

# **INITIAL ORIENTATION PACKET**

Information for dental officers newly hired by the IHS

This chapter of the Orientation Manual will prepare you for your upcoming move to your first duty station and for your first few months on the job.

## **WELCOME COLLEAGUE !**

*The IHS is proud to have your time and talents at work for this quality organization. This orientation guide has been developed to assist you with your adjustment to an IHS or Tribal dental program. Ultimately, it is hoped that this information will help enable you to realize a successful and personally satisfying career, and allow you to make a major contribution to the improvement of the oral health status of Native Americans/Alaskan Natives.*

*The goals of this guide are:*

- 1) To provide new dentists and their dependents with an overview of the IHS Dental Program.*
- 2) To provide factual information and direction for the career-minded recruit.*
- 3) To promote communication and support between the IHS organization and its quality providers.*
- 4) To identify referral sources which provide detailed information about specific topics.*
- 5) To help each new dentist reach his/her maximum potential.*

## **MISSION STATEMENT**

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### **Mission, Goal, and Objectives**

(detailed information can be obtained at the official IHS website at [www.ihs.gov](http://www.ihs.gov) )

The IHS provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum Tribal involvement in developing and managing programs to meet their health needs. The goal of the IHS is to raise the health status of American Indian and Alaska Native people to the highest possible level. To carry out its mission and to attain its goal, the IHS:

1. Assists Indian Tribes in developing their health programs through activities such as health management training, technical assistance and human resource development;
2. Facilitates and assists Indian Tribes in coordinating health planning, in obtaining and using health resources available through Federal, State, and local programs, and in operating comprehensive health care services in health program evaluation;

3. Provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities; and
4. Serves as the principal Federal advocate for Indians in the health field to ensure comprehensive health services for American Indian and Alaska Native people.

The mission of the IHS Dental Program is to protect and promote oral health and prevent oral disease among all Indian beneficiaries. It is guided by the following principles:

- Oral health is an essential component of total health.
- All people should have the opportunity to achieve sound oral health.
- All people should have the right and responsibility to participate individually and collectively in the planning and implementation of their own oral health care.
- The reduction of oral conditions that may be handicapping to the human experience, the protection of oral health, and the prevention of oral disease requires the cooperation and special abilities of many individuals and organizations.

## **MENTORING PROGRAM**

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As of the Spring of 2001, the IHS Dental Program is in the process of developing a Mentoring program to meet the needs of all Indian Health-employed dentists regardless of pay system. It is also intended to expand the program to include dental hygienists. In this program, a mentor can be a Commissioned Corps dentist in the grade of 04, 05, or 06; or a Civil Service, Tribal or Urban dentist with at least 6 years of experience. This individual will serve as a resource person to help guide dentists new to Indian Health or dentists new to an Area through their first years. Normally, mentors will not be stationed at the same health facility as their protégée, but will have occupied a similar position at another location.

The mentor serves as a contact and friend, offering guidance and support to the new employee. It is in your best interest to become acquainted with this individual. Feel free to ask him/her any question or relate any concern that you may have.

You should be contacted by your mentor soon after accepting employment with an Indian Health program. If you feel that you would like to make initial contact, please feel free to do so. Remember however, that collect telephone calls will not be accepted. Your mentor is a resource -- he/she will be able to answer many of your questions or will be

able to refer you to someone who can offer assistance. The aim of the mentoring program is to make your transition into life in the Indian Health Service as smooth as possible, so that you enjoy your position and can reach your full potential as a new employee. Please take advantage of the experience, knowledge and camaraderie this person can offer.

The mentor is a valuable resource person, who remembers what it was like to be a new dental officer in an IHS or Tribal program, and has encountered many of the same problems and has asked many of the same questions that presently confront you. Feel free to discuss difficulties or public health concepts with your mentor. If you are unable to do this face-to-face, then email offers an ideal medium for discussion of ideas. The mentor's role is to provide general information and support to you as a new dental officer.

The Dental Professional Advisory Committee (DePAC) has also established a mentoring program for Commissioned Corps Dentists. Specific information about this mentoring program is available on the internet at <http://oep.osophs.dhhs.gov/dental/>, or can be linked via the DCP website, site map, Professional Advisory Committee links.

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## FORMAL ORIENTATION

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*This orientation packet and the information provided to you by your mentor offer an informal approach to orientation. As a new dental officer you will have the opportunity to benefit from formal orientation as well. These are structured courses designed to provide you with a greater understanding of your job, the overall IHS Dental Program, and (where applicable) the Commissioned Corps. Orientation in Tribal programs will vary from Tribe to Tribe, so if you are employed in a Tribal program, be sure to discuss orientation opportunities with your supervisor.*

### CHALLENGES IN AN IHS DENTAL PRACTICE

Generally this is the first continuing education course provided for new IHS and Tribal dental officers. Challenges in an IHS Dental Practice, commonly referred to as "Challenges", is a week-long training session focusing on topics of importance to a dentist new to the IHS. This course includes an overview of the history, mission and structure of the PHS/IHS, information about personnel issues, and a discussion about career development. Classroom instruction includes discussion of health promotion/disease prevention principles and strategies, Public Health principles and strategies, etc., and their application to practice in the IHS. Didactic and/or clinical experience is rendered in the specialty areas of periodontics, pediatric dentistry, oral surgery, and endodontics.

## COMMISSIONED OFFICER ORIENTATION

### Basic Officer Training Course for Commissioned Officers

This course is the revised adaptation of the former Commissioned Officer Orientation Program. While open to all officers, the course is designed primarily to assist the transition of newly incoming officers to the Commissioned Corps. Emphasis will be placed on the Commissioned Corps as a uniformed service, military bearing and courtesy, career development, promotions, leave, compensation, awards, standards of conduct, etc. Officers will also receive a historical and organizational perspective of the Public Health Service and its past and future roles in protecting the nation's health. Officers attending this course are expected to acquire a basic introduction to the Commissioned Corps as a uniformed service.

The schedule of these courses is usually printed in the Commissioned Corps Bulletin, which is sent to all active duty and retired Commissioned Officers. The information is also usually available on the Division of Commissioned Personnel (DCP) website, at (<http://dcp.psc.gov>) under the 'Commissioned Officer Training Academy' heading.

## SERVICE UNIT ORIENTATION

Many service units have a structured orientation for new employees. This orientation will familiarize you with the various service unit departments and provide knowledge of the scope, organization and function of the service unit. Cross-cultural training should be part of this training.

## IHS DENTAL LISTSERVER

The IHS dental listserver also serves as a forum for sharing and discussing ideas. You can subscribe to the listserver by sending an email with the message 'SUBSCRIBE **ihsdental**' to [listserv@hqt.ihs.gov](mailto:listserv@hqt.ihs.gov).

## THE WAY TO USE THIS MANUAL...

The orientation manual that has been compiled for you is far from comprehensive. Not all of the topics pertaining to each dental program are covered. Rather, this manual is intended to provide a brief introduction to some of the key concepts and procedures used by IHS and Tribal dental programs. Be aware that there is a great deal of variation among dental programs, so some of the information may not apply in your case. This is the first packet of information that you will receive after being hired, and it is comprised of material that most new dental officers find useful. You should receive another informational packet at three months and another at one year. Here are some suggestions concerning the use of the orientation booklet:

- Use the **checklists**. They will help you to:

- meet deadlines.
  - locate important informational sources.
  - ensure thoroughness.
- Refer to the **forms** section when completing paperwork. These examples will help simplify what can be one of the most confusing aspects of the bureaucracy.
  - Use the **acronyms** section when reading the orientation packet or other PHS/IHS materials. These take some getting used to, and occasionally we all need some help.
  - Discuss concepts with your **supervisor and mentor**. This orientation booklet is only intended to acknowledge pertinent topics, not provide detailed information. As a new employee, you will need in-depth explanations about a number of these issues.
  - Refer to **other documents** for a more complete description about a topic. Many of the entries will be followed by letters in bold type. These letters refer the reader to sources which contain comprehensive information about a subject.

*Each employee is urged to contribute to his/her own orientation. Learn as much as you can about the community and the population you serve. Seek out individuals who can help you understand the culture. Learn the goals and objectives set forth by your dental program, of the Service Unit, of the Area, and of the IHS, and keep these in mind when rendering treatment and making decisions.*

## **IMPORTANT DOCUMENTS**

*All of the documents listed in this section are essential orientation materials. It would be impossible to learn the contents of these in a short time, but it is important to use them to read about selected topics of particular interest. You will refer to these documents throughout your career. Many of the documents are also available on the IHS Intranet website if you cannot find a copy at your duty station. The Intranet website can be accessed only from computers that are tied in to the IHS network. Its address is as follows:*

<http://home.ihs.gov/MedicalPrgms/Dental/default.asp>

*The IHS manuals currently available on the Intranet site include the Oral Health Program Guide (OHPG), the Clinical Specialties Manual, the Clinical Efficiency Manual, and the instruction manual for the Dental Data System (DDS), as well as reports from the 1999 Oral Health Status Survey.*

*Additionally, most documents related to the Commissioned Corps are available on the DCP website (<http://dcp.psc.gov>) This website can be accessed from any computer that has Internet access.*

## **ORAL HEALTH PROGRAM GUIDE**

This document, which will be your most important resource, is found in a large white binder with red jacket inserts and black labeling on the spine and front cover. Every dental program should have one on the premises. This guide serves as an operational manual for the IHS Dental Program, and covers such topics as administration, disease prevention/health promotion, the IHS delivery system, direct dental care, contract dental care, management information system, IHS personnel systems, staff development, program promotion, environmental health and safety, research, and quality improvement. Most of the answers to questions you might have will be found in this book.

While the length of the Oral Health Program Guide is somewhat intimidating, the table of contents simplifies the retrieval of information. It is recommended that new dentists take the time to read Chapter II of this manual in order to better understand dental public health strategies and the use of the CPITN. Another important part to read early in one's career is the section dealing with the schedule of oral health services in Section III.

## **POLICIES AND PROCEDURES MANUAL**

This is an operational manual put together by each individual dental program. As a new employee, you are encouraged to read this manual so that you will understand protocol at your facility. This manual contains information regarding hours of operation, appointment policies, patient eligibility, safety issues, infection control, referral policies, quality assurance/improvement, continuing education, use of dental laboratories, emergency protocol, and other issues of importance to the daily operations of the dental clinic.

## **COMMISSIONED OFFICER'S HANDBOOK**

All Commissioned Officers should have received this document in your call to active duty packet. The handbook covers topics related to the Commissioned Corps and provides phone numbers for each of the branches (compensation branch, medical affairs branch, personnel services branch, etc.) of the Division of Commissioned Personnel. It is also available in the DCP website.

## **DENTAL PROGRAM RESOURCE DIRECTORY**

This document provides a complete listing of the phone numbers and addresses of the IHS and Tribal facilities. An alphabetical listing of employees makes locating an individual easy. Facilities, listed by area and service unit, include billets and

names of employees occupying specific positions. IHS dental specialists are listed by specialty, and headquarters personnel are listed by title and phone number.

### **SAFETY MANUAL**

This may be part of the Policies and Procedures Manual or it may be a document unto itself. This contains important safety information which should be read at the beginning of a worker's employment.

### **HAZARD COMMUNICATION MANUAL**

This document details the hazards which are present at the workplace. It is important for any new employee to be cognizant of these dangers. Be certain that you know how to use the Material Safety Data Sheets and that you understand how to safely handle and dispose of hazardous materials. This document should be read at the start of your employment.

### **INFECTION CONTROL MANUAL**

This may be a separate document or part of the Policies and Procedures Manual. It should be read at the start of your employment.

## **SUPPLEMENTAL DOCUMENTS**

*The documents listed below are not essential to the orientation of a new dental officer, however they do contain pertinent information which will support an officer's development and provide insight into the IHS.*

### **CLINICAL SPECIALTIES MANUAL**

This manual, written by IHS specialists, discusses surgical techniques, methods of dealing with various complications, and the uses of instruments and equipment. It also talks about utilization of clinical adjuncts, such as the use of sedation techniques and nitrous oxide.

### **COMMISSIONED OFFICER ROSTER AND PROMOTION SENIORITY MANUAL**

This booklet contains information about an officer's career status. Such items as retirement credit date, original entry date, seniority credit date, promotion credit date, and base entry pay date are contained in this document.



## **CONTINUING DENTAL EDUCATION MANUAL**

This guidebook is issued annually and outlines information about the CDE courses offered by the IHS each year. All courses have been approved by the IHS Dental Branch and are registered with the Academy of General Dentistry (AGD) and the American Association of Dental Assistants. Locations, dates, instructors, credit hours, maximum number of participants, course directors, course content, and anticipated learning outcomes are included in this manual.

## **DENTAL CHAPTER OF IHS MANUAL**

This section of the Indian Health Manual (Part 3, Chapter 2) describes the organization and functions of the Dental Program. It provides an excellent overview of IHS-wide operations.

## **INFORMATION ON UNIFORMS**

This is a guide which outlines the types and proper uses of uniforms for Commissioned Officers in the Public Health Service. This document, CCPM NO. 61, explains terms used in connection with the uniform, the background of the PHS uniform, officers' appearance, methods of obtaining uniforms, wearing the uniform in travel status, and other topics of interest. This booklet may be difficult to find at every facility, however you may be able to obtain one through your Commissioned Corps Liaison or through the Division of Commissioned Personnel in Rockville. It is also available on the DCP website.

