DENTAL STANDARD OPERATING PROCEDURES FOR OPERATIONAL UNITS
COMUSFLTFORCOM/COMPACFLT INST 6600.1A
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From: Commander, U.S. Fleet Forces Command
Commander, U.S. Pacific Fleet

Subj: DENTAL STANDARD OPERATING PROCEDURES FOR OPERATIONAL UNITS

Ref: See appendix A

1. Purpose. To provide a standard operating procedure guide to assist dental personnel and senior medical department representatives of operational units with day-to-day management of dental matters and functions. This guide combines several instructions, assigns responsibilities, and provides references and appendices to help manage dental health care in the Fleet.

2. Cancellation. COMFLTFORCOMINST 6600.1.

3. Scope and Applicability. Dental and medical department personnel afloat and naval construction battalion personnel are to use the information in this manual as an aid in the promotion, delivery and maintenance of quality dental care.

4. Action. Addressees will implement the provisions of this instruction upon receipt.

5. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per Secretary of the Navy Manual 5210.1 of January 2012.

6. Review and Effective Date. Per OPNAVINST 5215.17A, USFLTFORCOM N01HD will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 10 years after effective date unless reissued or canceled prior to the 10-year anniversary date, or an extension has been granted.

7. Forms and Reports Control

a. The form listed in subparagraphs 7a(1) and (2) is available for download via Navy Medicine Forms Online, http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx.
(1) NAVMED 6700/3 Medical/Dental Equipment Maintenance Record

(2) NAVMED 6630/3 Statement and Inventory of Precious and Special Dental Metals


d. The reporting requirements contained in this instruction are exempt from reports control by SECNAV M-5214.1 of December 2005, part IV, subparagraphs 7h and 7j.

P. G. SAWYER
Deputy Commander

R. P. BRECKENRIDGE
Deputy Commander

Releasability and distribution:
This instruction is not cleared for public release and is available electronically only via:

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CHAPTER 1
MISSION AND RESPONSIBILITIES

1. Mission. Per references (a) and (b), the dental department, or the medical department of units without dental departments, is responsible for providing care for active duty personnel to prevent or remedy diseases, disabilities, and injuries to the teeth, jaws, and related structures. The dental officer or Senior Medical Department Representative (SMDR) advises the commanding officer (CO) on all matters affecting the dental health of the crew. The CO is ultimately responsible for unit dental health and readiness. The mission of the dental officer or SMDR is to manage dental health care delivery to ensure optimum readiness levels are maintained.

2. Fleet Dental Officer. As assigned, the fleet dental officer is the principal advisor to the Commander, United States Fleet Forces Command (COMUSFLTFORCOM) or Commander, United States Pacific Fleet (COMPACFLT) on all matters pertaining to the quality of dental care provided to all members of the fleet. The fleet dental officer:

   a. Develops and monitors fleet dental policy.

   b. Establishes and implements the performance improvement and quality management program (chapter 2).

   c. Monitors status and advocates for optimum dental health and readiness throughout the fleet.

   d. Liaisons with other agencies as an advocate of fleet dental policy.

3. Force Dental Officers. The force dental officer is the surface/sub/air/seabees type commander (TYCOM) staff dental officer who advises on all dental matters. The force dental officer:

   a. Informs fleet dental officer of significant matters pertaining to dental services, dental personnel, and the material condition of the force.

   b. Conducts dental assist visits upon request from the unit CO.

   c. Provides direct oversight of the performance improvement/quality management program, reporting significant events to the fleet dental officer.

   d. Ensures an effective program exists for prevention and treatment of dental disease and injuries, including coordination of dental support to commands without dental treatment facilities (chapter 5).
e. Conducts dental readiness inspections, (appendix B), of all operational units under the claimancy of the type/regional commander. For operational units without dental departments, the force dental officer will assist the force medical officer, upon request, to ensure proper completion of the inspection in accordance with chapter 14.

f. Participates in formulation of fleet dental policy and advocates that policy before the TYCOM.

4. Dental Officer. The dental officer is the senior dental officer of those assigned to the unit, unless reassigned by the CO. In the absence of the dental officer, the next senior dental officer will assume the duties of dental officer; references (a) and (b) apply. The head of the dental department of a command or other activity will be an officer of the dental corps and will be designated as the dental officer. The dental officer:

a. Assumes primary responsibility for providing dental health and readiness to unit personnel.

b. Provides for an effective oral disease risk management program.

c. Provides for an effective preventive dentistry program.

d. Provides for the dental health of personnel of other commands that may be dependent upon, or convenient to, the unit for dental services.

e. Ensures proper equipment acquisition and maintenance, proper consumable stock levels, and sufficient funds to carry out these responsibilities (chapter 6).

f. Trains assigned enlisted dental technicians to increase their capabilities, effectiveness and efficiencies to enhance productivity and career opportunities (chapter 8).

g. Administers professional services within the framework of military duties (chapters 9 and 10).

h. Supports all fleet dental programs and policies.

5. Dental Assistant. Perform duties as a general dental assistant to include dental infection control, dental treatment room management, preventive dentistry, comprehensive dental assisting and intraoral and extraoral radiography.

6. Advanced Dental Assistant. Perform duties as general dental assistant to include reversible operative dentistry and prosthodontic procedures, clinical infection control procedures, application of pit and fissure sealants and anti-cariogenic agents. Provide auxiliary support to
dental hygienist, polishing restorations, prevention treatments and instructions and advanced patient management and administrative skills.

7. Dental Hygienist. The dental hygienist will have the knowledge and clinical competence required to provide current, comprehensive dental hygiene service under the direction and supervision of a dental officer. Dental hygiene includes but is not limited to: clinical infection control procedures; data gathering; intraoral and extraoral radiography; dental hygiene assessment/dental hygiene treatment planning; oral health education including health promotion, disease prevention, behavior modification and nutritional counseling; cleaning removable appliances and prostheses; polishing restorations; provision of therapeutic dental hygiene services including, but not limited to, periodontal scaling and root planning; application of pit and fissure sealants and anticariogenic agents (fluorides); application of chemotherapeutic agents; pain control and other patient services as identified by the dental officer; and evaluation of dental hygiene services.


9. Dental Laboratory Technician, Advanced. In addition to HM 8752 functions, performs and supervises procedures and techniques required in the construction of complex and precision dental prostheses: fixed partial dentures, porcelain fused to metal systems, dental ceramic arts, precision attachment prostheses and the arrangements of artificial teeth for aesthetic, phonetic and functional requirements. Coordinates technical and clinical application and dental technology training.

10. Surgical Technologist. Assists surgeons in carrying out surgical techniques. Provides nursing care, safety and support to patients before, during and after surgery. Selects, sterilizes and prepares instruments and materials and the aseptic environment necessary for surgery. Assists anesthetist during operating procedures in giving artificial respiration and in the use of resuscitators. Maintains surgical equipment and records. Assists with instruction, supervision, and evaluation of students and other corpsmen assigned duties relating to surgery. All surgical technologists may be detailed to an aircraft carrier medical department. In such case, one HM 8483 will be assigned to assist the oral surgeon. This corpsman is a member of the dental department.

11. Surface Force Independent Duty Corpsman. The independent duty corpsman serves as the SMDR aboard surface ships without dental departments.

welding, and documentation. The major emphasis is on deployable equipment, i.e., x-Ray, dental x-Ray, laboratory, ophthalmic, dental, pneumatic, hydraulic, general, medical and surgical diagnostic and treatment equipment at the module or circuit board level. A platform with organic bio-medical equipment technician asset is responsible for the repair and maintenance program of the dental equipment. The bio-medical equipment technician is also expected to extend his/her technical expertise within the amphibious readiness group when requested. Bio-medical equipment technician support from the nearest shore facility may be necessary for ships without an organic bio-medical equipment technician asset.
CHAPTER 10
ADMINISTRATION

1. **General.** The administrative requirements in dental department operations are significant and mandate training, expertise and resources. Dental officers are responsible for timely execution of administrative requirements and the fleet dental officer(force dental officer) staffs are two of many resources available for support.

2. **Reporting Aboard.** Dental officers should comment in the performance improvement/quality management report, (appendix E), on the arrival of new dental personnel, and also note when department personnel receive orders and their expected detachment date.

   a. The incoming dental officer must inspect all dental spaces and equipment. The outgoing dental officer must provide a thorough and accurate appraisal of the status of the dental department. At a minimum, the two should review the items in the turnover guide, (appendix Q).

   b. Upon assuming duties as department head, the dental officer must forward an assumption of duty/letter of relief, to the force dental officer, annotating major discrepancies that may impact on the department's capability to function effectively. Additionally, the reporting dental officer should review reference (a), specifically Chapter 6, and ensure the dental department meets all requirements.

3. **Department Journal.** If required by the ship, the dental officer will maintain a dental department journal (hard copy or electronic), which is a daily chronological record of pertinent matters concerning the department. Incidents of damage, destruction, or loss of department property and breeches of discipline are reportable to the officer of the deck for inclusion in the ship’s/unit’s log. If the ship commanding officer (CO) does not require a departmental journal, it remains the option of the dental officer. All ships have 8 O’clock reports that report significant events in each department.

4. **Departmental Organization and Instruction Manual.** The dental officer will maintain a current dental department organization and instruction manual. The manual must contain a statement of review. All department personnel must sign the document indicating they have familiarized themselves with the contents.

5. **Standards of Conduct.** Reference (p) establishes guidelines for standards of conduct and government ethics that apply to all Department of the Navy personnel. In general, the guidelines require all personnel to avoid any action which results in, or creates the appearance of, any violation contained in the instruction. All department personnel must receive documented training in standards of conduct. Training is available from the unit’s Legal Officer.

6. **Navy Directive System.** In addition to official publications, the Navy issues directives in the form of instructions and notices in accordance with reference (q). The dental officer should
contact the unit’s administrative officer to ensure dental receives directives pertinent to management of the dental department.

The standard subject identification codes provide guidance for identifying and numbering directives, reports, files, and correspondence (reference (r)).

7. Official Correspondence. Reference (s), Navy Correspondence Manual, provides the required formats for various correspondence. The CO signs all official correspondence leaving the ship/unit, or grants authority in writing to sign “by direction.” Dental officers may receive authority to sign by direction for correspondence related to dental.

8. Alteration of Spaces. Dental officers are encouraged to initiate proposals for improvement to the ship’s dental facilities, but any proposed renovations must be reviewed with the force dental officer. Alterations to a single ship may trigger the same subsequent alterations in the entire ship class and the fleet-wide impact must be considered.

9. Dental Common Access System. Dental common access system is the database software program with which Navy dental facilities worldwide manage dental health, appointments, treatment needs, the recall system, and dental classifications.

   a. Dental common access system training is available online at https://dencas.med.navy.mil/default.asp.

   b. Dental common access system issues can be addressed at the consolidated call center. Type "dental common access system" in the subject line of any email correspondence to the consolidated call center.

   c. The consolidated call center’s e-mail address is navmed.callcenter@med.navy.mil. The consolidated call center can also be reached by dialing commercial: 855-885-6289 or DSN: 420-0321.

   d. Carrier dental officers are responsible for dental common access system management of aviation squadrons while deployed. Prior to deployment, carrier dental officers should liaison with branch clinics having custody of aviation squadron records.

10. Reporting Requirements

   a. Quarterly Dental Report. The quarterly dental report, appendix D, is a document combining all information required by fleet and force dental officers. It informs the force dental officer and fleet dental officer of personnel status, funding, performance improvement/quality management initiatives and department metrics that will feed fleet metrics critical to managing fleet dental health care. The report defines the department’s status as of the last day of December, March, June, and September. Dental officers must submit the report to their
respective type commander (force dental officer). The report should be sent as an email attachment no later than the 5th day of the following month – 5 January, 5 April, 5 July, and 5 October.

b. Turnover Report. The reporting dental officer shall use appendix Q to conduct turnover with the detaching dental officer. Within 90 days of assuming duties, the dental officer may request through the unit CO a dental assist visit to assess the dental department’s ability to deliver force dental care. The request can be done via electronic written communication.

c. Dental Readiness and Treatment Needs. These metrics must be included in the performance improvement/quality management report. Embarked Marine Expeditionary Unit (MEU) dental officers will report operational dental readiness for amphibious readiness group troops to their parent dental battalion. Amphibious ships with embarked MEU troops without an embarked dental team will report operational dental readiness for those troops to the MEU dental officer.

d. Dental Information Retrieval System. Report dental information retrieval system, by its measurement of productivity, is the methodology for determining funding throughout Navy dentistry. Dental information retrieval system reports for individual providers are to be included on the performance improvement/quality management report.

e. Performance Appraisal Report. The performance appraisal report, discussed in Chapter 3 (appendix G), summarizes an officer’s clinical performance over the specified period and is integral to credentials review and privileging. Dental officers submit performance appraisal reports on themselves, their dental officers, and hygienists to their force dental officer every two years or upon detachment of the member, whichever occurs first. Refer to chapter 3 for additional instances when to submit performance appraisal reports.

f. Statement and Inventory of Precious and Special Dental Metals – NAVMED 6630/3. This report is appropriate only for ships with dental laboratories and was discussed in chapter 6, paragraph 6-6 of this document. Detailed instructions are in reference (a), chapter 6-43.

g. Post-Deployment Report. The dental officer will prepare and submit a post-deployment report (see appendix T) to the force dental officer within 45 days of return to homeport following a deployment in excess of 5 months. Reports will be forwarded to the Navy medicine lessons learned center by the Force Dental Officer.

11. Precious Metals Recovery Program. Dental activities generate precious metal excesses, scrap, or residue that has value or may be a contaminant if disposed through normal waste systems. Examples include scrap amalgam, gold and other precious metals. The dental officer must assign a precious metals recovery program coordinator in writing; a junior dental technician is appropriate. Dental departments should turn in scrap metal and other similar materials to the ship’s hazardous material department for disposal and maintain a written record of the transfer.
CHAPTER 11  
INFECTION CONTROL

1. General. Infection control is a top priority in all performance improvement/quality management and safety programs. This chapter highlights infection control strategies to prevent transmission of blood borne pathogens; references (t) and (u) provide detailed guidance.

   a. Dental officers should appoint an infection control officer in writing to assist in implementing the program. The infection control officer may be a petty officer on units with a single dental officer.

   b. Under field conditions and onboard some ships, compliance with certain sections of this directive may be difficult because of facility, equipment, material, or manpower constraints. In those instances, document the constraints and forward up the chain of command for resolution.

   c. All dental personnel in operational settings are at risk of skin, eye, mucous membrane, or parenteral contact with blood or other infectious material during their normal work routine. Cardiopulmonary resuscitation pocket masks, resuscitation bags, or other ventilation devices used in emergency scenarios must be readily available in dental spaces.

2. Training. All personnel will receive initial training in general infection control and unit-specific procedures, to include training in aseptic and sterilization techniques, within 90 days of reporting onboard and annually thereafter.

3. Universal Precautions. Dental officers will ensure the following universal precautions are routine practices in dental departments:

   a. Clinical providers will wear personal protective equipment (PPE) to include gloves, clinical apparel, face masks and protective eyewear during patient care. Clinical apparel will be worn only in dental spaces and changed daily or more frequently when visibly soiled. Dirty apparel will be placed in specified containers. All personnel will change masks after each patient where aerosols are produced or when visibly contaminated.

   b. All department personnel should have completed or be progressing toward completion of the hepatitis B vaccination series.

   c. Personnel will not eat, drink or apply makeup in clinical spaces.

   d. Dental delivery system water lines disinfection protocol must be instituted for shipboard dental operations. Examples are: A-dec ICX tablet, Citrisil and DentaPure. Bacteriological water testing of dental delivery system is to occur weekly if shipboard water source is utilized and monthly if sterile water is utilized. A logbook, must be maintained for recording results. Example of water testing kit: Millipore.
e. Dental delivery system water lines should be flushed for one minute at the beginning of each day and for 30 seconds after each patient.

f. Only sterilized trays and instruments are used in patient care.

g. Difficult to disinfect items/areas (light handles, x-ray tube heads, etc.) should be covered with plastic wrap; wrap should be changed between patients.

h. Disposable items should be dispensed in unit doses when possible and/or included in the instrument packs.

i. Clinicians should wear sterile gloves for all invasive procedures; non-sterile (nitrile) exam gloves are acceptable for other procedures.

j. Rubber dams should be used wherever possible.

k. High volume evacuation should be used during all procedures that create aerosols.

l. High volume evacuation systems should be flushed with a quart of water at the end of each day and cleaned weekly with a high volume evacuation cleaner.

m. All instruments that can withstand heat should be sterilized in the autoclave.

n. Dry heat should be used to sterilize burs and other non-disposable cutting instruments.

o. Irrigation solutions used for routine procedures should be discarded one week after opening. Unused nonsurgical irrigation solution must be have the date the solution was opened clearly marked. When used for surgical procedures, the solution must be opened the day of surgery and used or disposed of within 24 hrs. The latter should also have the opened date/time labeled.

p. Providers should remove gloves and wash hands prior to completing record entries.

q. Needles should be recapped using a device made for the procedure or with the one-handed scoop technique.

r. Clean and disinfect all contact surfaces, dental unit surfaces, and countertops with an Environmental Protection Agency (EPA) registered disinfectant. To facilitate cleaning, treatment rooms should be free of all unnecessary equipment and supplies.

4. **Laundry.** Personnel handling dirty laundry should wear gloves and visibly contaminated laundry should be placed in a red biohazard container. Contaminated laundry may be washed
onboard ship if the laundry follows Occupational Safety and Health Administration guidelines; the ship’s Safety Officer can provide guidance.

5. **Infectious Waste Disposal.** Infectious, or regulated, waste is liquid or solid waste containing pathogens in sufficient numbers and virulence to cause infectious disease. Of interest to dentistry are “sharps”, liquid or semi-liquid blood, dried blood, saliva; and pathological wastes. The medical department does have an infectious waste program in effect that will allow dental department’s participation.

   a. Dental officers should ensure their infectious waste disposal process includes segregation of infectious and non-infectious waste, proper packaging and handling, and record keeping. Infectious waste should be placed in dedicated red containers lined with plastic bags labeled with the universal biohazard logo. Contaminated sharps are placed in rigid, puncture resistant sharp containers labeled with the biohazard logo; the container is placed in a second biohazard-labeled bag and turned in to the medical department for disposal.

   b. The disposal system should be monitored to include dates, types of waste, amounts, and disposition.

   c. Reference (v) provides detailed guidance for a safe, infectious waste disposal program.

6. **Hand Hygiene.** The most important first step in infection control is hand hygiene before and after patient care with a water-based hand hygiene agent containing anti-microbial ingredients. Bar soap should not be used in the dental treatment room and hands should be dried with disposable paper towels.

7. **Sterilization.** All dental departments should establish a dedicated space for sterilization and maintain a functional flow of the sterilization process. Contaminated instruments, materials, or equipment should be separate from sterile items.

   a. Contaminated instruments should not be rinsed or scrubbed in the dental treatment room.

   b. Personnel will wear heavy puncture resistant gloves while handling and cleaning potentially contaminated items and immerse all reusable items in an EPA-registered disinfectant before further handling.

   c. Ultrasonic cleaners should contain wire baskets for instruments and be covered to reduce aerosols during use. Solution should be changed daily or when it becomes visibly soiled/cloudy.

   d. Trays, surgical instruments, and cassettes should be wrapped and all hinged instruments opened prior to wrapping.

   e. Both internal and external chemical indicators should be used.
f. Packs should be labeled with the identification number of the sterilizer, load number and dates of sterilization.

g. A sterilization log should be maintained for each sterilizer containing the sterilizer identification number, load number, sterilization dates, cycle duration and temperatures, operator’s name, biological monitoring results, and repair and preventive maintenance actions and dates.

h. Sterilization monitoring is of two types: process and biological.

(1) Process monitoring utilizes impregnated tapes and indicator strips applied to the outside and inside of packs which change color when exposed to sterilizing conditions. They are not indicative of sterilization.

(2) Biological monitoring places a container of live bacterial spores within a test pack, incubating the container, and comparing against a control for spore growth. If the biological test fails, the sterilizer should be secured.

i. All packs sterilized since the last load with a negative spore test should be retrieved and re-sterilized in another machine. All events should be noted in the sterilization log.

8. Disinfection. Disinfectants should be EPA registered. The headrest, hand-operated controls, switches, and handles should be disinfected after each patient. X-ray apparatus, counter tops, the dental light and protective shield should be disinfected daily.

9. Prosthetic Laboratory. Infection control in the prosthetic lab differs from that in the dental treatment room. The key element is preventing microorganism transfer by breaking the chain of infection at critical transfer points. Appliances, casts and impressions must be disinfected either prior to entering the lab, or in a designated, contaminated area in the lab itself. Regardless of where disinfected, these items can be considered clean and require no precautions beyond general cleanliness.

10. Oral Radiology. Dental personnel must follow the same infection control procedures for radiology as within the dental treatment room. These include:

   a. Hand hygiene, disinfection of the radiology unit, digital sensors, countertops, equipment and switches, cleanliness of decks, protective barriers previously discussed, and personal protective clothing.

   b. Food and Drug Administration-approved barrier/cover to reduce contamination. Approved barriers may not always fully protect the digital sensor from contamination; therefore,
always consult instrument manufacturer for proper barrier and disinfection/sterilization procedures.

