



INSERT YOUR COMPANY EMPLOYEE TRAINING MODULES: OSHA, HIPPA, FWA

Orientation training Packet 2023

Dr.

Please do not delete this slide

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Outline

- **OSHA**
- **HIPAA**
- **Fraud Waste and Abuse**
- **Disability Etiquette**
- **Advanced Directives**
- **Consent**



INSERT YOUR OSHA TRAINING VIDEO YOU
USE HERE

OSHA REQUIREMENTS :

- As a Practice we need to:
 - Have an OSHA compliance officer
 - Update written control plan annually: (Last updated 2019)
 - Blood Borne Pathogens and hazardous materials training annually- Sept/Oct
 - Have regular review of OSHA topics – update annually
 - Written Exposure Plan
 - Infection Control Plan
 - Hazard communication plan
 - Radiation Safety Plan
 - Display all needed Posters
 - Workplace safety plan
 - Waste disposal plan
 - Update Training as needed

OSHA COMPLIANCE OFFICER

- INSERT NAME AND CONTACT OF COMPLIANCE OFFICER

2023 WRITTEN CONTROL PLAN:

- Infection Control Plan
 - Training:
 - Provided to all Employees at initial hire, then as needed throughout employment
 - Brief annual update in the summer
 - At any point an employee or supervisor can request additional Infection control training for themselves or a co-worker who may exhibit signs of needing additional training.
 - If you feel we can do better with this please let us know and propose some ideas.

MAKE SURE YOU UPDATE THIS PLAN TO MATCH YOUR PRACTICE AND CHANGE IT EVERY YEAR

2023 WRITTEN CONTROL PLAN:

- Infection Control Plan
 - Use Universal Precautions- with awareness of aerosols
 - PPE
 - Treat everyone as if they are a risk
 - Since COVID 19 we have updated PPE
 - You will be provided with multiple gowns, level 3 masks , gloves and a face shield to use.
 - You are welcome to wear an N95/KN95 under the mask which we will provide you upon request
 - Due to difficulty obtaining fit testing supplies this can not be truly considered N95 protection.
 - Change outer mask between patients
 - Clean Face Shield Between Patients
 - Change gown between patients. – These will be laundered at the facility
 - Wash face shield between patients.
 - If at any point you feel you need more or different PPE contact **(INSERT WHO)**

2023 WRITTEN CONTROL PLAN:

- Safer Sharps Practices

- One-handed recapping of needles is the only acceptable technique
- Any instrument transport must be done in a non-penetrable container with a locking lid
- Transport containers must be labeled “Clean” or “Dirty”
- Instruments can not be transported in the passenger section of the vehicle.
 - They must be transported in the trunk when possible
 - In vehicles without a separate trunk, must secure all containers containing sharps as much as possible.
 - All sharps must be transported in sealed containers with an external safety mechanism to ensure the lid is secure (latch containers)
- Burs must be removed from handpiece immediately after use
- Scalars must be kept out of reach of the patient
- Ear plugs (single patient use) can be used to blunt the opposite sharp edge of double sided instruments

2023 WRITTEN CONTROL PLAN:

- Infection Control Plan
 - Practice provides medical follow up and exposure prevention training if exposure occurs during work with no penalty to employee
 - CHANGE BELOW TO FIT YOUR NEEDS
 - This follow up is to be done through St. Luke's Magic Valley Occupational Health Clinic
 - Phone : 208-814-8100
 - Address: 625 Pole Line Rd W. Suite 1B, Twin Falls, ID 83301
 - Regular hours 8-6 M-F **(ALSO HAVE INFO FOR AFTER HOURS)**
 - Record of event will go in employee's confidential file
 - Employee will receive additional training in sharps prevention if indicated

2023 WRITTEN CONTROL PLAN:

- Post Exposure Plan:
 - Wash your hand or area of the exposure
 - Report exposure to supervising dentist immediately who will report immediately to owner dentist
 - You will be sent to St. Luke's Occupational Health Clinic for evaluation and treatment based on risk. This will be done at the expense of YSSPLLC.
 - We will also fill out an incident report
 - We will discuss the proper way to obtain bloodwork and testing for the patient as well with their administrator of the care facility and their family.
 - The incident will be kept confidential and recorded in your employee medical file that will be maintained 30 years.
 - We will form a written action plan detailing how and why this exposure occurred and how we can work together to prevent any future exposures of this nature for your and other employees.
 - **CHANGE THIS SLIDE TO YOUR PLAN**

PANDEMIC INFECTION CONTROL

- See documents on our website for specific infection control protocols during the pandemic:
 - <https://www.yourspecialsmiles.com/portable-dentistry/>
- You are welcome to use our infection control plan, if not feel free to change or update this slide.