## **RADIOLOGICAL HEALTH AND SAFETY**

This document serves as a study guide for dental assistants learning to take quality radiographs in a safe manner. You may be asked to certify or re-certify dental assistants in radiology. This document has the radiology clinical competency evaluation sheet in the back which will be used for the practical portion of this test. It also contains the information from which the written portion of the test is derived.

*Take a few minutes to locate these essential documents after you arrive at your duty station. A checklist has been included to assist you with this process. Most, if not all, of the documents should be at your clinic. If you are unable to find any of these with the help of the dental staff, contact the Area Dental Officer.*

_____	<b>The Oral Health Program Guide</b>
_____	<b>The Policies and Procedures Manual*</b>
_____	<b>The Dental Program Resources Directory</b>
_____	<b>The Safety Manual*</b> (may be part of the Policies and Procedures Manual)
_____	<b>The Infection Control Manual*</b> (may be part of the Policies and Procedures Manual)
_____	<b>The Hazard Communication Manual*</b> , including Material Safety Data Sheets
_____	<b>The Clinical Specialties Manual</b>
_____	<b>The Continuing Dental Education Guide</b>

*\* These documents should be read as soon as possible after arrival.*

*The above documents are wonderful references for all dental personnel. As opposed to the general comments provided in this orientation manual, these booklets, pamphlets, guides, policies and manuals contain detailed information on a variety of subjects. You will notice oftentimes that the text in this orientation manual is followed by bold letters. These symbols direct the reader to sources where additional information can be found regarding these topics. The codes are as follows:*

<b>O</b>	<b>ORAL HEALTH PROGRAM GUIDE</b>
<b>P</b>	<b>POLICIES AND PROCEDURES MANUAL</b>
<b>R</b>	<b>DENTAL PROGRAM RESOURCES DIRECTORY</b>
<b>CO</b>	<b>COMMISSIONED OFFICER'S HANDBOOK</b>
<b>S</b>	<b>SAFETY MANUAL</b>
<b>I</b>	<b>INFECTION CONTROL MANUAL</b>
<b>H</b>	<b>HAZARD COMMUNICATION</b>
<b>C</b>	<b>CLINICAL SPECIALTIES MANUAL</b>
<b>CE</b>	<b>CONTINUING DENTAL EDUCATION GUIDE</b>
<b>D</b>	<b>DENTAL CHAPTER OF THE IHS MANUAL</b>

*The presence of one or more of these codes tells the reader where to find more information about a given subject. Lets say, for example, you wanted to learn more about the use of nitrous oxide. The bold letters in parentheses after the text entry (**O, P, H, C**) refer you to the Oral Health Program Guide, the Policies and Procedures Manual, the Hazard Communication, and the Clinical Specialties Manual. These documents will provide comprehensive information about the regulations, indications for use, supplemental documentation, and monitoring of nitrous oxide.*

## **DID YOU REMEMBER TO .....?**

*One of the busiest times in your professional career occurs when you report to a new duty station. Use the following checklist to ensure you have taken care of some of the important initial items of business.*

- \_\_\_\_\_ Contact your mentor advising him/her of your arrival?
- \_\_\_\_\_ Fill out a W-4 form?
- \_\_\_\_\_ Sign up for direct deposit (Standard Form 1199A) of your pay? (Optional)
- \_\_\_\_\_ Apply for a government driver's license (Form HHS 101)? (May not be required)
- \_\_\_\_\_ Apply for Government Travel card?
- \_\_\_\_\_ Sign a signature card or the providers log book in pharmacy/medical records?
- \_\_\_\_\_ Notify Medicaid/Medicare that you are on staff at new location?
- \_\_\_\_\_ Notify the fiscal intermediary that you are a provider at your facility?
- \_\_\_\_\_ Check your personnel orders for accuracy? (See explanatory sheet)
- \_\_\_\_\_ Check on driver's license requirements in the state to which you are assigned?
- \_\_\_\_\_ Check on hunting and fishing license requirements in the state?
- \_\_\_\_\_ Have your social security number entered in the data recording system?
- \_\_\_\_\_ Submit a travel voucher for your move?
- \_\_\_\_\_ Make arrangements to receive Hepatitis B vaccine and TB skin test?
- \_\_\_\_\_ Provide the service unit with copies of your diploma and state license?
- \_\_\_\_\_ Keep a copy of *everything*?

## **ADDITIONAL FOR COMMISSIONED OFFICERS...**

- \_\_\_\_\_ Apply for PHS identification cards for yourself and your dependents and enroll dependents in the Defense Enrollment Eligibility Reporting System (Form DD 1172)?
- \_\_\_\_\_ Send in your Notice of Arrival form (Form PHS 2874)?
- \_\_\_\_\_ Mail in your request for variable housing allowance (Form PHS 6290)?
- \_\_\_\_\_ Submit quarters allowance form?
- \_\_\_\_\_ Declare State of Residency (Form DD 2058)?
- \_\_\_\_\_ Submit a written request for uniform allowance? (See sample letter, FORMS)

*Many of these items of business need to be taken care of immediately, and all of these should be accomplished within the first few weeks of duty. Talk to your supervisor or mentor regarding procedures about which you have questions.*

## SELECTED TOPICS

*The majority of the pages in the orientation manual are devoted to specific topics. Several subject areas will be covered in each packet you receive. If you have questions, please ask your supervisor or mentor.*

### == STRUCTURE/ORGANIZATION ==

*There are actually three administrative levels of the IHS. One is the Headquarters level, one is the Area, and one is the Service Unit. Each of these levels has its own internal structure and responsibilities. In general, the system is fairly decentralized, and much of the decision making rests with the service unit.*

**ADMINISTRATIVE OFFICER (AO)** The administrative officer is the right hand of the Service Unit Director and is usually responsible for oversight of the service unit budget and administrative functions.

**AREA DENTAL OFFICER (ADO)** also known as the Chief, Area Dental Services Branch, is the principal advisor and consultant to the Area Director, the service unit dental chiefs within the Area, and to the Tribes within a given Area. The duties of the Area Dental Officer include: 1) impartial distribution of dental resources within the Area, 2) monitoring utilization of Area dental resources, 3) staff development and training, 4) evaluation of the quality of the clinical and community dental services provided within the Area, and 5) liaison and advocacy relationships within the IHS and with other Federal and State programs. **(O, D)**

**CHAIN OF COMMAND** An organizational chart showing service unit relationships and lines of authority should be available. It is important to know your local chain of command in order to route important papers for signatures and for solving problems. The normal approach in the IHS is to work with one's supervisor when a problem arises, rather than going immediately to personnel who are higher on the organizational chart. This is done to insulate administrators from dealing with situations that arise on a daily basis.

Area office and Headquarters staff can provide guidance and consultation, but they cannot make decisions concerning your program. For example, training and leave can only be approved by your local leave granting authority, not by your Area Dental Officer or by Headquarters staff. Likewise, disciplinary actions concerning dental staff must be initiated by the immediate supervisor; the Servicing Personnel Office (either at Area or at the service unit) can only advise and guide you in these actions. **(P)**

**CHIEF, SERVICE UNIT DENTAL PROGRAM (SUDP)** is the head of the dental program at the service unit level. This persons responsibilities include: 1) delivery of high quality clinical and community dental services that are aimed at the needs of the community, 2) monitoring of the use of service unit resources, 3) development of dental staff, 4) evaluation of the quality of dental services (both clinical and community) provided within the service unit, and 5) development of liaison and advocacy relationships within the health care facility and the community at large. **(O, D)**

**CLINICAL DIRECTOR** This person provides oversight for all clinical health services in a given health care facility. The Clinical Director must be a member of the Medical Staff, but does not need to be a physician, though most are. The Clinical Director usually serves on the facility's executive committee and is the chief advisor to the Service Unit Director or CEO on medical matters.

**CLINICAL AND PREVENTIVE SUPPORT CENTERS** The intent of the Dental Clinical and Preventive Support Centers is to help rebuild the public health infrastructure, to supplement dental public health activities from the Area Office, to increase the emphasis on primary prevention programs and to provide training and technical assistance for the operation of demonstration projects of clinical and preventive dental programs providing services to American Indian and Alaska Native people.

American Indian and Alaska Native Tribes, Tribal organizations and IHS Area Offices were able to apply for the funding. In FY 2000, four awards were made:  
Inter-Tribal Council of Arizona  
All Indian Pueblo Council  
Northwest Portland Area Indian Health Board  
Alaska Native Tribal Health Consortium

In FY 01, three awards were made:  
Aberdeen Area Indian Health Service  
Oklahoma City Area Office/Inter-Tribal Health Board  
Confederated Salish and Kootenai Tribes of the Flathead Nation and the Billings Area Indian Health Service

Eight IHS Areas will benefit from the awards made thus far. The intent of the awards is to establish one of the support centers in each Area over the next few years.

**DENTAL ROSTER** A complete listing of IHS and Tribal dental personnel can be found in the IHS Dental Program Resource Directory and on the HIS intranet website. This booklet also provides the names and addresses of all of the IHS and Tribal dental clinics in the operation.

**HEADQUARTERS** of the IHS is located in Rockville, Maryland. Headquarters is responsible for: 1) development of policy, 2) budget formulation, 3) development of resource opportunities, 4) formulation, monitoring, and development of resource utilization, and 5) liaison and advocacy relationships within the IHS and with other

Federal and State agencies. Other responsibilities of the Headquarters staff include recruitment, staff development, and Health Promotion/Disease Prevention.

**LINE AUTHORITY** Within the IHS, the line of authority goes from the Director, IHS, to the Area Directors to the Service Unit Directors. No formal line authority exists between Headquarters, Area, and Service Unit dental staff, although there is a close working relationship among these administrative levels. At the service unit level, the Service Unit Director (SUD) has top authority. In the dental clinic the Chief, Service Unit Dental Program has supervisory responsibility for all employees. The Chief, SUDP may be supervised directly by the Service Unit Director or by another employee of the Service Unit, such as the Clinical Director. **(O, D)**

**ORGANIZATIONAL CHARTS** Take some time to become acquainted with the organizational chart for the dental program and the service unit. A good understanding of the organizational structure will make it easier to accomplish necessary tasks and provide insight into service unit operations. **(P)**

**PREVENTION OFFICER** The National Oral HP/DP consultant is stationed at Headquarters. Some Areas and Service Units in the IHS have a dental disease prevention officer who coordinates efforts aimed at planning, implementing, and evaluating oral HP/DP programs. This person serves as a resource for strategies or questions regarding fluoridation, sealants, oral health education, Head Start, tobacco cessation activities, BBTD, tooth brushing programs, mouth rinsing programs, and other prevention-oriented issues. Check your Dental Program Resource Directory to find the names and numbers of the IHS prevention officers. **(R)**

**SERVICE UNIT** is the basic health care organizational unit in the IHS.

**SERVICE UNIT DIRECTOR (SUD) may also be CEO** This person has the ultimate authority at the service unit level. Individuals assigned to a service unit dental program function as advisors and consultants to the Service Unit Director regarding oral health and dental program issues.

**TRIBAL HEALTH DIRECTOR** The Tribal Health Director is the person designated by the Tribe to oversee health matters affecting the Tribe. In traditional IHS programs, the role of dental personnel is to serve in a consultative role to the Tribe. In a tribally operated program, employees are under direct authority of the Tribe, and in this instance the Tribal health director may serve in a role analogous to SUD.

**TRIBAL HEALTH BOARD** Many Tribes have Health Boards to serve as advisors to the IHS and to the Tribal government on matters relating to the health care delivery system. These Boards are usually made up of Tribal members who are either elected or appointed to the position. The Health Boards will hold regular meetings during which other community members will have the opportunity to voice their views about the health care delivery system. Dental staff are frequently invited to appear at Health Board meetings to respond to questions and comments from both the Board

members and from community members. Health Board members can also serve as valuable sources of information about community needs and concerns to help in program planning.

## ==== ADMINISTRATIVE POLICIES ====

*This section provides an overview of some common administrative policies that may be of interest to the new officer. A checklist has been provided to help remind you that you need to:*

- \_\_\_\_\_ Apply for clinical privileges
- \_\_\_\_\_ Obtain or renew Basic CPR Certification
- \_\_\_\_\_ Understand eligibility policy
- \_\_\_\_\_ Provide documentation of licensure to service unit
- \_\_\_\_\_ Read EEO and grievance procedures
- \_\_\_\_\_ Read hospital by-laws, rules and regulations
- \_\_\_\_\_ Examine your position description (Optional)
- \_\_\_\_\_ Look at policy regarding use of government vehicles

**CLINICAL PRIVILEGES** This topic was covered in the original packet and has probably been taken care of already. If not, apply immediately. **(P)**

**CPR CERTIFICATION** All IHS and Tribal dental programs require members of the dental staff to be certified in cardio-pulmonary resuscitation (CPR). The minimum requirement is to have completed the basic course. If your clinic is isolated and/or does not have much medical support, you may want to consider taking the advanced life support course. **(P)**

**EEO AND GRIEVANCE PROCEDURE** PHS has an established policy to deal with Equal Employment Opportunity (EEO) grievances. Each service unit has an EEO counselor and each Area has an EEO Officer. CCPM Subchapter CC26.1, INSTRUCTION 5, presents in detail the various aspects of this subject for Commissioned Officers. Grievances for Tribal Employees are handled through the chain of command outlined in their clinics' policy and procedures manual.