11. Infection Tracking and Reporting. Infection tracking refers to individual patients who have an infection. Dental departments will track patients with infections from initial diagnosis to resolution and report occurrences on the performance improvement/quality management report. Appendices E and Q are to be used to track and document the process. The primary concern is to ensure the patient receives proper care throughout the treatment regimen. Referral to a higher level of care does not absolve the original treating provider from continued tracking until complete resolution. The infection control officer is responsible for managing the infection control logbook.
CHAPTER 12
SAFETY

1. **General.** This chapter addresses basic precautions designed to protect dental staff and patients from harm. Ships are dangerous environments and all have aggressive safety programs. Dental officers must ensure department members and those augmenting the department are familiar with safety procedures both within and outside the Dental Department.

2. **Electrical.** Electrical equipment onboard is governed by safety regulations, checked and certified at installation, and periodically thereafter by “E” division personnel. Dental specific items are tested by a bio-medical equipment technician. Dental officers responsibilities include ensuring that “E” division personnel and the bio-medical equipment technician perform their respective electrical checks and departmental personnel use the equipment correctly and safely. Of special note, defibrillation equipment must be adequately grounded to avoid fatal electric shock.

3. **Patient Safety.** Dental officers must ensure adequate basic resuscitation equipment is available. There should be one pocket mask in each dental operating room. Equipment should be secured for sea operations. All patients, providers and assistants must wear protective eyewear with side shields during treatment.

4. **Radiology.** Dental radiography is safe for patients but staff must exercise basic safety procedures when taking x-rays, such as not holding the digital sensor for the patient, always standing behind a protective barrier when taking radiographs. Patients must wear protective aprons with thyroid collars and aprons should not be folded, as cracks will develop allowing penetration.

   a. Dental fixed and portable x-ray units require 36-month evaluation.

   b. A properly cared for lead apron has a life expectancy of approximately 10 years. They should be properly hung on hooks/rack when not in use. They should never be folded, creased or draped across another piece of equipment. They should be kept clean of dirt, grease and other contaminants.

   c. Lead aprons shall be evaluated at least annually. This evaluation shall consist of a visual inspection, with x-ray evaluation of suspicious areas. The visual inspection will consist of looking for obvious tears. The x-ray evaluation may be done with either fluoroscopy or standard x-rays (depending on availability). The x-ray images are not required to be retained. In lieu of keeping the x-ray images, a tracking system must be utilized. The tracking system must document the dates of testing, aprons tested and the specific result. It is expected that an inspector will be able to verify that the x-ray evaluation was done by either looking at the aprons and/or the aprons and the documentation system. Replace defective aprons.
d. Send defective aprons to the nearest defense reutilization and marketing office, hazardous material (HAZMAT) office or through Navy public works center.

5. Hazardous Material (HAZMAT). Ships will specify regulations for storage and disposal of HAZMAT. Though mercury is hazardous, pre-encapsulated amalgam capsules negate the need to handle waste amalgam as hazardous material. Dental labs often use solvents and waxes which may be HAZMAT and all containers of HAZMAT should be labeled as such. Material safety data sheets binder should be readily available. All flammable gasses should be stowed on the weather deck unless approved for below-deck storage. The unit’s Safety Officer will develop, govern, and inspect the dental department’s HAZMAT program.

6. Mercury Safety. Mercury spills require a specific cleanup technique and the unit safety office will provide guidance. Amalgamators should be placed in stainless steel pans to catch mercury if a capsule breaks and the triturator cover should be closed during use. Leftover amalgam should be placed in a closed metal container and disposed in accordance with ship’s HAZMAT department.
CHAPTER 13
MAINTENANCE AND MATERIAL MANAGEMENT

1. Maintenance and Material Management (3M). The 3M program is vital to equipment performance and success of the ship. Dental officers must ensure the dental staff receives training and qualification in 3M.

   a. The 3M system is the Navy’s program designed to provide efficient, uniform methods of conducting and documenting preventive and corrective maintenance.

   b. Preventive maintenance is to prevent equipment from failing or to discover functional failure not yet apparent, and includes actions such as changing oil, cleaning filters and calibrating equipment.

   c. Corrective maintenance is repairing failed equipment. Included in corrective maintenance are authorized changes or modifications to installed equipment.

   d. Dental officers should contact the 3M officer to identify appropriate dental equipment for inclusion in the 3M program.
1. **General.** The Dental Readiness Inspection is a periodic on-board inspection of a unit’s dental department’s effectiveness and an evaluation of the process improvement/quality management programs. It is an administrative tool to provide feedback on the functionality of the dental department and may suggest ways to increase the dental readiness and health of the crew and tended units. Reference (w) is the guide for conducting the inspection and the checklist is found in appendix B.

2. **Scope.** This chapter is applicable to all afloat units with dental departments.

3. **Action.** The respective force dental officers will conduct a Dental Readiness Inspection on each unit of the type commander (TYCOM) during the unit’s interdeployment training cycle. The Dental Readiness Inspection must be done within 90 to 120 days preceding a major deployment or every 18 months (whichever one comes first). A written report with the results of the assessment will be forwarded to the unit commanding officer (CO). The report should identify strengths and weaknesses in the department. Force dental officers will maintain a copy of all reports on file. Dental Readiness Inspection extension will be granted by the force dental officer in extenuating circumstances.

   a. The purpose of the Dental Readiness Inspection is to improve effectiveness of the dental department and ensure the highest possible quality of dental care for the fleet. Dental officers should point out effective programs or processes and force dental officers should export these to other units.

   b. Dental officers should request, through the unit CO, a dental assist visit by the force dental officer within 90 days after reporting aboard. The force dental officer will use the format of the Dental Readiness Inspection and the assist may be general or focused upon a specific area of concern to the dental department. The format and disposition of the dental assist visit report is at the CO’s discretion – written, oral, for CO only, or for dental officer only. The dental assist visit report does not leave the ship.

   c. The Dental Readiness Inspection requires thorough planning between the unit and force dental officer. When the force dental officer arrives for the inspection, the dental officer should arrange an in-brief for the force dental officer with the CO. The force dental officer will explain the mechanics of the Dental Readiness Inspection, establish a time line for completion, identify the reporting requirements, and ascertain the CO’s desire for an oral out-brief at the Dental Readiness Inspection conclusion. The written report will be sent from the TYCOM dental officer to the CO at a later date.
SENior MedIcAL DEPARTMENT REPRESENTATIVE

1. Responsibilities. As the Senior Medical Department Representative (SMDR), health care provider and advisor for units without dental departments, an independent duty corpsman (IDC) is responsible to the commanding officer (CO) for managing the dental health care of the crew. To minimize medical evacuations (MEDEVAC), the SMDR must strive to get the entire crew in dental class 1 prior to deployment. The SMDR should keep the CO informed of the crew’s dental condition and maintain a close liaison with the supporting naval healthcare center fleet dental liaison department. With the assistance of fleet dental liaison representatives, the SMDR:

   a. Shall deploy with an operational dental readiness of at least 95%.

   b. When feasible, ensure personnel whose annual dental exam will expire prior to or during deployment have an annual exam completed by the fleet dental liaison department to minimize the number of class 4 rollovers and to maintain readiness during and following deployment. The unit’s pre-deployment schedule and Naval Health Clinic’s ability to support it, will mandate effective planning and close coordination.

   c. Ensures each crewmember receives their annual dental examination when due.

   d. Arranges dental appointments for crewmembers and monitors progress to completion of the treatment plan.

   e. Maintains an accurate Snap Automated Medical System, Theater Medical Information Program, Dental Common Access System and/or Corporate Dental Application dental database that reflects the dental condition of each crewmember.

   f. When underway, identifies emergent dental conditions, treats, defers treatment until scheduled port visits, or transfers the patient for definitive care.

   g. Provides emergency treatment to stabilize the patient (minimizes discomfort and/or prevents spread of infection) until the ship reaches a location where the patient can receive definitive dental care or MEDEVACs the patient to a higher echelon of care for definitive treatment.

   h. Provides the CO with dental needs information well in advance of a port visit to allow for scheduling of appointments with the dental shore facility.

2. Fleet Liaison. Each supporting Naval Health Clinic has a fleet liaison department to provide assistance to the SMDR. Assistance includes:
a. Verification and updating the Snap Automated Medical System, Theater Medical Information Program, Dental Common Access System and/or Corporate Dental Application database.

b. Dental record reviews.

c. Scheduling dental appointments.

d. On-board assist visits.

e. Weekly dental readiness and treatment needs reports when the unit is in homeport and if records are held by the Naval Health Clinic.

f. Training.

g. Arranging pier-side Mobile Dental Van or Portable Dental Unit support.

h. Emergency patient assistance.

i. Information relating to the Tricare Dental Plan.

j. Dental training aids - posters, lesson plans, plan of the day announcements.

k. Suggestions for ship’s store dental items.

3. Reporting Requirements. All operational units are required to upload dental readiness data via Snap Automated Medical System, Theater Medical Information Program, Dental Common Access System and/or Corporate Dental Application on a weekly basis to reflect current readiness status.

4. Training. The SMDR must demonstrate capabilities in diagnosis and treatment of dental emergencies and therefore requires refresher training when returning to independent duty - and - prior to deploying, as per reference (x). Upon request, Naval Health Clinics provide clinical training in dental spaces for individual medical department representative and groups. Clinical training includes both didactic and hands-on. Dental fleet liaison personnel will also provide administrative training in IDC spaces. Other resources for refresher training include:

a. Hospital Corpsman NAVEDTRA 14295A.

5. **Dental Records.** The CO is responsible for custody of dental records, unless rendered to the Naval Health clinic. Regardless of the location of records, SMDRs remain responsible to their COs for ensuring dental care of the crews.

   a. If records are held by the Naval Health Clinic, the unit CO should determine whether to bring records aboard for underway periods. This decision is usually based on time underway and/or access to dental support. However, dental records will be onboard for all deployments and extended underway periods greater than 3 months.

   b. The SMDR should add new crewmembers’ data to the Snap Automated Medical System, Theater Medical Information Program; Dental Common Access System or Corporate Dental Application database, or both and ensure incorporation of records into Naval Health Clinic files. Additionally, the SMDR is responsible for providing a monthly updated ship’s alpha roster to the fleet dental liaison office ensuring the accuracy of the dental common access system database if the database is not paired with Navy Standard Integrated Personnel System or other Navy system of reference. The SMDR should also ensure departing crewmembers possess their dental record prior to checking out of the unit.

   c. If records are kept aboard, the SMDR must record all treatment provided underway and perform all record custody, transfer, and filing functions.

6. **Dental Medical Evacuation (MEDEVAC).** Recent and historical data indicate there are many more unplanned dental encounters aboard ships without dental departments than previously reported. Accordingly, the SMDR should review reference (y) and utilize the dental encounter review form, appendix S, for unplanned dental encounters while deployed. Upon return from deployment, the SMDR should provide appendix S to the force dental officer. This tracking will help determine how to minimize future unplanned dental encounters and/or MEDEVACs.

7. **Dental Authorized Dental Allowance List (ADAL).** The SMDR will maintain a 100 percent emergency authorized dental allowance list (ADAL) and be familiar with its content and usage. The SMDR should also provide input for improvements to their TYCOM dental directorate, utilizing the web-based (Naval Medical Logistics Command) ADAL change request (allowance change request process or appendix O delivered to the force dental officer).
CHAPTER 2
PERFORMANCE IMPROVEMENT/QUALITY MANAGEMENT

1. General. Performance improvement/quality management is quality assurance. Performance improvement/quality management focuses on continually improving the outcomes of patient care. By analyzing unsatisfactory outcomes and changing processes which lead to those problems, the quality of care will improve and desirable outcomes will be achieved. Performance improvement/quality management initiatives are performed within the dental department and events which prompt these initiatives remain within the purview of the department. However, the fleet dental officer and force dental officers are responsible for quality care in the fleet and type commander, respectively, and must remain informed on performance improvement/quality management effectiveness in dental departments and detachments.

2. Dimensions of Performance. Every performance improvement/quality management program requires essential areas of focus and dental officers should ensure command specific interests form the basis for the departmental program.

   a. Correct Treatment/Perceived Needs. Dental treatment planning should address specific patient conditions and be a cooperative venture between clinician and patient. Consequently, patients must understand both their disease and treatment.

   b. Provider and Patient Availability. Patients should enjoy a full spectrum of services within constraints of staff clinical privileges and not be routinely referred to outside providers for services available onboard. Class 2 and class 3 patients should have equal access to care. Dental officers must constantly monitor the balance between clinic time and outside duties/watches and should aggressively pursue command support for crew dental health. Patients must understand what is available, the times of availability, and why dental care is important.

   c. Timeliness of care. Patients must receive annual examinations when due and preferably before they become class 4. Treatment should be scheduled following the exam and specialty referrals should be followed through to completion of care. When feasible, birth month recall will be supported.

   d. Effectiveness of care. Outcomes of care should result in progress toward class 1, dental health. For a given population, the number of class 1 patient would ideally continually grow while class 2 and 3 numbers decrease.

   e. Continuity of care. All patients must have a written treatment plan which carries them to dental health and efforts should be made to complete the plan.

   f. Safety. The dental officer is responsible for safety in dental spaces, both in clinical care and daily staff operations.
g. Respect and caring. Patients should participate in treatment decisions and the doctor/patient relationship should be professional and based on mutual respect. Quality care includes compassion as well as technical expertise and providers should treat patients as they would want to be treated themselves.

3. Performance Improvement/Quality Management Ingredients. The dental department’s performance improvement/quality management program should address each specific area listed in appendix C. A critical aspect of all effective programs is collection and utilization of data. Data is only valuable when it provides information leading to performance improvement. Metrics are data-driven measures of effectiveness and are critical to evaluation of progress; they should be utilized to determine performance in major functional areas within the department. Accurate measures of operational dental readiness, dental health, productivity, access to care, and failure rates all provide important information dental officers should use to increase efficiency and ultimately improve crew health.

4. Performance Improvement/Quality Management at the Unit Level. Dental officers should identify unit specific initiatives to track, evaluate, and exploit, i.e. (patient waiting time, “one stop shopping” to include exam/prophy to improve dental health index).

   a. Favorable outcomes. Dental officers should highlight successes through the quarterly dental report (appendix D) and process improvement and quality management report (quarterly dental report/performance improvement/quality management) (appendix E) to allow fleet and force dental officers to share effective initiatives with other units. The quarterly performance improvement/quality management report is discussed in chapter 10.

   b. Unfavorable outcomes. Dental officers should track and trend deviations from expected outcomes; “high” restorations, post-op infections, and post-op sensitivities are clinical examples. Occurrence screens, (appendix F), are effective in tracking these outcomes and dental officers should use them to identify trends that may indicate a need for quarterly performance improvement/quality management initiatives. Occurrence screens remain within the dental department and provide objective measures for the dental officer to evaluate and take corrective action. Occurrence screens are classified as follows:

      (1) **Category 1** - A predictable occurrence within the standards of care. “Predictable” refers to the fact that these events are anticipated, well known, widely reported in the literature and relatively frequent. “Within the standards of care” means that care was provided in accordance with contemporary standards of the specialty and/or departmental staff.

      (2) **Category 2** - An unpredictable event within the standards of care. “Unpredictable” means that events in this category are infrequent, unanticipated but have been described in the literature (or known to departmental staff) to occur in cases where the standard of care is met. NOTE: Category 2 does not represent an escalation in seriousness over category 1; both are within accepted standards of care.
(3) **Category 3** - A marginal deviation from the standard of care. “Marginal” events in this category reflect care that is **minimally** outside of the contemporary standards of specialty or expected departmental standards.

(4) **Category 4** - A significant deviation from the standards of care. Events in this category usually speak for themselves. These events represent gross departures from expected standards.

c. The number of level 3 and 4 occurrence screens are reported in the quarterly performance improvement/quality management the case description is not. One exception is a potentially compensatory event. It should be immediately reported to the unit commanding officer and subsequently the Force dental officer. A potentially compensatory event in a civilian setting denotes a potential legal response; in the military environment it could have a negative impact on the provider and unit commander if not addressed expeditiously and openly. Class 4 occurrence screens will generally be considered as potentially compensatory event.

d. Infection control review. Infection control is a high priority/high visibility activity and dental departments will use standard infection control practices as outlined in chapter 11. Department meeting minutes will demonstrate follow through with corrective action for infection control discrepancies.

e. Code Blue Drills. The Oral Surgeon (when assigned), training officer and training petty officer will manage the code blue program. Ultimately the dental officer is responsible. Code blue drills are to be conducted monthly and results to be reported quarterly in the quarterly performance improvement/quality management report. Code blue scenarios are listed in chapter

f. Patient contact. An effective patient contact program monitors the patient’s dental experience. A patient contact representative will be designated by the dental officer. A photo of the patient contact representative will be posted with his/her contact information in the patient waiting area. The dental officer should routinely solicit comments from patients and utilize a variety of means to determine patient satisfaction, to include their own written surveys to obtain patient feedback. Additionally, dental officers should consider focused interviews, informal conversations and other venues to accurately gauge customer relationships.

g. Meetings. Dental officers should chair a regular, scheduled monthly staff meeting to address ongoing, planned and recently completed initiatives. The staff should analyze data and brainstorm possibilities. Meeting minutes should be taken in the format of appendix E. These minutes will be necessary when preparing quarterly performance improvement/quality management reports (appendix D).

h. Reporting. Aside from the rare potentially compensatory event, the only performance improvement/quality management report sent to the force dental officer is the summary included in the quarterly performance improvement/quality management report. This report provides
valuable efficiency and demographic information utilized at force and fleet levels in managing dental health care in the fleet. Successful departmental quarterly performance improvement/quality management initiatives will be shared with others; chronic problem areas beyond the scope of dental departments will receive supportive action by fleet dental officer/force dental officer resources. Dental officers should provide data-supported recommendations in reports whenever possible.

i. Post Deployment/After Action Report: This report is to be completed following deployments that exceed three months. See appendix T for example.

j. Manage Variance Reports. Manage variance reports capture information on events that negatively impact and or stop clinical care. The reports allow dental officers and/or force dental officers to identify trends, which may then lead to action to reduce those events. Loss of power, repair or supply problems, provider injury, or any significant events diminishing the department’s ability to maintain routine clinical operations should be described on the quarterly performance improvement/quality management report and briefed to the chain of command as appropriate. See appendix U for example.

k. Confidentiality. Documents and records created under the quarterly performance improvement/quality management program are medical quality assurance materials, and are exempt from the requirements of the Freedom of Information Act. All requests for information from regulatory and licensing agencies should be referred to Chief, Bureau of Medicine and Surgery (MED-00L) via Fleet Judge Advocate General with info copy to force and fleet dental officers.
CHAPTER 3
CREDENTIALS REVIEW AND PRIVILEGING

1. **General.** This chapter identifies policy, procedures, and responsibilities for a credentials review and privileging program for Department of the Navy (DON) operational dental treatment facility (DTF) under the area of operations (AO) of the fleet, per reference (c). It also details the policies and procedures regarding adverse privileging actions, monitoring and reporting of practitioner misconduct, and due process (fair hearing and appeals) per reference (d).

2. **Applicability.** This chapter applies to all military (active duty and reserve) assigned to DON operational forces DTFs under the fleet AO with exception of the Marine Corps Forces (MARFOR). MARFOR dental officers embarked on Navy ships must hold privileges granted by their current privileging authority. Prior to embarkation, MARFOR dental officers must provide an Inter-facility credentials transfer brief to the type commander (TYCOM) surgeon via the appropriate medical staff services professional.

3. **Policy**
   a. The appropriate TYCOM surgeon will grant a professional staff appointment with delineated clinical privileges to all dental care practitioners responsible for making independent decisions to diagnose, initiate, alter, or terminate a regimen of dental care. Practitioners must possess a current, valid, unrestricted state, District of Columbia or territory license/certificate to be eligible for a professional staff appointment with clinical privileges. The fleet surgeon may, under special circumstances, waive this requirement temporarily if in the best interests of the fleet.

   b. The TYCOM surgeon will also recommend immediate removal of health care providers from direct patient care activities whose professional impairment or misconduct may adversely affect their ability to provide safe, quality care.

   c. The TYCOM surgeon administers the credentials review and privileging program; the force dental officers administers the performance improvement/quality management program. As privileging and performance improvement/quality management are inextricably linked, fleet dental officer and force dental officers will mutually ensure the effectiveness of these two programs.

   d. Dental health care practitioners and hygienists will sign appropriate documents recognizing the requirements of the credentials review and privileging program.

4. **Organization/Responsibilities**
   a. Fleet Dental Officers will:
(1) Maintain overall responsibility for the quality of dental patient care within the AO.

(2) Ensure compliance with the credentials review and privileging program by all dental health care providers within the AO per reference (c).

b. Fleet Medical Staff Services Professional. Medical staff services professional will perform the following routine functions of the credentials review and privileging program:

   (1) Maintain the centralized credentials quality assurance system database for AO dental providers.

   (2) Provide clerical and administrative assistance to the Force dental officer and advice on credentials review and privileging matters.

   (3) Maintain individual credential files and individual professional files, program directives, instructions, forms, and working papers.

   (4) Liaison with outside agencies such as state licensing boards and the national practitioner database.

   (5) Liaison with Centralized Credentials Support Office, Jacksonville, FL, for reservist centralized credentials functions.

   (6) Assist in the processing of privilege and staff appointment applications, notification letters and privilege reappraisal documents; maintain documentation of trends based on quality management activities; prepare peer review panel and appeal process documents.

   (7) Ensure necessary correspondence, messages, and reports received and transmitted are complete, accurate, and meet the requirements of reference (c).

   (8) Maintain an internal tracking system for reporting practitioners/providers, permanent change of station (PCS) dates, license expirations, and extensions, to ensure timely processing of required credentials documents.

   (9) Maintain an accurate list of all archived individual credential files.

c. Force Dental Officers will:

   (1) Administer the fleet performance improvement/quality management program.