2023 WRITTEN CONTROL PLAN:

- Vaccines help protect you and our patients
 - Practice provides Hep B Vaccine at no cost to employee
 - If employee refuses vaccine must fill out form and give reason
 - Either- already vaccinated or personal reasons
 - We strongly encourage vaccination for COVID-19
 - We strongly encourage the annual flu shot

2023 WRITTEN CONTROL PLAN:

- Waste Disposal
 - Will utilize the systems of the facilities we visit to minimize transport of biohazardous materials or unnecessary used sharps
 - When transporting sharps be sure to transport them in a non-penetrable locking container
 - When transporting biohazards ask the facility for a biohazards bag. It is highly unlikely that we will be transporting biohazards
 - No employee will transport biohazards-
- It is important not to bring contaminated waste from room to room. We will not carry a dirty garbage bag from room to room. All items used with a resident will be thrown away in their room trash can. No sharps can be used in patient rooms. If scalers are used in patient rooms a dirty area must be set up and the locking dirty box must be brought into the room to the dirty area.
- Reusable or laundered items transport in a clean plastic bag back to the designated area. If you forget the bag, roll up the garment so the clean side is on the outside and transport back in your hand being careful not to touch anything with that hand. Wash your hands when you return to the designated area. NOTHING can be in pockets of laundered items.

2023 WRITTEN CONTROL PLAN:

- OSHA Poster **CHANGE THIS TO WHERE YOU HAVE YOURS make sure you have all your state requires**
 - Poster will be displayed in trailer, which is the most consistent traffic area for our mobile practice. All employees will have access upon request.
 - Also can be found following this link:
<https://www.yourspecialmiles.com/sponsors/>

2023 WRITTEN CONTROL PLAN:

- **CHANGE THIS TO MATCH WHAT YOU DO**
- Hazard communication Plan- Hazardous Chemicals
 - Practice provides list of hazardous chemicals
 - We will not be working with many hazardous chemicals
 - Googling the “MSDS for_____” is usually the fastest way to get the MSDS information you need on a chemical.
 - The facilities should have MSDS Sheets for chemicals they have. It is your responsibility to seek this out and know where they keep it.
 - Practice provides training for proper use of chemical we provide which is very limited.
 - If you have any trouble accessing the MSDS, Text Dr. Brooke and she can walk you through the MSDS if necessary.
 - You can also find our MSDS Sheets on our website under Legal Stuff

2023 WRITTEN CONTROL PLAN:

- Workplace Safety:
 - If a patient becomes agitated and you believe they may become combative, do not push them any further.
 - If a caregiver thinks they may begin to exhibit “behaviors” stop the procedure if safe to do so.
 - If a patient becomes combative, remove yourself from the situation
 - Never be alone with a patient with the door closed. Always have a staff person from the facility or a team member with you or have the door open.
 - It is the employee’s responsibility to review exit routes, and emergency safety plans with facility’s employees as this will be different in each facility we are in
 - Patients may harass you, it is rare but possible. Remove yourself from any situation in which you feel uncomfortable or in which you do not feel safe. Report this to as soon as reasonably possible.

2023 WRITTEN CONTROL PLAN:

- Radiation Safety **(CHANGE THIS TO MATCH YOUR PRACTICE)**
 - Practice registers all X-ray generators with the State Radiology Board
 - Practice provided employees with the radiation badges for the mandatory 2 years and found minimal radiation exposure. We were granted permission to no longer pay for this service. If you would like a radiation badge we can make this available for you. Request this to (Inset WHO) if you are interested .
 - Practice provides full body operator radiation safety aprons as well as patient safety aprons. Hand shields are also available per request.
 - All employees must watch radiation Safety video for proper use of the Nomad X-ray Generator.

2023 WRITTEN CONTROL PLAN

- Nomad Educational Videos (30 minutes)
 - Shield is made of lead impregnated acrylic
 - No need to leave the room
 - There is a protection zone where you will be protected
 - <https://www.youtube.com/watch?v=RAp7yIYHDU>



YOUR SPECIAL SMILES PLLC
HIPAA TRAINING
APPROXIMATELY 2 HOURS

HIPAA TRAINING VIDEO 2022

- INSERT YOUR HIPAA TRAINING VIDEO

YSSPLLC HIPAA OFFICERS 2023

- HIPAA Security Officer : (INSERT YOURS)
- HIPAA Privacy Officer: (INSERT YOURS)
- So combined (INSERT YOURS)
- is the HIPAA Compliance Officer.
 - With this comes federal legal responsibilities with BIG fines for non-compliance minimums \$25,000

HIPAA PRIVACY RULES- PATIENT PRIVACY RIGHTS

- Right to Access
- Right to request to Amend
- Right to confidential communication
- Right to accounting of disclosures
- Right to restrict information
- Right to restrict information to health plan
- Right to receive privacy notification and update every 3 years
- Right to file a complaint

HIPAA RISK ASSESSMENT 2023

- **CHANGE THIS TO WHAT YOU DO**
- Currently we are moderate risk. We utilize a cloud-based software that meets HIPAA standards. This will put us at lower risk as we will no longer have to transport paper charts, however there will now be employers who have access to patient records which moves us to moderate risk.
- Past Charting: All paper charting is stored in a waterproof, fireproof, locking safe. All electronic records are on an encrypted hard drive with no server or internet sharing.
- We will rely on Mouthwatch for compliance with whom we have a BAA.
- We have a HIPAA compliant email as well, **YOU CAN NOT EMAIL PATIENTS**, only **(INSERT YOURS)** through the HIPAA compliant email.

