rooms. This may include an in-depth cleaning of the dental chair and dental unit.
2. Position the dental chair for morning housekeeping.
3. Turn off all master switches.
4. Sterilize all instrument and set up trays for the next day. Turn off all equipment. Restock supplies.
5. Check appointment schedule for the next day,
6. Straighten the reception room. For the security of the office, all doors and windows should be locked.
7. Turn off equipment and clean tables and counters.



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	<b>TSU-DHO-03-02</b>	
	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b> <b>Section : PRECLINICAL DENTAL PROCEDURES</b>	Effectivity Date : June 24, 2016
	<b>Subject : Infection control</b>	Revision : 00      Page: 3/3

The dentist is responsible for the adequate infection control process being implemented in the clinic. In keeping up with the standards, the dentist should assign an infection control coordinator to ensure continuity of its quality service and thus updating its standards that is being implanted by the Philippine Dental Association. Our main reference on our protocol is based on the "Guidelines on Infection Control for Dental Care Providers 2009" by the Philippine Dental Association (PDA) 2009 which was adapted from "Guideline for Infection Control in Dental Healthcare Settings 2003 MMWR December 19,2003:52 (RR-17)"

A number of steps must be met in order to target our goal in reaching the standards of infection of control or asepsis. The initial step is for our staff to maintain good healthy standards, good diet and exercise along with good mental attitude, in order to attain good overall health.

### 3.2.1 Immunization

Immunization is required for each staff in order to fight off pathogens that are encountered due to close proximity to patients during treatment. It is important that the university should provide for the immunization of the dental health team for their protection as public health workers.

### 3.2.2 Medical History

Accurate medical and dental history taking is necessary in order to provide the information needed. It is important to update this information verbally and in writing. However, these information though helpful would not ensure the full disclosure of the patient true condition which might always put dental personnel at high risk of infection.

### 3.2.3 Handwashing

Handwashing is both mechanical cleaning and chemical asepsis. It is the rigorous rubbing of hands with well-lathered soap concluding with a thorough rinsing under a stream of water and proper drying.

#### INSTRUCTIONS;

At the beginning of each day (two consecutive thirty second handwashes)

- Remove jewelries (rings and watch)
- Wet hands thoroughly.
- Apply washing agents with water; bring to a lather.
- Scrub hands together making sure to get between each finger, the surface of the palms and wrists and under the finger nails.
- Rinse and repeat Step 3 and 4.
- Final rinse with cool to lukewarm water for ten seconds to close the pores
- Dry with paper towels, the hands first and then the wrist area.
- Use paper towels to turn off the hand-controlled faucets.

### 3.2.4 Personal Protective Equipment (PPE)

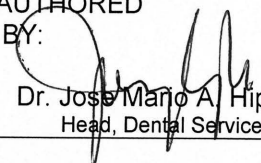
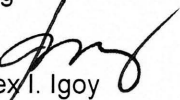

Barriers are used to protect the dentist and assistant from potential pathogen during a dental procedure.




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- Protective eyewear
- Gloves (latex examination gloves) disposable
- Overgloves (disposable)
- Utility Gloves
- Masks
- Protective Clothing



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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b>	<b>TSU-DHO-03-02</b>	
	<b>Section : PRECLINICAL DENTAL PROCEDURES</b>	Effectivity Date : June 24, 2016	
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### 3.2.5 Preparing the Dental Treatment Room

The procedure is to be performed by the dental assistant prior to seating the dental patient in the treatment room.

#### EQUIPMENT TO BE USED

- Dental record of the patient.
- Barriers for dental chair, hoses, counter, light switches and controls.
- PPE for dental assistant (protect eyewear, mask, gloves)
- Patient's bib, bib holder, and protective eyewear.
- Sterile procedure tray

#### INSTRUCTIONS: Follow aseptic procedures

- Wash hand
- Prepare the dental record for the dentist to review .
- Place new barriers on all potential possible surfaces that can be contaminated.
- Bring the instrument tray with packaged sterile instrument into the operatory with patient's bib and protective eyewear.
- Place on PPE (protective eyewear, mask, gloves, and overgloves).

### 3.2.6 Completion of Dental Treatment

The procedure is performed by the dental assistant at the completion of the dental treatment.

#### EQUIPMENT TO BE USED

- Dental record (TSU-DHO-SF-01)
- Barriers for dental chair, hoses, counter, light switches, and controls
- Dental handpiece
- Patient napkin
- Contaminated instruments on tray, including saliva ejector

#### INSTRUCTIONS

- Remove the handpiece, and hand instruments and place on the treatment tray.
- Place on over gloves to document information on the computer and chart, preventing cross-contamination.
- Remove patient's bib and place over the treatment tray prior to dismissing the patient.
- Place the handpiece and air-water syringe back on the unit and run for twenty to thirty seconds to clean the lines or flush the system. Remove handpiece and air-water syringe and place back on the treatment tray.

### 3.2.7 Final Treatment Room Disinfecting and Cleaning

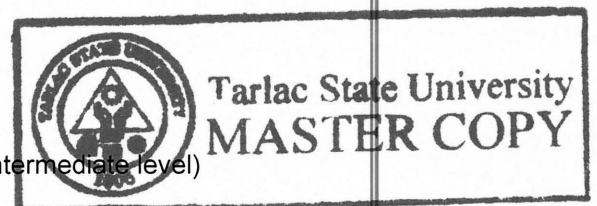
The procedure is performed by the dental assistant after the treatment has been completed and the patient has been dismissed.

#### EQUIPMENT TO BE USED

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- Utility gloves
- Necessary disinfecting solutions (intermediate level)
- Wiping cloths
- 4x4 gauze



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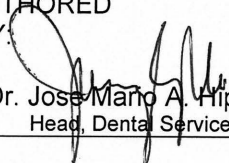
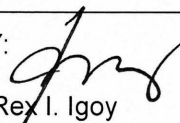
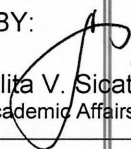
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	<b>Section : PRECLINICAL DENTAL PROCEDURES</b>	Effectivity Date : June 24, 2016	
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**INSTRUCTIONS:**

- Wash hands and place on utility gloves
- Bring the necessary solutions and wiping cloths including 4x4 gauze to the operator.
- Have a routine procedure established for disinfection to ensure that nothing is missed. All surfaces need to be sprayed and cleaned first, then wiped to remove debris.
- Spray on the disinfectant and leave for the correct time to accomplish disinfection (normally ten minutes)
- rewipe



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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b> <b>Section : PRECLINICAL DENTAL PROCEDURES</b>	Effectivity Date : June 24, 2016
	<b>Subject : Management of Hazardous Materials</b>	Revision : 00      Page : 2/2

### 3.3.1 Purpose

This section applies to all occupational exposure to blood and other potentially infectious materials (OPIMs). OPIMs include saliva in dental procedures.