   (2) Provide information and advice to the TYCOM surgeon for consideration in granting, renewal, and modification of privileges.
(3) Coordinate efforts with the medical staff services professional to ensure timely submission of credentials documents.

(4) Endorse all dental officer performance appraisal reports (appendix G) and hygienist clinical appraisal reports (appendix H) before submission to the TYCOM surgeon for approval/signature. The performance appraisal reports is discussed in paragraph 3-11.c.

(5) Ensure that significant events (positive or negative) are reported to the TYCOM surgeon, e.g. events that may cause adverse privileging actions or positive recognition at the command, department, or individual level.

d. Dental officers must conduct monthly staff meetings to review findings from the ongoing monitoring and evaluation of the quality and appropriateness of patient care. Each dental officer shall:

   (1) Maintain a provider information file/clinical activity file on all department dental officers and dental hygienists. Aboard single dental officer platforms, the dental officer will provide input quarterly to the Force dental officer.

   (2) Prepare and endorse performance appraisal reports/clinical appraisal reports on each department provider, to include the Marine expeditionary unit (MEU) dental officer, reserve dental officers, visiting (non-government organizations) and temporary additional duty (TAD) practitioners if clinical practice in the fleet exceeds 4 days.

   (3) Continually monitor the professional performance, conduct, and health status of department members to ensure they provide dental services consistent with their clinical privileges and responsibilities. Peer review forms (see appendix I) will be completed for all providers. At minimum 5 records per established provider will be reviewed quarterly; providers with less than one year of naval service will need 5 records reviewed monthly.

   (4) Ensure unlicensed providers, clinical support staff, and other personnel providing dental care receive appropriate clinical supervision. Any unlicensed providers will work under a plan of supervision. The plan of supervision will be established through the TYCOM and privileging authority to ensure the highest standards of care are provided until the provider is in possession of a valid state dental license.

   (5) Recommend changes/additions to a practitioner’s supplemental privileges based on the applicant’s professional qualifications, education, training, and clinical performance.

e. Individual Health Care Providers. Only providers apply for membership to the professional staff. Providers must:

   (1) Complete an application in centralized credentials quality assurance system for membership to the professional staff and request the broadest scope of privileges commensurate
with their professional qualifications, level of current competence, and facility support available in the department.

(2) Non-privileged provider (dental hygienist) must update the provider profile in centralized credentials quality assurance system.

(3) Ensure their individual credentials file/individual professional file contains accurate, current credentials and privileging information, e.g., licensure status, board certification, and privileging status at other facilities.

(4) Immediately notify the TYCOM surgeon and Force dental officer of any change in status of any professional qualification, including health status, which could impair their ability to provide safe, competent, and authorized dental care.

(5) Perform dental care within the scope of their granted privileges (dentists), the assigned clinical responsibilities (scope of practice) in the case of the clinical support staff (hygienist), or the written plan of supervision for those practitioners required to practice under supervision.

(6) Participate in professional education programs leading to improved clinical performance and contingency preparedness. Training certificates should be provided to the dental officer or force dental officer for inclusion in the clinical activity file/provider information file. Copies of required resuscitation training documents, (e.g. basic life support card, advanced trauma life support, etc.) will be provided to the medical staff services professional for the inclusion in their individual credential files/individual professional files.

5. **Staff Appointments.** The TYCOM surgeon will notify applicants electronically via centralized credentials quality assurance system when granted a staff appointment. Staff appointments are valid for two years with an allowable extension period of up to 180 days for those deployed with the operational forces at the end of the two-year period.

   a. **Initial Staff Appointment.** Practitioners who have not held an active staff appointment granted under the provisions of reference (a) within the last two years, must receive an initial staff appointment. This initial appointment provides the practitioner the opportunity to demonstrate compliance with the credentials review and privileging program and current clinical competence. Practitioners clinically inactive for the past two years are considered not currently competent and must undergo a period of practice under supervision. All practitioners must have a qualifying degree (DDS or DMD) and possess the ability to perform core privileges.

   b. The initial staff appointment is limited to one year. The force dental officer will assign a proctor (usually the dental officer) in writing to monitor the professional conduct and clinical performance of each practitioner with an initial staff appointment and to assist in the preparation of the performance appraisal reports before the expiration date of the appointment. The proctor will monitor the activities which cover the scope of privileges granted and may include review of
ongoing monitoring and evaluation activities conducted as a part of the department’s quarterly performance improvement/quality management program, record reviews and direct or indirect supervision. The degree and intensity of surveillance, monitoring, and oversight required must ensure patient safety while evaluating the practitioner’s current clinical competence. Activities designed to ensure patient safety while evaluating practitioner’s competence are not adverse privileging actions.

c. The dental officer will determine when the practitioner has demonstrated clinical competence and met the applicable criteria for an active staff appointment with clinical privileges. The dental officer will forward a completed performance appraisal report and application to the TYCOM surgeon to arrive at least 60 days before the initial staff appointment expiration. The practitioner does not have to complete the full period of the initial appointment if demonstrated competence and meeting of privilege criteria justify an earlier staff appointment.

d. Active staff appointment/renewal of active staff appointment criteria:

(1) Qualifying degree (DDS, DMD).

(2) Current unrestricted, active state District of Columbia, or territorial license (valid and in good standing).

(3) Current documented clinical competence, demonstrated within the preceding two years in the discipline for which the practitioner seeks privileges, on a performance appraisal reports from a previous command or current command if renewing.

(4) The ability to perform requested privileges (health status).

(5) No significant discrepancies in the individual credentials file.

6. Clinical Privileges. Criteria for fleet core privileges are the same as for active staff appointment. Criteria for granting supplemental privileges:

a. Documentation of training or certification within the last two years, and/or documentation of training and clinical competence within the last two years for each requested supplemental privilege.

b. Sections X and XI of the performance appraisal reports must address current clinical competence. Though a practitioner may possess a specific supplemental privilege, the procedure itself may not be appropriate in some operational settings due to facility limitations. Good judgment is paramount. For example, although extraction of third molars impacted in bone may be within the clinician’s capability, operational conditions or the absence of appropriate emergency response personnel/equipment may increase risk and warrant alternative care. In such instances, those supplemental may not be supported.
7. Privileged Practitioners Desiring To Exercise Their Privileges in a Non-Fleet Clinic. Whenever a fully privileged Fleet practitioner desires to practice in a shore facility, the practitioner must request permission from the commanding officer (CO) of that facility using the request to exercise clinical privileges. Upon receipt of the request, the clinic privileging authority will request an inter-facility credentials transfer brief from the TYCOM surgeon, the privileging authority. Upon receipt of the inter-facility credentials transfer brief, the privileging authority will grant permission to practice. Fleet providers cannot treat patients in any non-fleet facility without approval of that facility’s CO.

8. Policy for Reserves and Other Augmentees. When an augmenting practitioner requests clinical privileges aboard a fleet operational unit, the practitioner’s privileging authority must forward an inter-facility credentials transfer brief to the TYCOM surgeon before the practitioner may treat patients. The TYCOM surgeon will in turn grant the augmentee permission to render patient care for the period of augmentation. If the augmentee reports aboard without at least verbal approval of the TYCOM surgeon, the dental officer must notify the TYCOM surgeon immediately. Upon completion of four or more continuous days of TAD, the dental officer must complete a performance appraisal report and forward it to the TYCOM surgeon, via the Force Dental Officer, for approval. The TYCOM surgeon will then forward the performance appraisal reports to the provider’s CO. A performance appraisal reports is not required if TAD is less than four continuous days; however, notice to that effect must be provided to the TYCOM surgeon.

9. Policy for Administrative Management of Unlicensed Dental Officers. All dental officers must maintain a current, valid, unrestricted state, District of Columbia, or territorial dental license as defined in reference (c). The deadline for obtaining a license for newly accessed officers is one year from the date of graduation from dental school.

   a. Unlicensed dental officers entering the Navy will receive, in writing, their licensure deadline and the consequences of non-compliance from the Fleet dental officer. The officer will then submit a plan of action and milestones (POA&M) to the TYCOM surgeon detailing the board examination date and preparation designed to ensure success.

   b. Unlicensed dental officers must practice under supervision by a privileged dental officer and therefore may not report to a single-officer platform. Dental officers supervising unlicensed providers must submit a plan of supervision to the TYCOM surgeon, through the Force dental officer. In the event the unlicensed officer fails to meet conditions of the POA&M, the unlicensed officer will submit a letter to the TYCOM surgeon, again through the force dental officer, summarizing the reason for non-licensure and identifying a new POA&M. The TYCOM surgeon will then notify the Chief, Bureau of Medicine and Surgery of the course of action, (i.e. initiate administrative separation or accept the new POA&M). The plan of supervision will continue until licensure and privileging or separation.

10. Clinical Support Staff. Dental hygienists are clinical support staff and fall under the guidelines of reference (c). Any hygienist that has been trained in the clinical procedure of
“administration of local anesthesia” may request this scope of care. The request must have the dental officer’s endorsement and be accompanied by proof of training and current competency (appendix H). The dental officer must observe the hygienist perform the procedure for competency before endorsing the request. The ongoing clinical performance assessment of hygienists shall be through performance data and information generated through the facilities’ performance improvement/quality management activities. Upon transfer, separation, or retirement, and at intervals not to exceed two years, the dental officer must appraise a hygienist’s clinical performance and forward the appraisal to the TYCOM surgeon for inclusion in the member’s individual professional files.

11. Records and Documentation

a. Individual Credentials File and Individual Professional File. The fleet medical staff services professional administers and maintains individual credential files for dental officers and individual professional files for dental hygienists. Although the medical staff services professional maintains and monitors the files, each individual dental officer and hygienist is responsible for the completeness, accuracy, and currency.

b. Clinical Activity File and Provider Information File. The clinical activity file is a local file to document a dental officer’s performance. The provider information file is a local file to document the dental hygienist’s performance. It is separate and distinct from the individual credential files/individual professional files and contains information generated through performance improvement/quality management activities, workload, peer review, outcome indicators, documentation of training or continuing education, and documentation of ability to practice (health status). Additionally, a provider information file can be maintained for prophylaxis and dental laboratory technicians. The dental department head maintains a clinical activity file for every provider in the department. Upon transfer, the dental officer either presents the clinical activity file to the departing provider or destroys it.

c. Performance Appraisal Report. The performance appraisal reports, (appendix G), are a summary of all information contained in the clinical activity file. It permanently documents the periodic appraisal of practitioner conduct, competence, and performance. Performance appraisal reports is primarily to support the granting, renewal or modification of active staff appointments. The dental officer must complete a performance appraisal report on each provider at intervals not to exceed two years, or upon PCS. (Exception: when the TYCOM surgeon grants an extension of privileges beyond the two year period, the performance appraisal reports reflect the extension period as well). Sections X and XI must contain appropriate comments regarding the practitioner’s overall clinical competence in all granted core and supplemental privileges. The performance appraisal reports must list each supplemental privilege held with comments on competence and volume data on each for the period. Performance appraisal reports are submitted to the TYCOM surgeon, via the force dental officer:

(1) During the latter portion of an initial staff appointment.
(2) Upon detachment such as transfer, separation, or retirement.

(3) At the time of reappointment to the professional staff.

(4) Upon completion of TAD exceeding four continuous days, including reservists.

(5) When requesting a change in supplemental privileges.

(6) When significant new information regarding a practitioner’s performance or conduct becomes available.

(7) On embarked Marine expeditionary unit (MEU) dental personnel prior to detaching from the extended deployment.

(8) The TYCOM surgeon will endorse the performance appraisal reports and place it in the individual credential files. For MEU dental personnel, the TYCOM surgeon signs the performance appraisal reports and the medical staff services professional will forward it to the dental battalion medical staff services professional. For reservists, the TYCOM surgeon signs the performance appraisal reports and the medical staff services professional will forward it to the medical staff services professional of Centralized Credentials Support Command, Jacksonville, FL.

12. **Adverse Action.** The TYCOM surgeon will take appropriate action at the direction of the fleet surgeon, including peer review, when the review of credentials and privileging actions are considered adverse to the applicant.

13. **Education.** The clinical activity file will contain documentation of continuing education. This information is required when requesting reappointment to the professional staff or revision of individual privileges or duties.

14. **Confidentiality.** Credentials review and privileging documents to include individual credential files and provider information file are considered confidential and are transferred from command medical staff services professional to command medical staff services professional via certified mail. Requests for credentials review and privileging documents should be referred to the TYCOM surgeon.
CHAPTER 4
COMMUNICATION

1. **General.** Communication between fleet dental officers, force dental officers and individual dental departments is a continual challenge in the fleet. Dental officers should utilize the chain of command as a general rule, but fleet and force dental staffs are small and it may be difficult to communicate in a timely fashion. If dental officers are unable to contact their fleet dental officer direct communication with the fleet dental officer/staff is encouraged to prevent delays. Respective force dental officers will then be informed of the issue, action taken and status.

2. **E-mail.** Fleet policy mandates the use of electronic, paperless communications. The quickest and most efficient electronic communication is via e-mail and dental officers and Senior Medical Department Representatives (SMDR) must establish a dedicated e-mail account and inform force dental officer staffs. If an issue requires the attention of the fleet dental office, mail should be sent directly to that office with a courtesy copy to the respective force dental office, or include the fleet dental office as a courtesy copy to cover all bases. Classified information cannot be sent via routine e-mail since it is not secure.

3. **R-Supply Streamlined Automated Logistics Transmission System (SALTS).** This system, available in all ships supply departments, is an e-mail system that can be used by other departments as a back-up. A primary disadvantage with SALTS is the inability to attach files on mail going to the ship, though SALTS sources can send attachments to non-SALTS addresses.

4. **Naval Message.** A slower but effective form of communication, the naval message requires specific formatting. This method has immediate, wide visibility, and is an effective way to inform all chains of command publicly. Classified information can be sent via naval message.

5. **Meetings.** Fleet dental officer/force dental officer staff will meet regularly to review policy and evaluate programs and performance. Dental officers can and should submit agenda items for this forum and consider briefing the issue if available. Force dental officers will convene periodic meetings with ship dental departments afloat to provide information, guidance and share experiences.

6. **Periodic Updates.** The force dental officers will forward Navy dentistry’s weekly dental update and other items of general interest to all dental officers via e-mail.

7. **United States Mail.** The communication of choice for personal issues if time is not a factor.

8. **Telephone.** Dental officers should inform their force dental officer and fleet dental officer when ship/department phone numbers change.

9. **Maritime Satellite Communication System.** This is a telephone service available at sea for important, timely communication. Ship’s condition and policy will determine availability.
CHAPTER 5
DENTAL PRACTICE

1. **Standards of Care.** Reference (e) defines standards of care by specialty area. These standards establish specific criteria and anticipated levels of performance for defined dental procedures.

2. **Off-duty Civilian Employment.** Fleet dental officers must request permission from the commanding officer (CO) to practice in civilian settings for personal remuneration. Civilian practice must not interfere with primary shipboard duties. Documentation reflecting CO approval must be forwarded to the type commander (TYCOM) surgeon and the fleet medical staff services professional. TYCOM dental officers will provide specific guidance as needed. (See appendix I).

3. **Participation in Military and Civilian Professional Activities.** All dental personnel are encouraged to attend professional meetings of local dental societies, seminars, clinics, lectures, and study clubs. Branch health clinics welcome fleet personnel and participation can be helpful in future application for graduate training.

   a. Dental hygienists and dental lab technicians are also encouraged to professionally network with civilian or military dental organizations.

   b. Department of Defense authorizes government funding to attend continuing education courses and some dental society meetings for most providers. Fleet dental officer/force dental officers staffs maintain resources to help identify available training; reference (f) provides additional specifics.

4. **Dental Readiness and Health.** For Senior Medical Department Representative (SMDR) supported platforms, operational dental readiness (ODR) shall be 100 percent at the time of deployment, and shall be at least 95 percent for all units with Dental Departments.

   a. ODR is a key component of individual medical readiness thus dental officers and SMDR should strive for the highest readiness and health to achieve this metric. Dental officers and SMDR should periodically inform their CO of the status of the crew’s dental readiness and dental health. Unit dental classifications and reporting requirements outside the unit are explained in chapter 10.

   b. Active duty members have the right to attain dental health and every effort should be made to treat patients to dental class 1. The dental health index is the number of class 1 patients as a percentage of the unit population and both ODR and dental health index will be monitored at several levels - unit, TYCOM, fleet. All fleet operational platforms should maintain a monthly dental health index above 40 percent.
5. **Dental Treatment Needs.** The dental common access system, theater medical information program -maritime or snap automated medical system computer programs provide treatment needs information, critical in managing a crew’s dental readiness and health. An accurate dental common access system, theater medical information program -maritime or snap automated medical system database is necessary when determining both department internal and external resource requirements. Treatment needs help drive additional resources, such as reserve augmentation, mobile dental van access, additional funding and greater access for specialty care.

6. **Dental Examinations.** All dental personnel must be familiar with the different dental standards required by various physical examinations.

   a. A T-1 or T-2 exam will be valid for 12 months and will satisfy the exam requirement for any physical examination form within that 12-month period. If the T-1/T-2 exam is less than 6 months old, the dental technician may sign exam forms followed by “for (name of dentist who performed the exam).” If the T-1/T-2 is over 6 months old, a dentist must review the dental record and interval health history. The dentist will then sign the physical examination form followed by “for (name of dentist who performed the exam).”

   b. All active duty personnel must have at least a T-1 or T-2 annual dental exam; more frequent exams may be indicated based on clinic parameters and are at the discretion of the clinician.

   c. Individuals should receive notification of recall in the 11th month following the last periodic exam; they will convert to class 4 at the end of the 13th month.

   d. Separation exams should be T-2 and recorded on both the physical examination form and dental record. The dental record entry should read, “A T-2 exam was provided within 180 days of separation and all treatment (was/was not) completed prior to separation.” Individuals separating may have up to 180 days after discharge to file a claim with Veteran Affairs for treatment not completed.

   e. At completion of the current treatment plan, the provider (dentist or hygienist) will reclassify the individual to class 1 by entering the following in the dental record, “(today’s date) treatment plan dated (date of previous T-2 exam) completed this date.” Whenever practicable, a dental officer should provide a T-2 exam following completion of the previous treatment plan, setting the recall date 12 months from that visit. All treatment completed by a dental technician must be co-signed by a dentist.

   f. Providers must record the current dental classification in the dental record at the completion of each treatment session.

   g. Reference (g) details use of the EZ603 for recording results of examinations.
7. **Oral Disease Risk Management Program.** All afloat naval dental treatment facilities per reference (h) will conduct an oral disease risk management program. The oral disease risk management program should include:

   a. A carries risk assessment.
   c. Re-mineralization protocol for incipient caries.
   d. Prescriptions for caries prevention.
   e. Periodontal disease risk management protocol.
   f. Oral cancer risk management protocol.

8. **Primary Dental Care Manager.** The dental officer manages the unit’s dental care and should assist other units without dental departments when possible. For units without dental support, the SMDR, usually an independent duty corpsman, manages the unit’s dental health and must ensure exams are current and personnel receive required care. SMDRs should coordinate care through the Branch health clinic fleet liaison representatives. The SMDR makes necessary individual treatment appointments, including specialty consults, and monitors progress through the entire treatment plan. The dental common access system or snap automated medical system database provides an effective means to track most unit dental requirements. While deployed, emergency or urgent dental care should be coordinated through dental officers on other ships and shore facilities when available. Chapter 15 discusses the role of SMDRs in more detail.

9. **Active Duty Dental Plan.** From time to time, it will be necessary to utilize civilian providers to augment or substitute military Dental Treatment Facility (DTF) services – particularly specialty care. The patient’s health/oral function, DTF access to care metrics, operational schedules and mission concerns should be primary factors that dictate use of the active duty dental plan program. Such utilization should not be routine unless the operational platform is physically located in a remote area more than 50 miles away from a military DTF.

10. **Dental Availability Assistance.** Fleet units without dental departments depend primarily on the shore establishment for dental care, but afloat units with dental departments must also provide care to these units wherever and whenever possible. Dental officers should be proactive in establishing liaison and advising of support capabilities.

   a. The dental officer will inform units in the battle group of the availability of dental services and will provide information and criteria for medical evacuation of dental patients.
b. Dental officers, when practical and requested, may go aboard other surface ships in the battle group to provide dental care and review records.

c. The dental department maintains the dental health and readiness of embarked squadrons and Marine Expeditionary Unit (MEU) personnel and will ensure equal access for care.

d. Dental officers should offer their department services to Branch health clinics to assist treating squadron/other ship/Marine Expeditionary Force (MEF) personnel when their workload permits.

11. TRICARE Dental Plan. The TRICARE dental program is a voluntary, dental insurance program for authorized family members of active duty and Selected Reservists, Inactive Ready Reservists and their families. Though not connected with Navy dentistry, dental personnel should be familiar with, and encourage utilization of the TRICARE dental program. Family readiness and quality of life are a part of operational readiness and active duty members are responsible for their family’s health. Additional information on the TRICARE dental program is available at the fleet dental officer/force dental officer offices, all Branch health clinics and at the TRICARE website: tricare dental program.com and http://www.metlife.com/tricare. Suggested resources for publicizing the program include:

   a. The plan of the day.
   b. Ship’s newspaper/newsletter.
   c. Captain’s call.
   d. Ship’s indoctrination lectures.
   e. Posters.
   f. Health fairs.