HIPAA RISK MANAGEMENT PLAN 2023

- (INSERT YOUR PLAN)
- Employees are NOT allowed to share user name or passwords.
- Employees are NOT allowed to save PHI anywhere other than on the secured Mouthwatch Teledent.
- If an employee wants to take a photo with a patient, the photo release form must be signed by the legal guardian.
- Employees must change passwords every 90 days, we recommend using a secure sentence or phrase password with spaces and punctuation.
- All information will be backed up as per Mouthwatch system.
- Paper with PHI will be destroyed by medical grade shredding or burning

BUSINESS ASSOCIATES

- (Change this to what you do)
- Business Associate agreement exists between (INSERT YOURS) and Mouthwatch and Mail Hippo. These agreements are written in compliance with HIPPA and was proposed Mouthwatch and Mail HIPPO.
- We have Business Associate agreements with our facilities.
- Translation services, if needed, will be regularly provided and arranged by the facilities we are serving when needed.
- At the hospital we will utilize their compliant software to directly input patient data. When we take patient data from the hospital, we will do so with NO patient identifiers on an unmarked compact disk or via Mail HIPPO.

HIPPA AUTHORIZATION FORM REQUIRED ELEMENTS

1. PHI to be used or disclosed
2. Name of specific identification of person authorized to make the request for disclosure
3. Name or specific class of persons who may use the PHI or who the covered entity may make requested disclosure
4. Description of each purpose of the request for use and disclosure- must be specific, not for future research
5. Authorization expiration date or event
6. Signature of individual and date
7. If signed by anyone other than the patient must have description of the representative's authority to act for the individual
8. Individuals right to revoke authorization in writing
9. Potential for PHI to be re-disclosed by recipient no longer protected by privacy rule
10. Notice of covered entities ability or inability to condition treatment, payment, enrolment eligibility based on Authorization.

DISCLOSURE OF PHI

- We can disclose for the treatment, payment, healthcare operations
- We can disclose to anyone the patient gives us authorization
- We can disclose with subpoena
 - If they have valid Authorization with all 9 points
 - If they have Notice of Production as well
 - We can give if court ordered by a judge
- We can disclose to Government Agencies (excluding law enforcement)

BREACH NOTIFICATION POLICY

- Staff need to be able to spot a breach and report to owner dentist
- Breaches need to be reported to OCR annually
 - Examples- fax sent to wrong doctor
- Breach Security Risk Assessment done for each breach
- Plan in place for breach of under 500
 - Contact ISDA and Small Horse for Guidance immediately
 - Notify Patient of Breach
 - Notify Patient of what you are doing and what they should do to rectify situation
 - Form a plan to prevent this type of breach from happening again
 - Document this all in HIPPA file
- Plan in place for breach of over 500
 - Notify ISDA, Small Horse, OCR Immediately
 - Follow plan for breach of under 500

OMNIBUS BREACH

- If info compromised considered a breach, whether harmful or not
- Most common breaches:
 - Misdirected faxes
 - PHI to wrong requested
 - PHI without authorization
 - Inappropriate disclosure to employer
 - Identity theft
 - Stealing and disclosing
 - Sensitive information lost (media or paper)
 - Inappropriate access- more than minimum necessary
 - Confidential communication violations
- Suspected or actual breach must do survey to assess dangers
 - What was PHI involved
 - Who had access
 - was it viewed or acquired- maybe catch that wrong fax but they didn't reply so may not have been viewed
 - What have you done to mitigate risk to the PHI- like ask to shred and get to correct doctor
 - All breaches considered critical and fill this out right away

CONTINGENCY PLAN

- If mouthwatch teledent isn't working we will take notes on paper and keep records at the facility in their facility medical binder.
- We have an encrypted hard drive for information stored outside of Mouthwatch

MOBILE DEVICE POLICY

- Personal mobile devices are not to be used with any PHI if there are patient identifiers. See Employee handbook on communication.

EMAIL/TEXTING

- All information containing PHI must be done through Mail HIPPO or Mouthwatch.
- Phones must be password protected
- NO TEXTING PATIENT INFO
- 6 digit pin or biometric needed if phone is used for patient information

DISPOSAL OF PHI

- Paper PHI will be burned
- Digital PHI will be wiped using Small Horse IT dental digital security company.

VISITORS

- All visitors will need to read our HIPPA policy and sign prior to having access to PHI.

MANDATORY DISPLAYS

- The following mandatory displays are available on our website:
 - Privacy Policy of Website
 - Notice of Privacy Practices
 - Pricing for Medical Records
 - To see these go to the paperwork section on :
<https://www.yourspecialsmiles.com/portable-dentistry/>
- Non-discriminatory notice 1557 : <https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>
-

USER AUDIT LOGS

- You will have access to patient information. It can e monitored who gets into what charts.