Federal and Tribal Dentists are to be afforded equal opportunity and just treatment. Managers, supervisors, administrators, and fellow employees may not discriminate against a Commissioned Officer or Tribal Employee because of his/her race, creed, sex, or national origin. In addition, Federal and Tribal Employees are prohibited from discriminating in the course of their employment against any individual for the same reasons stated above. **(P)**

**ELIGIBILITY** American Indian/Alaska Native individuals are eligible for direct care, or treatment provided by salaried personnel on the premises, in IHS and Tribal dental clinics. Eligibility for contract care, or treatment provided by privately practicing

dentists paid for with program funds, is determined not only by lineage but also by location of residence. For example, a person living in a city outside a service unit can travel to the clinic to access direct care, but cannot receive contract health services (CHS) because her/his residence is not located within the boundaries of the Contract Health Service Delivery Area (CHSDA). Exception is usually made for persons who normally reside within the service unit but are away at school. In most Areas, the CHSDA consists of the Reservation plus all counties bordering directly on the Reservation. Check with your local CHS office to learn the boundaries of your CHSDA. Non-beneficiaries, such as providers or persons of other than American Indian/Alaska Native descent, are sometimes provided direct care, but are never eligible for contract care. The Policies and Procedures Manual usually contains a written definition of who is eligible for care at the clinic. Co-workers, your supervisor and administrative personnel can provide information on patient eligibility requirements. **(O, P)**

**FEDERAL TORT CLAIMS ACT** Malpractice under this Act is defined as "failure to treat a patient with the same degree of knowledge and skill which other qualified health professionals exercise under similar circumstances." It does not provide for a measurement against a community standard as some States do.

Examples of actions that courts have been deemed to be malpractice are:

- failure to prevent inhalation or swallowing of teeth, blood, or other foreign matter
- failure to use sterile instruments, thus causing infection
- failure to make proper examination after extraction or to discover and treat particular injuries or conditions resulting from the operation
- failure to remove a broken needle point or parts of other instruments that are embedded in the jaw or gum or failing to discover that such instruments have broken

Should you be named personally in a claim, it is imperative that you respond to the action since failure to do so could result in judgment against you. Your action, if served with a summons or claim, should be to notify your supervisor (or the organization where the action took place, when the claim involves an action at a previous assignment) and provide a copy of the claim to the proper individual as soon as possible. This individual will immediately contact :

Chief, Litigation Branch  
Business and Administrative Law Division  
Office of the General Counsel, DHHS  
Cohen Building, Room 5362  
330 Independence Avenue, S.W.  
Washington, DC 20201  
Phone: (202) 619-2155



## **Prevention of Tort Claims**

- Conscientious and competent medical/dental care
- Continuing education for employees
- Care in making entries in the medical/dental record
- Bringing the patient into the decision-making process (informed consent)
- Peer review and analysis of untoward events
- Discipline for repeat offenders
- Emphasis on establishing good rapport with patients
- Using a Patient's Bill of Rights and Responsibilities, written in language the patient can understand and provided in pamphlet form and as a poster prominently displayed in the health care facility

## **Resources for Tort Claims Information**

- The Department of Health and Human Services' regulations concerning tort claims handling and procedures are contained in the *Code of Federal Regulations*, Volume 45, Part 35, and the *Health and Human Services General Administrative Manual*. (O, CO, P, D)

**GRANTING LEAVE FOR DENTAL ASSISTANTS** Leave must be approved by the leave granting authority. This may be the senior dental officer, the lead dental assistant, or someone in an administrative position at your facility. Unlike Commissioned Officers, dental assistants are granted leave in increments of hours or portions of hours. It is possible, for example, for a dental assistant to take 1 3/4 hours of leave. Check the Policies and Procedures Manual regarding leave at your clinic. (P)

**HOSPITAL BY-LAWS, RULES, AND REGULATIONS** This is a document produced by the governing body of the hospital or ambulatory care service unit, outlining operations at the facility. You are required to know and abide by these guidelines. Review these during the first week of duty with service unit administrative or hospital personnel.

**LICENSURE** Dentists and hygienists who work in IHS and tribally operated clinics are required to hold a current license in their professional discipline. Federal regulations allow a Commissioned Corps dental officer working in an IHS to begin work without a license, with the requirement to obtain his/her dental license within one year of graduation. However, because of accreditation and supervision concerns, individual facilities and some Areas may have local regulations requiring current licensure, so it is best to check with the facility in which you are interested to determine local policy. Civil Service dentists must have a valid license at the time they begin employment, and dentists who are hired directly by Tribes are often required to possess a dental license in the particular state where the clinic is located. Commissioned Corps Officers are required to maintain a current license in at least one state, but this does not have to be the state in which they are working, whether they are stationed in an IHS clinic or detailed to a tribally operated program.

The US Public Health Service Commissioned Corps monitors the licensure status of its employees to ensure that officers maintain their licensure. Similarly, the service units are required to review the credentials of their employees on a regular basis. **(O, P, D, CO)**

**LICENSURE AT THE SERVICE UNIT** Normally there will be a Performance Improvement Officer or Credentialing Coordinator at the facility who will monitor the credentials of dentists and other health care providers at the service unit level. Once you begin work with an IHS or Tribal program, make sure that this person receives all documentation of your licenses and credentials required, and that these are kept up to date.

**MEETINGS (STAFF, AREA, MANAGEMENT)** As is the case with most health care delivery systems, meetings are a reality in the IHS. Most facilities have a dental staff meeting at least once a month. General staff meetings are held at many service units. You may be asked to represent the dental program on a service unit committee such as Infection Control, Safety, Quality Improvement, or several others. You may also be asked to be on an Area committee of one sort or another. **(P)**

**ORDERING SUPPLIES** IHS and Tribal programs follow prescribed guidelines when procuring materials. Many supplies are ordered through Federal or Indian owned sources. Some IHS Areas have a central supply center where commonly used materials are stockpiled. Ordering from a supply center usually enables timely delivery to your clinic. If there is a person responsible for ordering supplies at your program, ask them to explain the procurement process to you. IHS clinics normally use the computerized Administrative Resource Management System (**ARMS**) to order supplies. Service unit property and supply personnel, your supervisor, your mentor, the Area dental officer, and co-workers can provide you with assistance on ordering, and the service unit site manager should be able to register you to use the computer system and arrange training on the use of ARMS. **(P)**

**PAYMENT OF LAB FEES/OTHER SERVICES BY PATIENTS** Find out the policy of your program regarding patient payments for lab fees and other services. Tribal programs sometimes encourage patient to pay for outside lab fees and certain other services. **(P)**

**POSITION DESCRIPTION/BILLET DESCRIPTION** Each employee has a position description which outlines the responsibilities and tasks expected of the incumbent. Position descriptions are usually written in general terms, identifying broad assignments for employees. You may obtain a copy of your position description from your supervisor or the servicing Personnel Office. Position descriptions should be reviewed regularly (at least annually), and revised whenever significant changes in duties have occurred. **(O, CO)**

**USE OF GOVERNMENT VEHICLES** There are specific rules regarding the

operation of government vehicles. These are never to be employed for personal use, such as sightseeing, shopping, or personal visits. Use of government vehicles is restricted to Federal employees on official business. In other words, it is not possible to transport any members of your family or friends in a government car. This is true in all instances. In some Areas, only employees with a government drivers license are allowed to use government vehicles. For more information about the use of government vehicles, talk to the administrative personnel at your service unit.

## ==== ROLES OF DENTAL STAFF MEMBERS ====

*The duties and responsibilities of staff members at IHS and Tribal dental clinics are often different than those of dental employees in the private sector.*

**DENTAL HYGIENIST** The dental hygienist is an integral part of the dental team. In addition to carrying out the functions of the private practice hygienist who provides periodontal health treatment and oral hygiene instructions, the IHS or Tribal hygienist frequently has an expanded role, both within the dental clinic and in the community. It is not uncommon for a hygienist to:

- deliver local anesthesia, including mandibular blocks.
- conduct dental screenings.
- work with a chairside dental assistant.
- work independently in the community.
- coordinate community oral health efforts, such as
  - organizing school based programs
    - sealants
    - fluoride mouthrinsing
    - oral health education, including tobacco cessation
  - providing technical assistance/consultation to community programs
    - WIC (Women, Infants and Children) programs
    - Head Start
    - Community Centers, especially for senior citizens
- serve on service unit committees.
- participate as a member of the Fluoridation Team.
- conduct surveys.
- serve as a liaison with other community agencies.
- instruct part or all of an IHS sponsored continuing dental education course.

**DENTAL ASSISTANT** In many IHS and Tribal clinics, it is the dental assistants who provide the stability and continuity to the dental clinic. Unlike private practice, where the dentist stays and the dental staff changes, in our programs it is often the staff that remains while the providers change. Many dental assistants have worked with a number of providers and have a wealth of knowledge. The dental assistant(s) at your clinic may be able to teach you a great deal about public health dentistry and the community in which you serve. In addition to chairside and clinic maintenance duties, the role of the IHS and Tribal dental assistant may also include:

- ordering supplies.
- performing receptionist duties.
- billing third party payors.
- supervising other dental assistants
  - input on granting leave
  - setting work schedules
  - assigning tasks
- data entry
- performing expanded function clinical services
  - prophylaxis
  - taking impressions
  - placing restorations (amalgams, composites, SSCs)
  - pouring casts, trimming study models
  - placing sealants
  - using cavitron
  - hand scaling
- serving on service unit or Area committees.

**DENTAL RECEPTIONIST** In addition to answering phones and scheduling dental appointments, the dental receptionist may have other duties, including:

- filling in as a chairside dental assistant.
- billing third party payors.
- completing travel orders and/or travel vouchers.
- serving on service unit or Area committees.
- generating DDS reports; exporting data to the Area.
- checking medical records for completeness.

**DENTIST** As the dentist you are the leader of the dental team and, as such, are responsible for what happens in the dental program. When duties are delegated, it is the dentist's responsibility to monitor performance and ensure quality. If, for example, a staff member has the responsibility for billing or ordering supplies, it is the responsibility of the dentist to check the work for accuracy and efficiency. Similarly, clinical services performed by expanded function dental assistants should be examined by the dentist. And even if the dental hygienist coordinates community dental health efforts, the dentist should be an active participant in the planning, execution, monitoring and evaluation of these endeavors.

Remember, however, that you are a part of a team. It is important that the potential of dental staff members be maximized. Let staff members undertake increased responsibility. Encourage staff members to discuss their ideas, look for better ways to do things, be aware of costs vs. benefits, and offer support to one another. Even though the dental officer is the leader of the dental team, it takes the teamwork of the entire staff to make the clinic operate efficiently. Interpersonal relationships can mean the difference

between a poor and an outstanding dental program. Be aware of co-workers feelings and concerns. Do not undermine the efforts of your staff. Do all you can to promote cooperation, recognize efforts and accomplishments, and serve as a good example.

Don't be surprised if your duties reach beyond the dental program. As a member of your hospital or health center staff, you will probably serve on one or more committees. You may even be named chairman of a committee, and find that this responsibility requires a substantial amount of time. In addition, you might serve in an acting capacity at your facility. If you are a staff dental officer, you might substitute for your supervisor by becoming the acting chief of the dental program for a period of time. Chief dental officers sometimes find themselves in the roles of acting clinical director or acting service unit director. Just as the crew within the dental clinic works together as a team, employees from different disciplines within the hospital or health center also work as a team. View assignments as an opportunity to improve interpersonal relationships and learn more about the overall health delivery system.

## ==== APPOINTMENTS ====

*Read the Policies and Procedures Manual and talk to your supervisor regarding policies concerning:*

- \_\_\_\_\_ Regular appointments
  - set call-in time?
  - how far in advance are bookings?
- \_\_\_\_\_ Emergency (walk-in) appointments
  - predetermined emergency time?
  - work in to routine schedule?
  - protocol for handling trauma cases?
- \_\_\_\_\_ After hours emergencies
  - set call schedule?
  - protocol for opening dental clinic at night?
- \_\_\_\_\_ Broken and canceled appointments
  - any repercussions for failed appointments?
  - how much advance notice is needed
  - is there a call list for patients willing to come on the spur of the moment?
- \_\_\_\_\_ Recall system
  - is it for everyone?
  - what are the indications/ time intervals?
  - who is responsible for maintaining system?