12. Embarked Fleet Marine Force Units. Dental departments of amphibious ships will experience embarkation of MEU personnel upon deployment. The MEU is a smaller (2,000+) but highly capable portion of the MEF (40,000+). MEU personnel become the responsibility of the ship’s dental department and deserve the same access to care and level of care as ship’s company. Frequently, MEU personnel will be augmented by a MEU dental detachment. Appendix K identifies a detailed, step-by-step, pre-deployment process and should be followed to ensure dental operations are well coordinated during the deployment.

   a. The dental officer is responsible for care in ship dental spaces and must ensure the MEU dental officer has been granted privileges by the TYCOM surgeon prior to providing care aboard
ship. The dental officer maintains seniority in the ship’s dental department, regardless of relative rank of the MEU dental officer.

b. As soon as the fleet identifies the MEU detachments, the dental officer must liaison with the embarking MEU dental officer. This liaison should include a welcome aboard letter or email to the MEU dental detachment, with an offer of assistance to accommodate deploying personnel. The MEU dental detachment will visit the ship prior to deployment if at all possible; these visits should be coordinated with the amphibious readiness group senior dental officer and the MEU dental officer. The dental officer has the responsibility to order adequate supplies and ensure equipment capabilities can support both the dental department and the MEU dental detachment for the entire deployment. Funding is the ship’s responsibility and therefore timely support by the ship’s supply officer is critical.

c. The ship dental officer is responsible for incorporating deploying dental personnel into the departmental watchbill, performance improvement/quality management activities, departmental field days, infection control practices, in-rate training, and other routine activities. The dental officer must provide immediate training on use of oxygen breathing devices, requirements for general quarters, and watchstations for mass casualties. MEU personnel should also indoctrinate the ship’s dental department in United States Marine Corps structure and rank, and the MEU chain of command.

d. Both ship and MEU providers will view ship’s company and embarked Marines as one patient population and provide equal access for all personnel aboard.
CHAPTER 6  
SUPPLY, FISCAL, AND EQUIPMENT

1. Operating Target (OPTAR). The dental department OPTAR governs the amount of quarterly funding available. It is only a target but it should not be exceeded without specific authorization from the supply officer. As a general rule, OPTAR funds should provide no less than $3,000 per quarter per provider for consumables. Individual unit instructions will amplify OPTAR rules and detail accounting procedures. The dental officer is responsible for establishing the OPTAR level. Many factors influence dental department funding, to include:

   a. Purchasing six months of consumable supplies before deploying, replacement of equipment either not functioning or approaching the end of its useful life.

   b. Continual increasing costs of health care products, and additional stocking for embarked Marines and/or a dental detachment.

   c. Extended operational commitment beyond 90 days should be considered when requesting funding.

   d. The dental officer must plan for all anticipated requirements, justify requests and gain ship support for adequate funding. The force dental officer is a valuable resource for dental officers unfamiliar with OPTAR planning.

2. Life Cycle Equipment Management. The fleet dental officer maintains a master database for all major fleet dental equipment (cost over $2500 or $5000, see section 6-5). Dental officers should review their department equipment replacement schedule soon after coming aboard with the force dental officer. Dental officers must inform the fleet dental officer whenever they install a new item of equipment, providing the following specifics in the performance improvement/quality management:

   Name of item
   Stock Number
   Manufacturer
   Model Number
   Serial Number
   Date of installation
   Cost

   a. Though all major equipment has an estimated life cycle, the documented repair record on the NAVMED 6700/3 (see appendix L) may justify a new purchase in advance of its normal replacement cycle. Paragraph 6.5 below applies.
b. Likewise, equipment at the end of its estimated life cycle may be fully functional and replacement should be deferred another year or two, if appropriate.

3. Preventive Maintenance (PM). Individual unit instructions will detail PM and maintenance and material management (3M) documentation. Dental officers must ensure that all dental equipment requiring any type of routine servicing appears on the 3M schedule. Ship’s company can generally perform the majority of this servicing. The dental officer should contact the nearest shore dental facility to arrange routine visits by the biomedical equipment repair technicians for equipment maintenance that requires expertise beyond the scope of ship’s company. The ship may need to fund bio-medical equipment repair technicians travel costs as applicable. Prior to getting underway, dental officers should request bio-medical equipment repair technicians perform scheduled maintenance earlier if the ship will be away from port at the time of scheduled servicing.

4. Radiation Survey. Dental radiographic intraoral and panoramic units (including digital system) will be evaluated and certified upon acceptance, every 36 months, and after major repairs.

5. Lead Aprons. Based on the National Council on Radiation Protection and Measurements recommendations, lead aprons of a minimum of 0.5 mm lead-equivalency shall be used for fluoroscopic applications and shielding direct gonadal exposures. Lead aprons of a minimum of 0.25 mm lead equivalency shall be sufficient for all other radiographic applications. Care, evaluation and disposal of the lead apron can be found using reference (i).

6. Precious and Special Dental Metals. Each ship or unit which stocks dental gold, or any other precious metal used in dentistry, must establish an audit board to ensure inventory control.

   a. The rate of usage of precious metals can dictate the periodicity of the inventory and reconciliation process. An active prosthodontic lab will require monthly inventories but during extended shipyard or other operationally inactive periods the process should occur at least quarterly unless the commanding officer (CO) in writing elects to place the metal stock in temporary lay-up utilizing tamper-proof controls for the safe. The Troy base-24 accounting system will be used.

   b. The CO appoints the three member board which consists of at least one commissioned officer and no less than E-7 for the remaining two (at least one of the members must be from outside the dental department). The dental officer is charged with custody of the stock and may not serve on the board but is responsible for preparing the statement, inventory, and explanation sections of the NAVMED 6630/3 (appendix M) in advance of the board meeting. These forms are available through the Navy stock system and the Navy medicine online website.
c. The board:

(1) Audits all applicable records.

(2) Performs a physical inventory.

(3) Reconciles the audit and inventory with the submitted NAVMED 6630/3.

(4) Submits the signed and dated NAVMED 6630/3 to the CO for approval.

7. Equipment Procurement. References (i) and (j) explain procedures for procurement of replacement equipment with a unit cost of over $2,500.00 for dock landing ship, amphibious transport dock and amphibious command ship. The references also explain the procurement of replacement equipment with a unit cost of over $5,000 for amphibious assault ship (general purpose), amphibious assault ship (multipurpose), and aircraft carrier, nuclear from the fleet. This threshold may vary pending unique, individual circumstances. In general, ships (Dental Department OPTARs) are responsible for the replacement of equipment not meeting this threshold cost that is part of the authorized dental allowance list (ADAL).

   a. ADAL equipment replacement is centrally managed at the fleet level. Annually, force dental officers will provide each ship a list of items due for replacement the following fiscal year. Since scheduled replacement is based on a set life expectancy, it is not always a true reflection of the status of all equipment. Accordingly, dental officers will validate items scheduled for replacement with consideration for age and physical condition of equipment, maintenance history, and recommendations by the bio-medical repairmen.

   b. The fleet dental officer will meet with force dental officers to prioritize the requests and forward the equipment list to Commanding Officer, Naval Medical Logistics Command (NAVMEDLOGCOM) for procurement.

   c. Emergent buys take precedence over annual replacement buys that result from unexpected equipment failure and cannot be economically and expeditiously repaired. Emergent buys require a naval message casualty report (CASREP); guidance is available from the ship’s supply or administration departments.

   d. Dental officers should notify the fleet dental officer in the performance improvement/quality management after installing replacement equipment or emergent buys to ensure tracking in the life cycle equipment management program.

8. Material Complaints. SF 380, (appendix N), is used to report defective or otherwise unsatisfactory materials or equipment. Dental officers must complete the report and submit it to the type commander (TYCOM) for further action.
9. **Authorized Dental Allowance List (ADAL).** The ADAL establishes the minimum quantity of dental equipment and consumables that fleet, construction battalion, and Fleet Marine Force units must maintain. Authorized quantities generally reflect 60 days of supply to support the required operational capabilities of the individual unit. Prior to deploying, dental officers should purchase enough supplies to last the duration of the deployment to avoid difficulties for timely re-supply. This is especially important for ships supporting embarked Marine expeditionary unit dental detachments (paragraph 5-12). As noted in appendix K, surface units bear the cost of additional supplies to accommodate all embarked Marine units.

   a. Some consumable ADAL items do not need to be exact but rather match by like kind. For example, various composite systems are available and subject to provider preferences.

   b. Anyone can submit a change (add or delete) request to an ADAL utilizing appendix O, ADAL change request. The ADAL change request should be completed and forwarded to the appropriate TYCOM. It is then submitted to Commander, United States Fleet Forces Command/Commander, United States Pacific Fleet via the TYCOM for approval and forwarded to NAVMEDLOGCOM. NAVMEDLOGCOM will formalize the ADAL change and notify the fleet via message.

   c. For efficiency and ease of ordering supplies, it is highly recommended that the dental department use the medical electronic catalog. The medical electronic catalog was developed by the medical directorate of the Defense Supply Center Philadelphia (DSCP) to streamline its business practice and expand its range of procurement options. The medical electronic catalog is a net-centric ordering, distribution, and payment system providing Department of Defense and other federal customers’ access to multiple manufacturer and distributor commercial catalogs at discounted prices.

10. **Storeroom Organization and Management.** Shipboard dental departments are expected to have a bulk storeroom located outside of the main dental space. The selected space should not be subject to temperature extremes. All supplies must be organized neatly, off the deck, and secured for sea with an adequate walkway. There will be a dedicated working stock storeroom located within the department. Supplies will be organized by expiration dates for efficient utilization. A consistent and accurate inventory of all supplies will be maintained at all times by the supply petty officer in either snap automated medical system or an excel spreadsheet.

11. **Replacement of Equipment on Ships Undergoing Service Life Extension Program (SLEP).** Commander, Naval Sea Systems Command is responsible for funding equipment replacement as a result of SLEP. Dental officers anticipating SLEP must ensure dental requirements make the SLEP package by planning well in advance of the SLEP period and should contact the force dental officer staff for help in preparing dental department input.
CHAPTER 7
MANAGEMENT OF RESERVES

1. General. Reservists are a proven resource in support of Navy dentistry’s mission of dentally healthy Sailors and Marines. Reserve dental augmentation is coordinated by the regional Operational Support Officer (OSO) (Navy medical east/Navy medical west OSOs) and reserve affairs officer, Bureau of Medicine and Surgery.

2. Procurement

   a. Senior dental officers desiring reserve dental support should submit requests to their force dental officer as far in advance of the augmentation period as possible. The normal length of reserve annual training (AT) is two weeks; however, longer periods of exceptional AT of 29 days are possible and subject to budget constraints. AT is provided by reserve funding; additional duty for training is funded by the fleet. Reserve AT funds cannot be used for personnel performing duty in combat zones.

   b. Reserve support will be based on actual fleet needs. Prior to requesting reserve dental support, the ship’s senior dental officer must ensure suitable working and berthing spaces are available. If a reservist contacts a ship directly, all contacts should be referred to the reserve affairs officer. The reserve affairs officer will contact the force dental officer regarding fleet requirements. The force dental officer will validate requirements and contact regional OSO for entry into Medical Reservists Utilization Program Management Information System (MEDRUPMIS) and the reserve affairs officer to coordinate mutual support. The reserve affairs officer will advertise fleet requirements to reserve personnel to match personnel to the requirements. The supporting reservist will be given contact information for the ship’s senior dental officer. The senior dental officer will contact the ship’s OSO to assign a billet control number for the AT.

3. Responsibilities for Senior Dental Officer. Beyond berthing and workspace concerns, senior dental officers should coordinate the following:

   a. Dates of duty and arrival/departure cities 52 days in advance of duty are provided to the supporting reservist to allow compliance with Commander, Naval Reserve Forces directives for outside the continental United States (OCONUS) travel.

   b. Billet control number from ship’s OSO for supporting reserve dental officer’s orders.

   c. Carrier Onboard Delivery (COD).

   d. Berthing OCONUS as needed prior to COD or after duty before commercial travel home.

   e. Ship’s welcome aboard package to include uniform requirements, meal costs, passport
requirements, country clearance and isolated personnel report requirements.

f. Tour of the ship.

g. Safety orientation.

h. Courtesy calls with commanding officer and executive officer, or command master chief (for Hospital Corpsmen).

i. Patient schedule.

j. Transmittal of reservist’s orders to ship’s personnel support detachment for processing.

4. Responsibilities for Reservists. To ensure adequate time for orders processing the reservists will coordinate the following:

a. Delivery of individual credential transfer brief and dates of duty to the appropriate fleet medical staff services professional.

b. Application for an exceptional AT request to the regional OSO as needed.

c. Medical and administrative requirements to preclude hard hold on AT orders.

d. Orders entry into the Navy reserve order writing system 45 days in advance of duty.

5. Privileges. As specified in Chapter 3, reserve dental officers or hygienists must be granted permission to exercise their clinical privileges by the type commander surgeon prior to practicing aboard any ship. The current privileging authority submits a credentials transfer brief to the medical staff services professional.

6. Performance Appraisals and Fitness Reports. The senior dental officer must provide a performance appraisal report to the force dental officer for any reserve provider on continuous active duty of four days or more. The senior dental officer must submit a not observed/detachment of individual report up the chain of command on a reservist for every period of active duty that is greater than 10 days and less than 90 days. Reference (k) chapters 6 and 10 provide guidance on these reports.
CHAPTER 8
TRAINING

1. **General.** Each fleet unit will have a comprehensive training program that includes military and clinical training.

2. **Preventive Dentistry Technician Functions.** Per reference (l), a preventive dentistry technician or prophylaxis (prophy) technician is a hospital corpsman (HM) that has been trained through a personnel qualification standard curriculum administered by a supervising dentist. A certified prophy technician is qualified to remove supragingival calculus, perform corona polishing and administer fluoride treatments as directed.

3. **Surface Warfare Medical Department Officer.** Reference (m) details requirements for surface warfare medical department officer qualification. Qualification recognizes the significant contributions made by Navy medical department officers while serving aboard surface ships. All dental officers attached to surface ships should pursue qualification, but efforts should not appreciably restrict clinical availability. Any dental officer permanently assigned to ship’s company is eligible to qualify, as are Marine Expeditionary Unit (MEU) dental officers embarked for deployments. Dental officers should include attainment of surface warfare medical department officer qualifications in their fitness reports.

4. **Enlisted Warfare Specialist.** Qualification and/or re-qualification are mandatory for all enlisted Sailors assigned to designated warfare qualifying commands. Warfare sponsors will establish specific qualifications and re-qualifying timelines. However, the maximum allowable time for initial qualification of all enlisted Sailors assigned to designated warfare qualifying command will not exceed 30 months per reference (n). The commanding officer will determine whether or not MEU and reserve HM embarked for deployments will be allowed to qualify for the warfare program. As with officers, enlisted warfare qualification recognizes the significant contribution to the ship’s mission and denotes a level of excellence and proficiency. With exception of required ship-wide training, HM should not allow qualification to interfere with clinical responsibilities.

5. **Dental Operational Forces Management Training.** Dental operational forces management training is offered annually by the surface warfare medical institute and is considered mission essential for newly reporting department heads. The course prepares dentists for the unique challenges of operational dentistry and provides familiarization with Navy regulations that govern dental readiness, inspections, quality assurance, professional privileging, infection control, hazardous waste management, mercury control, damage control, material maintenance and safety. The course is designed to minimize government liabilities and enhance unit readiness. Although the course is mandatory for department heads, all incoming dentists may attend when feasible.
6. **Continuing Education.** Most states require a number of continuing education credits as a condition of dental licensure renewal. Enlisted specialists to include registered dental hygienists, certified dental laboratory technicians, surgical technicians and bio-medical equipment repair technicians require continuing education to maintain credentials with governing organizations.

   a. Continuing education includes: professional seminars and short courses sponsored by various military and civilian organizations; travel to healthcare meetings, conferences, and conventions; and alternate instructional systems such as correspondence courses, audiovisual programs, and computer learning systems.

   b. The Navy medicine professional development center normally funds continuing education costs for dental officers and enlisted specialists assigned to operational billets based on funding availability. Requests can be submitted electronically or by mail. See reference (f). Dental officers must contact the non-budget submitting office (BSO) 18 officer funding coordinator at (301) 295-0650 or via e-mail at usn.bethesda.navmedprodevctrmld.list.nmpdc-dental-corps-gp@mail.mil. Dental officer will mail requests to:

   Head, Dental Corps Programs  
   Code 1PGDC Navy Medicine Professional Development Center Command  
   BLDG 1, 16th Deck 8901 Wisconsin Ave.  
   Bethesda, MD 20889-5600

   c. Enlisted specialists must contact the non-BSO 18 enlisted funding coordinator at (301) 295-0925. Enlisted specialists will mail requests to:

   HM/DT Program  
   Code 03C Navy Medicine Professional Development Center Command  
   BLDG 1, 16th Deck 8901 Wisconsin Ave.  
   Bethesda, MD 20889-5600

   d. The request must arrive at Navy medicine professional development center six weeks prior to the continuing education convening date and contain a copy of the course or meeting announcement or brochure, inclusive dates, location, and fees. The Navy may fund members for state or regional board examinations if funding is available and other criteria met. If military funding is provided via continuing resolution and not a regular budget, Navy medicine professional development center funding may be limited to Bureau of Medicine and Surgery approved conferences and meetings. Plan accordingly.

   e. In addition to Navy medicine professional development center funding, ships are also a resource for training dollars and dental officers and registered dental hygienists should consider continuing education when talking to the training officer for future training requirements. Every provider should be able to attend at least one course per year, operational commitments permitting. Many continuing education opportunities are no cost when available from local
Navy healthcare centers. Walter Reed National Military Medical Center, Bethesda, Maryland and Navy Medicine West, San Diego present numerous two to five day courses each year at no cost other than travel and per diem expenses. Walter Reed National Military Medical Center also has an extensive array of correspondence courses at no cost, most carry continuing education credit. The Walter Reed National Military Medical Center course schedule is available from the Force Dental Officer or naval postgraduate dental school continuing education web site: http://www.wrnmmce.capmed.mil/ResearchEducation/NPDS/SitePages/ContinuingEducation.asp

7. **Basic Life Support.** Reference (o) requires current basic life support certification for every Dental Department member; certificate copies should reside in local training records and individual credentialing files/individual professional files. No-cost training in basic life support is always available from the local Naval healthcare centers or Naval hospital; ships with certified instructors may also provide training.

8. **Casualty Care Training.** All dental officers reporting to the fleet must receive casualty care training before reporting or as soon after reporting as possible per reference (o). Training can be advanced trauma life support (ATLS) (only oral surgeons) or pre-hospital trauma life support (all non-surgeon dental officers); both are provided during command, control, communications and computers training in San Antonio. Dental officers often function as officers-in-charge of battle dressing stations during general quarters.

9. **Advanced Cardiac Life Support/Advanced Trauma Life Support.** Oral maxillofacial surgeons must complete advanced cardiac life support training prior to reporting to the fleet per reference (o).

10. **Code Blue Drills.** One code blue drill will be conducted per month. The following code blue drill scenarios will be conducted during the calendar year:

    a. Airway obstruction.
    
    b. Hyperventilation.
    
    c. Allergic reaction.
    
    d. Asthma.
    
    e. Angina.
    
    f. Myocardial infarction.
    
    g. Adverse drug reaction.
    
    h. Hypoglycemia.
i. Hypertensive crisis.

j. Hypotension.

k. Unconsciousness.

l. Acute adrenal insufficiency.

Written reports for each drill must be available for inspection. Drills may be combined with the medical department.

11. **In-Service Training.** In-service training refers to professional education conducted by department members for department members. The intent for enlisted in-service training is to provide an extension of training received in HM 8701/8702/8708/8752/8753/8483 schools. Officer in-service training focuses on training relevant to shipboard dental operations, dental continuing education topics and clinical techniques. In-service training may include presenting dental topics to other departments and dental personnel can attend other departments’ in-service training sessions. Any in-house training intended to further professional qualifications should be documented in the individual’s training record. Topics such as oral hygiene, dental health, and explanation of the TRICARE dental plan is appropriate as in-service training for non-dental audiences. Dental officers should contact the unit's training officer and offer Dental Department representatives as subject matter experts.

12. **General Military Training.** General military training covers a wide array of topics and is also documented in individual training records. The ship's training officer will facilitate the required training schedule.

13. **Medical Augment Training.** Each individual in the dental department has a secondary casualty care role. Dental officers must arrange periodic training to ensure they will perform adequately during an emergency. Such training should include cardiopulmonary resuscitation, first aid, combat casualty care and triage. Ideal training time is during general quarters drills when feasible. Additional medical augment training should occur once a month. Topics such as general damage control and fire fighting are also appropriate.

14. **Safety Training.** Shipboard safety is a priority for all hands and training should be continual and documented. Dental officers should address safety issues during monthly meetings and discuss safety topics regularly at quarters. The ship’s safety officer will provide training materials and guidance.

15. **Training Medical Department Representatives.** The senior dental officer is required to ensure that dental emergency refresher training has been provided for independent duty corpsmen within the battle group or expeditionary strike group. This effort will minimize unnecessary ship to ship medical evacuation during deployment.
16. **Other Training.** Dental department staff should participate in additional training in support of their professional development, to include leadership, management, administrative and other non-dental programs.

17. **Enlisted Cross Training.** Since the HM/dental technician merger, respective medical/dental department heads are to amicably arrange dedicated monthly cross training of medical and dental department corpsmen to prepare them for success on the bi-annual advancement exam. The curriculum should consist of both academic and hands-on training.