HIPPA SECURITY RULE FOR RANSOMWARE

- If you think you were attacked
 - Immediately unplug your computer
 - Disconnect networks and change your passwords
 - Contact FBI – fbi.gov/contact-us/field and internet crime ic3.gov/gov/default.aspx

HIPPA OFFICER TRAINING

- Omnibus HIPAA Compliance Officer Training- only if curious... not a paid training unless you are the compliance officer.
- (INSERT WHAT YOU USE FOR HIPAA OFFICER TRAINING)
- Risk assessment
 - Have company every year or every other year
 - Risk management plan- how to resolve vulnerability
 - Organizational chart- who is HIPPA committee
 - Notice of privacy practices- all patients, and downloadable website
 - Set of policies and procedures for them to access and amend
 - Documented policies on security rule
 - Year-round training- culture of compliance- one meeting per month
 - Developing contingency plan- tracking of IT equipment
 - Get those 9 elements and authorization
 - Sanction policy for any employees that violate policies or procedures and need examples
 - Must train staff on your HIPPA policies

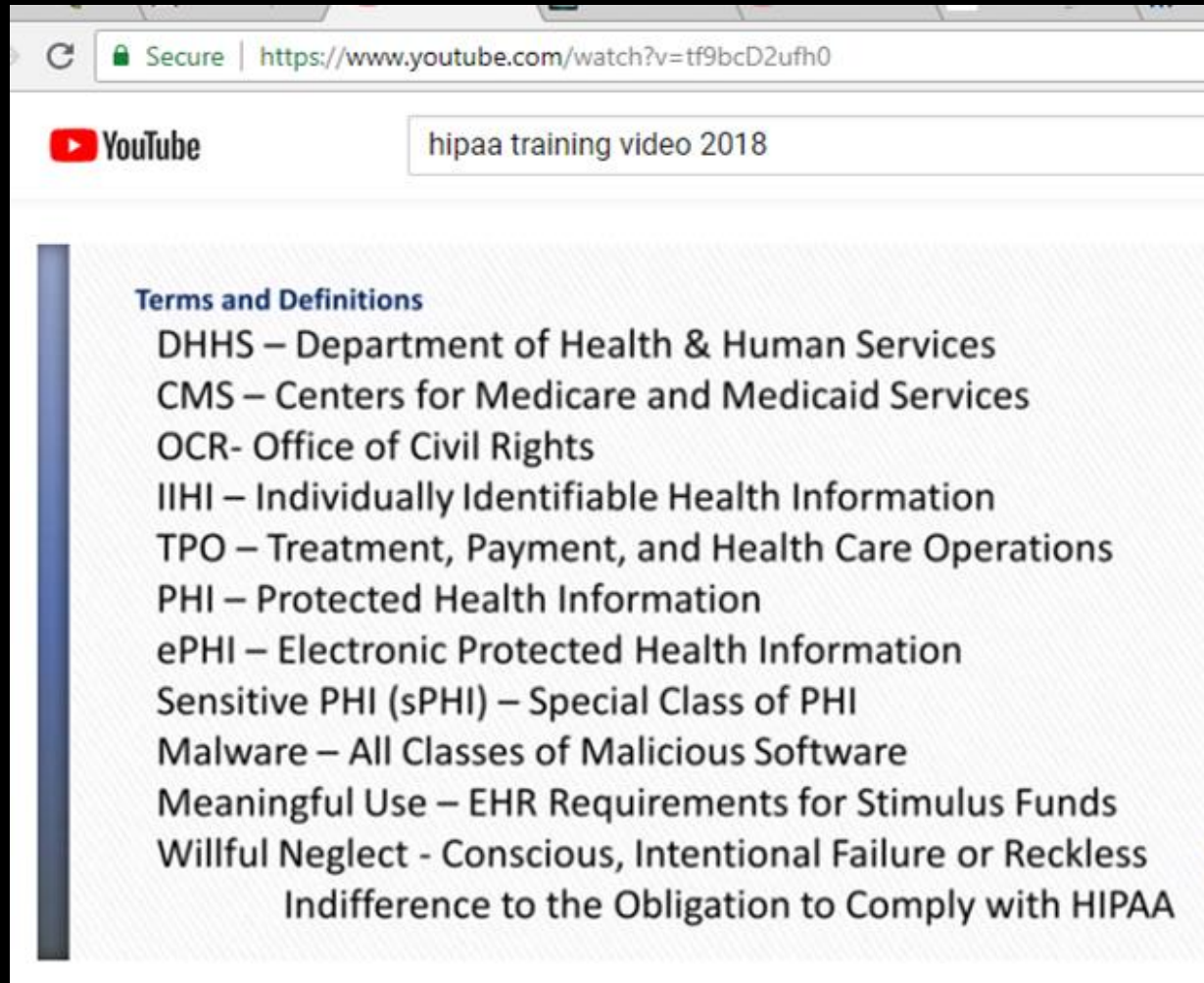
HIPAA RECORDS TO MAINTAIN

- Employee Training
- Updated policies
- Patient signature on notification of privacy and minimum use
- Any breaches
- User Audit Logs
- All must be kept for 6 years

INTERPRETERS SECTION 1557

- It is illegal to have minors interpret
- Must offer to provide one at no cost to patient
- In the LTC facility:
 - We will be working in facilities, if interpreters are needed the facility will have these people as they would be needed for daily communication in the facilities.
- In the hospital:
 - When in the hospital this is provided by the hospital.
- Other unique circumstances
 - We will use the free service provided by MCNA
 - If needed we will contact MCNA prior to appointment and they will provide a translator

USEFUL HIPAA ABBREVIATIONS



The image shows a screenshot of a YouTube video player. The browser address bar displays a secure connection to a YouTube watch page. The search bar contains the text "hipaa training video 2018". The video content area features a list of abbreviations under the heading "Terms and Definitions".