**APPOINTMENTS** The length of time for a dental appointment is determined by the procedure(s) to be done as well as the provider's skill, the staffing of the dental clinic, the physical layout of the clinic, the use of expanded function assistants, and other criteria. Scheduling protocol are usually set by the chief of the dental program. Inform your

supervisor of any special time allowances you need. **(O, P)**

**BROKEN APPOINTMENTS (No Shows)** The broken appointment policy for the service unit is determined by the dental director. Patients may be charged for broken appointments payable prior to receiving new appointments, or may lose the privilege of making a routine appointment for a period of time if there are repeated broken appointments. **(O, P)**

**CALL** Know the clinic's policy regarding coverage after hours or on weekends. Commissioned officers receive no overtime pay or compensatory time for time spent on call. **(P)**

**DENTAL EMERGENCIES OR WALK-INS** Your clinic may have a predetermined time when patients with urgent dental needs are seen, or such patients may be worked into the schedule throughout the day on a "walk-in" basis. The triage protocol for handling dental emergencies may be outlined in the policies and procedures manual. You should also discuss this topic with your supervisor. You should also become familiar with the protocol for treating dental emergencies that occur during non-clinical hours. **(P)**

**RECALL SYSTEM** Many dental programs have some sort of recall system. Because resources are limited and demand for care is high, the recall system in your clinic may not be like others you have known. Some clinics only place patients who are at high risk for the development of new disease or patient's requiring frequent maintenance on recall. Others have a more comprehensive recall program which may even involve all of the patients. Any recall system should be based on the treatment needs of the patient, not on some arbitrary time period. In other words, not everyone will be given a six month recall - one patient may need to come back in three months and another may not need to return in two years. **(P)**

**REFERRAL POLICIES** Check to see what policies exist for the referral of patients to other IHS providers, other agencies, and to providers in the private sector. These will be determined by the resources of your Area as well as the proximity of your clinic to other sources of care. The referral policies for your clinic should be in the Policies and Procedures Manual. Discuss these with your supervisor. **(O, P, D)**

**SCHEDULING** Every clinic has its own scheduling protocol. Some adhere to specified call in times, and it is only during this time when new patients can make routine appointments. Most clinics limit scheduling of appointments to a set number of weeks in advance (for example three weeks). Certain subgroups of patients, such as diabetics and expectant mothers, may be given preferential access to appointments. Know the clinic's policy regarding scheduling. **(P)**

## ==== CLINICAL PROTOCOL ====

*This section is intended to point out some features of clinical treatment that need to be studied by the new dental officer. Learn the policies regarding the:*

- \_\_\_\_\_ Taking of blood pressures
  - under what circumstances, on whom?
  - how to record in progress notes?
  - when to consult or refer to medical provider?
- \_\_\_\_\_ Regimen for premedication
- \_\_\_\_\_ Use of outside dental labs
  - different labs for different procedures?
  - how are costs covered?
- \_\_\_\_\_ Treatment priorities
  - which services are highest priority?
- \_\_\_\_\_ Management of infections
  - preferred antibiotic regimens?
  - when to take a culture and where to send it?
- \_\_\_\_\_ Treatment of minors
- \_\_\_\_\_ Use of nitrous oxide/other sedative agents
  - Service Unit/Area Policies
  - documentation in patient record?
  - consent from parent/guardian?
- \_\_\_\_\_ Writing of prescriptions
- \_\_\_\_\_ Facility philosophy/treatment protocol for
  - \_\_\_\_\_ Medical history
    - use of the 42-1, page 2 medical history form
    - tobacco use codes
    - how and when to obtain physician consults
    - follow up remarks
  - \_\_\_\_\_ Exams
    - how to call exams
    - use of the CPITN
    - primary/secondary diagnoses
    - ortho/soft tissue status
    - charting symbols
    - treatment plans, including patient acceptance
  - \_\_\_\_\_ Progress Notes
    - use of the 42-2, progress notes sheet, or 'superbill'
    - procedure codes
  - \_\_\_\_\_ Oral Surgery Procedures
    - basic surgical set up
    - types and location of instruments
    - pre and post-op instructions
    - third molar extractions

- radiographs required
- documentation in progress notes
- consent
- management of fractures
- biopsies

\_\_\_\_\_ Operative Procedures

- use of rubber dam
- pulp capping
- temporary restorations
- amalgam build ups
- materials (composites, amalgam, etc.)
- use of expanded function dental assistants
- radiographs

\_\_\_\_\_ Periodontal Procedures

- CPITN
- use of ultrasonic scalers
- subgingival irrigation
- periodontal charting
- periodontal surgery
- role of hygienist, dental assistants

\_\_\_\_\_ Pediatric Dentistry Procedures

- BBTD/rampant caries/Early Childhood Caries
- pulpotomy vs. extraction
- SSCs
- use of restraints
- sedative adjuncts
- restoration vs. extraction of anterior teeth
- space maintenance
- consent
- use of EFDAs

\_\_\_\_\_ Prosthodontic Procedures

- acid etch bridge techniques
- impression materials
- repairs of dentures
- temporary crowns
- denture fabrication
- handling of lab prescriptions
- use of expanded function dental assistants

\_\_\_\_\_ Orthodontic Procedures

- availability
- interceptive orthodontics

\_\_\_\_\_ Endodontic Procedures

- access openings
- condensation techniques
- radiographs required
- documentation in progress notes



- step back vs. crown down vs. rotary
- medicaments
- restorative follow up

\_\_\_\_\_ Referrals

- within IHS
- to private sector

**ANTIBIOTIC PROPHYLAXIS** Premedication protocols for patients who are at risk for developing bacterial endocarditis follow specifications recommended by the American Heart Association. You should check with the chief of the dental program or the facility pharmacist to ensure you are following the recommended regimen. **(O, P)**

**BEHAVIOR MANAGEMENT TECHNIQUES** (anxious or recalcitrant patient)

Patient management techniques are available in the IHS Clinical Specialties in Dentistry manual. The dentist should feel free to contact any of the IHS dental specialists about management techniques, but discuss this with your supervisor and/or mentor first. **(C)**

**BLOOD PRESSURE** Your clinic may want you to take blood pressure readings on some or all patients. This is usually determined by the chief of the service unit dental program. There may be a requirement, for example, that blood pressure readings be taken before all surgical procedures. Check your clinic's Policies and Procedures Manual and talk with the chief of the dental program regarding clinic protocol for taking blood pressures. **(P)**

**BLOOD GLUCOSE TESTING** Many of the populations served by the IHS have extremely high incidence and prevalence of Type 2 Diabetes. Patients with uncontrolled or poorly controlled diabetes are often at increased risk of developing post-op infections after dental procedures. Many clinics therefore require that diabetic patients' blood glucose levels be checked prior to providing some dental procedures. In many cases, dental assistants are trained in the use of the glucometer and the testing can be done in the dental clinic. Check your local policies and procedures for such monitoring. **(P)**

**CLINICAL PROTOCOL** The manner in which various aspects of clinical dentistry are provided at your facility (e.g., exams, operative, perio, endo, oral surgery, pedo ....) may be partially defined in the Policies and Procedures Manual. The delivery of dental care in a public health setting is quite different than in private practice. One of the primary drivers in the Indian Health Service Dental Program is the Schedule of Services. It is based on the concept that public health dental care, due to high demand and limited resources, must be prioritized and delivered accordingly. Learn your clinic's protocol for providing services. **(O,P)**

**DENTAL LABS - OUTSIDE CLINIC** Become familiar with the dental labs used by your clinic. There may be a preference to use one lab for certain procedures and another lab for others. Your supervisor and/or staff can describe the clinic's relationship

with dental labs, and there may be written protocol for the use of dental laboratories in the policies and procedures manual. **(P, C)**

**DEFERRED SERVICES** Due to the overwhelming demand for care at most IHS and Tribal dental clinics, it is not possible to provide all of the dental treatment that patients require. Those treatment procedures which cannot be provided are called deferred services. This often includes many of the higher level services, such as endodontic, prosthodontic, periodontal and orthodontic procedures, but may also include some basic treatment. When treatment cannot be provided, it is imperative to inform the patient of his/her treatment needs, even though these cannot be met at the clinic.

A list of deferred services is sometimes kept at the Service Unit or Area throughout the year. The number of patients on the list helps determine the amount of deferred services money that becomes available to the program. Deferred services funds, whenever they become available, are often used to purchase care for patients in the private sector.

**(O, D)**

**DISPOSAL OF PRECIOUS METALS** All precious metals, such as those found in scrap amalgam and dental radiographic developing solutions, are the property of the Government and need to be disposed in accordance to specified guidelines. It is illegal to sell the precious metals for private gain, since they were originally purchased by the government. The service unit sanitarian or Property and Supply technician can provide information on the disposal of precious metals. **(P)**

**INFORMED CONSENT** Nearly all IHS and Tribal dental clinics require informed consent to be obtained from the patient before any surgical procedure is initiated. The IHS has a standardized form for this purpose. (Form IHS-573, see Record Keeping)

**(O,P)**

**LEVELS OF CARE -** see Schedule of Services.

**MANAGEMENT OF INFECTIONS/ANTIBIOTIC REGIMENS** Specific steps for dealing with oral infections may be in policy at your dental facility. Circumstances which require a culture to be taken, methods of taking cultures, combinations of antibiotics, drugs of choice in certain situations, and other protocol regarding the management of oral infections may be delineated at your clinic. For example, certain types of antibiotic combinations may be advocated because they are just as effective but considerably less expensive than others. The IHS follows the recommendations set by the American Heart Association for premedication of patients who are at risk for developing subacute bacterial endocarditis. Talk to the chief of the service unit dental program or the pharmacist about antibiotic regimens and/or steps for handling oral infections. **(P, I, C)**

**NITROUS OXIDE/CONSCIOUS SEDATION/ORAL SEDATION** The IHS has developed specific guidelines for the use of sedative agents in the delivery of dental treatment. In order to protect the welfare of our patients, the use of sedative agents is

limited to dentists who have received sufficient training in this area. The use of conscious sedation in the IHS is limited to:

- Dentists who have satisfactorily completed a general practice residency or dental internship which provides training and experience in the use of conscious sedation.
- Dentists who have satisfactorily completed graduate training in a recognized dental specialty which provides training and experience in the use of conscious sedation.
- Dentists who can document adequate training and experience in the use of conscious sedation techniques.

Specific requirements for the use of conscious sedation techniques are contained in the OHPG and in the Specialties Manuals. Permission is granted through privileging, a process which gives practitioners full or limited privileges to perform certain types of treatment. **(O, H, P, C)**

**POLICIES AND PROCEDURES MANUAL** The Policies and Procedures Manual is one of your most important resources as a new employee. This document is essentially an operations manual for your clinic, and it covers a wide array of topics, including hours of operation, appointment policies, safety concerns, infection control, continuing education, clinical protocol, contract health care, and other matters. Careful study of this document will increase your understanding of your dental program and speed the orientation process. **(O)**

**PRE-OP AND POST-OP INSTRUCTIONS** Your clinic may have specific protocols regarding instructions given to patients before or after certain types of treatment. Many clinics have printed instructions for distribution to patients undergoing surgical procedures or various types of sedation. **(P)**

**PRESCRIPTIONS** Check the Policies and Procedures Manual and talk to the Chief of the dental program regarding policies about the writing of prescriptions. There may be one protocol for writing scripts for outpatients receiving medication at the facility pharmacy, another for in-patients, and still another for patients who need to fill their script in the private sector. **(P)**

**PREVENTION ACTIVITIES** One of the most important aspects of any dental program is its prevention program. This often consists of school based programs, water fluoridation activities, oral health education, and events to promote oral health. Many of the Areas have an Area Dental Disease Prevention Officer to coordinate prevention activities. Your facility may have a service unit prevention plan which outlines specific interventions for the population you serve. Individual prevention treatment plans are formulated for patients receiving examinations. This subject is an important one -- take time to discuss prevention strategies with your mentor, co-workers and supervisor. **(O, P, D, CE)**

**PROSTHODONTIC POLICY** Most clinics have a policy relating to prosthodontic care. This policy may cover such items as: 1) selection of prosthodontic patients, 2) priorities for prosthodontic procedures, 3) utilization of dental labs, 4) maintenance of lab slips, 5) documentation of cases in the patient record, 6) radiographic protocol for prosthetic patients, 7) contract prosthodontic care, and 8) the deferred services list.

A prosthodontic policy might be found in the Policies and Procedures manual at your clinic. Discussion of this topic with the Chief Dental Officer or the Area Dental Officer is advised. (P, C)

**SCHEDULE OF SERVICES** The Schedule of Oral Health Services is divided into Levels of Care (I-V and IX), which are assigned according to public health dental treatment priorities. Level I (emergency services) are given the highest priority and Level V services (complex rehabilitation) are considered to be the most elective. The levels are as follows:

- Level I: *Emergency Oral Health Services.* Emergency dental services are those necessary for the relief of acute conditions. Emergency dental care services include all necessary laboratory and preoperative work including examination, radiographs, and appropriate anesthesia. Emergency dental services shall include but not be limited to the following:
- a. Control of oral and maxillofacial bleeding in any condition when loss of blood will jeopardize the patient's well being. Treatment may consist of any professionally accepted procedure deemed necessary.
  - b. Relief of life-threatening respiratory difficulty and improvement of the airway (respiratory system) from any oral or maxillofacial dental condition. Treatment may consist of any professionally accepted procedure deemed necessary.
  - c. Relief of severe pain accompanying any oral or maxillofacial dental conditions affecting the nervous system, limited to immediate palliative treatment, but including extractions where professionally indicated.
  - d. Immediate and palliative procedure for: (1) fractures, subluxations and avulsions of teeth, (2) fractures of jaw and other facial bones (reduction and fixation only), (3) temporomandibular joint subluxations, and (4) soft tissue injuries.
  - e. Initial treatment for acute infections.
  - f. Other emergency dental procedures are those determined by the provider to be of an urgent or emergent nature but which do not necessarily represent acute conditions as outlined above. Examples

would be repair of a broken denture, toothache, vague pain or chipped tooth.

- Level II: *Preventive Oral Health Services.* The listed services are those which prevent the onset of the dental disease process. Some of the services provided to individuals are modified by IHS definitions, exclusions, limitations, and processing policies.
- Level III: *Basic Oral Health Services* Basic dental care includes those services provided early in the disease process and which limit the disease from progressing further. They include most diagnostic procedures, simple restoration of diseased teeth, early treatment of periodontal disease, and many surgical procedures needed to remove or treat oral pathology.
- Level IV: *Basic Rehabilitative Oral Health Services* Basic rehabilitation services are those necessary to contain the disease process after it is established or improve the form and/or restore the function of the oral structures. The word “function” as used here includes some psychosocial considerations as well as the mastication of food. These services are more difficult to provide since the disease process is well established. The investment of resources will have a good cost-effectiveness because the procedures are directed at containment or basic rehabilitation. They include but are not limited to complex restorative procedures (onlays, cores, and crowns), the majority of endodontic procedures, most advanced periodontal procedures, prosthodontic appliances that restore function, pre-prosthetic surgery, and most interceptive or limited orthodontic procedures.
- Level V: *Complex Rehabilitative Oral Health Services.* The complex rehabilitation services listed in Level V are those that require significant time, special skill or cost to provide. Certain patients will require referral to dental care providers skilled in providing the specific procedure and/or which have limited their practice to that specific specialty area. Generally the patient must present special circumstances that would warrant the added time and transportation associated with specialty referral. Level V services may not improve the overall prognosis for most patients so patient selection is of critical importance when considering the provision of these services.