### 3.3.2 Standard Precaution

- All human blood and OPIMs are considered infections.
- The same precautions must be taken with blood and OPIMs

### 3.3.3 Engineering Controls

- Engineering controls must be the primary method for controlling exposure.
- Examples include needleless IVs, self-sheating needles, sharps disposal containers, covered centrifuge buckets, aerosol-free tubes, and leak-proof containers.
- Engineering controls must be evaluated and documented regularly.

### 3.3.4 Sharps Containers

- Readily accessible and as close as practical to work area.
- Puncture resistant.
- Labeled or color coded
- Leak proof.
- Closeable.
- Routinely replaced so there is no overflow.

### 3.3.5 Work Practice Controls

- Hand washing following glove removal.
- No recapping, breaking, or bending of needles.
- No eating, drinking smoking, and so on in work area.
- No storage of food or drink where blood or OPIMs are stored.
- Minimize splashing, splattering of blood, and splashing of OPIMs.
- Equipment must be decontaminated before servicing or shipping. Areas that cannot be decontaminated must be labeled.

### 3.3.6 Personal Protective Equipment

- Includes eye protection, gloves, and protective clothing.
- Must be readily accessible and all dental health members must require their use.
- Must be stored at work site.

### 3.3.7 Regulated Waste Containers (Non-Sharp)

- Closeable
- Leak proof
- Labeled or color coded
- Placed in secondary container if outside of container is contaminated



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### 3.3.8 Labels

- Biohazard symbol and word Biohazard must be visible.
- Fluorescent orange/orange-red with contrasting letters may also be used.
- Red bags/containers may be substituted for labels.
- Labels are required on all chemicals used in the clinic.
- Chemical Inventory should be implemented in order to specify its hazard class and to document chemicals used in the office.

#### Sample Form

Chemical Inventory Form						
Date updated: _____						
Chemical Name:	H	F	R	P	Manufacturer	Comments

Hazard Class:

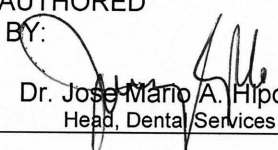
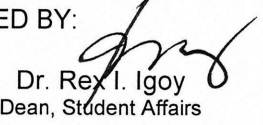
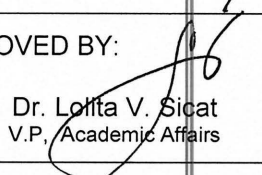
(H) Health	(F) Fire Hazard	(R) Reactivity	(P) Protection
0- Minimal 1- Slightly 2-Moderate 3-Serious 4-Extreme	0- Will not burn 1- Slight 2- Moderate 3- Serious 4- Extreme	0- Subtle 1-Slight 2-Moderate 3-Serious 4-Extreme	A-Goggles B-Goggles/Gloves C-Goggles/Gloves/Clothing D-Goggles/Gloves/Clothing/Mask E-Goggles/Gloves/Mask


### 3.3.9 Dental Health Member Responsibilities

- Go through training and cooperate.
- Obey policies
- Use universal precaution techniques
- Use PPE
- Use safe work practices
- Use engineering controls
- Report unsafe work conditions to the unit head.
- Maintain clean work areas.



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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b>	<b>TSU-DHO-03-04</b>	
	<b>Section : PRECLINICAL DENTAL PROCEDURES</b>	Effectivity Date : June 24, 2016	
	<b>Subject : Pharmacology</b>	Revision : 00	Page : 2/2

### 3.4.1 Purpose

This section pertains to the medicines that are frequently used in the dental clinic and thus are eventually prescribed to the patient. This section will describe the parts of the prescription used by the dentist.

### 3.4.2 Drug Names

- **Brand Names**

Brand name of Drugs are assigned to the manufacturer and are referred to as trade names.

- **Generic Names**

Generic names are referred to the chemical composition of the drug. They are less expensive than branded drugs.

### 3.4.3 Prescription

Only licensed physicians and dentists are legally allowed to write prescription. This limits the dispensing of controlled substances to those trained and licensed to provide patients with drugs. The drugs are dispensed only when a customer gives the pharmacist a correctly written prescription signed by a doctor with his or her Philippine Regulatory Commission (PRC) number..

Parts of a Prescription:

- **Heading**

The heading consists of the doctor's name and degrees, office address, and phone number prescribed.

- **Superscription**

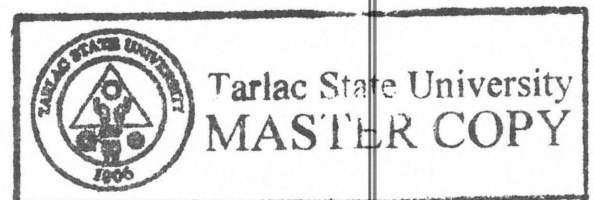
It is directly below the heading. This area has blank lines where the dentist can fill in the name and address of the patient. Included in this area is a space for the date that the prescription was written.

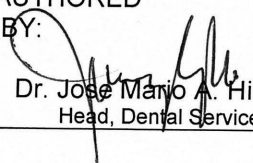
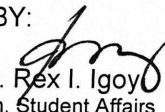
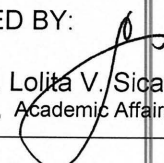
- **Body of the Prescription**

It is labeled with the Rx symbol and has both the inscription area and the subscription area. In this area, the doctor inscribes or writes the name and strength of the generic drug being prescribed, the dose, and in what form the drug is to be dispensed.

- **closing of the Prescription**

It is where the dentist sign his or her name, authorizes whether the prescription can be refilled and how many times.