18. **Administration of the Training Program.** The senior dental officer is responsible for the department training and should assign administration of the program to the dental division officer or leading chief petty officer/leading petty officer. The following records must be maintained:

   a. Department training officers written record.

   b. All lesson plans and materials used in training binder.

   c. Individual training records which includes all in-service training, training pertinent to clinical privileges, and profile sheets from advancement exams.

   d. Annual training plan. Aside from the required general military requirement training, it’s recommended to choose the additional annual training topics from the bibliography for advancement that can be found from the Navy knowledge online navy advancement center.

19. **Specialty Boards.** The Navy medicine professional development center will fund dental officers pursuing specialty boards. These should be scheduled well in advance and with consideration for operational schedules. Dental officer coverage may be arranged through the ship’s chain of command and the type commander. Senior dental officers may request an official temporary additional duty assist via the ship’s commanding officer and forwarded to the force dental officer to provide dental officer coverage during an absence. The request must be submitted 60 days in advance prior to the board date.

20. **Continuing Education Recognition Program.** Since 1993, the American Dental Association has approved the Navy dental corps through its continuing education recognition program as a provider of continuing education. With this designation comes the responsibility to ensure that all continuing education meets the standards and criteria of continuing education recognition program. These guidelines are provided so that all activities providing continuing education and granting continuing education credit will understand and follow the guidelines. Issuing a verification of attendance form using the continuing education recognition program logo implies that the activity has followed the guidelines in the development and delivery of continuing education. If you have questions about the guidelines, please contact the Navy postgraduate
dental school at DSN 285-4832, (301) 319-4832. These guidelines apply to dental officer professional topics only and not to general military topics. See appendix P for guidelines.
1. **General.** Dental department personnel are assigned to duties directly or indirectly related to dental care or to the administration of dental facilities. However, serving aboard ship carries greater responsibilities for duties and watches. Whereas dental personnel ashore generally stand only dental watches, afloat personnel stand a variety of other watches and perform duties beyond the scope of their ashore counterparts.

2. **Dental Watch.** The dental officer establishes the dental watch. Dental support for ship’s company remains the responsibility of the dental officer, whether in port or at sea. Ship’s crew should not be sent elsewhere without prior arrangement with the receiving clinic. The ship’s dental personnel must remain available to treat emergencies at any time while underway. When dental personnel leave the ship or are on liberty, they must provide directions on how to contact them or identify what emergency patients should do next, (i.e., go to medical or report to a military clinic ashore). In either case, prior liaison should be made with supporting staffs.

3. **General Shipboard Watches.** The unit commanding officer (CO) may assign dental department personnel to any shipboard watches for which he/she feels they are qualified if permitted by official guidance. Although the dental officer will support these assignments, he/she should advise the CO if these duties interfere with, or compromise, crew health and readiness.

4. **Collateral Duties.** Collateral duties are a part of shipboard life. Dental officers and senior enlisted leaders should attempt to limit their collateral duty assignments to those in which they serve in a supervisory capacity to minimize loss of clinical time. The Dental officer must continually educate line leadership regarding dental readiness and health requirements and advocate to keep clinical providers treating patients. Dental officers should consult with their force dental officers if they are unable to maintain high dental readiness and health due to excessive non-clinical duties. Dental personnel may serve as members of courts-martial, audit, inventory and interview boards.

5. **Medical Department Personnel Watchstanding.** Due to the requirements for completing shipboard personnel qualification standards and the expansion of in port duty sections, COs often require medical department personnel to stand non-medical shipboard watches. This decision is supported by Navy Regulations, 1990, Article 1063, which prohibits medical department personnel from standing non-medically related watches only while assigned to a combat area during a period of armed conflict. This position is repeated in reference (a), Article 322.g. Of utmost importance when assigning medical department personnel to non-medical watches, is the ability of the individual to respond in case of an actual medical emergency. Commands that utilize medical department personnel for any shipboard watches must establish procedures for immediate relief of these individuals, if the need arises. The practice of utilizing hospital corpsmen (HM) for duties that require them to be off the ship, such as pier sentry and duty
driver, is strongly discouraged due to their inability to respond to emergencies. Additionally, due to the limited number of HM assigned to each ship, assignment for extended periods to duties such as food service attendant is highly discouraged.
APPENDIX A
REFERENCES

Ref: 

(a) NAVMED P-117, Manual of the Medical Department, 4 January 2016
(b) OPNAVINST 3120.32D, Standard Organization Regulations of the U.S. Navy
(c) COMUSFLTFORCOM/COMPACFLTINST 6320.2B
(d) BUMEDINST 6320.67A
(e) BUMEDINST 6320.82A
(f) BUMEDINST 5050.6A
(g) BUMEDINST 6600.19
(h) DoD Instruction 6025.19 of 9 June 2014
(i) BUMEDINST 6470.22A
(j) BUMEDINST 6710.63C
(k) BUPERSINST 1610.10D
(l) BUMEDINST 6600.16A
(m) COMNAVSURFPAC/COMNAVSURFLANT 1412.8
(n) OPNAVINST 1414.9, Enlisted Qualification Warfare Programs
(o) BUMEDINST 1500.15E
(p) DoD Directive 5500.7-R of 17 November 2011
(q) SECNAVINST 5215.1E, Secretary of the Navy Directive Policy
(r) SECNAV M-5210.2, Department of the Navy Standard Subject Identification Code Manual
(s) SECNAV M-5216.5, Department of the Navy Correspondence Manual
(t) BUMEDINST 6220.9B
(u) BUMEDINST 6220.14
(v) BUMEDINST 6280.1B
(w) COMUSFLTFORCOM/COMPACFLTINST 6600.42A
(x) OPNAVINST 6400.1C/MCO 6400.1, Training, Certification, Supervision Program, and Employment of Independent Duty Hospital Corpsmen (IDCs)
(y) CPF/CLF memo of 18 October 2001
APPENDIX B
FORCE DENTAL READINESS INSPECTION CHECKLIST

USS SHIP NAME: 
DATE: 

DRI C-STATUS
C-1: 90 - 100%: FULLY READY
C-2: 80 - 90%: SUBSTANTIALLY READY
C-3: 65 - 80%: MARGINALY READY
C-4: <65%: NOT READY, UNSAT

ITEM GRADING CRITERIA:
C-1: 5 POINTS: FULLY READY
C-2: 4 POINTS: SUBSTANTIALLY READY
C-3: 3 POINTS: MARGINALLY READY
C-4: 0 POINTS: NOT READY, UNSAT

Section F: DENTAL READINESS

1. MISSION AND RESPONSIBILITIES

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<tr>
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Elements: 5  Total: 0

REF: COMUSFLTFCOMINST 6600.1A; BUMEDINST 6440.8; OPNAVINST 3120.32C; MANMED CH. 6

2. ADMINISTRATION

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Elements: 8  Total: 0

REF: COMUSFLTFCOMINST 6600.1A; MANMED CH. 6

B-1 Appendix B
| A. | DENTAL DEPARTMENT FOLLOWS AN EFFECTIVE PI/QM PROGRAM | CRITICAL |
| B. | THE PI/QM PROGRAM INCORPORATES BUMEDINST 6320.82 (STANDARDS OF CARE) | CRITICAL |
| C. | THE COMMAND'S DENTAL READINESS AND DENTAL HEALTH INDEX IMPROVED OVER THE LAST 12 MONTHS. |
| D. | DENTAL DEPARTMENT DOCUMENTS AND MONITORS CSR OPERATIONS |
| E. | DENTAL DEPARTMENT MONITORS RADIATION EXPOSURE, INCLUDING RE-TAKES |
| F. | DENTAL DEPARTMENT MONITORS DIAGNOSIS AND TREATMENT OF ORAL INFECTIONS - LOG MAINTAINED |
| G. | DENTAL DEPARTMENT MONITORS BIOPSIES - LOG MAINTAINED |
| H. | DENTAL DEPARTMENT MONITORS CONSULTS AND ADDP REFERRALS - LOG MAINTAINED |
| I. | DENTAL DEPARTMENTAL INFECTION CONTROL PROGRAM IS EFFECTIVELY TAILORED TO COMMAND CONDITIONS AND FACILITY LIMITATIONS |
| J. | ALL DENTAL DEPARTMENT PERSONNEL ARE THOROUGHLY FAMILIAR WITH THE INFECTION CONTROL PROGRAM |
| K. | IF NOT CO-LOCATED ADJACENT TO MEDICAL SPACES, DENTAL DEPARTMENT MAINTAINS AN EMERGENCY KIT AND EQUIPMENT FOR PATIENTS IN ACUTE MEDICAL DISTRESS, PERSONNEL ARE TRAINED TO USE IT AND THEY HAVE IMMEDIATE ACCESS TO IT |
| L. | ALL ENLISTED PERSONNEL PROVIDING DIRECT PATIENT CARE HAVE DEMONSTRATED REQUIRED SKILLS IN APPROPRIATE EXPANDED FUNCTIONS TO INCLUDE, AT THE MINIMUM, PREVENTIVE DENTISTRY AND APPLICATION OF SEALANTS |
| M. | MEMBERS' TRAINING RECORD DOCUMENT CERTIFICATION |
| N. | DENTAL DEPARTMENT HAS AN ACTIVE AND EFFECTIVE PATIENT SATISFACTION PROGRAM |
| O. | DOCUMENTED PATIENT COMPLAINTS RECEIVED ADEQUATE RESOLUTION |
| P. | THE DENTAL OFFICER REPORTS ALL POTENTIALLY COMPENSABLE EVENTS (PCEs) |
| Q. | DENTAL DEPARTMENT PERSONNEL HAVE REQUIRED COUNSELING, ADDITIONAL TRAINING, OR DIRECT SUPERVISION AS A RESULT OF UNPROFESSIONAL PERFORMANCE, OR RECEIVED DISCIPLINARY ACTION FOR PROFESSIONAL CONDUCT VIOLATIONS |
| R. | DENTAL DEPARTMENT DEMONSTRATED PROCESS IMPROVEMENT SUCCESSES |
| S. | RECORD REVIEWS ARE AT LEAST PERFORMED QUARTERLY FOR EACH PROVIDER |
| T. | EMERGENCY DRILLS (CODE BLUE) ARE PERFORMED AT LEAST QUARTERLY AND DOCUMENTED |

REF: COMUSFLTFORCOM 6600.1A; BUMEDINST 6010.13; BUMEDINST 6600.10; MANMED CH.6; BUMEDINST 6320.66

Elements: 20  Total: 0

Appendix B
### 4. Credentials Review and Privileging

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A. All providers administer clinical treatment within their granted professional privileges.

B. All dental officers are aware of the requirement for maintaining currency of their ICFs (CAF contains copies of current professional license, BLS, trauma care training, CE documentation, DEA license as applicable).

C. All dental officers, to include reserve dental officers performing ADT, embarked FMF dental officers, and dental augmentees have signed privileges prior to beginning patient treatment.

D. Are there any outstanding ICF discrepancies?

REF: COMUSFLTFORCOMINST 6600.1A; BUMEDINST 6320.66

Elements: 4 Total: 0

### 5. Professional Training

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A. The crew has a full understanding of the TRICARE family member dental plan and of the dental benefits for themselves as active duty members.

B. Hospital Corpsman (Dental) advancement within the dental department suggests an effective in-rate training program.

C. Assignment of dental departmental duties allow rotation of enlisted personnel to broaden rating skills.

D. All dental departmental personnel are aware of available off-duty professional education classes and correspondence courses.

E. All dental officers are able to demonstrate an acceptable level of trauma/casualty care.

F. All dental departmental personnel are able to demonstrate an acceptable level of basic life support.

G. All dental departmental personnel demonstrate knowledge and skills obtained via professional continuing education.

REF: CFFCINST 6600.1; OPNAVINST 3120.32; MANMED CH. 6; BUMEDINST 6320.66; BUMEDINST 1500.15

Elements: 7 Total: 0

### 6. Dental Practice

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A. All patients requiring specialty care beyond privileges of dental department providers received care from a shore dental facility.

B. All non-class 1 patients have a current treatment plan.

C. The appointment system provides for daily sick call.

D. The dental department maintains waiting lists for certain appointments.

E. Provider entries are legible and complete; forms filled out correctly; multiple forms correspond with one another (one row = treatment plan).

F. Treatment entries are co-signed where appropriate.

G. Proper informed consent documentation is present for surgical procedures.

REF: COMUSFLTFORCOMINST 6600.1; MANMED CH. 6

Elements: 7 Total: 0
7. INFECTION CONTROL

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<tbody>
<tr>
<td>A. ALL DENTAL DEPARTMENTAL PERSONNEL DEMONSTRATE A COMPLETE UNDERSTANDING OF INFECTION CONTROL/STERILIZATION TRAINING.</td>
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<td>B. THE DENTAL DEPARTMENT USES STERILE, PROPERLY WRAPPED INSTRUMENT PACKS AND HANDPIECES.</td>
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<td>C. EACH STERILE PACK CONTAINS A STERILIZATION INDICATOR.</td>
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<td>D. THE DENTAL DEPARTMENT USES THE UNIT DOSE SYSTEM TO DISPENSE SUPPLIES SUCH AS TONGUE BLADES, COTTON PRODUCTS, AND GAUZE.</td>
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<td>E. STERILIZATION PROCEDURES ARE IN EFFECT FOR NON-AUTOCLAVABLE ITEMS SUCH AS BURS.</td>
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<td>F. PERSONNEL SPORE-TEST STERILIZERS WEEKLY; POSITIVE TESTS ARE HANDLED AND DOCUMENTED APPROPRIATELY.</td>
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<td>G. ADEQUATE DENTAL RADIOLOGY INFECTION CONTROL PROCEDURES ARE IN EFFECT, PARTICULARLY REGARDING HANDLING OF INTRA-ORAL FILM PACKETS OR SENSORS.</td>
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<td>H. ADEQUATE INFECTION CONTROL PROCEDURES ARE IN EFFECT WITHIN THE PROSTHETICS LABORATORY REGARDING IMPRESSIONS, CASE PANS, BARRIER PROTECTION, HIGH-RISK PATIENT MATERIALS, ETC.</td>
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<td>I. ALL PATIENTS AND STAFF WEAR EYE PROTECTION DURING TREATMENT.</td>
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<td>J. ALL PROVIDERS WEAR FACEMASKS, HEAD COVERS, CLEAN SMOCKS, AND APPROPRIATE GLOVES WHEN TREATING PATIENTS.</td>
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<td>K. THE DENTAL DEPARTMENT ADEQUATELY MANAGES AND DOCUMENTS POTENTIALLY INFECTIOUS REGULATED WASTE.</td>
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REF: COMUSFLTFORCOMINST 6600.1A; MANMED CH. 6; BUMEDINST 6600.10; BUMEDINST 6280.1, Afloat Medical Waste Management Guide; OPNAV P-45-11-113-3-99 Elements: 11 Total: 0
### Equipment/Supply/Fiscal

#### A.
Lighting appears adequate, including use of color correction where appropriate.

#### B.
Emergency power connects to at least one dental operating unit.

#### C.
There is adequate space to store dental materials.

#### D.
The dental department replaced major dental equipment in accordance with its normal replacement/life cycle.

#### E.
Dental department personnel demonstrate an adequate understanding of those maintenance procedures within dental departmental capability and have the necessary reference material to assist.

#### F.
Dental department personnel monitor the true condition of each piece of dental equipment.

#### G.
Dental department repair service has been timely and satisfactory.

#### H.
The dental department monitors stock supply level via electronic tracking program.

#### I.
Levels of stock are in compliance with the current ADAL.

#### J.
The dental department considered impending deployment when stocking supplies and consumables.

#### K.
Stock level is considered during periods of embarked dental team and troops.

#### L.
Dental department rotates items of dental material with scheduled shelf life.

#### M.
No dated material on hand which has expired or which will expire within 60 days.

#### N.
The dental department follows BUMEDINST 6710.62 series for disposal of obsolete and deteriorated items.

#### O.
The dental department inventories precious dental metals monthly.

#### P.
The dental department properly handled and disposed of precious metal and amalgam scrap.

### Mission Essential Programs in Jeopardy Due to OPNAV Constraints

#### R.
Mission essential programs in jeopardy due to OPNAV constraints.

### Critical

<table>
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<th>C-2</th>
<th>C-3</th>
<th>C-4</th>
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### CRITICAL C-4: X5 Penalty Points:

#### DRI C-STATUS

- **C-1:** 90 - 100%; FULLY READY
- **C-2:** 80 - <90%; SUBSTANTIALLY READY
- **C-3:** 65 - <80%; MARGINALLY READY
- **C-4:** <65%; NOT READY - UNSAT

### Section F Score:

0.00%

### Total Elements:

80
APPENDIX C
SHIPBOARD INFECTION CONTROL CHECKLIST

SHIP:  
INSPECTOR:  
DATE:  

QUARTER  
(Check quarter inspected)  

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<th>1ST</th>
<th>2ND</th>
<th>3RD</th>
<th>4TH</th>
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</table>

1. Annual Infection Control Training. onboard/trained  
   a. Officer  
   b. Enlisted  
   c. CSR Techs  

2. Verification of immunization  
   (HBV, MMR, HIV, PPD, etc.)  
   a. Complete  
   b. In progress  
   c. Not started  

3. Occupational Exposure  
   a. Number of exposure incidents  
   b. Number requiring post exposure follow-up  

   (tracking reports attached  please include copy of tx note NAVMED 6600/14 with the report)  
   a. Number of reports submitted  
   b. Number of surgical procedures  
   c. Rate = #infections/#surg procedures x 100
5. Sterilization Procedures
   a. Positive biological monitors
   b. Sterilization discrepancies
   c. Logs up-to-date/reviewed/signed by ICO or ICPO
      Sterilization Log
      Biologic Monitor Log
      Medical Waste Log
   d. Medical waste properly disposed? Y / N (circle)

6. Quarterly Inspection Checklist Complete? Y / N (circle)

7. Problems:

8. Recommendations:
CLINIC INFECTION CONTROL REPORT

SHIP:
INSPECTOR:
DATE:

QUARTER
(check quarter inspected)

| 1ST | 2ND | 3RD | 4TH |

1. General Operatory Considerations (Discrepancies). Y / N

   a. Is the DTR clear of unnecessary objects, materials, and equipment?
      Y_______  N_______

   b. Are food and beverages prohibited in the DTR?
      Y_______  N_______

   c. Is appropriate dispenser soap available?
      Y_______  N_______

   d. Is the sink clear of dirty instruments?
      Y_______  N_______

   e. Are trash cans lined with plastic and not overflowing?
      Y_______  N_______

   f. Is a “SHARPS” container present with the contents below the ¾ full mark?
      Y_______  N_______

   g. Is disinfectant spray and/or wipes (Caviwipes) available, is bottle labeled with expiration date?
      Y_______  N_______

   h. Are operatory SOP/PM sheets posted or in manuals?
      Y_______  N_______

   i. Are open irrigation solutions labeled for expiration?
      Y_______  N_______
2. Dental Unit, Chair, Instrument Set-Up. Y / N
   a. Is barrier technique being used on surfaces with potential contact with blood or saliva?
      Y_______   N_______
   b. If barriers cannot be used, are proper disinfection procedures followed with surface disinfectant?
      Y_______   N_______
   c. Is the instrument pack setup for unit dose?
      Y_______   N_______
   d. Are materials set out in the amount needed before seating the patient?
      Y_______   N_______
   e. Are instruments placed on a disposable nonporous barrier?
      Y_______   N_______
   f. Are the counter tops, chair, unit, and light disinfected at the end of the day?
      Y_______   N_______
   g. Is the HVE flushed at the end of the day?
      Y_______   N_______
   h. Are handpiece/three way syringe lines purged between patients?
      Y_______   N_______
   i. Are three way syringe tips changed for each patient?
      Y_______   N_______
   j. Is Citricil or equivalent water disinfecting tablet being utilized for dental unit waterline treatment?
      Y_______   N_______

3. Patient and Operative Team. Y / N
   a. Is patient using a mouth rinse before procedure?
      Y_______   N_______
   b. Is patient draped and wearing safety glasses?
      Y_______   N_______
c. Are doctors and technicians wearing gloves, masks, safety glasses, scrubs, and gowns?
   Y_______      N_______

d. Are long-sleeve scrubs available?
   Y_______      N_______

e. Are rubber-dams and HVE used?
   Y_______      N_______

f. Are hands protected during needle recapping? Scoop technique being used?
   Y_______      N_______

g. Is the proper hand washing technique being used?
   Y_______      N_______

4. Instrument Packs and Drawers. Y / N

   a. Are all packs properly wrapped, dated and contain indicator strips?
      Y_______      N_______

   b. Are packs stored away from aerosol contamination?
      Y_______      N_______

   c. Are drawers clear of loose instrument and equipment?
      Y_______      N_______

   d. Are burs cleaned, sterilized and stored properly?
      Y_______      N_______

   e. Is the unit dose concept for consumable items used during patient treatment?
      Y_______      N_______

   f. Are highspeed hand pieces, slowspeed attachments, bur tools, and tri-flo syringe tips sterilized?
      Y_______      N_______

   g. Are glutaraldehyde solutions being used as disinfectants?
      Y_______      N_______

5. Problems:

6. Recommendations:
CLINIC INFECTION CONTROL QUARTERLY REPORT

SHIP:
INSPECTOR:
DATE:

QUARTER
(check quarter inspected)

1ST  2ND  3RD  4TH

RADIOLOGY

1. Patient Contact.  Y / N

   a. Are bite blocks/film/DDI sensors set out before patient
      is seated?  
       Y_______  N_______

   b. Are hands washed before gloving and after degloving?
       Y_______  N_______

   c. Are gloves worn to place and handle film/sensors?
       Y_______  N_______

   d. Are exposed films placed in a paper cup? (For non DDI Platforms)
       Y_______  N_______

   e. Are the X-Ray controls, tubehead, and headrest wrapped in plastic/disinfected after each
      patient?
       Y_______  N_______