Level IX: *Exclusions* These services have been determined to be of limited benefit in the treatment of oral disease or maintenance or oral health. These services have a variable rate of success, are difficult to monitor from an appropriateness or effectiveness standpoint, are not universally defined or accepted as the preferred method of treatment. Some of the services listed under exclusions require heroic effort and therefore are questionable from a cost benefit standpoint. Other services use material which is obsolete or of disputable effectiveness. In other cases the services are considered part of treatment and do not warrant a separate fee or value. In certain other cases the IHS simply will not pay for the service. (O, P, D)

**TREATMENT OF MINORS** Check the Policies and Procedures Manual for the policy regarding treatment of minors at your facility. Be familiar with it. It is important to get an accurate health history from a parent or legal guardian at the time of the initial visit and to obtain consent for treatment. Many programs ask that a parent be present at the time of treatment to deal with situations that require immediate parental approval (use of various patient management techniques) and to ensure supervision of the child before and after the appointment. Remember, treating a minor in a non-emergent situation without the consent of a parent or guardian can be considered legal battery against a child. (P)

**TREATMENT OF NON-BENEFICIARIES** Although not the norm, it is possible at times to treat non-beneficiaries or those of non-Indian or non-Alaska Native descent in some programs. Make certain you are familiar with the eligibility requirements at your clinic. Tribal programs treating non-Indians must abide by the dental practice act in the state where they are located. (O, P)

**TREATMENT PRIORITIES** See Schedule of Services

## ==== COMMISSIONED CORPS MATTERS ====

*This information addresses some important issues for those of you who have chosen to become a Commissioned Officer of the Public Health Service. You will also receive a booklet, entitled the "Commissioned Corps Officer's Handbook", in your call to active duty packet which will provide you with detailed information about the Commissioned Corps. Additional questions can be directed to your mentor or to the Area Commissioned Corps Liaison. All of this information should be covered in detail in the orientation course provided for new officers by the Commissioned Officers Training Academy.*

## **BENEFITS OF A COMMISSIONED OFFICER**

- Annual Leave 30 days per year.
- Accession bonus available (\$30,000 for a 4 year commitment)
- Non-taxable housing and subsistence allowances
- Sick leave is not limited, granted as needed, with some restrictions (See Leave section).
- Medical and Dental care for officers at local Uniformed Medical Treatment facilities if available, otherwise funded at private facilities with approval through Beneficiary's Medical Program. For Dependents, care is provided at local Uniformed Medical Treatment facilities or at private facilities with Tricare providing a portion of the payment.
- Life Insurance is available to the officer for amounts up to \$250,000 at a rate of \$8.00 per month per \$100,000 of coverage.
- Death Gratuity for family of Active Duty Officer.
- Space A travel on military flights.
- Commissary and base exchange privileges on military bases.
- Non-contributory retirement system with 20-30 year option along with a thrift savings plan (beginning in the fall of 2001).

**ADDITIONAL SPECIAL PAY** is available to all dental officers upon accession into the Corps . The amount varies from \$4,000 to \$15,000 per year, depending on time-in-service. In order to receive this payment you must complete a contract to continue on active duty for one year. ASP is paid in a lump sum, with 20% deducted for taxes, during the month in which DCP processes your ASP contract. It will be processed in the month received if it arrives before the cutoff date (usually the tenth of each month).

Should you separate prior to the end of your ASP Contract, you are required to repay the balance on the contract. Also, ASP is not allowed for officers who are in long-term training. If you should enter a training program while still holding an active ASP contract, you must repay any funds that you have not earned. **(CO)**

**APPLICATION FOR ID CARDS** Your status as a uniformed service member entitles you and your eligible dependents to Department of Defense (DOD) sponsored benefits. To obtain all of these benefits you and your dependents (10 years or older) must have current ID cards and your dependents (any age) must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

In order to obtain your identification card, form DD 1172 must be completed and mailed to your card issuing authority. Completion of this form will also obtain cards for your dependents, as well as enroll them in the Defense Enrollment Eligibility Reporting System (DEERS).

You will be issued a green active duty ID card and your eligible dependents (ten years of age and older) will be issued a tan dependent ID card. Possession of valid ID cards in conjunction with current DEERS enrollment ensures your dependents' access to medical

care at Uniformed Services medical treatment facilities.

This method of verification is also used by the fiscal intermediaries (FIs) of *Tricare*, before they will pay claims for medical care that your dependents have received from civilian health care providers.

In addition, the ID cards will admit you and/or your dependents to uniformed service installations that have commissary, exchange, and theater facilities and will verify your eligibility for these benefits. For these reasons, it is important that you complete the application forms and submit them to your ID card issuing official as soon as possible, along with copies of the required documentation to obtain the cards and accomplish enrollment in DEERS. The documentation will not be returned to you but will become a part of your Official Personnel File.

After the cards have been issued, it will take from four to six weeks before the dependent data is reflected in the DEERS enrollment data base. However, your dependents' eligibility for benefits commences on the day that you are called to active duty and this date should be reflected on the back of the dependent ID card.

Dependent ID cards are generally issued for four years unless otherwise restricted such as when the sponsor is *initially* called to active duty. Each time a dependent is issued an ID card, a copy of the application form is sent to the DEERS Enrollment Processing Center (DEPC) and the dependent's DEERS end of eligibility is updated.

If you have any questions regarding the information on this sheet you should contact the ID card issuing official for your activity. **(CO)**

**COMMISSIONED OFFICER'S HANDBOOK** The Commissioned Officer's Handbook which came in your call to active duty packet will answer many of the questions you have about the PHS Commissioned Corps. In addition, most officers attend a formal Commissioned Officer Orientation within one year of your call to active duty date. **(CO)**

**CREDENTIALS** It is your responsibility to make sure that your current state dental license and Drug Enforcement Agency (DEA) certificate (a DEA# is normally not required on a Federal reservation), along with any other requested materials, are forwarded to the Licensure Project Officer in DCP (Division of Commissioned Personnel) at the following address:

Licensure Project Officer  
U.S. Public Health Service  
Officer Support Branch  
Parklawn Building, Room 4-36  
5600 Fishers Lane  
Rockville, MD 20857



The Officer will place a copy of your license in your OPF (Officer Personnel File) in the File Room at the Division of Commissioned Personnel (DCP). Whenever you update your license and receive a new dated card, immediately make a copy and forward it the licensure project officer.

**DEERS ENROLLMENT** Defense Eligibility Enrollment Reporting System information is collected when you report to your Area Office. You should find a card for you to complete in your call to active duty package. If this information changes, report the changes to the Area Office (or the office where you originally submitted the card). This is the tracking system for your dependents, and they are eligible to receive medical coverage only if they appear in the system. Failure to complete and submit this form will mean that your spouse and other dependents will be ineligible for medical care through Tricare and/or military bases.

**DECLARATION OF A STATE OF RESIDENCY** As a Commissioned Officer, you will have some choices as to your state of residency. You may chose to claim residency in any of the following places:

- the state where you are assigned (the one where you actually reside)
- the one from which you are called to active duty
- the one you consider home (e.g., the state where you lived prior to relocating for dental school, if you are entering IHS immediately after dental school graduation.)

You may wish to consider the state income tax situation in making your "state of residency" decision, since this is the state where you will pay taxes, and normally register your automobiles.

Do not confuse your state of residency with your "home of record". Your home of record is the place you consider home, and is the location used to calculate the distance that U.S. Public Health Service will move you and your household goods upon separation from the Indian Health Service.

DCP will ask you to declare your state of residency and your home of record at the time that you accept your initial assignment.

**DISCIPLINARY ACTION** (for more information see Standards of Conduct)  
Commissioned Officers who violate DHHS regulations governing Standards of Conduct may be disciplined by your agency (local), the Division of Commissioned Personnel (DCP) or the Surgeon General, as appropriate, in addition to any penalty prescribed by law. The type of action to be taken shall be determined in relation to the specific violation. **(CO)**

**DRIVERS LICENSE AND PLATES** As covered under the Soldiers' and Sailors' Civil Relief Act (SSCR), PHS officers are not subject to auto license and related fees or excises of the State to which they are assigned, provided that these have been paid to the

state indicated as their official home of record. Some states also exempt officers from driver's license requirements, but this is not universal. Check with the State to which you are assigned regarding driver's license requirements. **(CO)**

## **HOUSING ALLOWANCE**

### *BAH (Basic Allowance for Housing)*

BAH is a non-taxable monthly allowance. The rate an officer receives is determined by whether or not the officer occupies government quarters, by the rank of the officer, the duty station, and whether or not the officer has dependents. (A spouse is considered a dependent.)

Form PHS-2977, Quarters Allowance Certificate, is submitted by officers with no dependents.

Form PHS 1637-1, Public Health Service Commissioned Officer's Request for Dependency Determination, is completed by officers who claim a spouse or children as dependents.

Form PHS 1637-2, Parents/Parents-in-law's Statement is used to claim a dependent parent.

These forms must be mailed to the following location:

Compensation Branch  
Parklawn Building, Room 4-50  
5600 Fishers Lane  
Rockville, MD 20857

See the Commissioned Officers Handbook (1998 or later) or the DCP website (DCP Publications) for more details. **(CO)**

**LEAVE** is of five types:

**ANNUAL LEAVE** As a Commissioned Officer you earn two and a half days of annual leave each month or thirty days per year. Annual leave can be used at any time after it is earned, with the prior approval of your supervisor and the leave granting authority. This approval is granted via the form PHS-1345. Parts 1-3 are completed prior to the use of the leave. Part 4 is completed after leave is used. If traveling out of your assignment area while on leave you should always carry with you a copy of your leave request form and note on the form where you will be in the "Address" section.

Annual leave is granted in full day increments only. In the "Period of Absence" section place the date of the first day of leave in the "From" space, and the date of the last day of continuous leave in the next space. All days between these two

dates will be counted as leave, even when they are not days that you would normally be expected to work, (e.g. weekends or Holidays). For example, if you request leave for a Monday through Friday you will be charged with five days of annual leave. If you request leave for a Friday and the following Monday you will be charged with four days of leave.

Annual leave may be accumulated and carried over from one calendar year to the next up to sixty days. An accounting of leave earned and used during the calendar year should be presented to each officer at the beginning of the last quarter of the calendar year. This is to allow each officer to check the leave keeper's records with their own and to allow the officer to plan to use any excess leave before the end of the year, at which time leave in excess of sixty days will be lost. **(P, CO, DCP website [http://dcp.psc.gov/dcp\\_pubs.asp](http://dcp.psc.gov/dcp_pubs.asp) ).**

**ADMINISTRATIVE LEAVE** is granted at the discretion of your commanding officer for special circumstances when the leave is for the good of the Service and is not covered by annual leave, temporary duty (TDY), training, or other types of leave. Administrative leave is granted only rarely, and is sometimes allowed for officers to attend professional meetings or required continuing dental education. **(P, CO)**

**SICK LEAVE** is available on an as needed basis, is not accrued, and is not limited. Sick leave is approved in advance on form PHS-1345 for medical and dental care which is prearranged. Sick leave for unexpected illness is approved on the same form after its use. Sick leave is available only for health care needs of the officer, and cannot be used to care for family members who are ill.

If sick leave is taken for more than 90 consecutive days or for more than 120 days in a 12 month period, then the officer's records will be forwarded to a Medical Review Board to determine if the officer should remain on active duty, be retired, or separated.

Sick leave is granted for pregnancy during those intervals when an officer is unable to work. There is no set period of time for "maternity leave". A physician determines an officer's fitness for duty, and the officer is expected to return to work as soon as her physician determines she is fit for duty. **(P, CO)**

**STATION LEAVE** is any leave not falling into the other categories and which is less than a full work day. Station leave is to be granted in very small increments of time to allow the officer to perform personal tasks that cannot be accomplished after the normal work hours. Station leave must be requested in advance via completion of form PHS-1345. **(P,CO)**

**COURT LEAVE** may be granted for an officer to serve on a jury or to be a witness in an official capacity. No fee may be accepted for jury duty. **(CO)**

**LENGTH OF ASSIGNMENT** Initial tours of duty are generally for at least two years. You will not normally be re-assigned prior to the completion of your initial two years unless you request a transfer and there is a greater need for your services at another duty station.

If you decide to separate prior to completion of your initial assignment, that is before you have completed at least two years of active duty, PHS will not pay for a return move for you, your dependents, or your household goods. Individuals separating after one year of duty, who are not breaking a contract, will be eligible to receive lump sum annual leave.

**MALPRACTICE INSURANCE** See Federal Tort Claims Act

**MEDICAL AND DENTAL CARE** Medical and dental treatment for active duty officers is obtained in the following manner:

If your duty station lies within the ZIP code catchment area of a Uniformed Services Military Treatment Facility (USMFT) or a Uniformed Services Treatment Facility (USTF), you are required to use this facility as your primary source of care. This regulation also applies when you are in a catchment area while in travel status. If you are unsure whether or not you are in a catchment area, contact the Beneficiary Medical Program.

