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1. Introduction

The following material is provided for your information in connection with the procedures implemented at *Uniwersytecka Klinika Stomatologiczna* ("University Dental Clinic" or "Clinic") and contains the requirements for adherence to the basic rules ensuring the safety of all persons on the premises of the Clinic.

By signing the Acknowledgement Form, students/trainees acknowledge that they fully understand the rules and procedures set out in the said training material and agree to comply with them whilst on the premises of the Clinic.

At the same time, they shall hold in strict confidence all information identified as the Clinic's secret, they shall not give it away, disclose or make use of it while in training or thereafter.

If you are in any doubt about the content of this document, you should ask your group supervisor for clarification, The group supervisor is also responsible for checking the practical skills of students in their care regarding safe handwashing, hand disinfection, putting on non-sterile disposable medical gloves and safe removal of medical gloves.

As part of the in-service training, the Clinic reserves the right randomly to verify the understanding of the procedures described herein by the respective supervisors and a disease control nurse. The inspection report is submitted to the Clinic Director and the Dean.

After reading the training material, download, print and sign the Acknowledgement Form available on the UKS website.

<u>Students / Trainees</u> shall submit the signed Declaration in duplicate to the Office of the Director of the University Dental Clinic (one copy for the respective University Dean's Office and one copy for the University Dental Clinic in Kraków) by the following deadline: before the commencement of classes, but no later than 31 October each Year.

2. Hand Sanitation – Procedure

2.1. Purpose of Procedure

Reducing the amount of microorganisms residing on the skin and in the skin's layer. Keeping microbial levels on hands low. Prevention of contagious infections.

2.2. Subject Matter and Scope

This procedure describes the rules and methods for things you need to do before starting work. The procedure is in effect at the University Dental Clinic in Kraków.

2.3. Responsibility and Authorisations

Medical staff, auxiliary staff and students/trainees of the University Dental Clinic in Kraków.

2.4. Description of Procedure

2.4.1. Preparation for work – students and teaching assistants:

a) On arrival at work, clean medical/work clothing and footwear should be put on in the changing room.

b) The rule of "nothing below the elbows". Workwear should be short-sleeved. Long sleeves should be rolled up to 2/3 of their length before starting work.

c) Long hair must be tied back.

d) Fingernails must be natural, clean and short. The nail plait must not extend beyond the fingertip.

e) The wearing of artificial nails, including tips, hybrid nails or gel nails, is not permitted.

f) Varnished nails are not permitted at the workplace.

g) You are not allowed to wear jewellery (finger rings, bracelets, long earrings, beads, necklaces) at the workplace.

h) Cuts or abrasions breaching your hand skin integrity must be protected with a waterproof dressing.

i) You are not allowed to bring and consume food or beverages in areas where clinical care is provided.

2.4.2. Washing. If visibly soiled or contaminated with blood or other body fluids, wash hands with soap and water – also after using the toilet; and if exposure to spore-forming organisms is strongly suspected or confirmed, washing your hands with soap and water is preferred.

2.4.3. Disinfection. In all other clinical situations, alcohol-based hand disinfection is preferred for routine hand decontamination if the hands are not visibly soiled:

a) immediately before any direct patient contact and treatment, including clean/aseptic procedures,

b) before handling invasive equipment whether gloves are used or not,

c) after contact with equipment remaining in the immediate vicinity of the patient,

d) after contact with body fluids, secretions, mucous membranes, broken skin, immediately after other activities or contact with objects and equipment in the patient's immediate environment that may result in hand contamination,

e) before donning and immediately after doffing sterile or diagnostic gloves.

2.4.4. Hand decontamination using an alcohol-based product or safe handwashing should be performed before preparing and administering medicines.

Rules of hand hygiene:

a) Keep finger nails cut short

b) Do not cut the cuticles (damage to the skin may occur, promoting colonisation and multiplication of microorganisms),

c) Before starting work, jewellery must be removed: wedding ring, rings, watch, bracelets and other items,

d) When in direct contact with the patient, artificial or varnished nails must not be worn,

e) Do not work in long-sleeved protective clothing (this makes it difficult to wash and disinfect wrists and forearms if they become contaminated during work).

Description of procedure:

2.4.5. <u>Normal handwashing</u>

Normal handwashing removes dirt and allows a significant mechanical removal of microorganisms belonging to the transitional flora. Washed and rinsed hands should be dried with a disposable towel.

Procedure – wash hands according to Ayliffe's scheme

Wet your hands and wrists, get the soap from the dispenser.

a) Wash all hand surfaces thoroughly paying particular attention to fingertips, thumbs and interdigital spaces;

b) Rinse hands under running water;

c) dry hands thoroughly with a disposable towel

d) An effective handwashing technique consists of three steps: preparation, washing and rinsing, and drying.

Remember!
Use lukewarm water to wash your hands.

2.4.6. Safe handwashing and disinfection

Safe handwashing – handwashing with soap and water and hand disinfection removes up to 99% of micro-organisms present on hands. Prevents contact- and blood-borne infections.

Remember!
Washed hands should be dried to:

a) Prevent dilution of the alcoholic antiseptic preparation;

b) Enable effective skin decontamination;

c) Facilitate faster drying of the antiseptic on the skin.

Proceedings:

a) Apply antiseptic to completely dry hands in an amount sufficient to fill the palm recess;

b) Rub the antiseptic in for a minimum of 30 seconds until completely dry;

c) Rub in the antiseptic according to the Ayliffe scheme, repeating the movements of each stage five times;

d) Take care to keep hands moist throughout rubbing in, if necessary, re-take disinfectant.

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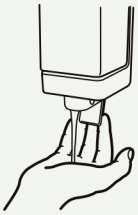
Duration of the entire procedure: 40-60 seconds

0

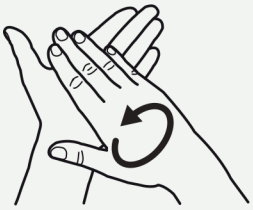
Wet hands with water;

1



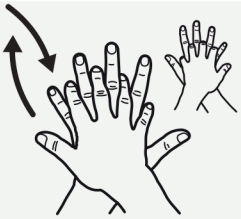
Apply enough soap to cover all hand surfaces;

2



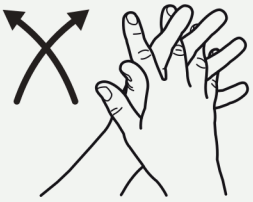
Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4

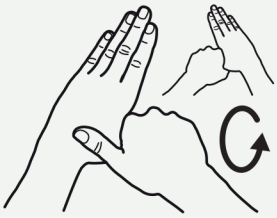


Palm to palm with fingers interlaced;

5

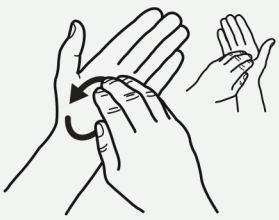
Backs of fingers to opposing palms with fingers interlocked;

6



Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

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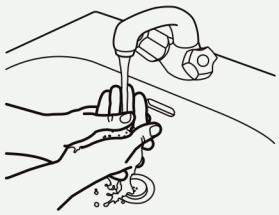

Rinse hands with water;

9

Dry hands thoroughly with a single use towel;

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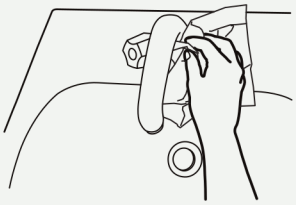

Use towel to turn off faucet;

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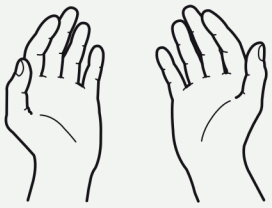

Your hands are now safe.

SAFE HAND DISINFECTION 5 MOMENTS OF HAND HYGIENE

1	BEFORE CONTACT WITH THE PATIENT	WHEN?	Disinfect hands before any contact with patients
		WHY?	To protect the patient from pathogenic microorganisms carried on your hands
2	BEFORE THE ASEPTIC PROCEDURE	WHEN?	Disinfect hands just before performing an aseptic procedure
		WHY?	In order to protect the patient from pathogenic microorganisms, including those of the patient himself
3	AFTER CONTACT WITH BODY FLUIDS	WHEN?	Disinfect hands after possible contact with body fluids (also after removing gloves)
		WHY?	To protect yourself and those around you from pathogenic microorganisms
4	AFTER CONTACT WITH THE PATIENT	WHEN?	Disinfect hands immediately after contact with the patient and their immediate environment
		WHY?	To protect yourself and those around you from pathogenic microorganisms
5	AFTER CONTACT WITH THE PATIENT'S ENVIRONMENT	WHEN?	Disinfect your hands after touching any object from the patient's environment when you leave that environment - even if you have had no contact with the patient
		WHY?	To protect yourself and those around you from pathogenic microorganisms

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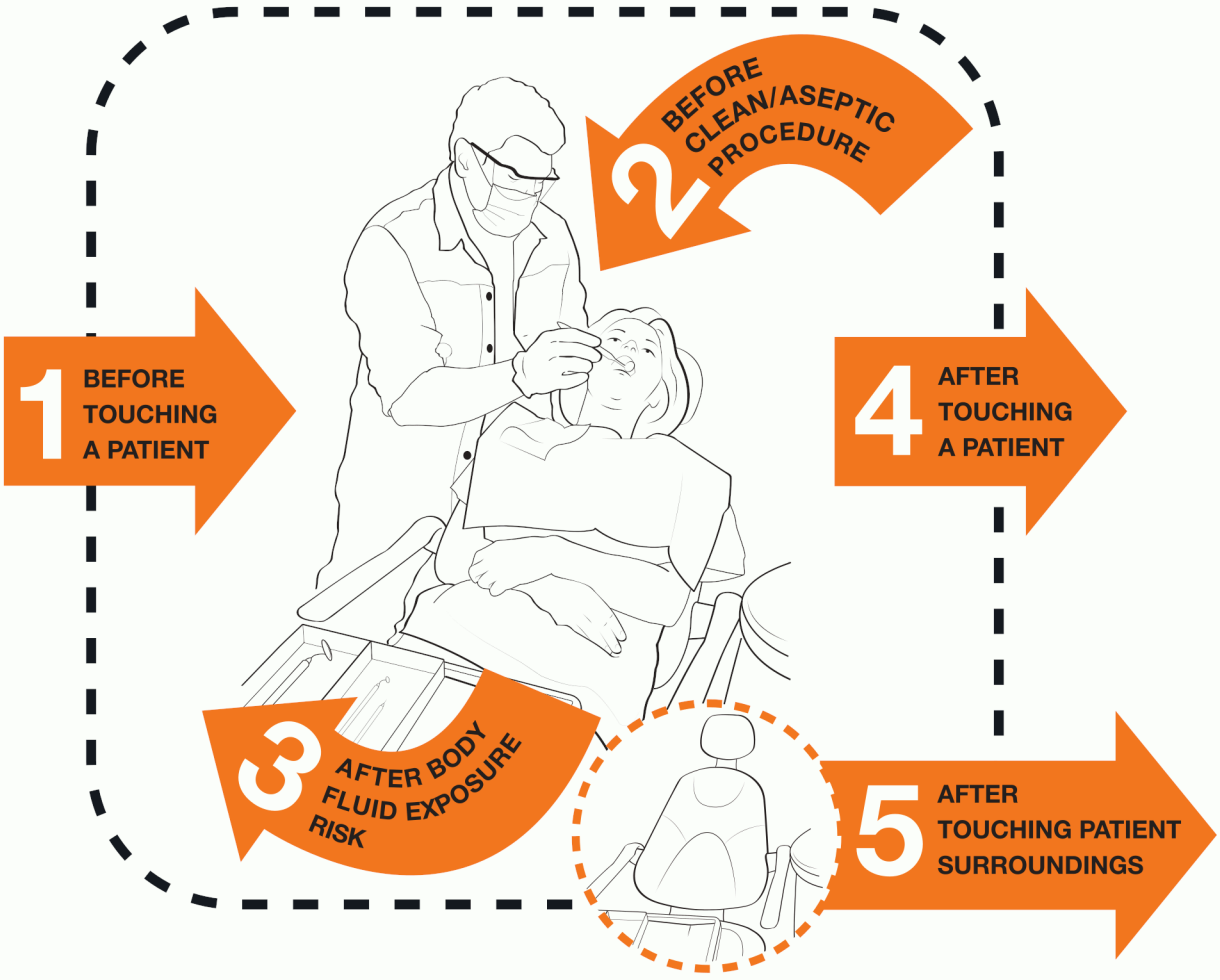
SAVE LIVES Clean **Your** Hands