2. Material Handling.  Y / N

   a. Are panorex bit blocks covered or properly disinfected?
       Y_______  N_______

   b. Are film/sensor positioning devices autoclaved?
       Y_______  N_______

   c. Are disinfectant containers labeled with an expiration date?
       Y_______  N_______

   d. Is the exposed film taken out of the contaminated pack so as not to contaminate film,
      processor, etc.? (For non DDI Platforms)
Y_______      N_______
e. Are film packs properly disposed of? (For non DDI Platforms)
   Y_______      N_______
f. Are processor solutions properly disposed of? (For non DDI Platforms)
   Y_______      N_______

3. General Considerations. Y / N

   a. Are the x-ray room countertops disinfected daily?
      Y_______      N_______
   b. Is the X-Ray chair sanitized daily?
      Y_______      N_______
   c. Is the Radiology SOP posted?
      Y_______      N_______
   d. Is the Radiology Room free of clutter?
      Y_______      N_______
   e. Is appropriate dispenser soap available?
      Y_______      N_______
   f. Is disinfectant spray available and labeled for expiration date?
      Y_______      N_______

4. Problems:

5. Recommendations:
CENTRAL STERILIZATION ROOM QUARTERLY INSPECTION

SHIP:

INSPECTOR:

DATE:

QUARTER
(check quarter inspected)

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<th>1ST</th>
<th>2ND</th>
<th>3RD</th>
<th>4TH</th>
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</thead>
</table>

1. Central Sterilization Room (CSR). Y / N
   a. Is the CSR Tech trained (documented)?
      Y_______      N_______
   b. Is the CSR SOP available for inspection?
      Y_______      N_______
   c. Are all instruments scrubbed in the CSR not DTR?
      Y_______      N_______
   d. Are personal protective equipment available and worn by the CSR Tech?
      Y_______      N_______
   e. Are instruments cleaned by either an ultrasonic cleaner or by scrubbing?
      Y_______      N_______
   f. Is gross debris removed from the instruments during the cleaning phase?
      Y_______      N_______
   g. Is the CSR properly organized to ensure orderly uncontaminated instrument flow (clean side/dirty side set-up)?
      Y_______      N_______
   h. Are packs properly wrapped?
      Y_______      N_______
   i. Is the Autoclave properly loaded to allow maximum surface exposure to steam?
      Y_______      N_______
   j. Is a sterilization indicator in or on each pack?
      Y_______      N_______
k. Are batch number and sterilization date on each pack?
   Y_______   N_______

l. Are the packs stored in cabinets with doors (away from aerosols)?
   Y_______   N_______

m. Is the Sterilization Log maintained and up-to-date (Sterilizer ID, Date, Cycle# Time, Temp, Operator Initials, Sterilizer Printout Paper Stored and Initialed, Repair and Preventive Maintenance Actions)?
   Y_______   N_______

n. Biologic monitor log maintained? Attest run weekly? Spore test for dry clave weekly?
   Y_______   N_______

  o. Are the results logged?
     Y_______   N_______

2. Problems:

3. Recommendations:
PROSTHODONTIC QUARTERLY INSPECTION
(For CVNs and T-AH Only)

SHIP:  
INSPECTOR:  
DATE:  

QUARTER  
(check quarter inspected)  

IST  2ND  3RD  4TH

1. Prosthodontic DTR. Y / N
   a. Are shade guides, articulators, torches, etc., disinfected after each use?  
      Y_______  N_______
   b. Are bite forks, impression trays, etc. sterilized or disinfected between uses?  
      Y_______  N_______
   c. Is the unit dose concept used for such items as waxes, impression materials, etc. when possible?  
      Y_______  N_______
   d. Are all impressions, appliances etc., disinfected prior to being taken/sent to lab?  
      Y_______  N_______

2. Prosthodontic Laboratory. Y / N
   a. Is a decontamination area at the lab receipt point?  
      Y_______  N_______
   b. Is personal protective equipment available?  
      Y_______  N_______
   c. Is personal protective equipment used?  
      Y_______  N_______
   d. Are impressions thoroughly rinsed before and after decontamination, and before pouring?  
      Y_______  N_______
   e. Are received Prostheses cleaned and disinfected to achieve decontamination?  
      Y_______  N_______
   f. Are instruments used on contaminated cases disinfected after each use?  
      Y_______  N_______
g. Are separate and labeled lathes used for clean and contaminated cases?
   Y_______    N_______

h. Are case pans cleaned and disinfected between uses?
   Y_______    N_______

i. Have all lab personnel received the HBV immunization?
   Y_______    N_______

j. Are hands washed between each case with germicidal soap?
   Y_______    N_______

k. Are lab smocks changed daily?
   Y_______    N_______

l. Is eating, smoking, and drinking prohibited?
   Y_______    N_______

m. Is eye protection being worn?
   Y_______    N_______

n. Are lab instruments, counter tops, work surfaces disinfected daily?
   Y_______    N_______

3. Problems:

4. Recommendations:
## QTR/FY

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<th>DHI</th>
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### 2.2 DENTAL PROPHYLAXIS

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### 4.1 CLINICAL PRODUCTIVITY

**FLEET OPERATIONAL UNITS**

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## Appendix D

FLEET QUARTERLY DENTAL REPORT

D-1

Appendix D
From: Dental Department Head
To: Commanding Officer, USS ALWAYS SAIL

Subj: FLEET DENTAL PERFORMANCE IMPROVEMENT/QUALITY MANAGEMENT REPORT

Encl: (1) Attendance Matrix
      (2) Performance Improvement/Quality Management Report Monitors
      (3) Commentaries on Performance Improvement/Quality Management Report Monitors
      (4) Quarterly Infection Control Enclosure
      (5) Record Review Summary
      (6) Record Review for Clinic Director

1. A clinic quarterly management meeting was held on DD MMM YYYY. Members present are listed in enclosure (1).

2. Specific clinical issues monitored each month for the quarter are checked off on enclosure (2).

3. Any problems in completing the categories noted under the headings of enclosure (2), or any other issues, are expanded upon in enclosure (3). (All issues must be followed each quarter until the issue is closed out, or passed on to ECODS.)

4. The meeting was adjourned at 0000. The next meeting will be held the last week of the next quarter in MMM YYYY.

Submitted by: __________________________ Date: ___________
Senior Dental Enlisted Leader

Reviewed By: __________________________ Date: ___________
Senior Dental Officer

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<th>NEC</th>
<th>PRD</th>
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<th>BLS EXP DATE</th>
<th>PHILS / ATLS EXP DATE</th>
<th>Required</th>
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<th>NOV</th>
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<th>JAN</th>
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<th>1. PI/QM Meetings</th>
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<td>Provide data under each month that meetings were done within that quarter.</td>
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<tr>
<td></td>
<td>T</td>
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<td>a. Self-inspection check list</td>
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</tr>
<tr>
<td>b. Number of Odontogenic infections</td>
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<tr>
<td>c. Needle Stick Incidents</td>
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<th>3. Record Review Result</th>
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<td>a. Number of record reviews on all providers</td>
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<td>b. Number of IV Sedation Reviews (CVN Only)</td>
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<td>c. Drug Utilization Review</td>
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<td>Record total number of surveys received each month in a category</td>
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<td>a. Total number of surveys received</td>
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<td>b. Number of patient complaints</td>
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<td>c. Number of patient compliments</td>
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<tr>
<td>a. Code Blue Drills completed</td>
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### 6. Risk Management Monitors and Analysis

**Provide data for each month**

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- a. **Number of Management Variance Reports submitted per month**

- b. **Number of occurrence screening**

### 7. Fleet Metrics

**Provide data for each month**

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- a. **Number of Class 3’s over 90 days**

- b. **Access to care for Restorative/RDH**

- c. **Access to specialty care**

- d. **Number of Class 1’s**

- e. **ODR/DHI Percentages**

- f. **Number of Prophies completed each month**

- g. **Failed appointments**
Commentaries on Performance Improvement/Quality Management Monitors

1. Performance Improvement/Quality Management

2. Infection Control

3. Record Review Results

4. Patient Contact Program

5. Code Blue Drills

6. Risk Management Monitors and Analysis

7. Fleet metrics
APPENDIX F
OCCURRENCE SCREEN

Category 1 & 2 Only

1. Missed caries or periodontal disease.

2. Return visit for occlusal adjustment on recent restoration.


4. Return visit for post-op discomfort not related to occlusion.

5. Administrative error in record documentation.

6. Other ____________________________________________

Date of Occurrence: _______________ Patient Name: ________________
Unit: __________________________ SSN Last Four: _______________
Provider Reporting Command: ________________
Occurrence: ________________ Phone: (W)__________(H)_________
AD __ Ret __ FM __ Other __

Comments: Completed by department head. Brief statement of findings prompting the occurrence screen. Include a copy of applicable record entries, copy of radiographs, etc. when appropriate.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Category: One  Two  Date/Time
OCCURRENCE SCREEN

Category 3 & 4 Only

__ 1. Treatment complication or misdiagnosis resulting in escalation of care or referral to a Military Treatment Facility.

__ 2. Treatment episode outside the scope of provider's privileges.

__ 3. Procedure performed on the wrong tooth or body part. ♦

__ 4. Paresthesia/nerve injury/sensory loss lasting longer than 6 months. ♦

__ 5. Patient injury or adverse treatment outcome that requires a corrective surgical procedure. ♦ ♦

__ 6. Lack of or inappropriate medication.

__ 7. Negligence in the provision of care.

__ 8. Other ______________________________

♦ Denotes potentially compensable event and requires command notification (risk manager and executive officer)
♦ Does not include surgical procedures necessary to optimize final treatment results (i.e. apicoectomy subsequent to incomplete healing following nonsurgical endodontic therapy)

Date of Occurrence: ____________ Patient Name: ________________
Unit: ______________________ SSN Last Four: ____________
Provider Reporting Command: ______________ Phone: (W)___________(H)_________
Occurrence: ________________ AD __ Ret __ FM __ Other __

Comments: Completed by department head. Brief statement of findings prompting the occurrence screen. Include a copy of applicable record entries, copy of radiographs, etc. when appropriate.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Category: Three Four Date/Time
APPENDIX G
PERFORMANCE APPRAISAL REPORT

SECTION I

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<tr>
<th>Reporting Activity:</th>
<th>Period Covered:</th>
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Practitioner Name: Grade: SSN:
Specialty: Dept.: Position:

Purpose of Report

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<th>Initial</th>
<th>Active</th>
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<th>TAD</th>
<th>Transfer</th>
<th>Separation</th>
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IPF has been Reviewed: ☑ Yes ☐ No ☐ Unavailable for review
Contents are current as required by BUMEDINST 6320.66E: ☑ Yes ☐ No

SECTION II - Privileges Being Evaluated:

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<thead>
<tr>
<th>Specialty</th>
<th>Core</th>
<th>Supplemental</th>
<th>Itemized</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Privilege information based on ☑ X ☐ privilege sheets or _____ appendix CTB (check one)

SECTION III - Practice Volume Data

a. # of admission or outpatient encounters / 
b. # of days unavailable due to TAD deployment, etc. 
c. # of major or selected procedures 
d. Percent of time in direct patient care

SECTION IV - Medical Staff Quality Management Measures (Comments)

<table>
<thead>
<tr>
<th>Medical Staff Quality Management Measures</th>
<th>Within Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Surgical/Invasive/Non-Invasive Procedures:</td>
<td>Yes No</td>
</tr>
<tr>
<td>b. Use of Blood/Blood Components Utilization Review:</td>
<td>Yes No</td>
</tr>
<tr>
<td>c. Drug Utilization Review:</td>
<td>Yes No</td>
</tr>
<tr>
<td>d. Medical Record Pertinence Review (administrative):</td>
<td>Yes No</td>
</tr>
<tr>
<td>e. Medical Record Peer Review:</td>
<td># Records Reviewed # Records Deficient</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

SECTION V - Dental Staff Performance Quality Management Measures (Comments)

<table>
<thead>
<tr>
<th>Dental Staff Performance Quality Management Measures</th>
<th>Within Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Dental Procedures Review</td>
<td>Yes No</td>
</tr>
<tr>
<td>b. Drug Utilization Review</td>
<td>Yes No</td>
</tr>
<tr>
<td>c. Dental Record Pertinence Review (administrative)</td>
<td>Yes No</td>
</tr>
<tr>
<td>d. Dental Record Peer Review:</td>
<td># Records Reviewed # Procedures Deficient</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>
**SECTION VI**

<table>
<thead>
<tr>
<th>Facility Wide Monitors</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Utilization Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Infection Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Incident Reports/Management Variance Reports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Patient Contact/Satisfaction Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Risk Management Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: For any item marked “Unsatisfactory” in section VI, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

**SECTION VII - Professional Development**

| a. # of continuing education credit hours awarded: | |
| b. # of papers published and professional presentations: | |
| c. Other recognition’s of positive professional achievement (Attach explanation/comments): | |

**SECTION VIII**

<table>
<thead>
<tr>
<th>EVALUATION EVENTS</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Basic professional knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Technical skill/competence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Professional judgment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Ethical conduct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Participation in staff, department, committee meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Ability to work with peers and support staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Ability to supervise peers and support staff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: For any item marked “Unsatisfactory” in sections VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

**SECTION IX- Privileging Actions**: If the answer to any of the following questions is "Yes" provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

<table>
<thead>
<tr>
<th>To your knowledge has the practitioner:</th>
<th>Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Had privileges or staff appointment adversely denied, suspended, reduced, or revoked?</td>
<td>□ □</td>
</tr>
<tr>
<td>b. Been the primary subject of an investigation?</td>
<td>□ □</td>
</tr>
<tr>
<td>c. Provided substandard care substantiated through one of the actions in item b?</td>
<td>□ □</td>
</tr>
<tr>
<td>d. Required counseling, additional training, or special supervision?</td>
<td>□ □</td>
</tr>
<tr>
<td>e. Failed to obtain appropriate consultation?</td>
<td>□ □</td>
</tr>
<tr>
<td>f. Been the subject of a disciplinary action for misconduct?</td>
<td>□ □</td>
</tr>
<tr>
<td>g. Required modification of practice due to health status?</td>
<td>□ □</td>
</tr>
<tr>
<td>h. Been diagnosed as being alcohol dependent or having an organic mental disorder or psychotic disorder?</td>
<td>□ □</td>
</tr>
</tbody>
</table>

**SECTION X - Clinical Competency CORE Privileges**: Address overall clinical competency of this provider (attach additional sheets and identify section as needed)

---

G-2 Appendix G
SECTION XI - Clinical Competency Supplemental Privileges: Address overall clinical competency of EACH supplemental privilege granted and provide number of cases/procedures for each supplemental privilege practiced during this appointment cycle. (attach additional sheets and identify section as needed)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

SECTION XII - Comments: If the answer to any of the questions in section VI, VIII or IX is “unsatisfactory” or “yes” provide full details below or on a separate sheet of paper and attach to this form. Identify items by section and letter.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

SECTION XIII. PRIVILEGES AUTHORITY SIGNATURES

<table>
<thead>
<tr>
<th>Title</th>
<th>Printed Name</th>
<th>Signature</th>
<th>Comments Attached (Yes / No)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept Head / SMO / SDO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practitioner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECOMS Reviewer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Privileging Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# USFLTFORCOM CLINICAL APPRAISAL REPORT

## DENTAL HYGIENIST

### SECTION I. ADMINISTRATIVE DATA

**Reporting Activity/Branch:** USFLTFORCOM  
**Period Covered:**

**Provider Name/Grade/SSN/Designator:**

**Status:**  
- Government Service (GS)  
- Contract  
- Military

**Purpose of Report:**  
- Periodic  
- Transfer / Separation / Termination  
- AT / TAD  
- Other (Anesthesia procedure renewal)

**IPF reviewed:**  
- Yes  
- No  
- IPF unavailable for review

**Contents current and complete per BUMEDINST 6320.66:**  
- Yes  
- No

### CLINICAL PERFORMANCE PROFILE

### SECTION II. PRACTICE VOLUME DATA

**a. # of patient sittings (09999):**

**b. Procedures Reported (DENCAS “Credentials Report”) Total:**

- D1110  Adult Prophylaxis
- D1204  Topical Fluoride Application without Prophylaxis
- D1205  Topical Fluoride Application with Prophylaxis
- D1310  Dietary Counseling
- D1320  Tobacco Counseling
- D1330  Individual Oral Health Counseling
- D1351  Pit and Fissure Sealants
- D4341  Periodontal Scaling/Root Planing

**c. Dental Record Reviews (# Discrepancies / # Items Reviewed):**

**d. Use of Local Anesthetic Agent Authorized:**  
- Yes  
- No

**If Yes, # of D9210s (local anesthesia) reported during evaluation period:**

### SECTION III. FACILITY-WIDE MONITORS

**Facility Wide Monitors**  
<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Utilization Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Infection Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Patient Contact / Satisfaction Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Risk Management Activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

RDH CAR / Page 1  
Revised June 2012

H-1  
Appendix H
NOTE: For any item in Section III marked “unsatisfactory”, provide full details in Section VII or a separate sheet of paper. Identify items by section and letter.

<table>
<thead>
<tr>
<th>Compliments</th>
<th>#</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaints:</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION IV. PROFESSIONAL DEVELOPMENT
a. # of continuing education credit hours awarded (clinical)  
   ____________  

b. # of papers published and/or professional presentations  
   ____________  

c. Other recognitions of positive professional achievement  
   (attach explanation / comments)  
   ____________

SECTION V. EVALUATION ELEMENTS

<table>
<thead>
<tr>
<th>Facility Wide Monitors</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Basic professional knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Technical skill / competence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Professional judgment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Ethical conduct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Participation in staff, department, and committee meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Ability to work with peers and support staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Ability to work staff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: For any item in Section V marked “unsatisfactory”, provide full details in Section VII or on a separate sheet of paper. Identify items by section and letter.

SECTION VI. PERFORMANCE AND HEALTH EVALUATION.

<table>
<thead>
<tr>
<th>To your knowledge, has the provider at this activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Been the primary subject of an investigation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Provided substandard care as substantiated through one of the actions in item a?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Required counseling, additional training or special supervision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Failed to obtain appropriate consultation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Required modification of practice due to health status?</td>
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<td></td>
</tr>
<tr>
<td>f. Been the subject of a disciplinary action for misconduct?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Been diagnosed as being alcohol dependent or having an organic mental disorder or psychotic disorder?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: For any item in Section VI marked “yes”, provide full details in section VII or on a separate sheet of paper and attach to this form. Identify items by section and letter.
## SECTION VII. COMMENTS
Use this section to document any responses from sections III, V, and VI that require clarification. Also provide a written narrative of any trends (positive or negative) noted during this evaluation period.

## SECTION VIII. PRIVILEGES AUTHORITY SIGNATURES

<table>
<thead>
<tr>
<th>Title</th>
<th>Printed Name</th>
<th>Signature</th>
<th>Comments Attached (Yes/No)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Head:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Force Dental Officer:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Privileging Authority/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX I

### DENTAL PEER REVIEW FORM

<table>
<thead>
<tr>
<th>PROVIDER REVIEWED: ___________________________</th>
<th>REVIEWER: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONTH:</strong> _______ Day ⇒</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF PROCEDURE</th>
<th>D___</th>
<th>D___</th>
<th>D___</th>
<th>D___</th>
<th>D___</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DIAGNOSTIC, NONSURGICAL, SURGICAL)</td>
<td>N___</td>
<td>N___</td>
<td>N___</td>
<td>N___</td>
<td>N___</td>
</tr>
<tr>
<td>PLACE AN “X” BY THE MOST APPROPRIATE PROCEDURE</td>
<td>S___</td>
<td>S___</td>
<td>S___</td>
<td>S___</td>
<td>S___</td>
</tr>
</tbody>
</table>

- **EZ603 Dental Exam Present?**
- **Dental Healthcare Questionnaire NAVMED 6600/3 updated?**
- **Allergies noted on record jacket, & on Summary of care (NAVMED 6600/3)**
- **CC addressed**
- **Record entry legible and reflect complete & logical narrative of appropriate TX?**
- **Interventions, treatments and/or F/U documented?**
- **Entries dated, signed, name printed/stamped**
- **BP recorded when appropriate, pre & post surgery**
- **RX’s appropriate, dosage correct?**
- **Local anesthesia administered is within guidelines**
- **Informed consent signed, dated, timed & witnessed (where applicable)**
- **PT provided education concerning TX and plan**
- **Changes to entries are lined through/dated/signed**

**Were any discrepancies (scores of “0” specific to dental care) discussed with provider:** YES NO (Circle one) (if NO, please comment):

**Actions taken for administrative discrepancies:**

**COMMENTS (May be continued on reverse)**

* Subtract “NA” records from total before computing percent compliance

**THIS FORM DOES GO IN PROVIDER’S CAF**

DENTAL PEER REVIEW (REVISED 12/08)
APPENDIX J  
OFF-DUTY CIVILIAN EMPLOYMENT REQUEST

PRIVACY ACT STATEMENT: Social Security Numbers are requested under the authority of executive Order 9397 for the purpose of identifying the requestor. Disclosure is voluntary, but failure to do so may result in the delay or denial of your request.