If your duty station lies outside the catchment area of a Uniformed Service facility, use the following sources:

- Use DFDOBHS Contractors if they are available. These are located in areas with fairly high numbers of officers whose duty station is outside a catchment area.
- PHS officers can use Indian Health Service facilities *only if there is space available and the facility director approves.*
- Care can be obtained from the private sector if none of the other sources are available.

For more information on medical and dental care refer to the pamphlet entitled "What You Should Know About Health Care Services" or call the Beneficiary Medical Program at 301-594-6424 or toll free at 1-800-368-2777. You can also write to:

Medical Affairs Branch  
Beneficiary Medical Program  
Room 4C-06  
5600 Fishers Lane  
Rockville, MD 20857-0001

**MULTI-YEAR RETENTION BONUS (MRB)** Commissioned Corps Dental Officers who are board-eligible in an ADA- recognized dental specialty and 2 year AGPR graduates who are eligible to take the Federal Board of General Dentistry are eligible to receive an additional bonus for signing a multi-year (up to 4 years) contract. The amount of the bonus depends on the length of the contract and on the critical need for the specialty. More information on the MRB can be found on the DCP website in the policies section under the CCPM major topics heading.

**NOTICE OF ARRIVAL** Whenever a Commissioned Officer reports to a new permanent duty station, a Notice of Arrival, form PHS 2874, must be completed and submitted to headquarters. One of these forms should be available through the service unit Administrative Officer or the Area Commissioned Corps Liaison. This form is used to compute costs associated with an officer's move, and its submission is essential for reimbursement of out of pocket expenses. Submit this form upon arrival to:

Division of Commissioned Personnel  
Compensation Branch  
Room 4-50, Parklawn Building  
5600 Fishers Lane  
Rockville, MD 20857

**PROMOTIONS** are of two types: Permanent and Temporary. You may hold a permanent grade which is lower than or the same as your temporary grade. If these are different, your pay is based on the higher grade. When you become eligible for a promotion, whether it is temporary or permanent, your officer personnel file (OPF) is automatically made available for review by the promotion board at its next meeting. It is your responsibility to make sure that this file accurately reflects your performance, experience, and training.

Promotions within the commissioned corps are very competitive, and some years only a small percentage of those eligible for promotion to some grades are actually promoted. Currently, the promotions board meets once a year in the late winter to early spring. It is important to make sure that you check the deadline dates for completing your file updates during the year preceding your review for a promotion. Talk with your supervisor or a local senior level commissioned officer to learn what you should do to maximize your promotion potential throughout your career.

**QUARTERS ASSIGNMENT/HOUSING ARRANGEMENTS** Some assignments with IHS will have available government housing. In some cases the only available local housing will be government quarters. Should you be assigned to government housing you will not receive Quarters and Variable Housing Allowances. If you have a choice, (if other housing is available), you may want to check other options. Depending on your individual allowances, and the local housing costs, the government housing may or may not be an economical choice. Housing at reservation sites is usually limited, and the

more desirable units are held as recruitment incentives for those health care providers who are in greatest demand, (usually physicians and sometimes dentists).

Assignment of individual housing units is usually done by a committee made up of hospital/clinic employees or a Tribal official (in Tribally managed programs). Your request for housing is made to one of these entities. If you secure government housing, Form PHS 2977 needs to be completed and sent to DCP's Compensation Branch to make your pay the appropriate amount.

Should you receive a Basic Allowance for Housing while living in government quarters,(either prior to submitting the proper forms, or as a result of an error on the part of the Compensation Branch), you should notify DCP at 301-594-2963. If you do not notify them of the error, the excess amount will be deducted from your future earnings when the error is detected by DCP.

**SECOND JOB OUTSIDE THE GOVERNMENT** Employment in any job outside of the government is not allowed for commissioned officers unless they obtain prior approval. Form HHS 520 must be submitted requesting approval, and Form HHS 521 must be sent in annually summarizing outside activities for the year. (CO)

**STANDARDS OF CONDUCT** Commissioned officers are held to a specific code of behavior. Standards of conduct cover conduct on the job; financial obligations; acceptance of gifts; political activities; outside employment; financial interests; reporting violations; provisions regarding consultants and advisory activities; and conduct and responsibilities of former employees. (CO)

**STATE INCOME TAX** You are required to follow the income tax laws of your declared "state of residency". Should you be a legal resident of a state that does not tax income, you will pay no state income tax, even though you may be living and working in a state which does tax income.

Taxes will be withheld based on the W-4 filed at your duty site. You should fill out two forms if your state of residency taxes income. You may use the Federal withholding (W-4) form for your state withholding, if your assignment is in a state other than your state of residency. You must mark this form with the name of the state and the words "state tax" to make it clear that this is for state not Federal tax withholding.

You must declare a state of residency on form DD 2058, which is included in your call to active duty package. If you fail to submit this form and the W-4s, DCP will withhold state taxes from your pay based on your home of record. See Commissioned Corps Officer's Handbook.

**TRICARE** Tricare is the health plan that covers dependents of active duty, retired and deceased members of the uniformed services. It also covers retirees. This plan does not cover active duty personnel, as they are provided medical care through different sources (See Medical and Dental Care). In order for family members to be covered

under Tricare, they must be enrolled in DEERS. Tricare does not pay for the entire cost of health care and does not cover all medical services. The government shares with service families the cost of health care delivered by civilian hospitals and doctors. Tricare coverage is available as Tricare Prime, an HMO style of coverage (where available), as Tricare Extra, a Preferred Provider style of coverage (where available), and as Tricare Standard, which is routine indemnity coverage. Detailed information on Tricare can be obtained from the official Tricare website at ([www.tricare.osd.mil/](http://www.tricare.osd.mil/)). Several companies (USAA, AFBA, and others) offer Tricare supplemental insurance to cover some or all of the costs not covered by Tricare

Several claim forms are used with the Tricare plan. If your doctor files the claim, he or she will generally use HCFA form 1500 for outpatient services and the UB-92 form for inpatient care. If you file the claim, it is necessary to submit DD Form 2642.

Many providers have the Tricare claim forms on hand. Claim forms can also be obtained from your Health Benefits Advisor or claims processor (see Tricare Standard Handbook). Tricare forms can also be downloaded from the website [www.mytricare.com](http://www.mytricare.com) . (CO)

**TRICARE DENTAL PLAN** If enrolled in DEERS your dependents may receive dental care through the Tricare Dental Program. The TDP is a voluntary, comprehensive dental program offered worldwide by the Department of Defense to family members of all active duty Uniformed Service personnel and to Selected Reserve and Individual Ready Reserve members and/or their family members. United Concordia is currently the administrator of this program. This is a voluntary program covering dependent dental care. An officer's dependents are automatically enrolled in the program unless a disenrollment form is submitted.

The TDP's contract year runs from February 1 through January 31. The annual maximum payment is \$1,200 per enrollee per contract year, for non-orthodontic services. Payment for certain diagnostic and preventive services is not applied against the annual maximum. There is a lifetime maximum of \$1,500 per member for orthodontic treatment. If a member receives orthodontic services, payments for these services will not exceed \$1,500 during the member's eligibility lifetime. Orthodontic diagnostic services will be applied to the \$1,200 annual maximum. Depending on the type of service received, coverage ranges from 50 percent to 100 percent of the maximum allowable fee.

*Please realize that active duty officers are not covered by TDP. This benefit relates only to dependents. Commissioned officers can receive dental care via other avenues. See MEDICAL AND DENTAL CARE.*

**UNIFORM ALLOWANCE** As a commissioned officer you are entitled to a one time uniform allowance. In order to receive this allowance, you must submit a memo requesting the allowance. It must be stated that the uniform is required by your agency (IHS). Your social security number must accompany the letter. A sample letter is included in the FORMS section. Forward the memo to:

Division of Commissioned Personnel  
Compensation Branch  
Room 4-50 Parklawn Building  
5600 Fishers Lane  
Rockville, MD 20857

Please be aware that if you apply for and receive the uniform allowance, you are legally obligated to purchase a uniform with the money. Failure to do so can be considered a commission of fraud against the Federal government. Commissioned officers are currently required by order of the Surgeon General to wear the uniform at least one day per week.

**UNIFORM INFORMATION, SOURCES, ETC.** The PHS uniform is similar to that used by the Navy, with some important differences. For example, PHS buttons and shoulder boards must be employed. A booklet, "The Wearing of the Uniform, a Guide for Commissioned Officers in the Public Health Service", covers the use of all types of PHS uniforms. This convenient, illustrated document demonstrates the proper manner in which to wear various types of uniforms (Service Dress Blue, Winter Blue, Summer White, etc.), and also shows the correct way to affix attachments. One section outlines the order in which ribbons are to be worn.

Sources of uniforms include the following:

Uniform Support Center Mail Order Program: 1545 Crossways Blvd., Suite  
200 Chesapeake, VA 23320  
1-800-368-4088  
Alaska: 1-800-368-4089  
Website: [www.navy-nex.com/uniform/index.html](http://www.navy-nex.com/uniform/index.html)

Lighthouse Uniform Company  
P.O. Box 19213  
1532 15th Avenue West  
Seattle, WA 98109  
(206) 282-5600  
1-800-426-5225 (except Washington State)  
1-800-368-4089 (Alaska, Hawaii, Puerto Rico, Virgin Islands)

National Naval Medical Center  
Navy Exchange, Building 57  
8901 Wisconsin Ave.  
Bethesda, MD 20814  
(301) 295-1489

Naval Air Station Atlanta  
Uniform Shop



Dobbins MCSS, Building 81  
Halsey Ave  
Marietta, GA 30060  
(770) 428-4711

Uniform Devices (name tags, ribbons, etc.) can be obtained at:

PHS Officers Device Supply Center  
National Hansen's Disease center  
1770 Physicians Park Drive  
Baton Rouge, LA 70816  
(225) 756-3793

**USAA INFORMATION** The United Servicemen's Automobile Association started as a means of providing automobile insurance to uniform services officers who, due to frequent moves, had difficulty in maintaining their policies. USAA has grown into one of the nation's premiere insurance companies noted for its low rates and high quality service.

USAA provides most types of personal insurance, no annual fee credit cards with low interest rates, financial planning and investment services, banking services including financing of home mortgages, a buying service, and discounts on travel and cruise packages.

To obtain more information regarding any of the USAA services and a membership application you may call (800) 531-8000.

## **VETERANS ADMINISTRATION EDUCATIONAL AND HOUSING BENEFITS**

### **EDUCATIONAL**

There are three programs of educational assistance, depending upon the date that you originally entered on active duty, not including active duty for training purposes.

- Before December 31, 1976 covered by the GI Bill
- On or after July 1, 1985 covered by the New GI Bill
- In between covered by the Veteran's Educational Assistance Program (VEAP).

Further information about educational assistance is available from the Officer Support Branch, DCP (301) 594-3108, or by visiting the VA website at <http://www.gibill.va.gov/>.

## HOME LOANS

PHS Commissioned Officers are eligible for VA-guaranteed loans when purchasing a home. In order to qualify, an officer must serve on continuous active duty for at least 90 days. To use this benefit, an officer must first complete VA Form 26-1880, Request for Determination of Eligibility and Available Loan Guaranty Entitlement, which can be obtained at any local VA office. This request is sent to a Regional VA Center, where a certificate of eligibility is issued. The lending institution financing your mortgage will need your certificate of eligibility in order to begin processing your VA loan.

Traditional fixed-payment mortgage VA loans require no down payment. In addition, no commission or brokerage fees can be charged on any VA-guaranteed loan. There is, however, a VA funding fee charged, which varies with the amount of down payment a buyer wishes to place on the property. For more information about VA-guaranteed loans, see Pamphlet 26-4, VA-Guaranteed Home Loans for Veterans, and Pamphlet 26-6, To the Home-Buying Veteran. Both of these are available through your Regional VA Center. Information can also be obtained at the VA website at <http://www.homeloans.va.gov/>.

## ==== EQUIPMENT ====

*Some of the equipment in the dental clinic may be different than that with which you are familiar. Spend some time learning the location, operation and maintenance of the following:*

- \_\_\_\_\_ autoclaves
- \_\_\_\_\_ ultrasonic cleaner
- \_\_\_\_\_ x-ray tubeheads
- \_\_\_\_\_ panoramic x-ray equipment
- \_\_\_\_\_ emergency kit
- \_\_\_\_\_ other emergency equipment
- \_\_\_\_\_ blood pressure equipment
- \_\_\_\_\_ glucometer
- \_\_\_\_\_ curing light
- \_\_\_\_\_ personal protective equipment
  - \_\_\_\_\_ scrubs
  - \_\_\_\_\_ gloves
  - \_\_\_\_\_ masks
  - \_\_\_\_\_ face shields
  - \_\_\_\_\_ eye protection
- \_\_\_\_\_ instruments
  - \_\_\_\_\_ pre-bagged set ups
  - \_\_\_\_\_ oral surgery
  - \_\_\_\_\_ loose
- \_\_\_\_\_ x-ray film holders and XCP instruments
- \_\_\_\_\_ x-ray processor
- \_\_\_\_\_ dental chairs

- \_\_\_\_\_ handpieces (high, low, surgical)
- \_\_\_\_\_ cavitron/ultrasonic scaler
- \_\_\_\_\_ vacuformer
- \_\_\_\_\_ model trimmer
- \_\_\_\_\_ Triad 2000
- \_\_\_\_\_ dental lathe
- \_\_\_\_\_ other

**AUTOCLAVES** The IHS requires that handpieces and other instruments be sterilized and that aseptic techniques be utilized. It is required that the effectiveness of autoclaves and other sterilizers (dry heat, chemical) be tested once a week, and that the results be kept in a sterilization log book. Familiarize yourself with the log and the monitoring process. Someone on the dental staff will demonstrate how to use the sterilizers in your clinic. **(P, I)**

**BIOMED COVERAGE/REPAIR SERVICES** Upkeep of dental equipment is taken care of in several ways. Some dental programs have a preventive maintenance contract established with a local dental supply office that is renewable on a yearly basis. Other programs have an Area-wide biomed program that handles installation and maintenance of equipment. Still other programs have a biomedical technician on staff at the facility. Your clinic should have a regular maintenance schedule for your equipment as well as an established protocol for the repair of equipment. **(P)**

**DENTAL LAB (In-house)** Your supervisor will familiarize you with the dental lab on the premises. Asepsis and maintenance of equipment should be discussed. If there is equipment with which you are unfamiliar, have someone on the dental staff demonstrate its use so that you will operate it safely and know the scope of its capabilities.