Terms and Definitions

- DHHS – Department of Health & Human Services
- CMS – Centers for Medicare and Medicaid Services
- OCR- Office of Civil Rights
- IIHI – Individually Identifiable Health Information
- TPO – Treatment, Payment, and Health Care Operations
- PHI – Protected Health Information
- ePHI – Electronic Protected Health Information
- Sensitive PHI (sPHI) – Special Class of PHI
- Malware – All Classes of Malicious Software
- Meaningful Use – EHR Requirements for Stimulus Funds
- Willful Neglect - Conscious, Intentional Failure or Reckless Indifference to the Obligation to Comply with HIPAA



YOUR SPECIAL SMILES PLLC
FRAUD WASTE AND ABUSE TRAINING

FRAUD WASTE AND ABUSE

- (INSERT WHAT YOU USE FOR FRAUD WASTE AND ABUSE TRAINING)

FRAUD, WASTE, AND ABUSE POLICY 2023

- **Policy:** If you believe that anyone with (INSERT YOURS) is engaging in any fraudulent behavior, report it to (INSERT YOURS) as soon as possible. If you believe (INSERT YOURS) is engaging in fraudulent behavior you will not be punished for bringing this up. We will watch the training video as a group at your initial training and will discuss it. You will have access to these trainings as long as they remain on the web and we recommend you go through them annually.
- **Employees Trained:** Dentists, Hygienists, Chairside Assistants, Logistics, GOH/AOH



DISABILITY ETIQUETTE TRAINING

RESPECT FOR PEOPLE WITH DISABILITIES

- <https://www.youtube.com/watch?v=nc9aAY6-ujQ>
 - Talk To Me
- <https://www.youtube.com/watch?v=Gv1aDEFIXq8>
 - Assisting devices
- <https://www.youtube.com/watch?v=7G-JWF8C4fU>
 - Power chair
- <https://www.youtube.com/watch?v=h2ZLBaiGQj0>
 - Aphasia
- <https://www.youtube.com/watch?v=yivppJvjMho>
 - Blind or Difficulty Seeing

RESPECT FOR PEOPLE WITH DISABILITIES

- https://www.youtube.com/watch?v=HYRXFAh_lvA
 - Person First Language
- <https://www.youtube.com/watch?v=ICajTVTj0-g>
 - Identify first language
- https://www.youtube.com/watch?v=CL8GMxRW_5Y&index=5&list=PLInqsEc8hk_tC8KY8qh9BNrZk7DpufUtl
 - Talk to me, not like I am a baby
- <https://www.youtube.com/watch?v=C1BZ1PKm5e4>
 - Alzheimer's



ADVANCED DIRECTIVES, GUARDIANS, AND CONSENT



ADVANCED DIRECTIVES

ADVANCED CARE DIRECTIVE

- *“Patients create these if they may be in a situation where their medical provider does not know what type of care they would desire and they don’t want to put that decision on their family. This tells the medical providers in advance what treatments they would like in hypothetical situations so if that situation becomes real their desires will be followed. “*
- Created by someone when they are thinking clearly to help insure their wishes are honored when they are not.

ADVANCED DIRECTIVES

- **Living Will: A directive to withhold or provide treatment if someone becomes incapacitated**
 - CPR, Feeding tube, IV nutrition, Extended care on a breathing machine, tests, medicines, or surgeries, blood transfusions
 - CAN BE MADE WITHOUT PROVIDER, only goes into effect after determined life is sustained artificially.
- **Special health care power of attorney: Someone can decide for you**
 - is a legal document that allows you to name someone else (a health care agent or proxy) to make health care decisions for you when you cannot. It does not give power to anyone to make legal or financial decisions for you.
 - Can be set up without a provider, is a legal document, need provider to determine you are not capable of making the decision- needs to be signed in front of a witness, in some states a notary (didn't find anything on Idaho), can register with secretary of state in Idaho
- **POST ---With doctor determines specifics of what treatment you choose to receive**
 - is a document that tells providers if you would like CPR, intubation, antibiotics, nutrition, respiration or other medical interventions. NEED PROVIDER SIGNATURE
- Organ Donor- also considered an advanced directive

<https://medlineplus.gov/ency/patientinstructions/000472.htm>

ADVANCED DIRECTIVES

- **Verbal instructions** are your choices about care that you tell providers or family members. Verbal wishes usually replace those you made previously in writing if you are assessed to be able to make logical choice.