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**DENTAL HEALTH OFFICE OPERATIONS MANUAL**

**TSU-DHO-03-04**


**Section : PRECLINICAL DENTAL PROCEDURES**

Effectivity Date : June 24, 2016

**Subject : Pharmacology**

Revision : 00

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Dental Health Office

Date: \_\_\_\_\_

Patient \_\_\_\_\_

Age \_\_\_\_\_

Rx

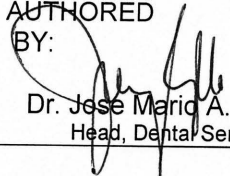
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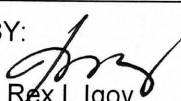
Form No: TSU-DHO-SF-05	Revision No.00	Effectivity Date	Page 1
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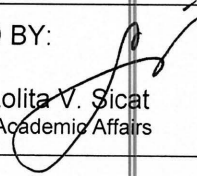
Sample Prescription form




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	<b>TSU-DHO-04-01</b>	
	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b> Section : <b>CLINICAL DENTAL PROCEDURES</b>	Effectivity Date : June 24, 2016
	<b>Subject : THE DENTAL TREATMENT ROOM AND EQUIPMENT</b>	Revision : 00      Page : 1/1

#### 4.1.1 Introduction

This section will describe the treatment room and the function and use of the equipment. It will also discuss the preparation to be made before the procedure in accommodating the patient to the dental chair and dismissing the patient after.

#### 4.1.2 Treatment Room

The treatment room for a university clinic is similar to a treatment room in a general practice designated for operative dentistry. The room is large enough to accommodate the necessary equipment needed. At the same time the design is accessible for the dentist and the dental assistant to reach the instruments and materials to be used. The treatment room should be designed for maximum efficiency.

#### 4.1.3 Equipment

- **Dental Chair**

It is the center of all the dental activity. It is designed to provide comfort to the dentist, dental assistant, and most importantly to the patient. The chair should accommodate both children and adult with much ease.

- **Dental Unit**

This unit consist of the handpieces ( High and Low ), air and water syringe and saliva ejector. The dental unit usually comes with the chair, as in most cases, when it is purchased.

- **Dental Curing light**

LED cure devise are lightweight, usually cordless and portable. It is used for curing or setting light –cured materials, such as composite materials used for restorative fillings.

- **Ultrasonic Scaler**

The ultra scaler is used during oral prophylaxis and periodontal procedure. A small tip is attached to the unit which has a vibrating action to remove hard deposits and other debris from the teeth

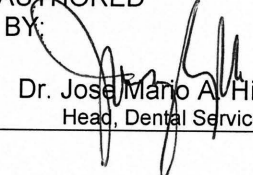
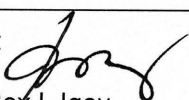
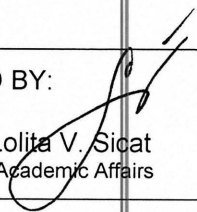
- **Cabinetry**

Cabinets are used for storage of supplies and materials used during treatment.

- **Sink**

There are two sinks being used for dental treatment. The first is attached to the side of the dental chair for the use of the patient. The second is one used for handwashing and cleaning of instruments.



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**DENTAL HEALTH OFFICE OPERATIONS MANUAL**

**TSU-DHO-04-02**

**Section : CLINICAL DENTAL PROCEDURES**

Effectivity Date : June 24, 2016

**Subject : CHAIRSIDE INSTRUMENTS**

Revision : 00

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**4.2.1 Purpose**

The purpose of this section is to understand the facts and functions of the chairside instruments being used. The parts of the instrument will be further discussed and at the same time categorized the burs to be used and their functions.

**4.2.2 Basic Structural Parts of a Dental Hand Instrument**

- **The Working End of an Instrument-** The working end of an instrument may depend on the type or shape; it has to perform a specific function. The working end may be a point, blade, or nib. The point is sharp and used to explore, detect and reflect materials; The blade may be flat or curved and have a rounded or cutting edge; The blade may also be bi-beveled; and A nib is a blunt end, serrated or smooth.
- **The Handle (Shaft)-** It is a part of an instrument where the operator hold its grip. It is serrated or smooth and hexagonal in appearance.
- **The Shank-** The shank connects the handle to the working end. It narrows or tapers from the handle to the working end. The shank may be angled to reach different areas of the mouth and are usually used in the posterior areas of the oral cavity.

**4.2.3 Basic Examination Instruments**

- **Excavators-** The other name of which is spoon excavators, these are used to remove carious material and debris from the teeth.
- **Mouth Mirror-** The mouth mirror is a single-ended instrument made of metal or plastic. It may have a handle with a cone socket for easy replacement of the mirror head it may come in one piece.
- **Explorers-** it is used to examine the surfaces of the teeth. It may be a single or double-ended instrument, and has a thin and sharp point working end.
- **Cotton Plier-** It is a tweezer-like serrated ends on its beak. It is made of stainless steel and can be sterilized.

**4.2.4 Filling Instruments/ Composite Instruments**

- **Filling Instruments-** are used to place restorative materials and to place cement bases in cavity preparation. These instruments may be made of plastic or metal and are usually double ended.
- **Composite Instruments-** are very similar to filling instruments in use and in shape. They are also double ended.

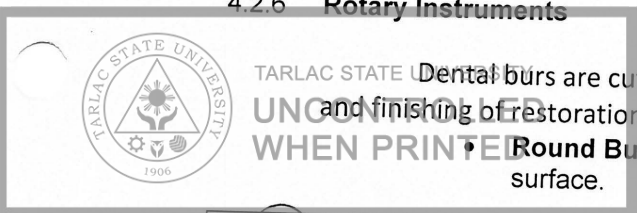
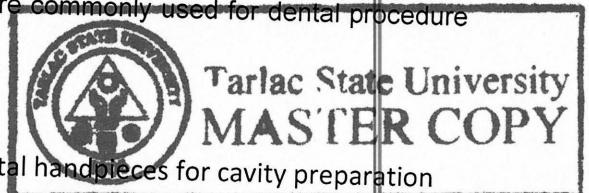
**4.2.5 Miscellaneous Instruments**

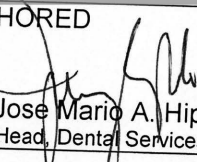
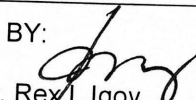
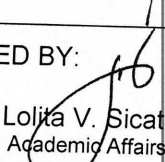
- **Cement Spatula** – It is used to mix cement on a restorative dental procedure.
- **Scissors** – Crown and collar scissors are commonly used for dental procedure to trim matrix band.

**4.2.6 Rotary Instruments**

Dental burs are cutting burs use with dental handpieces for cavity preparation and finishing of restoration. The following burs are use in the clinic and are as follows;

- **Round Burs-** They are used to open the cavity and remove carious tooth surface.



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**DENTAL HEALTH OFFICE OPERATIONS MANUAL**

**TSU-DHO-04-02**

**Section : CLINICAL DENTAL PROCEDURES**

Effectivity Date : June 24, 2016

**Subject : CHAIRSIDE INSTRUMENTS**

Revision : 00

Page : 1/1

- **Straight Burs** (Plain and Tapered ) – They are used to form walls of the cavity.
- **Finishing Burs** – They are used for trimming and finishing restoration.