Your 5 Moments for Hand Hygiene

Dental Care



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after a procedure involving exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching the patient at the end of the encounter or when the encounter is interrupted.
		WHY?	To protect yourself and the environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient surroundings when a specific *zone* is temporarily and exclusively dedicated to a patient - even if the patient has not been touched.
		WHY?	To protect yourself and the environment from harmful patient germs.

2.4.7. Surgical rubbing hand disinfection

Purpose:

a) a reduction in the number of micro-organisms living on and in the skin layer;

b) to maintain low levels of micro-organisms on hands for at least 3 hours after application of disposable sterile gloves;

c) prevention of surgical site infections;

d) prevention of contact-transmitted infections.

Principles:

a) during disinfection, dry hands (palms) must be raised so that the disinfectant can flow in one direction - to the elbow;

b) Arrange your hands in the shape of a cup;

c) Take 3-5 ml of the product for surgical hand disinfection from an elbow dispenser or automatic dispenser;

d) rub the preparation in three steps: first up to the elbow bends, then up to about 2/3 of the height of the forearms, and finally into the hands and wrists, ensuring that the skin is completely moistened (if necessary, disinfect the hands and wrists several times according to standard procedure:

Stage 1 rubbing the inner parts of the hands.

Stage 2 rubbing the palmar surface of the right hand against the dorsal surface of the left hand (change of hands).

Stage 3 rubbing the inner parts of the hands with fingers interlaced (change of hands).

Stage 4 rubbing the dorsal part of the bent fingers of one hand under the bent fingers of the other hand (change hands).

Stage 5 rotational rubbing of the thumb of the right hand against the inside of the left hand which is clenched with it (change of hands).

Step 6 rotational rubbing of fingertips of right hand in palm recess of left hand hands (changing hands).

Hygienic Hand Disinfection

Standard rub method according to EN 1500

Apply the disinfectant to the cupped dry hands. Following the procedure shown below vigorously rub the product into the hands up to the wrists for 30 seconds. Carry out the movements of each step five times. After the end of step 6 individual steps are repeated for the duration of the contact time. If necessary, add more hand disinfectant. Ensure that the hands remain moist throughout the rub-in time.

1st step:
Palm to palm.

2nd step:
Palm of right hand over back of left hand and palm of left hand over back of right hand.

3rd step:
Palm to palm with fingers interlaced.

4th step:
Back of fingers to opposing palms with fingers interlocked.

5th step:
Rotational rubbing of right thumb clasped in left palm and vice versa.

6th step:
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

3. Procedure for the Use of Personal Protective Equipment

3.1. Purpose of Procedure

Infection prevention.

3.2. Subject Matter and Scope

This procedure describes the rules and methods for things you need to do before starting work. The procedure is in effect at the University Dental Clinic in Kraków.

3.3. Responsibility and Authorisations

Students and trainees at the University Dental Clinic in Krakow are responsible for adhering to the following procedure.

3.4. UKS personal protective equipment

3.4.1. Hand protection

Disposable gloves (diagnostic): latex, nitrile, vinyl, (non-sterile)

Use: All medical procedures where there is contact with blood, body fluids and secretions during the performance of the procedure and where there is a risk of infection to the employee, student/practitioner and aseptics are not necessary.

Sterile and diagnostic gloves should be donned in the presence of the patient immediately before the medical procedure is performed.

Positions: physician, nurse, dental hygienist, dental assistant, dental auxiliary, dental technician, ECG technician, cleaner, student/practitioner and other staff carrying out the above procedures.

Replacement multiplicity: Replacement of gloves after each procedure and if necessary (puncture, tear, excessive soiling, etc.).

Sterile disposable nitrile-latex gloves

Use: All medical procedures in which aseptic principles are required during their performance.

Positions: physician, nurse, dental hygienist, dental assistant, dental assistant

Replacement multiplicity: Replacement after each procedure and, if necessary, during the dental procedure

Vinyl gloves

Application: Handling of diagnostic materials in outer packaging

Positions: nurse, dental hygienist, dental assistant, dental technician, ECG technician, dental assistant, cleaner, student/trainee
How often replaced: Replacement after each procedure and as needed

Nitrile gloves

Use: Preparation of disinfectant solutions, environmental decontamination.

Positions: nurse, dental hygienist, dental assistant, dental technician, ECG technician, dental assistant room/cleaning staff, sterilisation staff, student/trainee, other staff carrying out the above procedures.
How often replaced: Replacement after each procedure and as needed.

Putting on (donning) non-sterile disposable medical gloves based on CDC instructions:

a) Perform hygienic hand disinfection;
b) Take out a glove from the original box; touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff);
c) Turn up the cuff of the first glove from the inside;
d) Hold the rolled-up cuff of the glove with one hand, insert the other hand into the glove;
e) Take out a second glove from the pack with the gloved hand;
f) Turn up the cuff of the other glove from the outside;
g) Insert the hand into the glove while holding the cuff rolled-up;
h) Unroll the cuffs of both gloves,
i) Gloves should be changed immediately in the event of punctures, cracks or tears,
j) At the end of the activity/procedure, remove the gloves safely and place them in the bin for medical waste (with a red bag),
k) Perform hygienic hand disinfection or hygienic handwashing and hygienic hand disinfection.

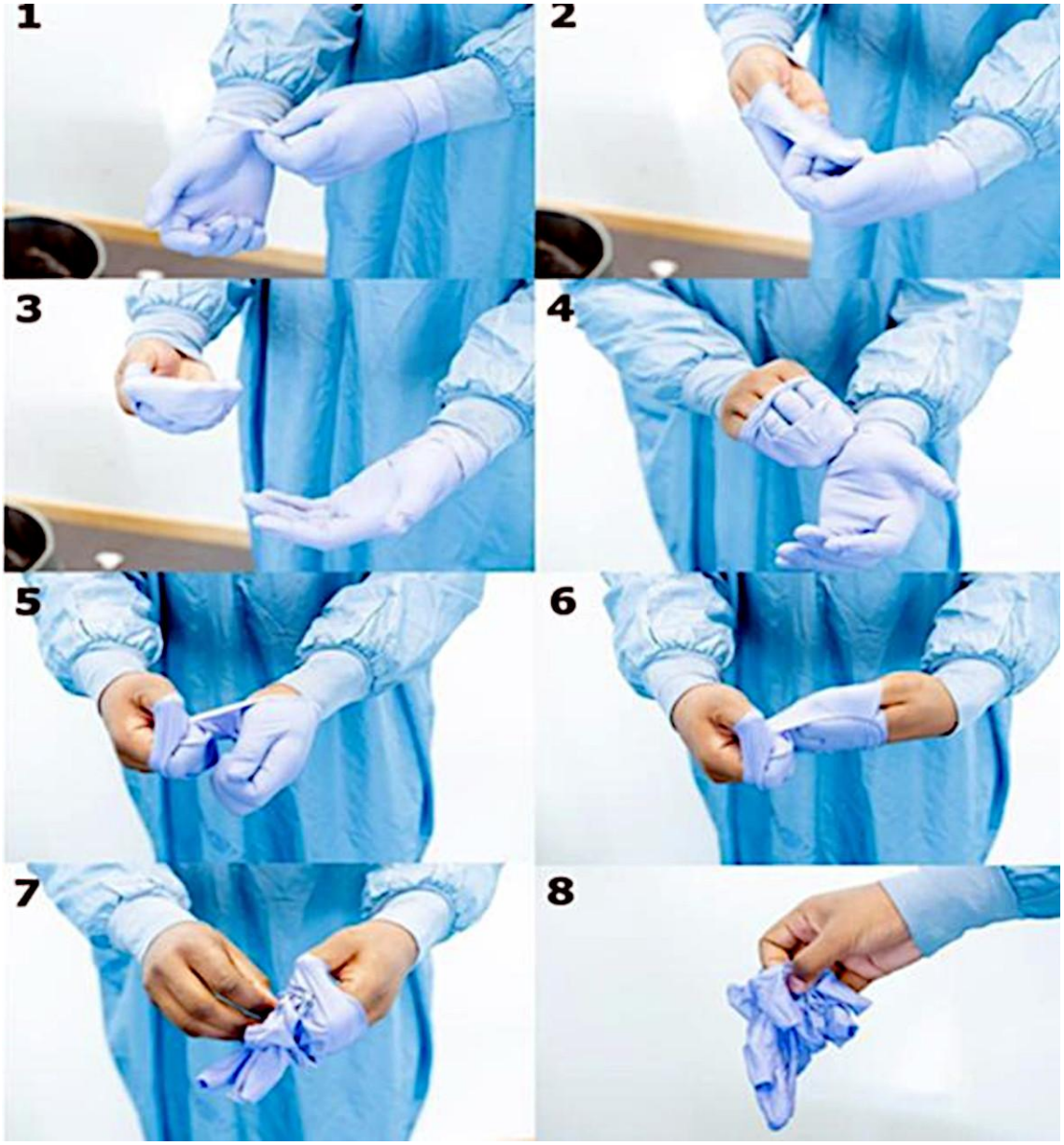
Safe removal of medical gloves based on CDC instructions:

a) Using the thumb and forefinger of one hand, grasp the glove on the other hand below the wrist;
b) Remove the glove slowly by turning it inside out;
c) Crumple the glove removed from the other hand with the gloved hand;
d) Slip the index finger of the ungloved hand inside the glove on the other hand (note that the outside of the glove is contaminated/contaminated);

e) Remove the glove from the other hand by turning it over so that the inside of the glove is on the outside and the rolled-up outside of the glove remains inside;

f) Dispose of the gloves in the medical waste bin (with the red bag);

g) Perform hygienic hand disinfection or hygienic handwashing and hygienic hand disinfection.



3.4.2. Face protection

Disposable surgical masks, visors

Use: All medical procedures where there is a risk of inhalation transmission of an infectious agent during performance.