POST/ DO-NOT-RESUSCITATE

- Written with a Doctor- POST form used in Idaho (POST is more than just CPR)
- Instructs health care providers how to treat in various situations

<https://legislature.idaho.gov/statutesrules/idstat/title39/t39ch45/sect39-4512b/>

<https://medlineplus.gov/ency/patientinstructions/000473.htm>

EXPLANATION OF DNR- WHY OR WHY NOT?

- Australian discussion on end of life choices start at 11 minutes (watch to 17) -
 - <https://www.youtube.com/watch?v=RDw6a47bn5Q&t=15s>
- Nurse explanation-7 minutes
 - https://www.youtube.com/watch?v=bb_8xQfAXL0
- Explanation of what is a DNR- 1.5 12 minutes- optional- risks an benefits
<https://www.youtube.com/watch?v=L3ejcbtaXEc>
- Doctor's thoughts, to necessitate or not? – 10 min -optional
 - <https://www.youtube.com/watch?v=4ps03E-NCaI>

IDAHO "POST" FORM

Click to Print Form	
IDAHO POST IDAHO POST IDAHO POST IDAHO POST IDAHO POST IDAHO POST IDAHO POST	
Idaho Physician Orders for Scope of Treatment (POST)	
HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT	
<ul style="list-style-type: none">• This form must be signed by an authorized practitioner in Section E to be valid• If any section is NOT COMPLETE provide the most comprehensive treatment in that section• EMS: If questions arise contact on-line Medical Control	
Last name _____	
First name _____	
Date of birth ____/____/____	
Last four digits of SS # _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Section A Select 1 OR 2	Cardiopulmonary Resuscitation: Patient is not breathing and/or does not have a pulse <input type="checkbox"/> 1. Do Not Resuscitate: Allow Natural Death (No Code/DNR/DNAR): No CPR or advanced cardiac life support interventions <input type="checkbox"/> 2. Resuscitate (Full Code): Provide CPR (artificial respirations and cardiac compressions, defibrillation, and emergency medications as indicated by the medical condition) Additional resuscitation instructions: _____ _____ _____
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IDAHO "POST" FORM CONT'D

Durable power of attorney Health Care

IDAHO POST IDAHO POST IDAHO POST IDAHO POST			
	Section D	Advance Directives: The following documents also exist: <input type="checkbox"/> Living Will <input type="checkbox"/> DPAHC <input type="checkbox"/> Other _____	
	Section E	<input type="checkbox"/> I request that this document be submitted to the Idaho Health Care Directive Registry	
		Patient/Surrogate Signature: <input checked="" type="checkbox"/> _____ Print Patient/Surrogate name Relationship (Self, Spouse, etc.) Date / /	
		Physician/APPN/PA Signature: <input checked="" type="checkbox"/> _____ Print Physician/APPN/PA name ID license number Phone # - - Date / /	
		Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Spouse <input type="checkbox"/> DPAHC <input type="checkbox"/> Other _____	
		The basis for these orders is: <input type="checkbox"/> Patient's request <input type="checkbox"/> Patient's known preference	

WHO NEEDS TO OBEY POST?

- TITLE 39: HEALTH AND SAFETY
- CHAPTER 45 : THE MEDICAL CONSENT AND NATURAL DEATH ACT
- 39-4502. DEFINITIONS. As used in this chapter:
- (10) "Health care provider" or "provider" means any person or entity licensed, certified, or otherwise authorized by law to administer health care in the ordinary course of business or practice of a profession, including emergency or other medical services personnel

<https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH45/SECT39-4502/>

TITLE 39
HEALTH AND SAFETY

CHAPTER 45
THE MEDICAL CONSENT AND NATURAL DEATH ACT

(10) "Health care provider" or "provider" means any person or entity licensed, certified, or otherwise authorized by law to administer health care in the ordinary course of business or practice of a profession, including emergency or other medical services personnel.

IDAHO "POST" FORM LAW

TITLE 39
HEALTH AND SAFETY

CHAPTER 45
THE MEDICAL CONSENT AND NATURAL DEATH ACT

39-4512A. PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST). (1) A physician orders for scope of treatment (POST) form is a health care provider order signed by a physician or by a PA or by an APPN. The POST form must also be signed by the person, or it must be signed by the person's surrogate decision maker provided that the POST form is not contrary to the person's last known expressed wishes or directions.

(2) The POST form shall be effective from the date of execution unless suspended or revoked.

(3) The attending physician, APPN or PA shall, upon request of the person or the person's surrogate decision maker, provide the person or the person's surrogate decision maker with a copy of the POST form, discuss with the person or the person's surrogate decision maker the form's content and ramifications and treatment options, and assist the person or the person's surrogate decision maker in the completion of the form.

(4) The attending physician, APPN or PA shall review the POST form:

(a) Each time the physician, APPN or PA examines the person, or at least every seven (7) days, for persons who are hospitalized; and

(b) Each time the person is transferred from one (1) care setting or care level to another; and

(c) Any time there is a substantial change in the person's health status; and

(d) Any time the person's treatment preferences change.

Failure to meet these review requirements does not affect the POST form's validity or enforceability. As conditions warrant, the physician, APPN or PA may issue a superseding POST form. The physician, APPN or PA shall, whenever practical, consult with the person or the person's surrogate decision maker.