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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b>	<b>TSU-DHO-04-03</b>	
	<b>Section : CLINICAL DENTAL PROCEDURES</b>	Effectivity Date : June 24, 2016	
	<b>Subject : DENTAL MATERIALS</b>	Revision : 01	Page : 1/1

#### 4.3.1 Purpose

This section defines the types of dental materials being used in the clinic. The Dental Health Members are updated by attending scientific seminars in order to keep up with the rapid change in the technology of dental material.

#### 4.3.2 Calcium Hydroxide

It is a cement that is used as a liner under a restoration. It has a therapeutic effect on the pulp and is used in indirect and direct pulp capping. It helps in the formation of secondary dentin.

#### 4.3.3 Zinc Oxide Eugenol

It is also referred to as ZOE and is used as a temporary restoration and cementation. It has a soothing effect on the dental pulp.

#### 4.3.4 Composite Restorative Materials

It is used for restoration of fillings and have a natural appearance it is used in anterior (front) teeth and posterior (back) teeth and can be cured by light. It is a Nano Hybrid restorative materials.

#### 4.3.5 Glass Ionomer Cement

It is diverse in its applications and possesses more than one type of materials.

- Type I – A finer grain glass ionomer used for cementation of crowns and bridges because it chemically bonds to the tooth structure.
- Type II – A coarser grain glass ionomer that comes in various shades for use in selected restorations, such as class III and V and pediatric restorations.
- Type III – Glass ionomer used as a liner and denting bonding agent.
- Type IV – Reinforced or admixtures of glass ionomers. Silver or amalgam fillings are combined with the glass ionomer material to be used for crown and core buildups.

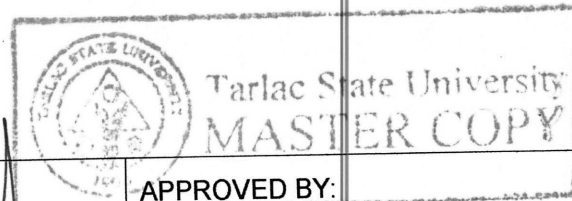
#### 4.3.6 Local Anesthetic Agents



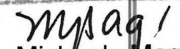
##### Lidocaine hydrochloride Epinephrine

It is a sterile isotonic solution that contains a local anesthetic agent with Epinephrine and is administered parenterally by injection.



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DENTAL HEALTH OFFICE OPERATIONS MANUAL

TSU-DHO-04-04

Section : CLINICAL DENTAL PROCEDURES

Effectivity Date : June 24, 2016

Subject : PROTOCOL IN SEATING AND DISMISSING PATIENT

Revision : 00

Page : 2/2

4.3.1 Purpose

This section would describe the necessary steps in accommodating the patient in the treatment room. It will detailed the right protocol in seating and dismissing the patient.

4.3.2 Seating The Dental Patient

This procedure is performed by the dental assistant to prepare the patient for the dental treatment.

EQUIPMENT TO BE USED

- Dental records (TSU-DHO-SF-01)
Basic setup: mouth mirror, explorer, and cotton pliers
Saliva ejector and air-water syringe tip
Cotton rolls, cotton-tip applicator, and gauze sponges
Patient bib and bib clip
Tissue
Safety glasses

INSTRUCTIONS

- Greet and accompany the patient to the treatment room. Show the patient where to place personal items, such as a purse, backpack.
Seat the patient in the dental chair. Have the patient sit all the way back in the chair.
Place the bib on the patient, and give the patient safety glasses to wear during the procedure.
Position the patient for treatment, adjust the head rest until the patient's head is well supported and the patient is comfortable, and adjust the dental light for the appropriate arch.
Position the operator's stool.
Position the assistant's stool. Put on mask and protective eyewear, then wash hands and place on gloves before being seated at chairside.
Position the tray setup. Prepare the saliva ejector, air-water syringe tip, and dental handpieces.

4.3.3 Dismissing The Dental Patient

This procedure is performed by the dental assistant after the dental procedure has been completed.

EQUIPMENT TO BE USED

This following items were set up for the procedure and now must be handled as the assistant dismisses the patient.

- Dental Record (TSU-DHO-SF-01)
Basic setup: mouth mirror, explorer, and cotton pliers
Saliva ejector, and air-water syringe tip
Cotton rolls, cotton-tip applicator, and gauze sponges
Patient bib and bib clip
Tissue
Safety glasses



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INSTRUCTIONS

a. For the Dental Assistant:

- Once the dentist is done with the dental procedure, the dental assistant should request the patient to rinse mouth thoroughly and evacuate

Table with 3 columns: AUTHORED BY (Dr. Jose Mario A. Hipolito), REVIEWED BY (Dr. Rex I. Igoy), APPROVED BY (Dr. Lolita V. Sicat)



DENTAL HEALTH OFFICE OPERATIONS MANUAL

TSU-DHO-04-04

Section : CLINICAL DENTAL PROCEDURES

Effectivity Date : June 24, 2016

Subject : PROTOCOL IN SEATING AND DISMISSING PATIENT

Revision : 00

Page : 2/2

patient's mouth thoroughly after. The dental light is positioned out of the patient's way.

2. The patient is positioned in an upright position and asked to remain seated. Remove any debris from the patient's face.
3. The bib is removed from the patient and is placed over the tray setup.
4. Saliva ejector and hand instrument used are removed and placed on the tray.
5. The operator's stool are moved out of the patient's way.
6. The patient's personal items are returned and the patient is escorted to the reception area

b. For the Dentist:

7. After removing treatment gloves and washing hands the procedure is documented on the patient's chart.
8. Postoperative instructions are given to the patient.



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**DENTAL HEALTH OFFICE OPERATIONS MANUAL**

**TSU-DHO-04-05**

**Section : CLINICAL DENTAL PROCEDURES**

Effectivity Date : June 24, 2016

**Subject : DENTAL TREATMENT PROCEDURE**

Revision : 00

Page : 1/1

**4.5.1 Purpose**

This section will discuss the protocol of the dental health office with regards to the treatment procedure being rendered. The dental health office crafted a comprehensive approach in dealing with the patient during a dental treatment. This protocol serve as a guide in order to have uniformity in a our system in all the clinics of the university

**4.5.2 Identify the problem**

The dentist would identify the chief complain of the patient. Dentist will examine the tooth or area where the patient complains. This is done through exploring the tooth surface for the size and depth a carious lesion and /or palpate gum tissue area. Another method that is being use is through percussion, where the affected tooth will be tap lightly to determine if the pulp of the tooth is involve if there is no chief complain by the patient, the procedure will be a routine oral examination.