Treatments where there is a high likelihood of aerosol formation or splashing of blood or body fluids, used to protect against microorganisms from the respiratory tract.

Preparation of disinfectant solutions. Masks should be fitted to the face and worn to cover the nose, mouth, chin.

Positions: physician, nurse, dental hygienist, dental assistant, dental assistant, dental technician, sterilisation staff, cleaner, student/trainee

How often replaced: Replacement after each procedure and as needed

Putting on the mask:

a) Remove the disposable mask from its packaging and apply it to the face, covering the nose, mouth and cheeks, ensuring that the mask stiffener is on the upper part, fit the mask on the back of the nose, ensure that it fits well on the face and under the chin;

b) Fix the mask firmly with ties or elastic bands.

Replace the mask:

a) when the mask becomes contaminated with biological material;
b) when the mask becomes damp as a result of breathing;
c) once removed, it is prohibited to wear the same mask again.

Removing the mask:

a) Remove the mask without touching the part covering the face by untying the straps or removing the elastics,
b) Immediately after removal, place the mask in the red bag for medical waste.

Caution!
It is forbidden to wear clean or used masks in the hands, on the forearms, in the pockets of work clothes, on the head, under the chin or under the nose!

3.4.3. Gowns

Disposable, made of non-woven polypropylene, non-sterile, with long sleeves, tied up

Use: For use in medical procedures where it is necessary to protect staff from contamination by microorganisms from the patient and also to protect patients susceptible to infection by microorganisms colonising staff.

Worn in order to: protect staff clothing from contamination by pathogens that can then be transmitted to other patients, protect staff clothing from getting dirty, wet or stained during work.

Protecting staff from acquiring an infection from a patient.

Positions: physician, nurse, dental hygienist, dental assistant, dental assistant, sterilisation staff, cleaner, student/practitioner.

How often replaced: Replacement after each procedure and as necessary.

Disposable made of non-woven polypropylene, sterile, with long sleeves, tied up

Use: All medical procedures in which the principles of asepticism are required during their performance (procedures under general anaesthesia).

Positions: physician, nurse, dental hygienist, dental assistant, student/practitioner.

How often replaced: Replacement after each procedure and as necessary.

3.4.4. Eye protection

Safety glasses, goggles

Use: All medical procedures where blood, body fluids, etc. may splash into the eyes during the procedure. Glasses should also be worn when preparing disinfectant solutions.

Positions: physician, nurse, dental hygienist, dental assistant, dental assistant, sterilisation staff, dental technician, cleaner

How often replaced: Replacement after each procedure and as needed

3.4.5. Head protection (hair)

Disposable caps

Use: For use in procedures where aseptic principles must be adhered to during performance (procedures under general anaesthesia), in the preparation of sterile products.

Positions: physician, nurse, dental hygienist, dental assistant, sterilisation staff, student/trainee.

How often replaced: Replacement at the end of the working day or if necessary when leaving the workplace.

Personal protective equipment is available at the workplace, and the head of the organisational unit is responsible for ensuring its availability. Control over their use is exercised by the health and safety specialist.

To minimise the risk of cross-contamination /self-contamination, personal protective equipment should be disposed of in the following order:
- gloves;
- gown (if used);
- eye protection (if used);
- and a mask (if used).

Hand decontamination is required before donning and after doffing personal protective equipment.

4. Health and Safety Manual of the Clinic

Independent work may be undertaken by a student/trainee who has been given permission to work on it by their immediate supervisor.

Students/trainees are expected:

- to be of legal age,
- to have:
  - adequate preparation
  - training
    - introductory training in general and workplace health and safety,
  - fire prevention instruction,
- to be in good health, as certified by a doctor of occupational medicine,
- to be well-rested,
- to be sober.

4.1. Before Starting Work Students/Trainees are Required to:

a) Familiarise themselves in detail with the workplace health and safety manual located at the workplace.

b) Wear work-specific and protective clothing provided for the job (easy-to-wash work clothes, sterile rubber gloves, shoe protectors, mask or respirator). Also remove from your hands all unnecessary items such as jewellery, etc.

c) Check the condition of the technical equipment of the workplace including the condition of machinery and equipment, tools, guards and protection. Condition and continuity of electrical supply cables (external), condition of plugs and sockets against the neutral pin.

NOTE!
If any damage or faults are found, you must not start work. You must notify your immediate supervisor immediately so that they can be dealt with quickly. Only after ensuring that problems have been removed may the employee proceed with the task.

d) Check and if necessary replenish the supply of protection (rubber gloves) and disposable tools.

e) Provide good lighting, turn on ventilation or other equipment to ensure safe working conditions.

f) Remove all unnecessary objects in the work area, ensure that the floor around the work area is dry and clean.

g) Ensure that the commencement of work does not cause hazards to persons in that work area or its immediate surroundings.

h) Familiarise yourself with the tasks for the current day.

4.2. While at work students/trainees are required to:

a) Strictly adhere to the following recommendations:
- workplace health and safety manual
- the instructions and guidance of their superiors;

b) Check that there are no accident hazards. That the room is well lit, the floor is level, clean and unobstructed;

c) Maintain order and tidiness in the workplace;

d) Concentrate all your attention exclusively on the work to be carried out, in accordance with procedures or medical instructions. Work at a pace corresponding to the natural rhythm of work;

e) Carry out work only as directed by the immediate supervisor;

f) Materials used during the working process should be stored in such a way that they do not present any accident hazards. Tools should be put away in well-defined places;

g) Use properly sterilised instruments for procedures and medical materials with appropriate approvals;

h) Medical waste should be segregated immediately after use and disposed of in labelled containers for further disposal;

i) In case of a prick or cut, follow the instructions “rules of conduct when exposed to blood or other infectious material”;

j) If it is necessary for an employee to leave his/her workstation, he/she must leave his/her workstation in such a condition as not to cause any hazards;

k) If in doubt as to how to perform a task, the employee should seek detailed instructions from a supervisor or trained professionals. Work may be resumed once doubts have been cleared and (preferably) under the expert guidance of a supervisor.

NOTE!
No food, drink or smoking is allowed in the treatment room.

<u>The employee/student/trainee must not:</u>

a) Use unsafe working methods endangering themselves or those around them;

b) Ignore specific instructions and recommendations from superiors;

c) Hand over for use inappropriately sterilised or unsterilised equipment;

d) Work without prescribed personal protection;

e) Remove safety signs;

f) Repair live electrical equipment (if the employee is not qualified to do so);

g) Touch live electrical cables;

h) Use portable lamps rated over 24 volts in their place of work;

i) Allow any person to work in his/her workstation without the knowledge of his/her supervisor;

j) Disrupt the work of others;

k) Block passages and accesses to the workplace, fire protection equipment and electrical switches.

4.3. When the Work is Finished:

a) Get the practice in order,

b) Switch off the power supply;

c) Return used medical instruments for sterilisation;

d) Replenish the necessary stock of disposable equipment, medical and dressing materials;

e) Clean the workplace thoroughly, put away unused disposable materials (if they have not lost their sterility) and auxiliary materials in the areas designated for this;

f) Clean the personal protection equipment used and put it away in its normal place of storage;

g) Ensure that the workplace and the equipment is left in a condition that does not create any hazards for the surroundings;

h) Communicate the status of the work being carried out to your immediate supervisor;

i) Lock the office and secure it against unauthorised entry.

4.4. Additional Remarks

Personnel working in the treatment room should:

a) Take care of personal hygiene and neat appearance,

b) Know that the work he/she does is very responsible. By doing it correctly, the correct treatment of the patient is ensured and he/she is not exposed to additional risks, i.e. nosocomial infections,

c) If in doubt about the correctness of his or her actions or the correctness of the steriliser's operation, the employee will seek additional guidance from his or her line manager or professional services.

d) If a fire or other hazard is noticed, alert those around you, attempt to eliminate the hazard (if possible) and then notify your superiors of the situation.

4.5. Dealing with Emergencies:

a) If any piece of equipment in your area malfunctions, posing a risk to human health or life, the operator should:

- disconnect the appliance from the mains;

- mark the it with an information sign: "Malfunction. Do not switch on!";

- immediately report the incident to a superior.

b) If a fire or other hazard is noticed, alert those around you, attempt to eliminate the hazard (if possible) and then notify your superiors.

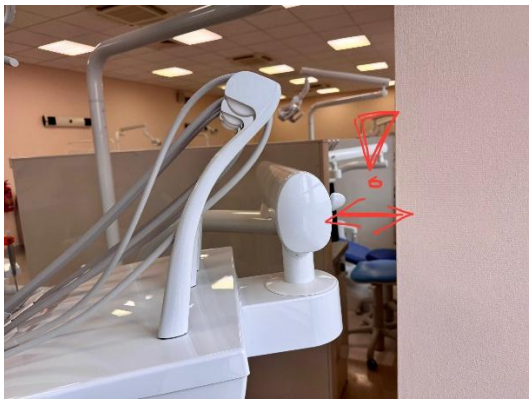
c) If there is doubt about the state of safety at work, the employee has the right to stop work and ask the supervisor to clarify the situation.

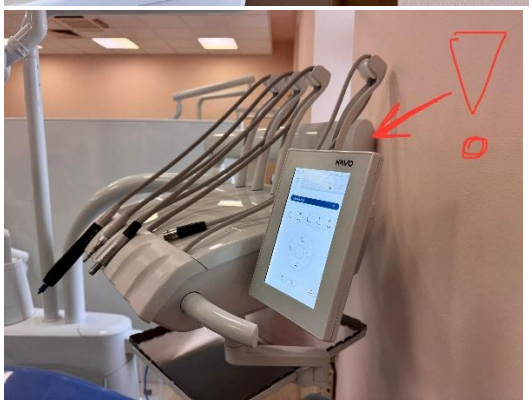
d) All work-related accidents must be reported immediately to the supervisor and the workplace where the accident occurred must be protected from unauthorised access.

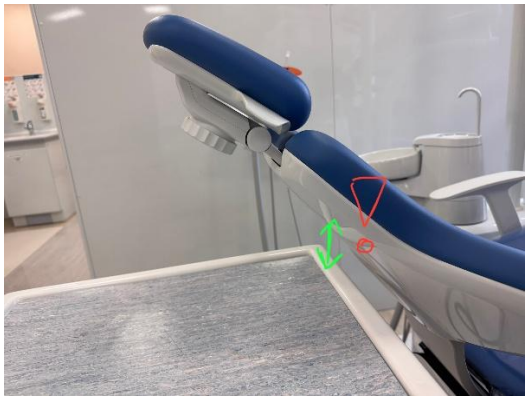
e) If in doubt about the maintenance of safety working conditions, the employee is entitled to interrupt the work and ask the supervisor to clarify the situation.

5. Short Operating Manual for Dental Units Used at the University Dental Clinic in Kraków

Attention!
Make sure during operation that the arm of the dentist's table, as well as the tray itself, do not touch the walls of the room, as this may cause damage. When moving the chair, ensure it is not obstructed by objects such as the assistant's unit. In such cases, the backrest's lacquer coating may become damaged. See illustrations below.







Attention!
Every student must undergo training in the operation of the dental unit before starting work with a patient. The training must be conducted by the assistant supervising the classes.