(5) A person who has completed a POST form pursuant to the provisions of this section or for whom a POST form has been completed at the request of his or her surrogate decision maker may wear a POST identification device as provided in section [39-4502\(15\)](#), Idaho Code.

(6) The department of health and welfare shall develop the POST form.

History:

[39-4512A, added 2007, ch. 196, sec. 13, p. 590; am. 2012, ch. 302, sec. 11, p. 835.]

DNR VS LIVING WILL

- DNR/POST- put in place by a doctor
- Living Will- can put in place yourself. Only goes into effect if you are terminal, acts as a decision maker like a power of attorney.

TITLE 39
HEALTH AND SAFETY

CHAPTER 45
THE MEDICAL CONSENT AND NATURAL DEATH ACT

39-4510. LIVING WILL AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE. (1) Any competent person may execute a document known as a "Living Will and Durable Power of Attorney for Health Care." Such document shall be in substantially the following form, or in another form that contains the elements set forth in this chapter. Any portions of the "Living Will and Durable Power of Attorney for Health Care" which are left blank by the person executing the document shall be deemed to be intentional and shall not invalidate the document.

LIVING WILL AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Date of Directive:

<https://legislature.idaho.gov/statutesrules/idstat/title39/t39ch45/sect39-4510/>



CONSENT

4 KEY CONSENTS TO GET

- **The patient** themselves –even if not their official guardian
 - Do they understand what is going on, risks and benefits?
- **The guardian** – helps make decisions for well being
- **The conservator-** helps make decisions for where they spend money
- The picky family member..... (optional but saves a lot of headache)

SOMEONE WITH DISABILITIES CAN CONSENT THEMSELVES

- 39-4503. PERSONS WHO MAY CONSENT TO THEIR OWN CARE. Any person, including one who is developmentally disabled and not a respondent as defined in section 66-402, Idaho Code, who comprehends the need for, the nature of and the significant risks ordinarily inherent in any contemplated hospital, medical, dental, surgical or other health care, treatment or procedure is competent to consent thereto on his or her own behalf.
- **Any health care provider may provide such health care and services in reliance upon such a consent if the consenting person appears to the health care provider securing the consent to possess such requisite comprehension at the time of giving the consent.**

TITLE 39
HEALTH AND SAFETY

CHAPTER 45
THE MEDICAL CONSENT AND NATURAL DEATH ACT

GUARDIANS/CONSERVATORS

- **Guardians**

- do not have to pay for things
- protect and manage the welfare of the person

- **Conservators**

- protect and manage the person's property and money- get these people on board if you want to be paid...

- To become a guardian or conservator one must take a class: Discusses roles and responsibilities. Legal process involves multiple specialties

- https://isc.idaho.gov/education/congua/story_html5.html?lms=1

GUARDIANS CAN GIVE CONSENT

TITLE 15
UNIFORM PROBATE CODE

CHAPTER 5
PROTECTION OF PERSONS UNDER DISABILITY AND THEIR PROPERTY

PART 3.
GUARDIANS OF INCAPACITATED PERSONS

15-5-312. GENERAL POWERS AND DUTIES OF GUARDIAN. (1) A guardian of an incapacitated person has the powers and responsibilities of a parent who has not been deprived of custody of his unemancipated minor child except that a guardian is not legally obligated to provide from his own funds for the ward and is not liable to third persons for acts of the ward, and except as hereinafter limited. In particular, and without qualifying the foregoing, a guardian has the following powers and duties, except as modified by order of the court when the guardianship is limited:

(a) To the extent that it is consistent with the terms of any order by a court of competent jurisdiction relating to detention or commitment of the ward, he is entitled to custody of the person of his ward and may establish the ward's place of abode within or without this state. The guardian shall take reasonable measures to ensure that a convicted felon does not reside with, care for or visit the ward without court approval.

(b) If entitled to custody of his ward he shall make provision for the care, comfort and maintenance of his ward, and, whenever appropriate, arrange for his training and education. Without regard to custodial rights of the ward's person, he shall take reasonable care of his ward's clothing, furniture, vehicles and other personal effects and commence protective proceedings if other property of his ward is in need of protection.

(c) A guardian may give any consents or approvals that may be necessary to enable the ward to receive medical or other professional care, counsel, treatment or service. A guardian shall be automatically entitled to any information governed by the health insurance portability and accountability act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164, and the appointment of such guardian shall be deemed to grant such release authority.

(d) If no conservator for the estate of the ward has been appointed, the guardian may institute proceedings to



CONSERVATORS

- Only worry about them if there will be a charge for the service

MULTIPLE GUARDIANS/CONSERVATORS

- Someone can have two guardians or two conservators:
- . (iii) If the court appoints co-guardians or co-conservators, the court shall also determine whether the co-guardians or co-conservators:
 - 1. May act independently;
 - 2. May act independently but must act jointly in specified matters; or
 - 3. Must act jointly. The determination by the court must be stated in the order of appointment and in the letters of guardianship or conservatorship.
- **Sometimes we may need two signatures**

TITLE 66
STATE CHARITABLE INSTITUTIONS
CHAPTER 4
TREATMENT AND CARE OF THE DEVELOPMENTALLY DISABLED

CONSENT SUMMARY

- We will get guardianship papers and have them in the binder at the facility
- We will get consent from: guardian and conservator. Sometimes the picky family member.
- The provider on site needs to get and document consent from the patient. This can be verbal.