**EMERGENCY EQUIPMENT** Equipment such as positive pressure oxygen, CPR masks, stethoscope and sphygmomanometer, intubation devices and even complex machinery such as defibrillator may be kept in the dental clinic. There is probably an emergency drug kit available, unless other departments in your facility have the responsibility to respond to an emergency in the dental clinic. Discuss this with your supervisor. Practice of Code Blue situations and other emergencies are determined by dental director or the hospital staff. **(O, P, S)**

**PREVENTIVE MAINTENANCE** The equipment in the dental office should be on a preventative maintenance schedule to minimize loss of productivity due to breakdown. A schedule should be maintained in the dental policy and procedure manual and in the maintenance department.

**SCRUBS, GLOVES, MASKS, EYEWEAR** Personal protective equipment must be provided to all employees of the dental clinic. These items must be in good condition and fit the employee to provide maximum protection. If you have questions about what is required in the way of personal protective equipment, refer to the

OSHA regulations Chapter 29 Part 1910.1030 of the Code of Federal Regulations. Other documents that are important to review are the IHS Infection Control Guidelines and the IHS Bloodborne Pathogen Exposure Policy. **(O, P, I)**

**ULTRASONIC CLEANER** Become familiar with the operation and maintenance of the ultrasonic cleaner. Solutions for the ultrasonic cleaner must be changed on a regular basis; more frequent solution changes are necessary during times of heavy volume or particularly soiled instruments. This instrument should be checked at regular intervals for effectiveness. **(O, P)**

**X-RAY EQUIPMENT** Ask someone on the dental staff to show you the proper method for using the x-ray tubeheads and the panoramic x-ray machine. Become familiar with maintenance and testing schedules for this equipment as well. **(P)**

==== **FAMILIARIZATION** ====

*This section is intended to list persons, places, or things with which you need to become acquainted. Try to find the location of and guidelines for:*

- \_\_\_\_\_ telephone system
- \_\_\_\_\_ typewriter
- \_\_\_\_\_ copy machine
- \_\_\_\_\_ fax machine
- \_\_\_\_\_ door locks/security
- \_\_\_\_\_ computer terminal
- \_\_\_\_\_ supply room
- \_\_\_\_\_ break room
- \_\_\_\_\_ janitorial room
- \_\_\_\_\_ room/switches for compressor, high speed suction
- \_\_\_\_\_ light switches
- \_\_\_\_\_ intercom system
- \_\_\_\_\_ employee lockers
- \_\_\_\_\_ employee parking
- \_\_\_\_\_ conference/meeting room
- \_\_\_\_\_ medical library
- \_\_\_\_\_ patient records

*You should also tour the hospital (or health center) to become familiar with the location of various departments.*

*Introductions to service unit personnel will be made at that time or at formal meetings. Try to meet the:*

- \_\_\_\_\_ *Service Unit Director*

- \_\_\_\_\_ *Administrative Officer*
- \_\_\_\_\_ *pharmacy staff*
- \_\_\_\_\_ *Clinical Director*
- \_\_\_\_\_ *physician(s), nursing staff, lab technician(s), radiologist(s),  
optometrist(s), dietitian(s), other professionals*
- \_\_\_\_\_ *housekeeping staff*
- \_\_\_\_\_ *medical records staff*
- \_\_\_\_\_ *Contract Health Services Officer*
- \_\_\_\_\_ *community health representative(s) (CHRs)*
- \_\_\_\_\_ *environmental health personnel*
- \_\_\_\_\_ *safety officer*
- \_\_\_\_\_ *site manager*
- \_\_\_\_\_ *QI/RM coordinator*

**CLINICAL SUPPLY STORAGE** Your supervisor will show you the location of the clinical supply storage room(s). The frequency of distribution of supplies is determined at the service unit level. **(P)**

**COPY MACHINES AND FAX MACHINES** The availability, location and operation of these devices should be reviewed during the first week at the service unit. Realize that there are strict guidelines for sending information about a patient's health via facsimile machines. (See PRIVACY ACT)

**DOOR LOCKS/SECURITY** This is determined by the local service unit administration, and you may or may not be directly (carry keys and be responsible for securing certain areas) involved with this system. It is everyone's responsibility to follow the prescribed security guidelines of the building. Learn about protocol related to locking doors when the clinic is unattended, and keeping cabinets locked within the clinic which contain hazardous materials, medications, or items of value.

**HOSPITAL EXTENSION NUMBERS** Normally various departments and individuals can be contacted using a two to four digit telephone code. Obtain a listing of the extension numbers from dental or administrative personnel.

**HOSPITAL ORIENTATION** may be given by dental or hospital personnel. The location of offices and departments within the facility are identified and an explanation of the services provided throughout the hospital are outlined. The hospital orientation may be a part of a formal service unit orientation. A map of the hospital may be provided.

**INTRODUCTION TO COMMUNITY HEALTH REPRESENTATIVES (CHRs)** CHRs can be of tremendous help to the dental program. Make an attempt to know the CHRs at your facility. You may be introduced during the service unit orientation.

**PHARMACY SUPPLIES** Your pharmacist will probably be able to provide you with a drug formulary listing the medications available at your service unit. Some dental programs keep analgesics and antibiotics in the dental clinic and distribute these as

necessary. Protocol concerning the use of pharmaceuticals should be in the clinic's policies and procedures manual. (P)

**TELEPHONE SYSTEM** The telephone system at your clinic may have certain numbers which must be dialed to get an outside line. There usually is a specific protocol for making long distance phone calls, which may or may not involve keeping track of calls in a log. In addition, there may be codes for speed dialing, emergency codes, and ways of reaching various extensions. Answering machines or an answering service may take calls during certain hours. Ask your supervisor for a quick explanation of the phone system.

**TOUR OF HOSPITAL** If your clinic is part of a hospital program, you should be given a tour of the hospital so you will understand the types and locations of the various departments. This tour can be provided by a service unit administrator, the clinical director, or a member of the dental program.

## ===== ITEMS OF BUSINESS =====

**APPLICATION FOR GOVERNMENT CREDIT CARD** Employees working for the IHS are encouraged to obtain a government credit card for use when on official travel. Meals, lodging, and rental car expenses should be paid using this card. Normally payment can be deferred until reimbursement is received. At present, a Visa card is issued. An application must be completed and sent to the area office in order to receive this card. Service unit personnel should be able to furnish application forms and help with the application process. Anyone who travels on Government business at least twice a year is usually required to obtain the card.

**APPLICATION FOR GOVERNMENT DRIVERS LICENSE** Some Areas and service units require operators of government vehicles to have a government driver's license. If this is the case at your duty station, ask service unit administrative personnel to provide you with an application form, so that you can obtain a government license. Without one, you may not be able to use a government car.

**HUNTING AND FISHING REGULATIONS** and residency requirements vary state by state. Special hunting or fishing permits may be needed for use on the reservation. The State Game Warden or Conservation Department can outline requirements in the state. Tribes often have their own regulations governing hunting and fishing on their land. Become thoroughly familiar with the hunting and fishing requirements of the state and reservation before engaging in these activities.

**NOTIFICATION OF MEDICARE/MEDICAID** The chief of your dental program or the Area Dental Officer should notify Medicare/Medicaid (M/M) that you are a new provider on the dental staff. Your fiscal intermediary should also be notified of

your presence. This will allow them to add your name to the provider list, and eliminate confusion when claims with your signature are submitted.

**SIGNATURE LIST** Medical records and pharmacy will need to know that you are a new provider on staff, and may require you to sign a signature card or book for verification purposes. **(P)**

## ==== RECORD KEEPING ====

*The IHS has specific forms used to document existing oral health conditions, treatment progress, use of sedative agents, health history, informed consent, and a number of other things. There are guidelines for the use of each form. Make sure you receive instructions regarding the proper way to complete the following:*

- \_\_\_ medical health questionnaire (42-1, page2)
  - \_\_\_ signed by the patient and provider
  - \_\_\_ follow up comments to positive responses
  - \_\_\_ updated at every encounter
- \_\_\_ informed consent
  - \_\_\_ "tailored" to patient's situation
  - \_\_\_ must be discussed *by provider* with patient
- \_\_\_ exam form (42-1, page 1)
  - \_\_\_ list of symbols and had their use explained
  - \_\_\_ primary and secondary diagnosis
  - \_\_\_ individualized prevention plan
  - \_\_\_ periodontal diagnosis
  - \_\_\_ use and documentation of CPITN
  - \_\_\_ soft tissue and orthodontic status
  - \_\_\_ thorough and accurate treatment plan
  - \_\_\_ signature and date
- \_\_\_ periodontal charting
- \_\_\_ progress notes (42-2)
  - \_\_\_ list of abbreviations
  - \_\_\_ discussion of procedure codes
  - \_\_\_ name, age, sex, location code
  - \_\_\_ SOAP format
  - \_\_\_ signature and degree of provider
  - \_\_\_ initials of dental assistants
  - \_\_\_ "pink slips"
  - \_\_\_ Superbills
- \_\_\_ Privacy Act
- \_\_\_ patient treatment records (charts)
  - \_\_\_ location
  - \_\_\_ filing system
  - \_\_\_ internal arrangement/order
  - \_\_\_ maintenance
  - \_\_\_ release of information

- stickers/flags on jacket
- radiographs
- data collection
- use of DDS (if applicable)
- billing
  - private insurance
  - Medicare/Medicaid
  - Superbills

**EXAM FORM 42-1, PAGE 1 (DENTAL CHARTING)** The IHS has developed a unique charting system that is probably quite different than that to which you are accustomed. The clinical staff will be able to provide you with help regarding the charting system and instructions have been provided in this packet. (See Policy for Use of the Dental Examination Record and Appendix A.1) An explanation of the symbols and their meanings is provided. Remember that the status of every tooth should be recorded, even if it is missing. A periodontal diagnosis is required, and the CPITN is used to record existing periodontal conditions. Soft tissue and orthodontic status are to be noted. An individualized prevention plan should be developed. Complete treatment planning is done at the bottom of the exam page. **(O, P)**

**HEALTH HISTORY QUESTIONNAIRE (42-1, PAGE 2)** An essential component of patient care, the medical history questionnaire is part of every patient record. Both the patient's and the provider's signature should be on this form. The IHS has a standard health history questionnaire; Tribal programs may use this form or use another of their own choosing. Additionally, many IHS facilities have developed their own medical history form that is used in place of the 42-1, page 2. The health history questionnaire should be studied by recruits during first week of. The IHS recommends that each patient's health status be updated and documented at every encounter. **(P)**

**INDIVIDUALIZED PREVENTION PLAN** The individualized prevention plan identifies specific prevention needs and develops personalized prevention strategies for the patient. An individual prevention plan is usually developed as part of the initial exam. It includes such things as the need to provide tobacco counseling, a description of the patient's water fluoridation level and the need for supplemental fluoride; the need for topical fluoride treatment; information on the current periodontal status and the need for future periodontal treatment; information about orthodontic needs; and the like. Section IV, Prevention Assessment, on the exam form is used to formulate an individual prevention plan. **(P)**

**INFORMED CONSENT** The IHS informed consent form is used to assist patients to understand the possible benefits and complications of surgical procedures and to provide them with treatment alternatives. This document is a vehicle to involve patients in decisions regarding their own dental care. Tribally operated programs may or may not use the standard IHS consent form.

There is a general consent on the exam (42-1, page 2) form intended to cover routine



procedures. **(P)**

**LOCATION CODES** Each facility is given a specific location code which may be entered into the progress notes. This code is unique for your facility and is used to track the dental services provided at your clinic. The clinic location code is entered into the computerized DDS system. Memorize the location code for your facility. This is especially important in service units with multiple facilities where data entry for all of the facilities may occur at a centralized location. **(P)**

**PERIODONTAL CHARTING** Complete periodontal charting should be done on those patients who are high risk patients and for whom treatment will be provided. This should include the recording of pocket depths, furcations, and mobility. Instructions for the use of the periodontal record are located in this packet

**PRIVACY ACT** The IHS follows expressly defined guidelines with regard to the confidentiality and security of medical records. All persons who deliver health care in the IHS - Federal and Tribal contractors, as well as volunteer workers - are expected to follow these guidelines to ensure the confidentiality of the communication between the patient and the provider and to protect the patient's privacy.

Three important documents set the standard for employees of the IHS with regard to Privacy Act procedures. These are: 1) The Privacy Act of 1974 (Title S, U.S. Code, Section 552(a)), 2) The Department regulations (DHEW Privacy Act Regulations, (45 CER 5b), published in the Federal Register, October 8, 1975 (pages 47406 to 47415), and 3) The DHHS General Administration Manual, Part 45. The parameters set by these documents stipulate that IHS employees and Tribal contractors must:

1. Maintain no secret personnel files on individuals.
2. Inform persons at the time of the collection why the information is needed and how it will be used.
3. Assure that personal information is used only for the reasons given, and seek the person's permission when other uses are deemed necessary and desirable.
4. Permit patients to see their own records.
5. Provide patients with the opportunity to have factual inaccuracies in their records corrected.