5.1. Short Operating Manual for KaVo uniQa S Unit

5.1.1. **Turning the Unit On and Off**

• Location: The main power switch you will find near the floor on the unit's column, next to the demineralized water bottle (to the right when viewed from the chair).

• Startup procedure: Switch on the chair by pushing the button to level "I". On the dentist's panel display will appear the KaVo logo, and a short melody will play after full system startup – this signals is giving the information that the unit is ready for use.

• End of day: After your session, switch it to "0". This cuts power to all systems (lamp, internal compressor, electronics), allowing the unit to cool and preventing power consumption in standby mode.

5.1.2. **Changing the demineralized-Water Bottle**

- Before removal: Ensure the unit is switched ON and that the LED at the top of the control panel is off—this confirms the bottle is depressurized.
- Unscrewing: Turn the bottle counter-clockwise to detach it.
- Re-attachment: Reinstall the bottle by performing the above steps in the reverse order.
- Hand hygiene: Disinfect your hands according to the current protocol.
- Refilling: Fill the disposable bottle with distilled or demineralized water and connect it.

5.1.3. **Dentist and Assistant Panels**

• Dentist's panel: Touchscreen display shows rotation speed, spray mode, and active instruments; buttons control chair programs, cup filling, bowl rinsing, timer, and – depending on configuration – micromotor direction and speed, spray type, or scaler settings. Use the top handle to move the table.

• Assistant's panel: Assistant have separete panel for chair, cup, bowl, and timer, plus two additional for suction. The main light power button you will find also there. Theleft/right hand configuration can be adjusted as needed.

5.1.4. **Main Operating Light**

• Activation: Press the lamp button on the assistant's panel – the lamp enters in the standby mode.

• Gesture control: Wave your hand in front of the sensor, which is on the underside of the light head to turn it on/off. Touchless operation prevents handle contamination and shortens disinfection time.

5.1.5. **Foot Control Pedal**

• Center pedal: It's working as a potentiometer – the more you press, the higher the instrument speed or suction power is.
• Side levers/buttons: Select spray mode (dry air/water/spray cooling), change micromotor direction (L↔R), activate chip blower, or quickly choose programmed chair positions.
• Priority rule: The system activates only one lifted instrument at a time from the panel; the exception is the air/water syringe – it can operate simultaneously.

5.1.6. **Handling Hoses and Control Panel**

• Move the panel by holding the side handle, not the flexible hoses! Excessive pulling may cause microcracks and hose leaks.
• After use, always return the instrument to its holder – the sensor immediately stops the drive and runs internal cooling water to protect the turbine from overheating**.**

5.1.7. **Rinsing Functions**

• Cup: One press fills the cup to the preset volume; pressing again stops the cycle.
• Bowl: The “Rinse” button activates a 360° spray to remove oral rinse residue; rinse time is adjustable in the *Cleaning* menu.

5.1.8. **Safety Systems**

• Bowl sensor: When the spittoon is positioned above the chair, all chair movements are immediately disabled to avoid collisions.
• Emergency switches are located on the assistant panel arm, chair backrest, seat, lower base cover, foot control bar, and as a red “R” button on the dentist panel. Pressing any of these stops the chair and displays an alarm on the panels.
• Emergency position: to get emergency position, press and hold the emergency button. This lowers the backrest, raises the seat, and elevates the patient's legs to improve circulation in case of fainting.

5.1.9. **Load Limits and Ergonomics**

• The chair is designed for patients up to 185 kg. Do not sit on armrests or lean on the footrest edge – this may damage the lifting mechanism.

• Maximum load for the dentist's tray is 2 kg – place heavier trays on the assistant's table.

5.1.10. **Good Clinical Practices**

- Always observe the patient during automatic chair movements – stop the chair if anything obstructs the backrest to avoid damage!
- Report any irregularities (unusual noises, error messages) immediately to the assistant or supporting staff – minor issues can quickly escalate into costly failures.

Remember: The points above are an extended summary. If in doubt, consult the full 188-page *KaVo uniQa* manual available on the manufacturer's website.

Dentist's panel with controller and assistant's panel of the unit KaVo uniQa

5.2. Quick Operation Manual for the KaVo Primus 1058 Life Unit

5.2.1. Turning the unit on and off

- **Location**: the main power switch is located near the base of the unit column, on the side of the demineralized water bottle (to the right when viewed from the chair).
- **Start-up**: switch the lever to "I". The manufacturer's logo will appear on the doctor's panel screen, accompanied by a short beep confirming that the full system is ready.
- **End of day:** After finishing classes, switch it to "0". This disables the lamp, compressor, and electronics, reducing energy consumption and extending component lifespan.

5.2.2. Demineralized-Water Bottle

- Turn ON the unit and then unscrew the bottle.
- slowly turn the bottle in counter-clockwise way, wait until the hissing of the air will stops. After refilling, attach the bottle while keeping it perfectly aligned with the valve to which it will be connected. Screw fulfiled bottle clockwise just to light resistance. The bottle's maximum use is indicated by its expiry date. Replace the water at least once a day and, if possible, treat it with KaVo Oxygenal 6.

5.2.3. Doctor's and Assistant's Panels

- **Doctor's panel**: the touch screen displays handpiece parameters – speed, spray, and operation mode. Buttons are giving the control of chair movement, filling the cup with water, rinse the bowl, timer, spray selection, and micromotor direction. Always move the tray using the top handle – never by pulling the hoses.

- **Assistant's panel**: has its own set of buttons for chair, cup, bowl, and timer, plus hose and saliva ejector flushing. You can also switch on/off the operating light.

5.2.4. Main Operating Light

Standby mode: press the light button on the assistant's panel.

Touchless operation: wave your hand in front of the sensor under the lamp head to switch the light on or off.

5.2.5. Foot Control Pedal

Central pedal: the more you press, the higher the speed or suction power (depending on the selected hose) will be.

Levers and buttons: you can select spray type (air/water/spray), change micromotor direction (L ↔ R), activate tip air-blow (chip-blower), and trigger quick chair positions.

Priority: the system activates only the first raised instrument; the only exception is the air-water syringe, which can operate simultaneously.

5.2.6. Handling Hoses and Control Panel

Move the panel using the side handle – pulling the hoses may cause micro-cracks and leaks.

After use, return the instrument to its holder; the holder sensor shuts off the drive and initiates cooling water flow to prevent turbine overheating.

5.2.7. Rinsing Functions and Timer

Cup: one press fills the cup with a preset volume of water; pressing again stops the cycle.

Spittoon bowl: pressing “Rinse” activates a 360-degree spray.

5.2.8. Safety Systems

Bowl sensor: when the spittoon is swung over the chair, all chair movement is immediately blocked.

Emergency switches: located in the assistant’s arm, backrest, seat, lower housing, foot control bar, and the red “R” button on the doctor’s panel. Activation halts chair movement and triggers an alert.

Emergency position: hold the emergency button or foot control bar – the chair lowers the backrest, raises the seat, and elevates the patient’s legs to improve circulation in case of fainting.

5.2.9. Load Limits and Ergonomics

The chair is rated for patients up to 185 kg; do not sit on the armrests or footrest.

The maximum load for the instrument tray is 2 kg – place heavier trays on the side table.

5.2.10. Good Clinical Practices

Always control the patient during automatic chair movements; stop immediately if anything block the backrest.

Report unusual sounds or messages to the assistant or technical staff; minor issues can quickly escalate into costly failures.

Remember: this is only an extended summary. The full manual (130 pages) is available on the manufacturer's website.

Control Panels of the Dentist's and Assistant's Consoles of the Unit KaVo Primus 1058 Life

6. Regulations on the Provision of Medical Equipment for Students

6.1. Purpose of the Regulations

The purpose of these Regulations is to define the rules for the provision of registered medical equipment of the University Dental Clinic (hereinafter referred to as the UDC) to students of the Jagiellonian University – Collegium Medicum (hereinafter referred to as the JU), for the purposes of JU's educational activities conducted on the premises of the UDC.

6.2. Responsibility and Authorization

- Responsibility for providing medical equipment rests with the mid-level staff of the relevant organizational unit of the UDC (hereinafter referred to as the Mid-Level Staff).
- Equipment may be provided for the purpose of delivering medical services to UDC patients and/or for JU's educational activities.
- Equipment may be provided to a person who holds JU student status and has a valid student ID card (hereinafter referred to as the Borrower).
- Only medical equipment required for JU's educational activities is subject to provision. These Regulations apply solely to equipment registered in the UDC inventory. Equipment owned by JU is governed by the rules of the respective unit.

6.3. Procedure Description

Before receiving medical equipment, the Borrower is obliged to:

Check the visual condition of the medical equipment and dental handpieces; small medical equipment must be in sterile packaging. If the Borrower notices any shortages, defects, or malfunctions of the equipment provided, they must immediately report it to the Mid-Level Staff. If the Borrower fails to do so, it will be presumed that the equipment was complete and free from visible defects or malfunctions at the time of issue. This presumption does not apply to hidden defects or malfunctions.

At the time of provision:

- The Borrower shall complete the Loan Form (appendices to these Regulations – App. 1–12) under the supervision of the Mid-Level Staff. The forms are customized for each UDC Outpatient Clinic. Only the "ISSUED" column shall be filled out.
- Equipment may be provided upon presentation of a valid student ID card. In the absence of a valid student ID, provision may be made based on a national ID/photo document and verbal confirmation by the course instructor that the person is a JU student.

6.4. The Borrower undertakes to:

- Maintain the proper condition of the equipment provided (taking into account normal wear and tear), including protecting it against theft, loss, destruction, or damage from the time of issue until return.
- Use the equipment only in accordance with its intended purpose.
- Use the provided equipment only under the supervision of the instructor during JU's clinical training sessions and in accordance with the instructor's instructions.
- Refrain from taking the provided equipment outside the UDC premises.
- Refrain from providing the equipment to any third party in any form.
- Refrain from removing identification or inventory numbers from the equipment.
- Return the equipment in undamaged condition.

The Borrower is not liable for wear and tear resulting from proper use.

- Repair any damage resulting directly or indirectly from the destruction, loss, or theft of the provided equipment or any of its components, arising from circumstances for which the Borrower is responsible.

6.5. Equipment Defects or Damage:

- If damage, malfunction, or destruction of the equipment is discovered during use, the Borrower must immediately report it to the course instructor and refrain from using the equipment until it is inspected and repaired by a person authorized by the UDC.
- If damage, malfunction, or destruction of the equipment is found, the relevant form (Appendix 13 to the Regulations) must be completed. This form is to be filled out by the Mid-Level Staff in consultation with the course instructor.
- The Mid-Level Staff shall then report the issue to the UDC Technical and Maintenance Section for an opinion on the technical condition of the equipment.
- The Mid-Level Staff shall secure the damaged or malfunctioning equipment and store it until a decision regarding its further handling is issued by the UDC Director.

6.6. Appendix 13 and the technical opinion must be promptly submitted to the Head of the Outpatient Clinic or their deputy for informational purposes. The Head must provide their opinion on the matter urgently and submit the complete documentation to the UDC Management. Based on the documentation, the UDC Director decides on further action.

6.7. The Return of equipment

- The return of equipment is carried out based on an inspection by the Mid-Level Staff. If the equipment is confirmed to be complete, the Mid-Level Staff shall record this on the Loan Form by marking the appropriate boxes in the "RETURNED" column – the equipment is then considered returned. In such a case, the Loan Form is destroyed immediately after the JU class for which the equipment was issued.