**4.5.3 Oral Diagnosis**

The dentist will diagnose the problem presented and upon examination, the dentist will define the nature of the case. It will also be discuss as to the severity and extent of the case presented. This will enable the patient to understand fully the chief complain presented.

**4.5.4 Treatment Plan**

It is a sequence of treatment to be made to the patient. The dentist will discuss fully the dental procedures to be made in order of its priority and will enable the patient to plan ahead in order to achieve a healthy oral cavity.

**4.5.5 Treatment:**

Based on the diagnosis and treatment plan that was established, treatment of will be made according to the services offered by the dental clinic such as composite filling, extraction, and oral prophylaxis.

**4.5.6 Documentation**

Upon the completion of the treatment, the dentist will record the procedure made to the patient dental record.



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**DENTAL HEALTH OFFICE OPERATIONS MANUAL**  
**Section : EMERGENCY MANAGEMENT**

**TSU-DHO-04-06**

Effectivity Date : June 24, 2016

**Subject : DENTAL EMERGENCIES**

Revision : 00

Page : 2/2

**4.6.1 Purpose**

This section will discuss the dental emergencies encountered by the dental office. It covers the dental emergencies involving the tooth and its surrounding structures.

**4.6.2 Abscessed Tooth**

One of the most common emergencies for which patients seek dental care is an **abscessed tooth**. The patient's symptoms include pain from pressure, swelling, and severe responses to heat. The tooth has become infected, and as it grows, it places a great deal of pressure in the area because it has no places to escape in the bone. If the abscessed tooth goes untreated long enough in this painful state, the infection process may create a fistula in the bone and through the oral mucosa near the root end of the tooth. This **fistula**, an abnormal, tube-like passage at the end of the tooth to the outside surface in the oral cavity, allows the fluid to be discharged and the pressure to be released slightly. The fistula normally closes after the tooth is treated and the infection is relieved.

**4.6.3 Alveolitis**

**Alveolitis** a condition commonly known as a dry socket happens after a tooth has been removed. This condition occurs when a blood clot does not form or is washed out of the socket, allowing the nerve endings over the bone to become exposed. This condition increases the chance of infection in the area. Alveolitis causes great discomfort. It is treated by gently rinsing the socket with saline solution to remove any debris and packing a medicated iodoform gauze strip that is cut in a sufficient length into the socket. The medicated iodoform gauze treatment, which is only palliative, and has to be repeated every day or two until the pain diminishes. The patient may be given analgesic to relieve additional discomfort.

**4.6.4 Avulsed Tooth**

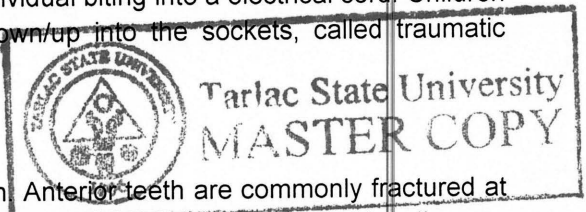
A patient may call the dental office and report a one tooth has been forcibly misplaced (avulsed). This **avulsed tooth** (also spelled evulsed) can be replanted into the socket and have a fairly high success rate if the emergency is handled quickly. The patient should immediately wrap the tooth in clean, wet gauze, place it in the mucosa between the teeth and the lip, or place it in milk while transporting it to the office. The area where the tooth came out must be packed with gauze and pressure applied to control the bleeding. The outcome correlates greatly to the time that is lapsed. Getting the patient to the office quickly and under the dentist's care quickly is essential. The dentist replants the tooth in the socket and secures it to the adjacent teeth.

**4.6.5 Soft Tissue Injury**


Patients experience a number of soft tissue injuries. Running with sharp or blunt objects or falling down with something in their mouths may cause a number of orofacial injuries. Electrical burns in the oral cavity can result from an individual biting into an electrical cord. Children can also fall and push newly erupted teeth back down/up into the sockets, called traumatic intrusion.

**4.6.6 Broken Tooth**

A patient may call with a broken tooth. Anterior teeth are commonly fractured at drinking faucets, on steering wheels, or on diving boards. The dental receptionist discerns whether the patient needs to be scheduled immediately by gaining information from the patient as to the level of discomfort, whether there are sharp edges, and how extensive the broken area is.



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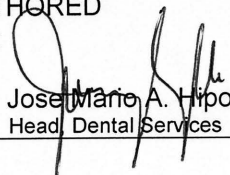
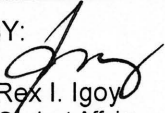
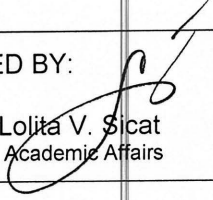
	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b> <b>Section : EMERGENCY MANAGEMENT</b>	<b>TSU-DHO-04-06</b>	
	<b>Subject : DENTAL EMERGENCIES</b>	Effectivity Date : June 21, 2016	
		Revision : 00	Page : 2/2


In most offices, the patient is seen for an initial appointment on a emergency basis to determine the treatment needed.

**4.6.7 Loose Permanent or Temporary Crown**

Patient's crown may become loose or come off, requiring recementation. The patient may be in discomfort if the pulp is exposed or if the restoration has sharp edges. If the patient is out of town and unable to get dental care petroleum jelly or orthodontic wax can be used to temporarily keep the crown in place. The patient will have to exercise extreme care while eating. If the patient can get to the dental office, treatment is to recement the crown with temporary or permanent cement, as indicated.



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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b>		<b>TSU-DHO-04-07</b>	
	<b>Section : POST CLINICAL PROCEDURE</b>		Effectivity Date : October 24, 2016	
	<b>Subject : HOME-CARE INSTRUCTIONS</b>		Revision : 00	Page

#### 4.7.1 Purpose

The procedure is performed to detail specific home care instructions for the patient in order to prevent post operative complication in surgical procedure.

#### 4.7.2 Home- Care Instructions

##### What To Expect

**Discomfort** reaches a peak when the anesthetic wears off and sensation returns.

**Swelling** is normal following a surgical procedure. The swelling will continue up to twenty-four hours after surgery and can persist for four to five days.