Circular 92 - covers the transfer of medical records using a facsimile machine. In general, medical records can be sent by FAX only when the receiving machine has a confidential mailbox. The one exception to this is when the information is needed because of a life or death situation.

Each Area Office has an individual designated as the Medical Records Branch Chief who is responsible for the supervision of medical records generated and maintained at the IHS health care facilities within the Area. Each Area Office also has a person who is designated as the Privacy Act Coordinator, who may or may not be the same person as the Medical Records Branch Chief. These individuals, along with personnel at

Headquarters, can answer questions about Privacy Act procedures as they relate to patients' access to medical records, corrections of records, making copies of records, and many other topics.

It is important to note that failure to comply with the Privacy Act can result in criminal prosecution. Fines up to \$5000 can be imposed on persons who willfully violate key sections of this law.

Two helpful pamphlets have been published which answer some of the common questions regarding the Privacy Act and explain policy and procedures to IHS employees and contractors. One is a booklet entitled Privacy Act Procedures, issued in 1990 by the Privacy Act Coordinator in Rockville. This publication discusses commonly asked questions such as: What information should be collected and in what manner it should be collected; whether abstracts can be made of medical files; who can receive disclosures of information without prior consent from the patient; what are the routine uses of the medical record; how to handle portions of the record which deal with alcohol and/or drug abuse; what information can be provided to the police without a court order or subpoena; what medical information can be provided over the telephone in various circumstances; how to attempt to insure that redisclosure of information will not be used for unintended purposes; what procedures should be followed when a patient requests to make a copy of his/her record, what can be done to prevent unauthorized access to medical records; what the provider should know about retention of records; and other pertinent and common questions.

The other pamphlet, entitled *S-h-h-h* discusses the Privacy Act of 1974 and what it means to employees of the Public Health Service. This document describes the rights and responsibilities of PHS employees as they relate to the Privacy Act. **(CO, P)**

**PROCEDURE CODES** Services delivered to patients are recorded using procedure codes. Procedure codes are written in the right hand column adjacent to the narrative section in the progress notes (42-2). The codes are later transferred from the NCR (no carbon required) "pink slip" into the computer using Dental Data System (DDS). Procedure codes are frequently pre-printed on the "superbill" forms used by some Areas in the IHS.

For the most part, these codes are identical to those used by the American Dental Association, however the Indian Health Service has certain internal codes which are used to track items of specific interest. Two of the most important procedure codes are 0000 - FIRST VISIT (in a fiscal year) and 0190 - RECALL VISIT, are used to keep track of the number and types of visits to our clinics, and are vitally important because a portion of our funding is dependent on these statistics. Every patient will receive either a 0000 or a 0190 code for each visit regardless of whatever else is done. These codes are automatically assigned to each visit by the computer program during data entry. Other internal codes keep track of the number of Head Start visits, and children with BBTD/ECC.

Some codes are purposely left open - not tied to a procedure - so they can be used by the clinic to track whatever the staff wishes to monitor. If, for example, one wanted to monitor the number of persons accessing your clinic who presented signs of fluorosis, an open code could be designated to record this.

In order to ensure comparability, the use of procedure codes is standardized as much as possible. Certain rules apply across the IHS for assigning codes to procedures. When a crown preparation is temporized, for example, the procedure code for a temporary crown is not taken - this is considered part of the crown procedure. In general, the IHS uses the definitions contained in *Current Dental Terminology* (CDT-3) for procedure codes.

For more information about procedure codes, refer to Section III of the Oral Health Program Guide. There is also a complete listing of procedure codes in the DDS system under Supervisory Functions. You can access these codes by choosing the SUP and then the LST and LADA menus. **(O)**

**PROGRESS NOTES** Progress notes are written on form IHS 42-2 or the 'superbill' form, where it is used. There are certain guidelines that progress notes should meet:

- \_ They should clearly relate the treatment rendered to the patient.
- \_ Notes should be legible and written in ink.
- \_ The providers signature and degree should be included in the notes.
- \_ Dental assistants should initial the care they provide.
- \_ The patient's name, age, and sex should be included in the notes.
- \_ For problem oriented encounters, the SOAP format should be employed.
- \_ Untoward reactions or complications should be documented.
- \_ Procedure codes should correspond with the treatment delivered.

Talk to your supervisor about your clinic's recommendations concerning progress notes. Some Areas and clinics have developed their own pre-printed "superbills" to aid in third party billing. These forms are used in place of the standard 42-2. **(O, P)**

**TREATMENT RECORDS** Many facilities separate the medical and dental treatment records, allowing the dental records to be filed within the dental clinic. There are clinics that keep the medical and dental records together in one chart, and usually these records are kept in a centralized medical records department. There are definite guidelines for handling treatment records. Of particular importance is the need to abide by the Privacy Act. Other protocol regarding documentation of treatment, provider signatures, coding, and infection control relate to the proper use of treatment records. Talk to the chief of the service unit dental program and check the Policies and Procedures Manual concerning treatment records. **(P)**

## ==== ACRONYMS ====

*These are some commonly used acronyms in the IHS and PHS. When people are speaking and refer to these, they may pronounce them in different ways:*

- The letters may all be sounded out individually, such as in an A-G-P-R program*
- The letters may be sounded out together in one word, such as in SIPI, OSHA, or SUD.*
- The letters may be formed into a new word. HP/DP is often referred to as "Hip/Dip".*

*Don't get frustrated over the huge number of acronyms. With time you will come to know most of them. Here is only a partial list.*

<b>AAAHC</b>	<b>Accreditation Association for Ambulatory Healthcare</b>
<b>AAPHD</b>	<b>American Association of Public Health Dentistry</b>
<b>ADA</b>	<b>American Dental Association</b>
<b>ADO</b>	<b>Area Dental Officer</b>
<b>AGPR</b>	<b>Advanced General Practice Residency</b>
<b>AI/AN</b>	<b>American Indian/Alaskan Native</b>
<b>AI/ANCOAC</b>	<b>American Indian/Alaskan Native Commissioned Officer Advisory Committee</b>
<b>ANMC</b>	<b>Anchorage Native Medical Center</b>
<b>AMSUS</b>	<b>Association of Military Surgeons of the United States</b>
<b>AO</b>	<b>Administrative Officer</b>
<b>ARMS</b>	<b>Administrative Resource Management System</b>
<b>ASG</b>	<b>Assistant Surgeon General</b>
<b>ASP</b>	<b>Additional Special Pay</b>
<b>ATC</b>	<b>Area Training Coordinator</b>

<b>AWOL</b>	<b>Absence Without Authorized Leave</b>
<b>ACYF</b>	<b>Administration for Children, Youth and Families (ACYF Head Start)</b>
<b>BBTD</b>	<b>Baby Bottle Tooth Decay</b>
<b>BAH</b>	<b>Basic Allowance for Housing</b>
<b>BIA</b>	<b>Bureau of Indian Affairs</b>
<b>BOP</b>	<b>Bureau of Prisons</b>
<b>BPED</b>	<b>Base Pay Entry Date</b>
<b>CAD</b>	<b>Call to Active Duty</b>
<b>CBARS</b>	<b>Community-Based Activity Reporting System</b>
<b>CCPM</b>	<b>Commissioned Corps Personnel Manual</b>
<b>CD</b>	<b>Clinical Director</b>
<b>CDA</b>	<b>Certified Dental Assistant</b>
<b>CDC</b>	<b>Centers for Disease Control and Prevention</b>
<b>CDE</b>	<b>Continuing Dental Education</b>
<b>CDO</b>	<b>Chief Dental Officer</b>
<b>CEO</b>	<b>Chief Executive Officer</b>
<b>CHN</b>	<b>Community Health Nurse</b>
<b>CHR</b>	<b>Community Health Representative</b>
<b>CHS</b>	<b>Contract Health Services</b>
<b>CMO</b>	<b>Chief Medical Officer</b>
<b>CO</b>	<b>Commissioned Officer</b>
<b>COA</b>	<b>Commissioned Officers Association</b>
<b>COER</b>	<b>Commissioned Officer Effectiveness Report</b>

<b>COPC</b>	<b>Community Oriented Primary Care</b>
<b>COSD</b>	<b>Commissioned Officer Systems Division</b>
<b>COSTEP</b>	<b>Commissioned Officer Student Training and Extern Program.</b>
<b>CQI</b>	<b>Continuous Quality Improvement</b>
<b>CSED</b>	<b>Creditable Service Entry Date</b>
<b>CV</b>	<b>Curriculum Vitae</b>
<b>DA</b>	<b>Dental Assistant</b>
<b>DBMP</b>	<b>Division of Beneficiary Medical Programs</b>
<b>DCP</b>	<b>Division of Commissioned Personnel</b>
<b>DDS</b>	<b>Dental Data System</b>
<b>DEA</b>	<b>Drug Enforcement Agency</b>
<b>DEERS</b>	<b>Defense Eligibility Reporting System</b>
<b>DePAC</b>	<b>Dental Professional Advisory Committee</b>
<b>DHHS</b>	<b>Department of Health and Human Services</b>
<b>DO</b>	<b>Dental Officer</b>
<b>DOD</b>	<b>Department of Defense</b>
<b>DPSC</b>	<b>Data Processing Services Center</b>
<b>DSB</b>	<b>Dental Services Branch</b>
<b>DSG</b>	<b>Deputy Surgeon General</b>
<b>EOD</b>	<b>Entry on Duty</b>
<b>EEO</b>	<b>Equal Employment Opportunity</b>
<b>EF</b>	<b>Expanded Function</b>

<b>FI</b>	<b>Fiscal Intermediary</b>
<b>FMR</b>	<b>Fluoride Mouth Rinse</b>
<b>FTE</b>	<b>Full-Time Equivalent</b>
<b>FY</b>	<b>Fiscal Year</b>
<b>GIMC</b>	<b>Gallup Indian Medical Center</b>
<b>GOV</b>	<b>Government Owned Vehicle</b>
<b>GPRA</b>	<b>Government Performance Results Act</b>
<b>GSA</b>	<b>General Services Administration</b>
<b>HP/DP</b>	<b>Health Promotion/Disease Prevention</b>
<b>HSO</b>	<b>Health Services Officer</b>
<b>HQE</b>	<b>Headquarters East - located in Rockville, MD</b>
<b>IC</b>	<b>Infection Control</b>
<b>IRC</b>	<b>Inactive Reserve Corps</b>
<b>IPA</b>	<b>Intergovernmental Personnel Act</b>
<b>JCAHO</b>	<b>Joint Commission on Accreditation of Healthcare Organizations</b>
<b>LTT</b>	<b>Long Term Training</b>
<b>M/M</b>	<b>Medicare/Medicaid</b>
<b>MIS</b>	<b>Management of Information Systems</b>
<b>MOA</b>	<b>Memorandum of Agreement</b>
<b>NHSC</b>	<b>National Health Service Corps</b>
<b>NIDCR</b>	<b>National Institute of Dental and Craniofacial Research</b>
<b>OEH</b>	<b>Office of Environmental Health</b>
<b>OEHE</b>	<b>Office of Environmental Health and Engineering</b>

<b>OHPG</b>	<b>Oral Health Program Guide</b>
<b>OPF</b>	<b>Official Personnel File</b>
<b>OSHA</b>	<b>Occupational Safety and Health Administration</b>
<b>PAS</b>	<b>Performance Appraisal System</b>
<b>PCS</b>	<b>Permanent Change of Station</b>
<b>PD</b>	<b>Position Description</b>
<b>PHS</b>	<b>U.S. Public Health Service</b>
<b>PI</b>	<b>Performance Improvement</b>
<b>PIMC</b>	<b>Phoenix Indian Medical Center</b>
<b>PO</b>	<b>Personnel Orders</b>
<b>POV</b>	<b>Privately Owned Vehicle</b>
<b>QA</b>	<b>Quality Assurance</b>
<b>RAC</b>	<b>Resources Analysis Committee</b>
<b>RCD</b>	<b>Retirement Credit Date</b>
<b>RM</b>	<b>Risk Management</b>
<b>RPMS</b>	<b>Resource and Patient Management System</b>
<b>ROA</b>	<b>Reserve Officers Association</b>
<b>SBP</b>	<b>Survivor Benefit Plan</b>
<b>SG</b>	<b>Surgeon General</b>
<b>SGLI</b>	<b>Serviceman's Group Life Insurance</b>
<b>SIPI</b>	<b>SW Indian Polytechnic Institute</b>
<b>SPED</b>	<b>Special Pay Entry Date</b>
<b>SSN</b>	<b>Social Security Number</b>



<b>SUD</b>	<b>Service Unit Director</b>
<b>SUDP</b>	<b>Service Unit Dental Program</b>
<b>TED</b>	<b>Training and Experience Date</b>
<b>TDY</b>	<b>Temporary Duty</b>
<b>TO</b>	<b>Travel Order</b>
<b>TQM</b>	<b>Total Quality Management</b>
<b>USAA</b>	<b>Uniformed Servicemen's Automobile Association</b>
<b>USMTF</b>	<b>United States Medical Treatment Facility</b>
<b>WILCOM</b>	<b>Women's Issues Liaison Committee</b>
<b>VA</b>	<b>Veterans Administration</b>

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