- Equipment must be returned on the same day it was provided, immediately after the JU class for which it was issued. If the Borrower fails to return the equipment by this time, it will be treated as misappropriation. The Head of the Outpatient Clinic from which the equipment was issued, as well as the UDC Director, must be notified immediately.

6.8. Equipment Use Control by the Borrower

The UDC has the right to verify whether the equipment is used by the Borrower in accordance with these Regulations. If the Borrower is found to be in breach of these Regulations, the UDC is entitled to take back the equipment immediately.

6.9. Final Provisions

The University Dental Clinic shall not be held liable under civil law for any accidents or damages suffered by the Borrower or third parties during the use of the equipment. The Borrower waives any claims against the University Dental Clinic in Kraków for accidents, damages, or injuries incurred during the use of the equipment.

7. Procedure to Follow after Exposure to Potentially Infectious Biological Material

Students doing their placement at the University Dental Clinic in Kraków are bound by the procedure to be followed after exposure to potentially infectious biological material, prepared by the university referring the student for the placement. Each student doing their placement or academic classes at the Clinic should be familiarised with it by the group supervisor.

Procedure to be followed after exposure to potentially infectious biological material
https://zintegrowana.cm-uj.krakow.pl/cm/uploads/2022/01/procedura-postepowania-po-ekspozycji.pdf
Form to be filled in the event of occupational exposure to potentially infectious biological material
https://zintegrowana.cm-uj.krakow.pl/cm/uploads/2022/01/karta-po-ekspozycji-zawodowej.pdf

8. Adverse Event Risk Management

8.1. Objective

The main objective of the adverse event reporting system is to improve patient safety, to improve the quality of care.

8.2. Subject matter and scope

Adverse event risk management.

Adverse event – harm caused in the course/effect of treatment, unrelated to the natural course of the patient's disease and condition. Also a risk of harm.

8.3. Responsibility and Authorisations

Applies to all UKS staff, students and trainees.

8.4. Procedure Description

8.4.1. If an adverse event is identified, the student/trainee is required to report the adverse event to their group supervisor/assistant. The group assistant/tutor as an employee of UKS completes the "Adverse Event Report Form" and submits it to the Principal's Office in person or electronically. A template for the 'Adverse Event Report Form' is attached to this procedure.

8.4.2. The reporting of an adverse event is confidential. The collection of data is not intended to identify or stigmatise those involved in the incident. The register of adverse events is maintained by the Director's Office.

8.4.3. The report of an adverse event is processed by the Adverse Event Analysis Team. The personal details of the reporting person remain the sole responsibility of the Adverse Event Analysis Team.

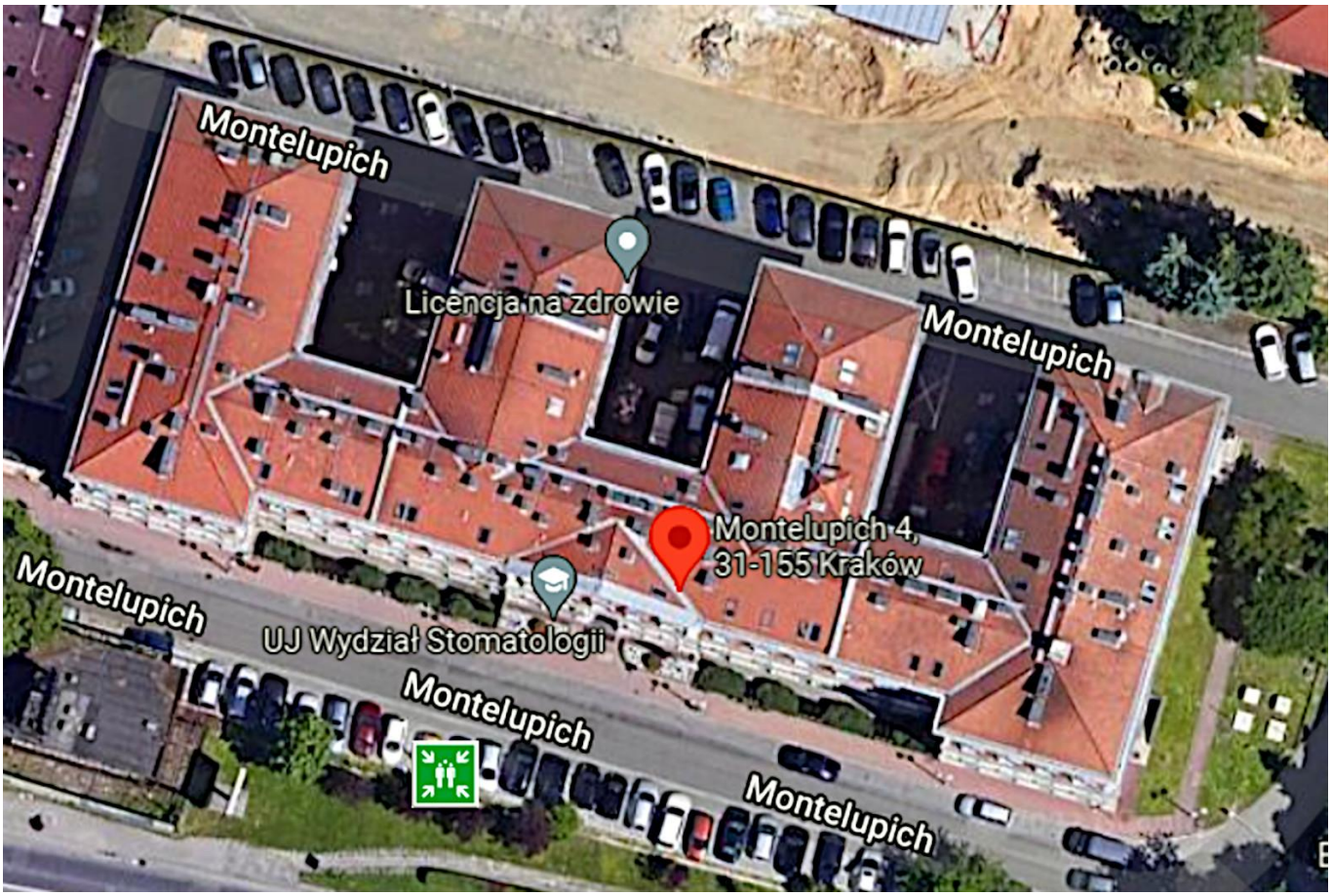
8.4.4. Adverse events requiring reporting, monitoring and analysis include:

a) Foreign body left in the surgical field, ingestion of an instrument, dental material or aspiration into the respiratory tract, choking;
b) Wrong patient / location (tooth) / side operated on / wrong surgical procedure;
c) Taking a different x-ray than the one ordered;
d) Failure to apply the radiation protection policies and measures;
e) Inadequate preparation of the patient for the procedure;
f) Injury resulting from the treatment;
g) Incorrect drug administration (wrong drug, dose, patient, time of administration, route of administration, incorrect combination with another drug, extravasation of drug);
h) Falling out of/off wheelchair/bed, dental chair;
i) Complications caused by incorrect patient handling;
j) Complications related to anaesthesia;
k) Errors related to taking samples of blood / other biological material;
l) Patient fall in the Clinic area;
m) Death of a patient.

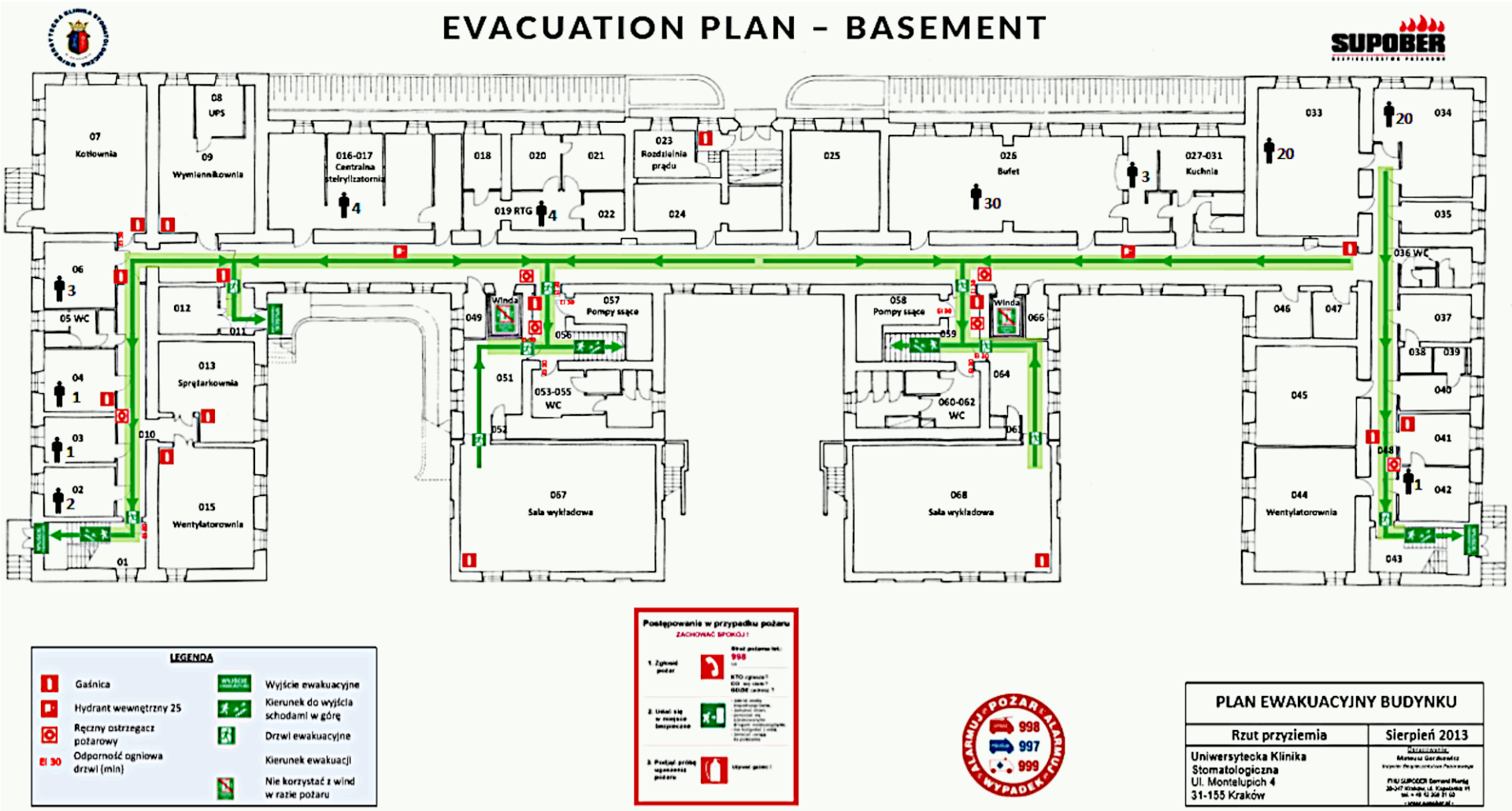
9. Evacuation

In the event of an emergency, it is the primary duty of everyone in the building to co-operate with and strictly obey the instructions of the person in charge of the rescue operation, who must organise the evacuation of people and property until the arrival of the State Fire Service units. Persons not taking part in the rescue operation should evacuate by the shortest marked evacuation route outside the fire zone or outside the building. All those participating in the evacuation should:

9.1. Ensure that those nearby are also aware of the danger, if not, calmly pass on the information to them;
9.2. Obey the instructions of the evacuation manager;
9.3. Proceed to the nearest emergency exit, it is forbidden to use elevators (lifts) for evacuation purposes – evacuation from upper floors must be via staircases;
9.4. Act calmly, move quickly but do not run;
9.5. Move along the right-hand side of the corridor, leave the left-hand side for the rescuers;
9.6. Do not overtake others as you will make it difficult for them and yourself to leave;
9.7. Observe what the escape signs show;
9.8. Go to a place where you will not hinder other people from leaving the building and rescuers – assembly point;
9.9. If you are a member of an organised group do not separate from the others, this will enable the person in charge of the evacuation to check that everyone has left the building;
9.10. Do not panic during evacuation, reassure people who are afraid, assist people with disabilities during evacuation;
9.11. Try to be visible if you are cut off from an escape route, call for help by shouting or making noise, bang on pipes, a wall or a door. This behaviour will help firefighters find you,
9.12. Do not leave the assembly area arbitrarily.