**Bleeding** or oozing may occur for the first twelve to twenty-four hours after surgery.

**Difficulty opening the mouth, a sore throat, and earaches** are not uncommon, especially if third molars were removed.

##### What To Do

1. Take pain medication before the discomfort begins and the anesthetic wears off as prescribed by the dentist.
2. Apply ice pack to reduce swelling as soon as possible to the face over the extraction site for twenty minutes.
3. The best means to control bleeding is pressure. To accomplish the pressure needed, place a folded gauze over the surgical site and bite down. Change the sterile gauze pads as needed. If bleeding persists, insert a wet tea bag over the surgical site and bite down for about twenty minutes. Tea contains tannic acid, which assists in the clotting process.
4. A soft diet should be followed for twenty-four hours.
5. Continue brushing and flossing areas not involved in surgery.
6. Sleep with your head elevated to reduce swelling.

##### Things To Avoid

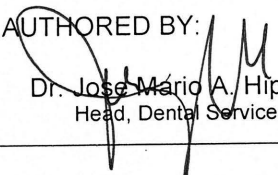
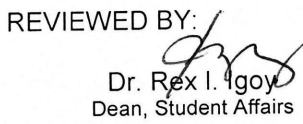
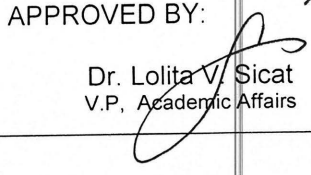
1. Avoid strenuous physical activity for forty-eight hours.
2. Do not suck through a straw and avoid spitting.
3. Do not smoke or chew gum.
4. Do not drive, drink alcohol, or operate machinery while taking pain medication.
5. Do not rinse vigorously for forty-eight hours after surgery. After this time, rinse gently with warm salt-water solution.



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**DENTAL HEALTH OFFICE OPERATIONS MANUAL**

**TSU-DHO-05-01**

**Section : EMERGENCY MANAGEMENT**

Effectivity Date : June 24, 2016

**Subject : SYNCOPE: CAUSES, SIGNS, AND TREATMENT OF EMERGENCIES**

Revision : 00

Page : 1/1

**5.1.1 Purpose:**

Emergency can happen anytime before or during a dental procedure and this section would discuss the causes, signs and management of emergency. An incident of nervousness or lightheadedness may occur during the treatment it is of vital concern that the staff would be prepared to attend to such incident.

**5.1.2 SYNCOPE**

The most common and least life-threatening emergency that may occur in the dental office is the vasodepressor syncope, commonly known as fainting. This loss of consciousness is caused by a decrease in blood flow to the brain. As a result, the brain becomes **unconscious** (unable to respond to any sensory stimulation). The patient may feel dizzy, nauseated, or extremely weak prior to syncope. If the patient becomes unconscious, break a vial of **spirit of ammonia** and pass it under the patient's nose.

**5.1.3 Treatment of a Patient with Syncope**

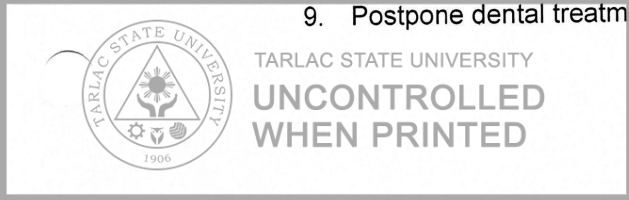
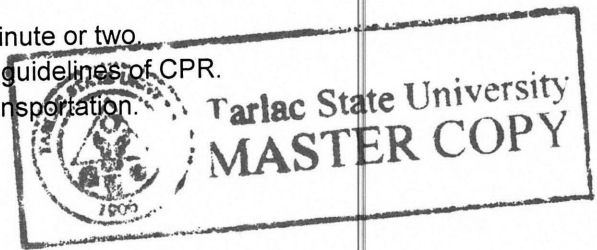
Dental assistants must be prepared to treat syncope in the dental office. Often patients will have syncope in the treatment room while in the dental chair, but it may happen anywhere in the office. The dental assistant should keep the patient in the Trendelenburg position.

**5.1.4 Equipment and Supplies**

- Oxygen tank with gauge at top or gauge in the dental treatment area
- Oxygen mask and tubing
- Spirits of ammonia

**5.1.5 Procedure Steps (follow aseptic procedure)**


1. Position the patient in a supine or Trendelenburg position (supine with feet elevated to increase blood flow to the brain). If the patient is wearing a dress or other garments that are misplaced during the syncope, attend to modesty issues as soon as possible.
2. Establish that the airway is open. If it is not, perform the head-tilt, chin-lift to open the airway.
3. Breathing normally begins spontaneously within the first ten to fifteen seconds.
4. Administer oxygen as a precaution treatment only.
5. If the patient has not revived within the first fifteen seconds, remove the oxygen mask (if one has been placed) and pass a broken ammonia gauze sponge under the patient's nose for one or two seconds only. (Holding the ammonia for a long period of time under the patient's nose may cause undue irritation.)
6. The patient will normally respond rapidly to the pungent odor of the ammonia and take in a breath of air, therefore receiving oxygen.
7. Full revival of the patient should occur within a minute or two.
8. If revival of the patient does not occur, follow the guidelines of CPR.
9. Postpone dental treatment and call for patient transportation.



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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b>	<b>TSU-DHO-06-01</b>	
	<b>Section : PLANNING AND MONITORING</b>	Effectivity Date : June 24, 2016	
	<b>Subject : DEVELOPMENT PLAN</b>	Revision : 00	Page : 1/8

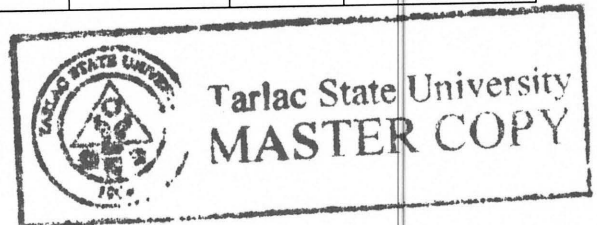
**6.1.1 Goal Statement # 1**

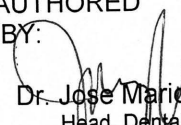
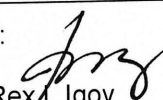
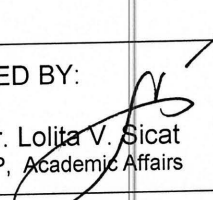
Our Goal by 2018, the Dental Health Office has increased its accommodation of student patients clinically by 200% from school year 2013-2014 baseline.

Brief description:

Our goal statement simply define our target of increasing the number of students we accommodate each day by changing our strategy without compromising the quality of service we render in terms of clinical approach, diagnosis, and infection control.