Section A

Date: __________________________

From: Name, Rank, Designator/Provider Identification Number

To: CO/OIC __________________

Via: TYCOM

Subj: REQUEST FOR PERMISSION TO ENGAGE IN OFF-DUTY CIVILIAN EMPLOYMENT

Ref: (a) 5 U.S.C. Sec 5536
(b) DoD Directive 5500.7-R of 17 November 2011
(c) HA Policy 96-050 “Policy for Off-Duty Employment by DoD Health Care Practitioners”
(d) ASD(HA) Memorandum of 23 Jul 96
(e) MANMED Article 1-122

1. Per references (a) through (f), I request permission to engage in off-duty employment as set forth below:
   
   a. My proposed employer is:
   
   b. My proposed worksite is located at:
   
   c. My proposed worksite telephone number is:
   
   d. My proposed work hours are:
   
   e. My proposed duties will include:
   
   f. I do/do not have permission to engage in other off-duty employment (state details on separate sheet, if applicable).

2. I acknowledge the following limitations on my off-duty employment and have explained them to my proposed employer.
a. I must have a period of at least 6 hours between the end of my off-duty employment and start of my military duties and must not work more than 16 hours per continuous 7 day period with specific approval of my commanding officer.

b. As part of my off-duty employment, I must not assume primary responsibility for the medical or dental care of any patient on a continuing basis.

c. My off-duty employment must not be performed on military premises; involve expense to the Federal Government; or involve use of military personnel or supplies.

d. As a military member, I may be required to respond immediately to calls for military duty.

e. I am responsible for compliance with all local licensing, Federal Drug Enforcement Administration, and personal medical liability coverage requirements.

f. I must take annual leave for any obligations (i.e., court appearances or testimony before a compensation board) arising out of off-duty employment when these obligations require absence during duty hours. There is no guarantee that the leave request will be approved by my command.

g. I must not refer patients from the military treatment facility to my prospective employer’s facility.

h. I must not solicit or accept a fee directly or indirectly, and my prospective employer must not charge, for my care of a Department of Defense (DoD) health care beneficiary (i.e., member, retired member, or dependent of such member) of the uniformed services. TRICARE payments shall be disallowed in any claim from a TRICARE provider in those instances when a Navy health care provider renders services to such a person, for the services provided by the Navy health care provider. This restriction does not apply to dental services provided to CONUS enrollees of the TRICARE Family member dental plan. TRICARE payments for services I provide a DoD health care beneficiary during my off-duty employment shall be disallowed.

Provider Signature  Date
SECTION B

From: Authorized Representative of Proposed Employer
To: Commanding Officer, USS __________________________
Via: TYCOM

Subj: OFF-DUTY EMPLOYMENT OF __________________________

1. I am the authorized representative of
    ________________________________________________________.

2. I have read and accept the foregoing limitations, including the compensation and availability
   limitations, on the off-duty employment of
   ________________________________________________________.

3. I certify that this facility will not seek payment from a DoD beneficiary TRICARE, or the
   Federal Government for health care provided to DoD beneficiaries except to dental services
   provided to CONUS enrollees of the TRICARE family member dental plan.

   __________________________________________________________
   Name/Title            Date

   Phone number: ________________
SECTION C

FIRST ENDORSEMENT

From: TYCOM
To: CO, OIC ______________________________

1. Recommend approval, contingent upon operational commitments.

________________________________________________________________________
TYCOM Date

________________________________________________________________________

From: CO/OIC ______________________________
To: (Provider)

1. The above request is approved / disapproved.

________________________________________________________________________
Name Date

Copy to:
TYCOM

Appendix J
1. Deploying ship and Marine expeditionary unit (MEU) dental officers and enlisted personnel will be working together in close quarters for at least six months. They must make every effort to establish a good working relationship that will carry them successfully through the challenges they will encounter.

2. **Green Personnel Indoctrination/Training**
   
   a. Ship’s chain of command. The ship’s dental officer is a department head and reports to the ship’s executive officer (XO) and commanding officer (CO). The CO reports to the amphibious squadron commander (Commodore) who is the amphibious ready group (ARG) commander.
   
   b. Berthing and messing spaces.
   
   c. Shipboard safety to include emergency egress and use of emergency escape breathing device (EEBD)/self-contained breathing apparatus (SCBA).
   
   d. Watch, quarters and station bill including general quarters, abandon ship, man overboard and mass casualty stations.
   
   e. Dental/Medical in-port/at sea watchstanding.
   
   f. Role of the commander, amphibious task force (CATF) surgeon. The CATF surgeon is a senior medical officer who deploys with the ARG. The CATF surgeon has two roles: officer in charge of the fleet surgical team; and as senior medical authority afloat, medical advisor to the squadron commander. In this capacity he/she keeps the Commodore briefed on ARG medical and dental issues. Neither the ship’s nor the MEU dentists work for the CATF surgeon. They are responsible to their respective chains of command. However, they must make sure that the CATF Surgeon is aware of and involved in any cases involving dental medical evacuations (MEDEVAC) or requesting of dental services outside the ARG. ARG dental officers will report dental health and readiness to the CATF surgeon when he/she requests.
   
   g. Secure for sea.

3. **Blue Personnel Indoctrination/Training**
   
   a. United States Marine Corps structure and rank.
   
   b. Mission requirements of Marine units and MEU chain of command. The MEU dentist and tech are in the chain of command of the MEU commander. The MEU commander reports to
the Commodore. Note: In all matters pertaining to the ship’s dental spaces and dental care delivered on board, MEU dental personnel are responsible to the ship’s dental personnel. MEU dentists do not work for the CATF surgeon. They are responsible to their respective chains of command. However, they must make sure that the CATF surgeon is aware of and involved in any cases involving dental MEDEVACs or requesting of dental services outside the ARG. ARG dental officers will report dental health and readiness to the CATF surgeon when he/she requests.

c. Secure for sea.

4. Blue/Green Personnel Shall Be Aware of and Understand Pertinent Parts of
   a. Dental standard operating procedure (SOP) for operational units, with particular focus on credentials/privileging and performance improvement/quality management program.

   b. Ship’s MEDEVAC procedures.

   c. Department organization manual, to include:

      (1) Hours of operation.

      (2) Infection control procedures.

      (3) Participation in monthly performance improvement/quality management meetings.

      (4) Duty/responsibilities in dental spaces.

      (5) Field day/daily clean-up responsibilities.

      (6) Treatment of personnel from other units.

      (7) Dental guard ship responsibilities.

5. Both Dental Teams Will Work Together to Ensure
   a. Joint care of dental patients, instead of “Marines vs Sailors”.

   b. The ship leading petty officer (LPO) – MEU technician working relationship is clear. The MEU technician works for the department LPO in all matters relating to working in the dental spaces and providing dental care on the ship.

   c. Integration of the MEU dental technician into the social side of the department.
d. Integration of the MEU dental technician into the training schedule. Advancement requirements should be identified prior to deployment.

e. MEU dental officers and technicians have the opportunity to earn their surface warfare medical department officer and enlisted surface warfare specialist (ESWS) pins, if desired. The ship’s CO will decide to allow the MEU dental officers and technicians to qualify for the surface warfare medical department officer and ESWS pins. Everyone should understand that earning a warfare pin requires a lot of time that, in general, needs to be invested during non-work hours.

6. Dental Officer Relationships

a. The ship’s dental officer is responsible for and in charge of the dental spaces, equipment, supplies and dental treatment provided. The two dentists must fully understand the types and limits of treatment provided. The MEU dentist MUST work within the boundaries of his privileges. The working relationship should stress cordiality and professionalism. The MEU dentist must keep the ship’s dentist informed when complex or invasive clinical procedures are planned.

b. Duties should be shared equally, both in port and at sea, unless precluded by MEU operational requirements.

c. Both dental officers should strive to meet the dental needs of personnel from other units. There should be a reciprocal sharing of workload. If the ship has a hygienist, Sailors and Marines must have equal access.

7. Planning

a. Dental officers need to keep each other informed of changes in daily or long term schedules which impact patient care.

b. MEDEVAC procedures must be clear to everyone. The ship’s dental officer must be aware of patients being MEDEVAC from the ship. He/she must also make sure that the chain of command (CO, XO, CATF surgeon and MEU commander (for MEU personnel)) is aware of any MEDEVAC.

c. Logistics Request. Requests for support from overseas clinics must be via a logistics request. A logistics request is a message sent from the ship to the port it plans to visit. This message identifies a wide range of areas of support a ship will require when it arrives. Dental support is included in that request. The ship’s dental officer can communicate with the clinic ahead of time to discuss incoming patients, but an official request for support needs to be via a logistics request.
8. **Work-up Activities**

a. Dental officers begin to establish their working and personal relationships and determine the way business will be conducted during initial work-ups. These early encounters will often set the tone for the entire deployment. A proposed schedule:

   (1) Day one. The ship leaves homeport, the department conducts a field day. Re-supply all dental spaces, as needed. The MEU dentist’s operatory must be fully stocked. The initial appearance of the department spaces will set the standard for how the ship’s dental officer can expect the spaces to be maintained throughout the deployment.

   (2) Day two. MEU personnel come aboard. The ship’s dental officer provides a tour of the ship. Department personnel help the visitors stow their gear. The indoctrination should include at a minimum: location and routes to MEU berthing areas, messing spaces and the dental department; plan of the day; basic services, such as laundry, ship's store, barber shop, and recreational activities; secure for sea; and an orientation on basic shipboard safety requirements (SCBA use, EEBD use, egress from working/berthing spaces, etc.)

   (3) Day three. Department personnel provide a complete tour of the dental spaces, then split up into two groups:

      (a) Dental officers should review this memorandum of understanding and the department organizational manual. They can then decide how they intend to conduct business and what their individual goals are for the deployment. The MEU dental officer should be introduced to the ship's medical officer, the leading chief petty officer/LPO of the medical department and the pharmacy technician.

      (b) MEU hospital corpsman (HM) working in the dental department should review the department organizational manual, infection control procedures, cabinet contents and supply procedures. The LPO should address daily clean-up and field day requirements.

      (c) MEU HM working in the dental department will walk through all infection control/centralized sterilization room procedures.

   (4) Day four.

      (a) The MEU dental officer and technician will inventory their supplies and examine their dental operation readiness. They will adjust packs and materials as needed. Dental officers should agree on standardized packs.

      (b) Department personnel will ensure that the MEU team is integrated into the ship's mass casualty/general quarters plan and receives formal training on SCBA/EEBD/egress and safety procedures.
c) Ship and MEU personnel work together to determine daily muster requirements, duty assignments. They also review MEU and ship deployment schedules.

9. Dental Common Access System/Reports

a. MEU personnel will bring a laptop computer along with dental records for the MEU. They will track operational dental readiness and dental health index and make reports to higher authority as mandated by the MEU chain of command. Dental departments on ARG ships without MEU dentists will track MEU operational dental readiness and dental health index on dental common access system and make reports to the senior deployed MEU dentist or assist MEU HMs who in turn will make such reports.

b. The ship’s dental department will track productivity for the MEU dentist and technician using the department’s dental common access system program. The MEU’s dental information retrieval system will be included in the monthly dental information retrieval system report for the ship to ensure performance appraisal report and other quality assurance documentation is complete and correct.

c. Performance Appraisal Report. The ship’s dental officer will complete a performance appraisal report for the MEU dentist during any period that exceeds 4 days. The performance appraisal report needs to be completed, reviewed and signed by the MEU dentist before debarking. The dental officer will submit the performance appraisal report to the respective type commander (TYCOM) as soon as possible.

d. Quality Assurance/Performance Improvement. The ship’s dental officer will include the MEU dentist and technicians in all quality assurance metrics, record reviews and reports.

e. After-action Report. The ship’s dental officer will prepare an after-action report following ship’s guidelines and submit it to the respective TYCOM after the deployment.

10. Equipment/Supplies

a. The ship is responsible for providing all equipment and consumables the department and MEU will need during a six-month deployment. This includes basic items for the MEU such as scrubs, gloves and masks along with any special needs a MEU dentist or tech may have such as non-latex gloves. If the MEU dentist desires to use a preferred instrument/bur or material not on the ship’s authorized dental allowance list (ADAL), he/she must provide it.

b. The MEU dental team will bring aboard a Marine ADAL for use in the field. This ADAL must be complete and self sufficient. The ship should not provide supplies for the Marine ADAL unless absolutely necessary.
c. Since supplies and significant dental repair help are very difficult to obtain overseas, ship and MEU personnel will work closely together to be good stewards of their equipment, instruments and supplies.
## MEDICAL/DENTAL EQUIPMENT MAINTENANCE RECORD

**NAVMED 6700/3 (REV. 7-81) S/N 0105-LF-206-7015**

**APPENDIX L**

<table>
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### MAINTENANCE DATA

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### NOTE SHIPS:

1. Use MIPs for scheduled PM; use this form for unscheduled maintenance only.
2. Submit a copy of this form to NAVMEDMATSUPP COM for each equipment item when it is originally procured to aid in repair parts provisioning.
Appendix M

STATEMENT AND INVENTORY OF PRECIOUS AND SPECIAL DENTAL METALS
HAVMED 6600.3 (12-72) (formerly NAVMED 1301) 8-N 0199-LF 218 1020

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14 Submitted for (month): 19
Date: 19

Signature of Dental Officer

15 Inventory and Audit completed: Date: 19

Signatures of Audit Board

1. 
2. 
3. 

18 Date: 19

Comment:

Signature of Commanding Officer

(Over)
# Report for Medical Materiel Complaints

**APPENDIX N**

**REPORT FOR MEDICAL MATERIEL COMPLAINTS**

**STANDARD FORM 380 (12-81)**

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<tr>
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<td>7B. DOD REQUISITION NO.</td>
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<td>15. SOURCE (Name of Depot)</td>
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**COMPLETE ITEM 18A THROUGH 18F FOR DOD TYPE I COMPLAINTS ONLY**

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<td>18E. LENGTH OF HOSPITALIZATION</td>
<td>18F. VACCINE</td>
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<td>19. CAUSE OF COMPLAINT (Explanation of unsatisfactory condition, deficiency or description of reaction. Complete 19 through 22 for ALL complaints)</td>
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<th>20C. COMMERCIAL TELEPHONE NO.</th>
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<td>21B. SIGNATURE OF SUPPLY OFFICER</td>
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N-1 Appendix N
**RECOMMENDATIONS AND/OR ADDITIONAL REMARKS**

Routine spinal anesthesia was administered to total of 21 patients. Two patients had reactions. One was readmitted for two days for evaluation. The second patient was cleared of symptoms without prolonged hospitalization. Because two cases in two days similar to clustering of this type case associated with a break in cleaning technique seen prior to the introduction of disposable trays, the spinal trays must be considered suspect.

---

**23. ACTION TAKEN**

24. **NAME** (Action Officer)

25. **TITLE AND ORGANIZATION**

26. **DATE**
### ALLOWANCE CHANGE REQUEST

**NAVSUP 1220-2 (09-03) S/N: 0108-LF-128-5600**

1. **FROM:**

2. **Date:**

3. **Serial Number:**

4. **TO:**

5. **APL/AEL/RIC/Instruction Number Affected:**

6. **VIA:**

|--------------------------------------------------------|---------------------------------------------------|-----------------|--------------|------------------------|-------------------|-----------------------------|

6. **Status of Requested/Allowed Item**

- [ ] Item Addition or Item on Board
- [ ] Item Deletion or Item Not on Board

7. **Justification (Mandatory)**

8. **Submitter Information:**
   - Name of Submitter: ____________________________________________
   - DSN Phone Number: ____________________________________________
   - Commercial Phone Number: _________________________________
   - Email Address: _____________________________________________

9. **Approving Official Information:**
   - Name of Approving Official: _________________________________
   - DSN Phone Number: __________________________________________
   - Commercial Phone Number: __________________________________
   - Email Address: _____________________________________________

10. **Submitter's Signature:** _________________________________

11. **Approving Official's Signature:** ____________________________

12. **First Endorsement:**
   - Name of Endorser: __________________________________________
   - Activity of Endorser: _________________________________________
   - DSN Phone Number: __________________________________________
   - Commercial Phone Number: _________________________________
   - Email Address: _____________________________________________

13. **Endorser's Signature:** _________________________________

14. **Copy to:**

---

APPENDIX O

---

COMUSFLTFORCÓN/COMPACFLTINST 6600.1A

2 Oct 2016
Instructions for Preparing Allowance Change Request (ACR)

Block 1. **ADDRESSEE:** Complete in the same manner as other official correspondence.

Block 2. **DATE:** Current date.

Block 3. **SERIAL NUMBER:** The Serial Number shall include the ship type/hull number of the ship or Unit Identification Code of the activity and a sequential number.

Block 4. **APL/AEL/RIC/INSTRUCTION NUMBER AFFECTED:** Enter the affected Allowance Parts List (APL), Allowance Equipage List (AEL), Repairable Item Code (RIC), or Instruction Number in this block.

Block 5. **STATUS OF REQUESTED/ALLOWED ITEM:** Place an “x” in the appropriate box(es) to show the status of the requested/allowed item(s).

Block 6. **NATIONAL STOCK NUMBER (NSN) OR FSCM AND PART NUMBER:** Enter the NSN or the FSCM and manufacturer's part number. FSCMs are to be written in accordance with DOD publications H4-1 or H4-2 (Federal Supply Codes for Manufacturers).

Block 7. **EQUIPMENT/COMPONENT (E/C) OR ITEM NOMENCLATURE:** Enter nomenclature for each stock number or part number listed in Block 6. Provide nameplate description and all available technical data. If the item listed is a repair part and the APL/AEL/RIC number for the parent equipment/component is not provided in Block 4, give nameplate data, if available, or as a minimum, manufacturer's name, item name, drawing or reference number, applicable technical manual and the service application, system, or subsystem of the equipment which the repair part supports. (If additional space is required, use Block 13 or separate page.)

Block 8. **UNIT OF ISSUE (U/I):** Enter the approved abbreviation for each standard item, as listed in the Navy Management Data List (NMDL). For non-standard items, use the manufacturer's parts list U/I Data. If the U/I is unknown, leave this blank.

Block 9. **UNIT PRICE:** Enter the unit price for each item listed.

Block 10. **PRESENT QUANTITY ALLOWED:** Enter present quantity allowed (authorized). Cite source and date of allowance document in Block 13.

Block 11. **NEW TOTAL QUANTITY:** Enter the total of the present quantity allowed and the additional quantity requested.

Block 12. **EXTENDED VALUE OF CHANGE:** New total quantity less present quantity allowed times Unit Price. (Not required for decreases.)

Block 13. **JUSTIFICATION:** Indicate authority for present quantity allowed (Block 10) and reason for requesting change. Completion of this block is mandatory.

Block 14. **SUBMITTER INFORMATION:** Provide submitter's name, DSN and Commercial Telephone Number, email address and signature.

Block 15. **APPROVING OFFICIAL INFORMATION:** Provide approving official's name, DSN and Commercial Telephone Number, email address and signature. Sign in same manner as other official correspondence.

Block 16. **FIRST ENDORSEMENT:** Provide endorser's name, activity, DSN and Commercial Telephone Number, email address and signature. Sign in same manner as other official correspondence. Identify approval or disapproval and provide comments as necessary. Type Commander's endorsement should include applicability to other ships and such other information which will assist in further consideration of the request.

Block 17. **COPY TO:** Enter abbreviated titles and codes. Addresses are not necessary unless they are not available in the SNDL.
APPENDIX P
GUIDELINES FOR NAVY DENTAL OFFICER CONTINUING EDUCATION

1. Since 1993, the American Dental Association has approved the Navy Dental Corps through its continuing education recognition program as a provider of continuing education. With this designation comes the responsibility to ensure that all continuing education meets the standards and criteria of continuing education recognition program. These guidelines are provided so that all activities providing continuing education and granting continuing education credit will understand and follow the guidelines. Issuing a verification of attendance form using the continuing education recognition program logo implies that the activity has followed the guidelines in the development and delivery of continuing education. If you have questions about the guidelines, please contact the Navy post graduate dental school at DSN 285-4832, (301) 319-4832. These guidelines apply to dental officer professional topics only and not to general military topics.

2. Mission and Goals. The goal of your continuing education program should be to present the latest developments in dentistry and promote the highest standards of dental practice.

3. Needs Assessment. Activities must use needs assessment methods, such as surveys conducted during specific continuing education activities, course evaluation forms, and verbal feedback during courses, to determine the needs and interest of dental officers.

4. Objectives. Explicit written educational objectives identifying the expected learner outcomes must be developed for each activity and published in advance for the intended audience.

5. Evaluation. The activity must develop and use evaluation mechanisms that:
   a. Are appropriate to the objectives and educational methods.
   b. Measure the extent to which course objectives have been accomplished.
   c. Assess course content, instructor effectiveness, and overall administration.

6. Educational methods. Educational methods must be appropriate to the stated objectives for the activity. The size of the potential audience for any continuing education activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work and patient treatment) have been shown to provide more effective learning experiences. The appropriate use of videos and other teaching aids can support and enhance other teaching methods if they are integrated into a planned educational program rather than used as the sole method of instruction.
7. **Instructors.** Activities must ensure that instructors chosen to teach courses are qualified by education and experience to provide instruction in the relevant subject matter. Unsolicited presentations from companies selling dental equipment or supplies are not eligible for continuing education credit because it is a conflict of interest. If the dental activity asks a company to make a presentation about use of equipment or supplies that they have purchased, continuing education credit may be granted. When in doubt, please contact the Navy post graduate dental school at 301-319-4832.

8. **Facilities.** Facilities selected must be appropriate to accomplish the educational method(s) and objectives. Adequate space and equipment must be provided to accommodate the size of the intended audience.

9. **Administration.** The administrative authority must maintain accurate records of participants’ attendance and for retaining information on the formal activities offered including needs assessment, methods, objectives, course outlines, and evaluation procedures.