BY FOLLOWING THESE RULES, YOU CAN SAVE YOUR LIFE AND THE LIVES OF OTHER


EVACUATION PLAN – BASEMENT
SUPOBER
07 Kotłownia
08 UPS
09 Wymiennikownia
016-017 Centralna sterylizatornia
018
019 RTG
020
021
022
023 Rozdzielnia prądu
024
025
026 Bufet
027-031 Kuchnia
033
034
035
036 WC
037
038
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042
043
044 Wentylatorownia
045
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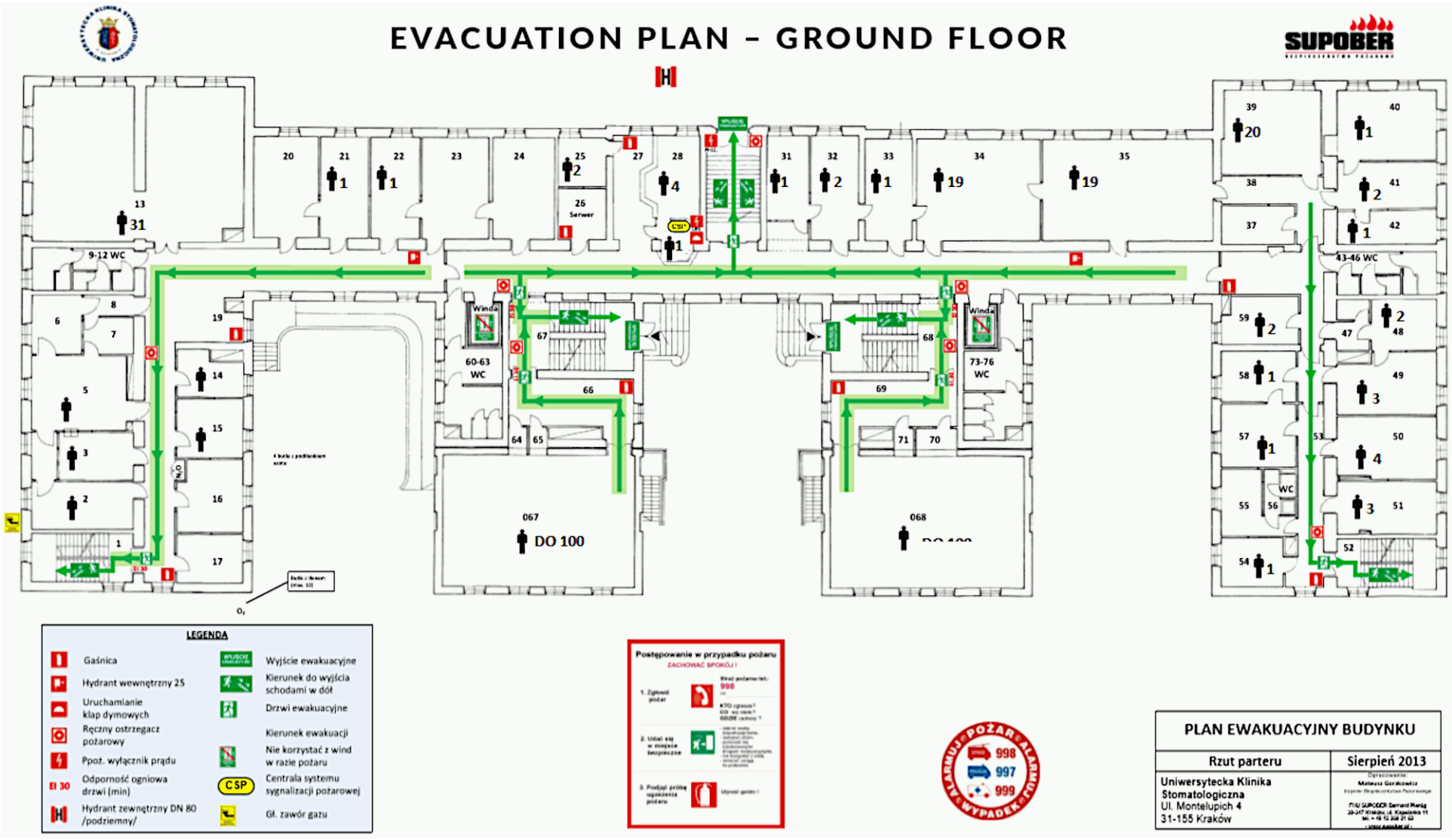
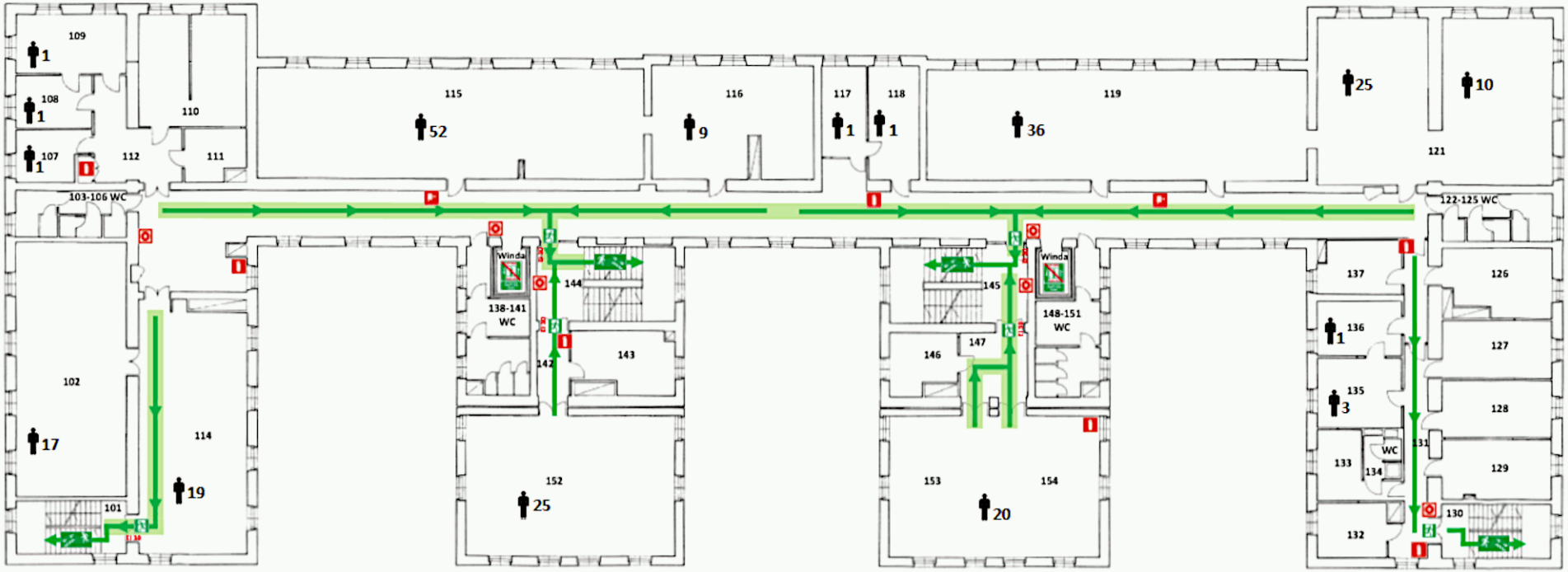
048
049
051
052
053-055 WC
056
057 Pompy ssące
058 Pompy ssące
059
060-062 WC
063
064
066
067 Sala wykładowa
068 Sala wykładowa
01
02
03
04
05 WC
06
010
011
012
013 Sprzątarkownia
015 Wentylatorownia
Winda
Winda
LEGENDA
Gaśnica
Hydrant wewnętrzny 25
Ręczny ostrzegacz pożarowy
EI 30 Odporność ogniowa drzwi (min)
Wyjście ewakuacyjne
Kierunek do wyjścia schodami w górę
Drzwi ewakuacyjne
Kierunek ewakuacji
Nie korzystać z wind w razie pożaru
Postępowanie w przypadku pożaru
ZACHOWAĆ SPOKÓJ!
998
997
999
PLAN EWAKUACYJNY BUDYNKU
Rzut przyziemia
Sierpień 2013
Uniwersytecka Klinika Stomatologiczna
Ul. Montelupich 4
31-155 Kraków