Objectives	Task /Activities	Performance measure/ documents	Target	Timeli ne	Resource needed
1. To increase the number of student and personnel patients accommodat ed in our clinic by 100% by year school 2014- 2015	1. Daily dental operatory procedures ( Oral examination , Dental Filling, Oral Prophylaxis ,and Extraction)	School year 2012-2013 – 959 student & personnel patients.  School year 2013- 2014 – 1,138 student& personnel patients	2,276 patients	SY 2014-2015	PHP. 281,482.38
2. To increase the number of student and personnel patients accommodat ed in our clinic by 25% every school year until 2017.	1. Daily dental operatory procedures ( Oral examination , Dental Filling, Oral Prophylaxis, and Extraction)	School year 2014-2015 2,276 student & Personnel patients  School year 2015-2016 2,561 student & personnel patients	2,561 patients	SY 2015-2016	PHP. 351,852.97
3. To increase the number of student and personnel patients by 50% by school year 2017-2018	1. Daily dental operatory procedures ( Oral examination , Dental Filling, Oral Prophylaxis, and Extraction)	School Year 2016-2017 2,846 student & personnel Patients	3,131 patients	SY 2017-2018	PHP. 422,222.59 492,592.59



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**DENTAL HEALTH OFFICE OPERATIONS MANUAL**

**TSU-DHO-06-01**

**Section : PLANNING AND MONITORING**

Effectivity Date : June 24, 2016

**Subject : DEVELOPMENT PLAN**

Revision : 00

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<p>4. To set up an ideal personnel infrastructure of 1 (one ) dental chair/dentist/ assistant beginning school year 2014 2015</p>	<p>1. Hiring of a dentist on a 20 hour/week basis</p>	<p>School Year 2012-2013- one dentist- average of 10 patient/day</p>	<p>One additional dentist Average of 6 patients a 4 hours a day.</p>	<p>SY 2014-2015</p>	<p>PHP. 152.72/hour x 20 hours /week</p>
	<p>2. Hiring of a dental assistant on a 25 hour/week basis</p>	<p>School Year 2012-2013- one dental assistant average of 10 clinical preparations/ day</p>	<p>One additional dental assistant on an average of 6 clinical preparations a 5 hours</p>	<p>SY 2014-2015</p>	<p>PHP. 47.20/hour x 25 hours/week.</p>
	<p>3. Hiring of a dentist on a 20 hour/week basis</p>	<p>School Year 2013-2014- one dental assistant average of 13 preparations /day</p>	<p>One additional dentist Average of 6 patients a 4 hours a day.</p>	<p>SY 2017-2018</p>	<p>PHP. 152.72/hour x 20 hours /week</p>
	<p>4. Hiring of a dental assistant on a 25 hour/week basis</p>	<p>SY 2015-2016- Two dentist- average of 19 patient /day</p>	<p>One additional dental assistant on an average of 6 clinical preparations a 5 hours</p>	<p>SY 2017-2018</p>	<p>PHP. 47.20/hour x 25 hours/week.</p>
	<p>5. To set up an ideal Building infrastructure / clinic renovation on three (3) campuses</p>	<p>1. Renovate existing dental clinic at the main campus to increase patient accommodation.</p>	<p>School Year 2015-2016- Two dental assistant average of 13 preparations /day</p>	<p>Two (2) Unit Dental Chair clinic</p>	<p>2015-2016</p>



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**DENTAL HEALTH OFFICE OPERATIONS MANUAL**

**TSU-DHO-06-01**

**Section : PLANNING AND MONITORING**

Effectivity Date : June 24, 2016

**Subject : DEVELOPMENT PLAN**

Revision : 00

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6. To upgrade/modernized records management keeping of patient	2.	Construction of a new dental clinic in Lucinda Campus	SY 2013-2014 One (1) Unit Dental Chair Unit clinic	70 sq meter Two (3) unit Dental Chair Clinic	2015-2016	PHP. 2,000,000.00
	3.	Construction of a new dental clinic in San Isidro Campus.	SY 2013-2014 Zero (0) Unit Dental Chair Unit, instruments, materials	50 sq meter One(1) unit Dental Chair	2016-2017	PHP. 1,500,000.00
	4.	Acquisition of a Dental Chair and unit	SY 2013-2014 Zero (0)	For Lucinda campus	2015-2016	
	5.	Acquisition of Dental equipments		For Lucinda campus	2015-2016	
	6.	Acquisition of a Dental Chair and Unit		For San Isidro campus.	2016-2017	
	7.	Acquisition of Dental equipments		For san Isidro Campus	2016-2017	
	1.	Set up an online charting	Paper based manual recording	Cloud based software for Dental Charting and Record management for three campuses.	2016-2017	377.59/day
	2.	Computerized scheduling system.	Paper based	Scheduling system software.	2015-2016	



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		-	One (1) clerk			
	3. Hire Dental Clerk for record keeping and management					

**6.1.2 Goal Statement #2**

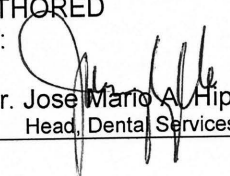
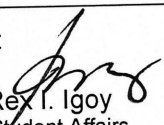
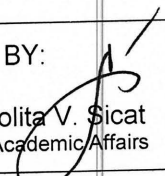
Our Goal by 2018, the Dental Health Office has reduced the prevalence of dental caries, periodontal disease and tooth need to be extracted by 25%

Brief description:

The Dental Health reduces the number of Prevalence of Dental Caries and Periodontal Disease by 60%. At present of Prevalence of this diseases were lowered from 90% in 2010 to 85% 2013. But with the full implement of the K to 12 program due to the absence of freshmen and sophomore level come 2017-2018 we could achieve such Feat. The program seeks to achieve this goal by providing preventive dental health care to our student and personnel patients...