UNDERSTANDING DIFFERENT FACILITY TYPES

TYPES OF CARE AND CARE FACILITIES- GERIATRICS

- **Assisted living-** may need help with activities of daily living but overall is a residential facility, often more permanent
- **Skilled nursing-** medical facility- have IV lines, respiratory therapy, needs a nurse 24/7, often temporary with the goal of getting someone back to home
- **Memory Care-** usually affiliated with assisted living, but for patients who have dementia
- **Intermediate Care Facility for Individuals with Disabilities** - are group living arrangements for adults or children with developmental disabilities and intense needs to support. Children and adults must meet an institutional level of care in order to live in these facilities
- **Licensed Residential and Assisted Living (RALF)** - are group living arrangements for four or more adults, 18 years of age or older, who have varying needs for support. For any resident who has needs requiring a nurse, the facility must assure a licensed nurse is available to meet the needs of the resident.

TYPES OF LIVING ARRANGEMENTS- SPECIAL NEEDS

- Supported Living Services: **Developmental Disability Agencies and Residential Habilitation Agencies** offer services that allow those Adults who meet the criteria for **Developmental Disabilities (DD) Waiver Services** to reside in places of their own choosing while still receive care and services to meet their needs.
- **Certified Family Homes (CFH)** provide a safe, family-style living environment for those who need some assistance with the activities of daily living, but do not require a more restrictive institutional setting. The CFH allows the individual to reside in a facility (normally the home of their caregiver) and still receive care and services. CFHs have to have three or fewer residents. Each resident has a tailored care plan designed to meet their individual needs and to ensure they have the opportunity to participate in community activities. The CFH is operated by a provider who has received the appropriate training and demonstrates the knowledge and experience to provide safe and effective services to the residents. There are over 1800 Certified Family Homes in communities across the state.
- **We won't be going to these due to liability purposes**

TYPES OF CARE/CAREGIVERS

- Hospice Care:
 - Stopped trying to treat the disease, symptom management only
 - illnesses that cannot be cured and those who are nearing death
 - Most in their last 6 months of life
 - Gives patients AND the family support and care
 - Respite care- giving the family a break
 - Someone on the hospice team is available 24/7 for patient and family
- Primary Caregiver
 - the person in charge of taking care of patients daily needs
- Primary Care Provider
 - Medical professional in charge of taking care of patient

<https://medlineplus.gov/ency/patientinstructions/000467.htm>



Ergonomics

Please watch this video for ergonomics: 60 min

<https://youtu.be/Uf4e65aOXcA>

USING THE INTRAORAL CAMERA

- We will let you borrow an intraoral camera to get familiar with if this is going to be part of your job. You can use this as long as you need while employed with us.
- You always need to use a barrier with it.
- This is the same camera you will use with patients.
- We need pictures of all teeth from all angles- some patients will have more than others, some will be easier than others.
- We prefer videos shot in quadrants, make sure you tell me what quadrant you are in when shooting videos

<https://www.yourspecialsmiles.com/free-short-video-clips/>

Use this link to help with tips and tricks

DESIRED EXTRAORAL PHOTOS

- Overall- upper arch
- Overall Lower arch
- Overall Side picture
- Frontal
- Face picture
- Individual teeth for teledental evaluation
 - occlusal, facial and lingual views of all posterior teeth- 3 pics per tooth, but sometimes you will get more than one tooth in a shot



<https://www.yourspecialsmiles.com/free-short-video-clips/>

Use this link to help with tips and tricks

RADIOGRAPHS

- These will be in a treatment plan and will be based on ALARA principle. If they are not please inform (INSERT YOURS) the day before so she can get them in the plans.



THE YSS ORAL HYGIENE ABILITY SPECTRUM

THE YSS ORAL HYGIENE ABILITY SPECTRUM

- Independent
- Motivation Needed
- Limited Assistance Needed Cooperative
- Limited Assistance Needed Semi-Cooperative
- Dependent Cooperative
- Dependent Semi-Cooperative
- Non-Cooperative
- Preventative Physical Obstacles

<https://www.yourspecialsmiles.com/free-short-video-clips/>

THE YSS ORAL HYGIENE ABILITY SPECTRUM

- Learn more on our website. Check out the documentation sheets. Be ready to fill these out. On your first day we will answer any questions you have
 - <https://www.yourspecialsmiles.com/portable-dentistry/>
- Watch this overall review video (the YSS OHA spectrum is a bit outdated in this video, you will see the difference)
 - https://www.youtube.com/watch?v=OIS_sgW6ouo&t=67s
- On this page there is the actual sheets as well as infection control sheets. We have them on this page so we only have to update them in one spot when we update them
 - <https://www.yourspecialsmiles.com/book-dr-brooke/>