EVACUATION PLAN – GROUND FLOOR



EVACUATION PLAN – 1st FLOOR



LEGENDA

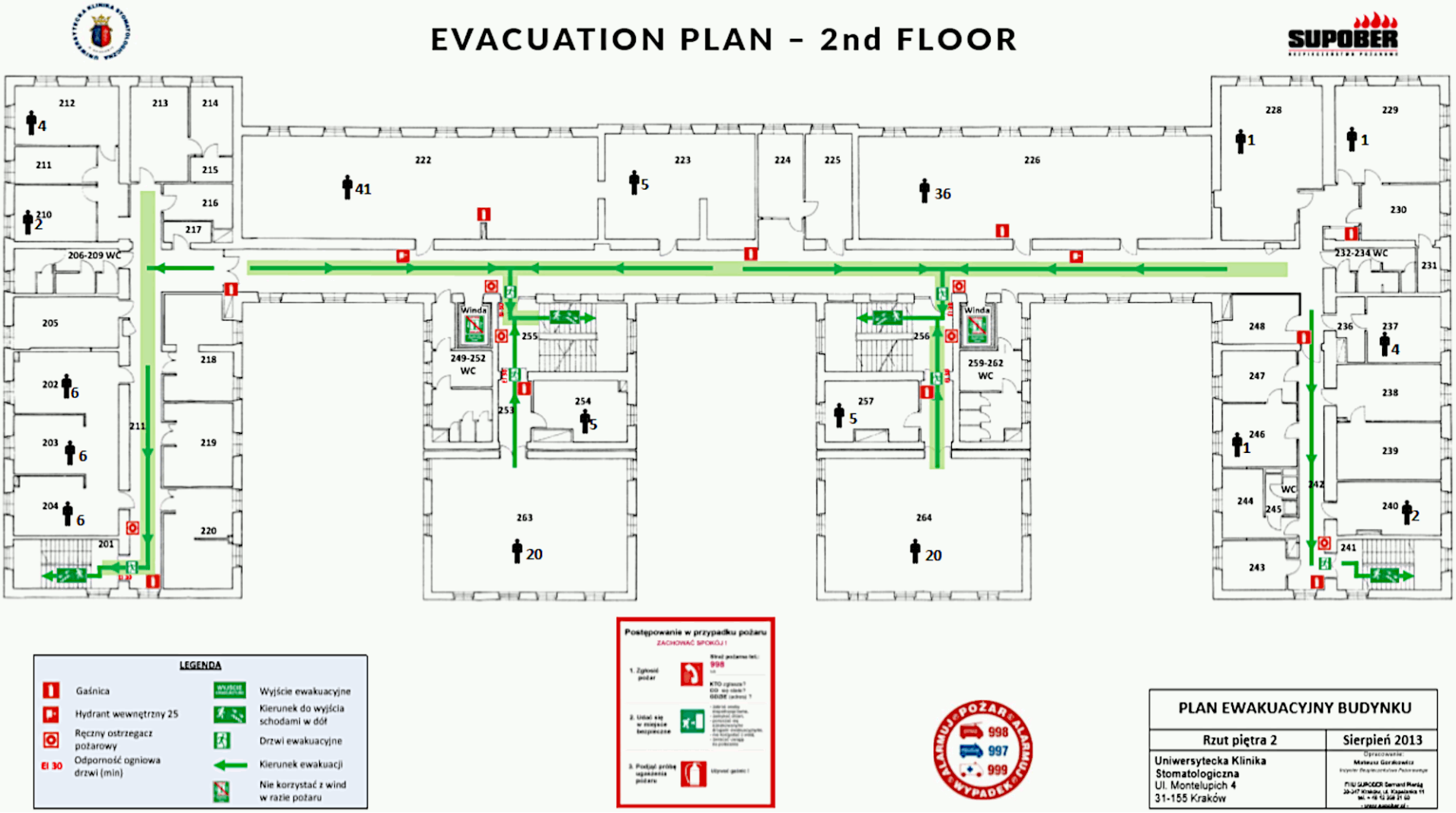
- Gaśnica
- Hydrant wewnętrzny 25
- Ręczny ostrzegacz pożarowy
- EI 30 Odporność ogniowa drzwi (min)
- Wyjście ewakuacyjne
- Kierunek do wyjścia schodami w dół
- Drzwi ewakuacyjne
- Kierunek ewakuacji
- Nie korzystać z wind w razie pożaru

ALARMUJ POŻAR ALARM WYPADEK RATUJ
998
997
999

PLAN EWAKUACYJNY BUDYNKU

Rzut piętra 1	Sierpień 2013
Uniwersytecka Klinika Stomatologiczna Ul. Montelupich 4 31-155 Kraków	Opracowanie: Mateusz Gorzkowicz Inżynier Bezpieczeństwa Pożarowego FHU SUPOBER Bernard Mańka 30-347 Kraków, ul. Kapelanka 11 tel. +48 12 268 21 60

EVACUATION PLAN – 2nd FLOOR



EVACUATION SIGNS

EVACUATION ASSEMBLY POINT

EMERGENCY EXIT

DIRECTION OF ESCAPE ROUTE

DOWNWARD DIRECTION OF THE ESCAPE ROUTE

UPWARD DIRECTION OF ESCAPE ROUTE

EMERGENCY EXIT DOOR

FIRE SAFETY SIGNS

FIRE ALARM CALL POINT

FIRE HYDRANT & HOSE REEL (INTERNAL)

FIRE EXTINGUISHER

FIRE DOOR

FIRE CIRCUIT BREAKER

10. Waste Management

10.1. Purpose of the procedure

The purpose of this procedure is to ensure that waste generated is secured and disposed of in accordance with the Waste Act and the Regulation of the Minister of Health *on the detailed handling of medical waste*, and that the safety of patients, staff and the environment is guaranteed.

10.2. Subject matter and scope

This procedure takes care of standardised waste handling. The procedure applies to employees as well as students and trainees of all organisational units of the SP ZOZ University Dental Clinic in Kraków, (UKS).

Waste management is conducted while taking into account the following factors:

– epidemic safety,
– environmental protection requirements,
– minimising environmental stress,
– recyclability of secondary raw materials,
– reducing waste disposal costs by minimising the mass to be disposed of.

All waste arising from UKS activities is disposed of by specialist companies with whom appropriate contracts are in place. Contracts can be found in the Procurement and Purchases Section.

All waste arising at UKS units is segregated on site into:
-medical waste,
-municipal waste,
-waste not included in the other categories in accordance with the Regulation of the Minister for the Environment on the specific method of selective collection of waste fractions.

Medical waste

Medical waste includes:

a) *Infectious waste* with the following codes:

- 18 01 02* i.e. body parts and organs and blood containers and blood preserves (except 18 01 03)
- 18 01 03*, other waste that contain live pathogenic microorganisms or their toxins or other forms capable of transmitting genetic material which are known or reliably believed to cause disease in humans or animals (e.g. soiled nappies, sanitary pads or bed pads), excluding codes 18 01 80 and 18 01 82,

b) *Hazardous waste*, other than infectious, with code 18 01 06* Chemicals, including chemical reagents, those containing dangerous substances, and 18 01 10* – Dental amalgam waste,

c) *Non-hazardous waste* with codes:

- 18 01 04 – which do not have hazardous properties (paper towels caps, masks, disposable gowns),
- 18 01 07 – chemicals, including chemical reagents, other than those mentioned in 18 01 06,
- 18 01 09 – medicines other than those mentioned in 18 01 08 ,
- 18 01 01 – reusable surgical and treatment tools – after pre-disinfection – procedure in accordance with the current Disposal Manual (AI-235-1/15),

Medical waste labelling:

a) *'Infectious' medical waste, (section 9.4.4. a)), other than sharps*, is placed in red coloured, robust, moisture-proof polythene bags.

b) *Infectious medical waste, (section 9.4.4. a)) "sharps"*, with sharp ends and edges, i.e.: needles, scalpels, ampoules intended for disposal are placed in special hard-walled containers. The containers, when filled to 2/3 of their volume, are closed and removed from the room, placed in a red bag – at least every 72 hours.

c) *Medical waste – "special" –* (section 9.4.4. b)) e.g. packaging from harmful chemicals used in the UKS, e.g. Gigasept, dental amalgam waste is placed in yellow polythene bags.

d) *Non-hazardous medical waste,* (section 9.4.4. c)) is placed in blue bags.

An on-site sharps container or bag for medical waste shall be visibly labelled with: the code of the medical waste stored therein, the name of the medical waste generator, the generator's REGON number, the registration book number in the register of healthcare providers with the registration authority, the date and time of opening (start of use), and the date and time of closing.

Containers or bags for medical waste shall be changed as often as the storage conditions and the characteristics of the medical waste collected in them permit, at least every 72 hours.

If a container or bag is damaged, it shall be placed in its entirety in another larger undamaged container or bag meeting the same requirements.

Medical waste identified or reasonably suspected to contain biological pathogens e.g. Sars CoV-2 virus ,referred to as '*highly infectious medical waste*', shall be collected on site in:

a) inner packaging consisting of:

- a single-use bag made of polyethylene material, red in colour, durable, resistant to moisture and chemicals, with a single-use seal, which, once filled and closed, is placed in another bag meeting the same requirements,
or
-rigid, moisture-resistant, mechanically resistant to puncture or cuts, red coloured container – for sharps medical waste

b) outer packaging, which is a red, robust, moisture- and chemical-resistant container, made to be disinfected, with leak-proof sealing.

Highly infectious medical waste can be stored on site for no longer than 24 hours.

The container of *highly infectious medical waste* shall be marked with an additional biohazard warning sign, an additional label on the container: "MATERIAL INFECTIOUS TO HUMANS".

Municipal waste.

Municipal waste is waste that by its nature or composition is similar to household waste, as well as non-hazardous waste from other waste generators and medical waste.
Municipal waste including fractions is collected selectively, in accordance with the procedure and regulations in effect. Municipal waste is stored in bags/containers according to the colour scheme in use in the Municipality of Kraków.
Colour coding of containers/bags:

- Yellow: Metals and plastics – plastic food bottles and packaging, plastic sacks, carrier bags, cleaning product packaging, multi-material packaging (e.g. drinks cartons), metal cans, small iron scrap, polystyrene (non-construction material).
- Blue colour: Paper – non-greased paper packaging, cardboard, paper bags and sacks, newspapers and magazines, catalogues and leaflets, office paper, notebooks and books, wrapping paper.
- Green colour: Glass – glass bottles and jars for beverages and food, glass packaging for cosmetics (if not made of several raw materials joined together permanently).
- Brown colour: Bio - vegetable and fruit waste (peelings, etc.), food scraps (no meat or bones), coffee and tea grounds.
- Black: Mixed waste – greaseproof paper, soiled foils, used towels and paper handkerchiefs, varnished and foil-covered paper, hygiene items (e.g. nappies), table glass, ceramics, porcelain, crystal, heat-resistant glass, mirrors, meat, bones and fish bones.

Containers and bags in which waste is disposed may be filled to no more than 2/3 of their volume.

It is not permissible to open containers or bags of waste once they have been sealed.

If a sack or container is damaged, it must be placed in its entirety in another, larger undamaged container or sack meeting the same requirements.

All waste generated in UKS units is transported and disposed of when the bag is 2/3 full, but no less than once in 12 hours.

Red bags for infectious medical waste, blue bags for non-hazardous medical waste, yellow bags for "special" medical waste are collected in a locked area.

*Waste with the code 18 01 10** - amalgam residues, broken and unused capsules etc. is collected in sealed containers labelled "Dental amalgam". Caution Do not rinse!!! amalgam separators, filters or containers in the sink. Once filled, containers with amalgam residue are collected after prior telephone notification by the silver disposal and recovery company with which the Clinic has signed a contract.

Waste not included in other groups:

Waste not included in other groups include:

Code 16 02 13 - (Discarded equipment containing hazardous components (e.g. fluorescent lamps) other than those mentioned in 16 02 09 to 16 02 12),

Code 16 02 16 - (components removed from discarded equipment other than those mentioned in 16 02 15) - e.g. spent toner cartridges, electronic and electrical equipment,

Code 16 06 04 - (alkaline batteries excluding 16 06 03) - e.g. type AAA and AA batteries.

This waste, once used up or replaced, is collected by designated staff from the UKS Technical and Economic Section and placed in containers labelled 'hazardous waste' in a temporary storage area.

Out-of-date pharmaceuticals, once the protocol has been drawn up, are sent for disposal, together with the relevant documentation, in accordance with the UKS Instruction in force.