Objectives	Task/Activities	Performance measure/ documents	Target	Timeline	Resource needed
1. To reduce the prevalence rate of caries by 5% every year.	1. Perform dental filling	90% 2010	85%	SY 2014-2015	
	2. Refer to a specialist	85% 2013-2014	80%	SY 15-16	
			75%	SY 16-17	
	1. Perform dental filling	75% 2016-2017	65%	SY 17-18	
2. To reduce the prevalence rate of caries by 10%	2. Refer to a specialist				
	1. Perform Oral Prophylaxis	90%2010	85%	SY 2014-2015	
	2. Instruction of home care maintenance	85%2013-2014	80%	SY 15-16	
			75%	SY16-17	
			65%	SY 17-18	



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DENTAL HEALTH OFFICE OPERATIONS MANUAL

TSU-DHO-06-01

Section : PLANNING AND MONITORING

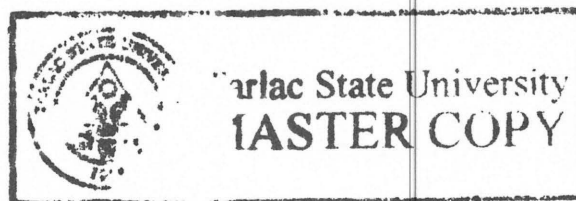
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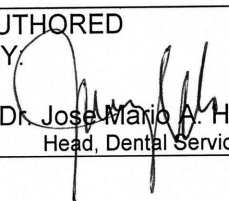
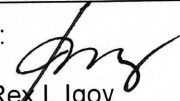
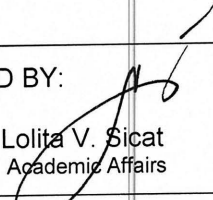
Revision : 00


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<p>3. To reduce the prevalence rate of periodontal disease by 5% every year</p>	<p>1. Perform Oral Prophylaxis 2. Instructor of home care maintenance</p> <p>1. Perform Oral Prophylaxis 2. Instruction of home care maintenance</p>	<p>75% 2016-2017</p> <p>90% 2010</p>	<p>85%</p> <p>80%</p> <p>75%</p> <p>65%</p>	<p>SY 2014-2015</p> <p>SY 15-16</p> <p>SY16-17</p> <p>SY 17-18</p>	
<p>4. To reduce the prevalence rate of periodontal disease by 10%</p>	<p>1. Perform extraction 2. Referral to a specialist</p>	<p>85% 2013-2014</p>			
<p>5. To reduce the prevalence rate of tooth to be extracted by 5% every year</p>					



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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b> <b>Section : PLANNING AND MONITORING</b>	<b>TSU-DHO-06-01</b>	
	<b>Subject : DEVELOPMENT PLAN</b>	Effectivity Date : June 24, 2016	
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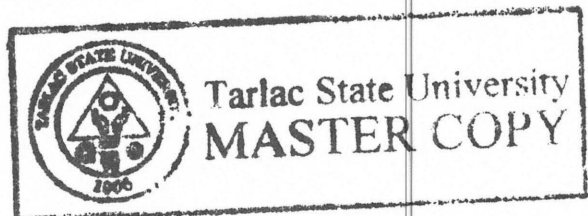
**6.1.3 Goal Statement #3:**

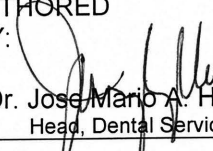
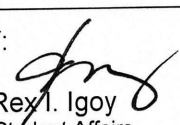
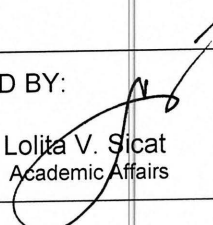
Our Goal by 2018, the Dental Health Office has Intensified its Dental Health Promotion by 100% to all campuses

Brief description:

Our Program seek to achieve a process that informs, motivates and help adopt and maintain good oral practices that would make a positive change towards better Oral health to our patient. We could achieve a quality service by conducting professional trainings. Dental Health programs are not isolated by is educational in aspect in any curative, or promotional activity.

Objectives	Task/ Activities	Performance measure/ documents	Target	Timeline	Resource needed
1. To increase awareness of oral health maintenance and care to all campuses every year.	1. Create oral centers for diagnostics and health promotions for all the campuses in celebration of Oral Health Month.	Oral Check up and promotion of oral health month at the clinic level February of school year 2012-2013; school year 2013-2014.	Three (3) Campuses at a designated area for a more impact oral health month promotions.	February of each year	Tie up with Philippine Dental Association Tarlac Chapter;
	2. Dental Health Education	One every quarter 2012- 2013	One (1) every month	Once a month	
	3. Installation of oral health promotion signages	Three (3) sign board	3 signages. One each campus	2014	PHP 3,000.00
	4. Promotion of sports dentistry to athletes, coaches ,trainers	One every quarter 2013	4 lectures	Every year	-
	5. Posting of oral health poster	School year 2013-2014 1,138 student patient	One each month	2018	
	6. Oral consultation (clinical)		2,276 patients	2015	



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		-	2,561 patients			
		-	2,846 patients			
			3,131 patients			
2. To continuously upgrade our professional growth	1. To attend scientific seminars, preceptor ship.		Four (4)			
	2. To enroll in diploma in Public Dental Health		Three			
	3. To propose a Residency Program for General dentistry		One			

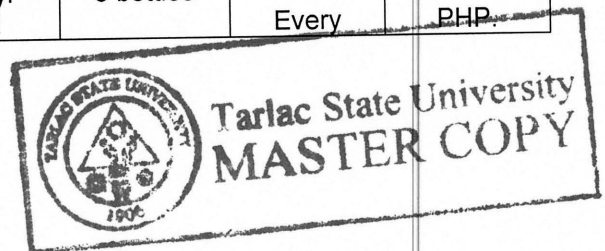
**6.1.4 Goal Statement # 4**

Our Goal by 2018, the Dental Health Office has a fully and upgraded and stricter infection control program

Brief description:


Infection control is very important to every dental health worker. It is the responsibility of the dental office in ensuring that the process of infection control is adequate. At present the clinic use glass beads sterilizer and autoclave for sterilization and hazardous waste are separated from other disposal waste. The clinic also uses deposable cups, bibs and saliva injector to ensure the safety of patients. The dental office could not just rely from usual and have no incident have occurred but instead to add more precaution as to not leave any room from dreaded infection that may spread.

Objectives	Task/ Activities	Performance measure/ documents	Target	Timeline	Resource needed
1. To fully upgrade and implement a stricter infection	1. Acquisition of pre cleaning disinfectant. Microbe RX and Deconex	-		Every year 2015	PHP. 5,000.00
	2. Acquisition of decosept for	Isopropyl alcohol	8 bottles	Every	PHP.



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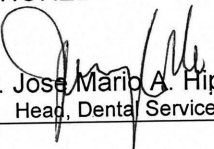

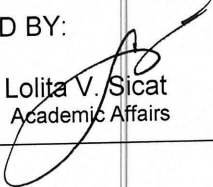
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	<b>DENTAL HEALTH OFFICE OPERATIONS MANUAL</b> <b>Section : PLANNING AND MONITORING</b>		<b>TSU-DHO-06-01</b>	
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control program.	hand sanitation			year Starting 2015	5,000.00
	3. Mandatory Hepatitis B immunization for dentist and dental assistant	One	Two personnel Two personnel	2014 2017	


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