10. **Publicity.** Publicity must be informative and not misleading. It must include, if appropriate to your command:

   a. Course Title
   b. Description of Course Content
   c. Educational Objectives
   d. Description of Teaching Methods
   e. Name of the Contact Person
   f. Course Instructor(s) and Their Qualifications
   g. Location, Date and Time
   h. Number of Credits Available

The course should be as widely publicized as possible to all eligible personnel.

11. **Patient Protection.** If patients are used during training, certain criteria must be followed. If you treat patients during continuing education activities please call the Navy post graduate dental school for the criteria.

12. **Record Keeping**

   a. Activities must issue accurate records of individual attendance to attendees.
b. Documentation must not resemble a diploma or certificate that attests or appears to attest to specific skill, specialty or advanced educational status. Activities must design such documentation to avoid misinterpretation by the public or professional colleagues.

c. Credit awarded to participants must be calculated as follows:

   (1) For formal lectures, credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods). No credit is awarded if the course is less that one hour in duration.

   (2) For courses in which a significant portion of the course content involves the participant in the manipulation of dental materials or devices, the treatment of patients, or other opportunities to practice skills or techniques under the direct supervision of a qualified instructor, participation credit must be awarded based on the actual number of contact hours.

d. Documentation of attendance must clearly indicate at least:

   (1) The name of the continuing education provider (activity or command)

   (2) The date, location and duration of the activity

   (3) The title of the activity and/or specific subjects

   (4) Educational methods used (e.g., lecture, videotape, clinical participation)

   (5) Number of credit hours awarded (excluding breaks and meals)

DON’T USE THE FOLLOWING GUIDELINES UNLESS YOUR COURSE/INSERVICE INCLUDES HANDS-ON PATIENT CARE AS PART OF THE TRAINING. PLEASE CONTACT MRS BRUMBERGER IF YOU PLAN TO INCLUDE PATIENT TREATMENT IN YOUR TRAINING.

THIS IS THE SECTION ON PATIENT PROTECTION AS LISTED IN THE STANDARDS:

1. Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured as follows:

   a. The provider must seek assurance prior to the course that participants and/or instructors possess the basic skill, knowledge, and expertise necessary to assimilate instruction and perform the treatment techniques being taught in the course.
b. Informed consent from the patient must be obtained in writing prior to treatment.

c. Appropriate equipment and instruments must be available and in good working order.

d. Adequate and appropriate arrangements and/or facilities for emergency and postoperative care must exist.

2. Participants must be cautioned about the potential risks of using limited knowledge when integrating new techniques into their practices.

3. The provider must assume responsibility for ensuring that participants and/or instructors treating patients (especially those from outside the state where the course is held) are not doing so in violation of state dental licensure laws.

4. The provider must ultimately be responsible for ensuring that informed consent of all patients is obtained.

5. Patients must be informed in non-technical language of:

   a. the training situation

   b. the nature and extent of the treatment to be rendered

   c. any benefits or potential harm that may result from the procedure

   d. available alternative procedures

   e. their right to discontinue treatment

6. There can be no compromise in adequate and appropriate provisions for care of patients treated during continuing education activities. Aseptic conditions, equipment and instruments, as well as emergency care facilities, must be provided.

7. Sufficient clinical supervision must be provided during patient treatment to ensure that the procedures are performed competently.

8. The provider must assume responsibility for completion of treatment by a qualified clinician, should any question of the course participant’s competence arise.

9. The provider must assume responsibility for providing any necessary post course treatment, either through the practitioner who treated the patient during the course, or through some alternative arrangement.

10. Providers, instructors and participants must have liability protection
Format For Approval of
Navy Dental Officer Continuing Education Courses

Course Name:
Site of Course:
Date(s):
Quota:
Course Director:
Address:
Course Director's Qualifications:
Phone Number:
Attendance Eligibility:
Course Description:
Anticipated Learning Outcomes:
Continuing Education Credit:
Evaluation Mechanisms:
Educational Methods used:

Please Note: Attempt to limit this information to one page. (See Sample for Navy dental officer continuing education course information)

Include a course outline with topics and speakers listed in an hourly format.
Sample for Navy Dental Officer Continuing Education Course Information

**Course Name:** Temporomandibular Disorders  
**Site of Course:** Bethesda, Maryland  
**Date(s):** 4-8 October 2000  
**Quota:** 30  
**Course Director:** Commander A. Dale Ehrlich, DC, USN  
**Address:** Naval Postgraduate Dental School, 8901 Wisconsin Ave. Bethesda, MD 20889-5602  
**Course Director's Qualifications:** Chairman, Temporomandibular Disorders Department; Diplomate, Federal Services Board of General Dentistry; Fellowship (Craniofacial Pain)  
**Phone Number:** DSN 295-4011  
**Commercial (301) 295-4011**  
**Attendance Eligibility:** Federal agency dentists only. Proficiency in centric manipulation and an understanding of masticatory anatomy and the fundamentals of occlusion are prerequisites for this course.

**Course Description/Summary:** This advanced course will provide clinicians with practical guidelines for the initial evaluation and conservative management of patients with temporomandibular disorders (TMDs) and orofacial pain. The course follows the guidelines of the Academy of Orofacial Pain. Signs, symptoms, TMJ anatomy, and parafunction/dysfunction of the masticatory system and the complex etiology of these disorders will be discussed. Practical clinical application of this information will be emphasized, with participants systematically examining each other. Each participant will fabricate and deliver a stabilization splint.

**Anticipated Learning Outcomes:** After completing this course, you should be able to:
- recognize the scope of the problem of properly managing patients with TMDs within the resources of the Medical Department
- discuss the terminology and concepts used in the management of TMDs
- understand normal and pathologic functions of the masticatory system
- evaluate the medical and dental history, and identify pertinent information
- systematically examine the masticatory system of a patient, and accurately assess the joints, muscles, occlusion, and associated structures
- prescribe dental, psychological, pharmacological, and physical therapy appropriate for specific TMDs
- fabricate and deliver a stabilization splint, and understand the rationale for its use
- understand how to fabricate an anterior deprogramming and repositioning appliance, and understand its therapeutic rationale
- understand the team approach in managing TMD patients, and recognize when to refer the patient to dental, medical, and paramedical colleagues
- evaluate, diagnose, and formulate a conservative treatment plan for the TMD patient

**Continuing Education Credit:** 35 contact hours

**Evaluation Mechanism:** Self-Assessment based on course objectives; course critique forms

**Educational Methods Used:** Lecture and hands-on laboratory
APPENDIX Q
TURNOVER GUIDE

1. **Purpose.** The following is a reference to assist you during your turnover as the new head of a shipboard dental department. The officer you are relieving also has this available for use in setting up the turnover process.

2. **Preparation for Turnover**

   a. Make a list of questions/concerns well ahead of detachment from your present command.

   b. Organize your list into areas of concern.

   c. Establish early contact with the officer you are relieving.

   d. Make certain that you coordinate your reporting and his/her detachment dates to allow at least a 4-5 day turnover, if possible.

   e. Some prospective department heads prefer a brief regarding all departmental personnel while others would rather form their own opinions of their personnel without any prior, possibly prejudicial, input. The choice is yours, but let your predecessor know your desires early.

   f. Carefully review the dental equipment inventory list. A physical inventory will be completed and a list must be maintained with the following information: nomenclature, manufacturer, model number, serial number, and equipment location. After the completion of the inventory and all equipment is verified, the oncoming and off-going dental officers will sign a turnover letter acknowledging the proper transfer of the inventory.

3. **Arrival Onboard**

   a. Before you arrive, familiarize yourself with proper quarterdeck and wardroom etiquette. Find out the uniform of the day and wear it when you arrive. **First impressions are important!**

   b. Make certain that you have an appointment during turnover with the following:

      (1) Commanding Officer (CO)

      (2) Executive Officer (XO)

      (3) Supply Officer

      (4) Medical Officer

      (5) Command Master Chief
(6) Personnel involved in assigned collateral duties.

c. Meet all dental department personnel with an introduction from the present department head.

4. Dental Turnover

a. Personnel.

(1) Discuss all personnel issues. Review the personnel records of all hospital corpsman (HM) working in the dental department.

(2) Discuss advancement status/command accelerated promotion program/award recommendations/result of last examination cycle.

(3) Discuss any recent or pending disciplinary actions being taken against dental department personnel.

(4) Discuss the other officers assigned to the department to include:

   (a) Professional competence and privileges.

   (b) Rotation dates.

   (c) Division officer duties.

   (d) Augmentation/promotion status – perception of desirability for retention as a career officer.

   (e) Post graduate training desires and potential.

   (f) Personal/personality issues.

(5) Duties assigned

   (a) Discuss ship’s watch stations/onboard watch procedures and requirements.

   (b) Discuss collateral duty assignments/working party assignments.

(6) Berthing

   (a) Inspect enlisted berthing.

   (b) Discuss field day requirements and any problems encountered relating to berthing.
b. Dental Administration.

(1) Discuss inspection criteria and the results of the last assist visit/inspection of the department.

(2) Review and sign the dental department’s organization manual.

(3) Discuss/review maintenance of administrative files.

(4) Discuss reporting requirements – tickler file and periodicity of reports.

(5) Review present dental recall program: operational dental readiness; mechanism of program; effectiveness; command support.

(6) Review dental appointment failures: percentages; command support/mechanism used to minimize these.

(7) Discuss/review automated data processing (ADP)/information technology (IT) support to the dental department: shipboard nontactical automated data processing system (SNAP); dental information retrieval system; dental common access system; etc.

(8) Review maintenance and material management (3M)/damage control (DC) requirements of the department.

(9) Review the controlled substance monitoring program, maintenance schedule, maintenance packages.

c. Dental Quality Assurance Program.

(1) Review the existing program and manual; discuss problem areas.

(2) Review all elements of program and effectiveness.

(3) Review previous performance improvement/quality management meeting minutes – discuss any problems noted or unresolved issues.

(4) Review patient contact/patient satisfaction program: discuss any patient problems/complaints and how these have been/are being resolved.

(5) Review mechanism for routing patients for treatment to shore activities: discuss consult and infection logs and status of each.

(6) Discuss/review record review program.
(7) Discuss credentialing/privileging program for Hospital Corpsman (HM) providing direct dental patient care.

d. Training.

(1) Discuss/review rate training program: elements of program; training calendar; documentation; personnel qualification standard records; performance appraisal reports.

(2) Discuss training required for credentialing/privileging of HM providing direct dental patient care.

(3) Discuss status of 3M/DC training for department personnel.

(4) Review cardiopulmonary resuscitation training status of department personnel.

(5) Discuss officer training: command, control, communications and computers; executive medicine department enlisted course; sources of training; funding; command support for temporary additional duty.

e. Dental Supply.

(1) Review operational target (OPTAR) levels/discuss OPTAR log and outstanding requisitions.

(2) Review funding problems.

(3) Review budget input/plan for next fiscal year; review this in conjunction with discussion/review of long term acquisition/replacement plan for major equipment.

(4) Review current status of authorized dental allowance list (ADAL); does the department meet requirements for proper stocking levels?

(5) Review input for annual budget call for non-shipboard equipment replacement program and shipboard equipment replacement program dental equipage.

(6) Review maintenance records and current condition of equipment.

(7) Discuss ADP support and use of SNAP within the department.

(8) Inspect dental department supply/store room spaces, and discuss adequacy.

(9) Keep appointment with the supply officer.

(10) Review gold inventory and prior audit reports (CVNs only).
5. **Collateral Duty Assignments (outside the department)**

   a. Review list of assignments for all department personnel.

   b. Be briefed on all assignments and impact on personnel; evaluate time lost for normal department operations.

   c. Obtain list of required training necessary for your collateral duties.

   d. Meet with appropriate personnel, outside the department, concerning your collateral duties.

   e. Have an audit conducted of all records/moneys held, prior to signing release/turnover letter, for all collateral duties as appropriate.

6. **Completion of Turnover**

   a. Submit turnover letter to the CO.

      (1) Requires name of present and relieving officer.

      (2) Requires statement of condition of department/equipment; major discrepancies should be addressed.

      (3) Collateral duties should be forwarded to your force dental officer.

      (4) Copy of turnover letter should be forwarded to your force dental officer.

   b. After 60-90 days onboard, a memo should be submitted to your CO regarding your impression of the current condition of the dental department.

      (1) Delineate status of major programs: operational dental readiness; dental recall; adequacy of OPTAR funding; condition of equipment.

      (2) Delineate specific discrepancies found and a plan of action to correct these. (This is also useful to establish departmental goals/vision, and can be used in providing input to your fitness report – goals, and how each problem area was handled with results).

      (3) Provide a copy of this letter to your force dental officer.

   c. Request an assist visit from your force dental officer 30-90 days after turnover, and if possible prior to a major deployment.
(1) An assist visit is **NOT** an inspection. It is a non-reporting visit designed to answer your questions and evaluate your present programs.

(2) Assists can be scheduled any time at your request.

(3) The CO/XO needs to be informed, and a meeting scheduled if they so desire.

(4) Assists allow discussions with your command about issues which you often can’t resolve yourself: inadequate OPTAR; excessive collateral duties; inappropriate duties for department personnel; etc.

*****************************************************************************

This guide is designed as a general gouge, but should point you in the right direction. If you review/discuss all of the areas shown, you should have a pretty good idea of how the department functions, and its ability to meet requirements. You should also get a feel for some of the problems which you will have to face. Good Luck!!
APPENDIX R
ODONTOGENIC INFECTION LOG SHEET

Case Completion Date: ____________________

Name: ____________________________________

Rank/Rate: __________________ Department: __________________ Division: __________________

J-Dial: __________________

INITIAL APPOINTMENT

History of Present Illness: (List onset, duration, site, size, pain etc.)

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Other Exam Findings:

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Follow-Up Date: ____________________ ____________________ ____________________

Doctor Signature: ____________________ Doctor Stamp: ____________________

FOLLOW-UP APPOINTMENT

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**Other Exam Findings:**

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- Indurated
- Fluctuant
- Other:

**Doctor Signature:** ____________________________  **Doctor Stamp:** ____________________________
APPENDIX S
DENTAL ENCOUNTER REVIEW FORM

Date:

Fleet Liaison Officer. Review the SOAP note and associated dental record. Complete and sign this form and attach the SOAP note and copies of relevant dental record entries to the form. Discuss the case and review any important “lessons learned” with the independent duty corpsman. Report findings to clinic director. Submit this form and attachments to the Naval Surface Forces Atlantic/Submarine Force Atlantic or Naval Surface Forces Pacific/Naval Air Force Pacific dental officer, as appropriate.

Name/R/R:

Ship/BG/Homeport: Date:

Class: Exam Date:
(At time of deployment)
Diagnosis:

Case History/Review (Pertinent exam/treatment history, radiograph evaluation etc.):

Preventable? (Preventable with normal standard of care?):

IDC Review (Documentation, Diagnosis, Decision to Transfer for Care, Treatment):

Comments:

______________________________
Fleet Liaison Officer Signature

S-1 Appendix S
From: Dental Officer, USS XXXXXXXX (XXX XX)
To: Force Dental Officer, XXXXXXXXXX
Via: Commanding Officer, USS XXXX (XXX XX)

Subj: POST DEPLOYMENT REPORT DATE - DATE

Ref: (a) COMUSFLTFORCOM/COMPACFLTINST 6600.1A

1. Overview

The USS XXXX deployed on DATE in support of XXX. In addition to caring for a crew of XXX, the dental department provided dental support for XX embarked Navy and Marine personnel.

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<th>Class 2 Pre/Post</th>
<th>Class 3 Pre/Post</th>
<th>Class 4 Pre/Post</th>
<th>ODR (%) Pre/Post</th>
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<td>178/139</td>
<td>7/5</td>
<td>16/0</td>
<td>92.9/98.5</td>
<td>36.7/56.1</td>
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2. Staff

Department Head:
Leading Petty Officer:
Dental Assistants:

XXXX reported onboard XXXXX as XXXX.

3. Port Visits

Place, Date

4. Statistical Data

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Subj: POST DEPLOYMENT REPORT DATE – DATE

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</table>

The total dental weighted value (DWV) amounted to 1352.99

5. Awards, Special Achievements
   Person, Date, Award or Achievement

6. Personnel Issues
   No liberty incidents for the dental department. The medical and dental department worked together to accomplish the ship’s mission.

7. Supply Issues

   Authorized dental allowance list (ADAL): Pre-Deployment: 98%
   ADAL monthly average during deployment: 90%

8. Equipment/ Repair/ Facility

   Sample Items of Interest:
   - Down time was incurred when the dental delivery chairs shut down due to power surges. It took anywhere from a few minutes to several hours to reset. No damage occurred to the dental delivery chairs.
   - Due to an emergency casualty, low pressure air was shut off to “non vital” equipment, so the backup air compressor was used.
   - The dental department participated in the ship’s Department In The Spotlight (DITS) program in DATE. The Department did outstanding with minor discrepancies.

9. Lessons Learned

   a. Sample Items:
1. Dental training was conducted using actual patients instead of training aids. The use of training aids would have assisted the Medical Department in gaining confidence with proper technique before working on actual patients.

Subj: POST DEPLOYMENT REPORT DATE - DATE

2. The overstock of preventive dentistry materials proved useful when the dental and medical department hosted the 2\textsuperscript{nd} annual Health Fair and Community Relation Project in XXXXXX. Preventive dentistry materials were handed out to the crew and villagers of XXXXXX. In addition, oral hygiene instruction and demonstration was provided.

3. Open purchase supply was ordered for XXXXXX. The material was adequate for dentistry but inferior compared to current materials in the supply system. Contacting the dentist prior to deployment would have avoided this situation.

10. **Summary**

   a. Overall, the XXXX dental department enjoyed a successful and fulfilling deployment. Despite the port visits and ship’s evolutions, the department exceptional production greatly improved dental readiness and dental health. During portions of the deployment, the department exceeded BUMED goals and was one of the top five performing XXX ships on the waterfront. The department interacted with the local communities of Central and South America by participating in Community Relation Projects and sporting events.

   Education was important to the department with the completion of four college courses and cross training with the medical department. Participation in the Crossing-the-Line ceremony as well as other shipboard events exposed the department to the crew. The department was adequately trained, highly motivated, and well adapted to shipboard life.
APPENDIX U
MANAGEMENT VARIANCE REPORT

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Instructions: This form is to be used whenever a variance described below is noted by any staff member. One form should be completed for each variance noted. Complete both pages of the form and forward up the chain of command. This document is produced as a portion of the performance improvement/quality management program. Information contained herein is confidential and privileged under the provisions of 10 USC 1102 (1986).

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Type of Variance: (Check appropriate one)

___ Patient injury (not related to clinical treatment)
___ Staff illness (related to loss of productivity)
___ Repair problem  ___ Equipment/power failure
___ Supply problem  ___ Property loss/damage
___ Patient complaint  ___ Lost dental record
___ Other ___________________________________________________

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PART I: VARIANCE FACTS (To be completed by person first noting the variance)

Date: __________  Time: _______  Location: ___________________________________

Brief Description of the Variance:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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Patient of Staff Identification (if applicable):
_______________________________________________________________________________

*******************************************************************************

Witness(es): Name  Dept/Division  Telephone Number
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

*******************************************************************************

Name of Practitioner Associated with the Variance (if applicable):

_______________________________________________________________________________

*******************************************************************************

Name of Person Preparing this Variance Report (PRINT):

_______________________________________________________________________________

*******************************************************************************

Signature of Person Preparing this Variance Report  Rank  Date
_______________________________________________________________________________

*******************************************************************************
PART II: MEDICAL CARE FOLLOW-UP (if applicable)


*******************************************************************************
Name of Medical Care Provider (PRINT)

*******************************************************************************
Signature of Medical Care Provider  Rank  Date

*******************************************************************************

PART III: VARIANCE FOLLOW-UP


Completed by:  Rank  Date

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PART IV: DISPOSITION, RECOMMENDATIONS, ACTIONS AND FOLLOW-UP
(To be completed after review – for routing to senior management as necessary)


Signature of Department PI/QM Coordinator  Rank  Date

Signature of Department Head  Rank  Date

Signature of Executive Officer  Rank  Date
APPENDIX V
ACRONYM LIST

3M Maintenance and Material Management (3M System)
ADAL Authorized Dental Allowance List
AO Area of Operation
ARG Amphibious Ready Group
AT Annual Training
CASREP Casualty Report (Naval Message)
CATF Commander Amphibious Task Force
CO Commanding Officer
COD Carrier Onboard Delivery
DENCAS Dental Common Access System
DON Department of the Navy
DSCP Defense Supply Center Philadelphia
DTF Dental Treatment Facility
EEBD Emergency Escape Breathing Device
EPA Environmental Protection Agency
ESWS Enlisted Surface Warfare Specialist
HAZMAT Hazardous Material
HM Hospital Corpsman
IT Information Technology
LPO Leading Petty Officer
MARFOR Marine Forces
MEDEVAC Medical Evacuation
MEDRUPMIS Medical Reservists Utilization Program Management Information System
MEF Marine Expeditionary Force
MEU Marine Expeditionary Unit
NAVMEDLOGCOM Naval Medical Logistics Command
OCONUS Outside the Continental United States
ODR Operational Dental Readiness
OPTAR Operating Target
OSO Operational Support Officer
PPE Personal Protective Equipment
SALTS Streamlined Automated Logistics Transmission System
SCBA Self-Contained Breathing Apparatus
SLEP Service Life Extension Program
SMDR Senior Medical Department Representatives
SNAP Shipboard Nontactical Automated Data Processing System
TYCOM Type Commander
XO Executive Officer