Principles of proper segregation of municipal waste in the UKS:

SELECTION LES	INSERT	WE DO NOT DISPOSE
Metals and plastics (yellow bag/bin)	Beverage bottles; packaging for household chemicals and cosmetics (e.g. shampoos, powders, dishwashing liquids, etc.); food packaging; plastic caps; plastic bags, bags, bags and other foils; plastic baskets for fruit and other products; beverage and juice cans; steel sheet food cans (tinned food); ferrous scrap and non-ferrous metals; metal bottle caps, jar caps and other containers; aluminium foil; milk and drink cartons – multi-material packaging waste. **It is recommended to crush plastics before throwing them into the bag.**	The following waste should not be put into the plastic and metal bins: plastic toys syringes, catheters and other medical supplies; plastic toys; articles made from a combination of plastic and rubber; construction and demolition waste; empty packaging from medicines and paints, varnishes and oils; spent batteries and accumulators; waste electrical and electronic equipment; other municipal waste (including hazardous waste).
Paper (blue bag/container)	Paper or cardboard packaging; newspapers and magazines; catalogues, brochures, folders; school and office paper; books and notebooks; paper bags and sacks; wrapping paper.	The following waste should not be put into paper containers: film-coated paper and carbon paper; milk and drink cartons; disposable nappies and sanitary pads; pampers and pads; fertilizer bags, cement bags and other building material bags; wallpaper; other municipal waste (including hazardous waste).
Glass (green bag/container)	Packaging glass beverage and food glass bottles and jars; alcoholic beverage bottles; cosmetics glass packaging. It is advisable to dispose of the packaging emptied of the product, without the caps, and try not to break the glass.	The following waste should not be put into glass containers: Table glass – heat-resistant; ceramics, eyeglasses, flowerpots; candles with wax content; light bulbs and fluorescent tubes; crystal glass; reflectors; empty packaging of medicines, oils, solvents; thermometers and syringes; TV monitors and lamps; window panes and armoured glass; car windscreens; mirrors and stained-glass; faïence and porcelain other municipal waste (including hazardous waste).

Biodegradable waste (brown bag/container)	Vegetable and fruit leftovers; tree and shrub branches; grass cuttings, leaves, flowers sawdust and tree bark	The following waste should not be included in biodegradable waste: soil and stones coal ash; treated wood; meat ;animal excrement; used cooking oils; chipboard and fibreboard; medicines
Mixed waste (black bag/container)	Anything that cannot be disposed of in the other bins and is not hazardous waste or collected according to other rules (such as expired medicines and chemicals, electronic and household equipment, batteries and accumulators, furniture and other bulky waste, construction and demolition waste, waste tyres) The remaining waste will go into the mixed waste bin - if there is less of it, we will reduce costs and contribute to the environment.	

Appendix- Principles of proper segregation of municipal waste at UKS

11. Safe Handling of Sharps

11.1. Purpose of the Procedure

The aim of the procedure is the safe handling of sharps, including those that are medical waste.

11.2. Subject matter and Scope

This procedure contains rules for the safe handling of sharps. The procedure applies to all organisational units of the SP ZOZ University Dental Clinic in Kraków.

11.3. Definitions and Terminology

Sharps are medical devices that are used for cutting, piercing and can cause injury or transmit infections.

11.4. Responsibility and Authorisations

All employees and persons on the premises are responsible for complying with the following procedure.

11.5. Description of Procedure:

11.5.1. The area where services are provided using medical sharps should be organised in a way that avoids or minimises exposure to injuries or punctures.

11.5.2. Eliminate the unnecessary use of sharps where the nature of the services performed permits.

11.5.3. When cleaning and decontaminating reusable equipment, remember to avoid touching or gripping them, except when putting them in sterilisation bags/packs

11.5.4. Tools should be placed on the trays in such a way that their sharp parts do not protrude beyond the edges of the tray.

11.5.5. Pliers, tweezers or other instruments should be used to reposition tools, and the tray can be tilted to reposition tools from trays to larger containers, tools should not be picked up directly in the hand when doing this, and before wiping tools, make sure that their sharp parts are not facing the person performing treatment.

11.5.6. When packing the instruments into sterilisation bags, the handle should be grasped as far as possible from the sharp surfaces of the instrument in question.

11.5.7. When working with sharps, avoid situations where the field of action will be out of sight of the employee, student/trainee performing an activity.

11.5.8. After using the needle, it is forbidden to reapply the sheath to it.

11.5.9. Dispose of sharp used tools in hard-walled containers.

11.5.10. Conditions must be provided for the safe collection, storage and disposal of medical waste using easily accessible, secure and labelled containers that are located close to where sharps are used and stored.

11.5.11. In the event of an accidental puncture and contact with a patient's blood, protective gloves should be removed as soon as possible and the procedure followed for occupational exposure to blood or other potentially infectious biological material.

11.5.12. Personal protective equipment should be used.

12. Principles of Hygienic Handling of Impression Trays

12.1. Purpose of Instructions

Standardising the handling of trays and impressions.

12.2. Subject Matter and Scope

These Instructions provide the principles of hygienic behaviour of medical personnel during impression taking and transfer to the laboratory.

12.3. Responsibility and Authorisations

The instructions apply to UKS medical staff.

12.4. Description of Procedure

12.4.1. A sterile or a disposable impression tray is used for the procedure.

12.4.2. Rinse the impression under running water and disinfect it with a preparation for rapid disinfection of impressions, e.g. Zeta 7 spray – ready-to-use disinfectant for rapid and effective disinfection of silicone, alginate, polyether and polysulphide impressions. Duration of action 30 seconds. Alginate, silicone and polyether impression compounds can be disinfected with aldehyde or active oxygen preparations.

12.4.3. For alginate impressions, place disinfected impressions on the tray in a zip-lock bag before transfer to ensure sufficient moistness, attach a sheet of (disposable) towel moistened with water, place in a transport container, label.

12.4.4. Deliver to the laboratory immediately.

12.4.5. Once the impression has been removed, place the tray in a tub of disinfectant.

12.4.6. After initial disinfection, transfer the tray for sterilisation.

Caution!

Trays should be collected from the laboratory at least twice daily for systematic transfer for sterilisation.

13. Procedure for Tidying up the Workplace after a Patient Visit Applicable at the University Dental Clinic in Kraków

13.1. Purpose of Instructions

Infection prevention.

13.2. Subject Matter and Scope

To standardise the handling of a dental unit after performing a medical procedure.

13.3. Responsibility and Authorisations

Applicable to: nurses, dental hygienists, dental assistants, dental assistants, students and trainees.

13.4. Description of Procedure

13.4.1. After hygienic handwashing, put on gloves and proceed to segregate the dental materials and instruments used during the procedure.

13.4.2. Unwrap all 'dirty' diagnostic instruments immediately after use, place in a tub with disinfectant solution.

13.4.3. Place burrs, brushes, polishers and other small rotary tools in a container with rotary tool fluid.

13.4.4. Remove the handpiece from the medical panel, clean with an alcohol-based disinfectant wipe and prepare for sterilisation.

13.4.5. Disinfect surfaces in contact with the patient with a product active against bacteria, fungi, viruses and mycobacteria (broad spectrum). Remove any disposable material used during the procedure, such as protective drape, suction and salivary gauze tips, spittoon inserts, cups, headrest covers, rollers, applicators and other material, in a medical waste bag according to code 18 0103*. Remember to disinfect the suction system.

13.4.6. Place single-use sharps waste: needles, scalpels, (anaesthetic) ampoules in a hard-wall container in compliance with the procedure.

13.4.7. Change your diagnostic gloves – remember to disinfect your hands!

13.4.8. Proceed to disinfect the materials used: tighten the bottles, close the packs, disinfect them with a disinfectant wipe by wiping thoroughly, tidy the workplace.

13.4.9. Disinfect patient goggles used during the procedure and the visor of the physician and assistant with a preparation such as Incidin Foam.

13.4.10. Disinfect the medical panel including all sleeves and instrument tray, control panel including polymerisation lamp (cooled) and reflector including handles with an alcohol-based disinfectant wipe (e.g. Mikrozid AF).

13.4.11. Disinfect the chair with disinfectant wipes, taking into account the headrest, backrest, seat and armrests, the physician's chair and the assistant's chair. Disinfect only by wiping!

13.4.12. Disinfect the assistant’s panel and the patient area in this precise order: rinse the suction devices (suction unit, slipper) and spittoon with water beforehand. Clean the foot control panel by wiping with a damp cloth – do not touch the charging socket contacts. Do not spray the panel!

13.4.13. Remove gloves and perform hand disinfection.

13.4.14. Activities at the end of the working day

- Perform all aforesaid steps as after any treatment.
- Disinfect suction systems with a full-spectrum disinfectant – according to current instructions.
- If any surface is contaminated with blood, secretions – disinfect immediately.

14. Instructions for Decontamination of a Mobile Suction Unit Equipped with a VARIOSUC Amalgam Separator

14.1. Purpose of Instructions

Standardised management, safe handling of amalgam.

14.2. Subject Matter and Scope

Standardisation of decontamination rules for a mobile suction unit equipped with a VARIOSUC amalgam separator.

14.3. Responsibility and Authorisations

These instructions apply to: nurses, dental hygienists, dental assistants, dental auxiliaries, students and others who may perform the activities described in these instructions, as carried out in individual UKS Clinical Departments.

14.4. Description of Procedure

14.4.1. Check the filling level of the liquid tank during treatment, empty if necessary.

14.4.2. Approx. 200 ml of cold water should be extracted using the small and the large suction hose after each treatment for hygienic and functional reasons.

14.4.3. Send the aspiration tips and the saliva ejector tips to the sterilisation unit after disinfecting with a disinfectant wipe (e.g. Mikrozid AF), in accordance with the current procedure manual for decontamination of aspiration and salivary systems.

14.4.4. On finishing the treatment, disinfect and clean the suction system including the ball joint by aspirating a disinfectant through the suction systems (e.g. Dentasept Aspiration AF+, Ortol).

14.4.5. Disinfect the surfaces of the Variosuc separator with wipes (e.g. Mikrozid AF) – proceed in accordance with the manufacturer’s instructions.

14.4.6. If the amalgam container is filled during the treatment (red light on), it must be disposed of in accordance with the procedure. Notify the Technical and Economic Section which designated the employee to remove the amalgam container (waste code 18 01 10*) and transfer it to a disposal company in accordance with the contract.

14.4.7. Replace the disposable filter when the strainer is mechanically damaged.

14.4.8. Replace the exhaust air bacteria filter every year.

15. Fundamentals of Radiation Protection

15.1. Purpose

The purpose of this procedure is to standardize the procedure for those present in the laboratory/clinic where devices emitting ionizing radiation are used.

15.2. Subject Matter and Scope

This section concentrates on the rules and procedure for staying in the area of the Diagnostic Imaging Centre, the Implantology and Dental Surgery Department, and the Dentistry Department – Procedures under General Anesthesia and the Clinic of Conservative Dentistry and Endodontics of the University Dental Clinic in Kraków.

15.3. Responsibility and Authorisations

15.3.1. The Atomic Law Act of 29 November 2000 (Journal of Laws 2021, item 1941) is the most important document regulating radiation protection procedures for employees. The Act defines the concept of radiation protection "to prevent human exposure and environmental contamination or – where it is not possible to prevent such situations – to reduce their effects to as low a level as reasonably achievable, taking into account economic, social and health-related factors".

15.3.2. Implementation of the procedure at UKS lies within the responsibility of the Radiation Protection Officer, while communicating the applicable radiation protection and safety policies lies within the responsibilities of the Radiation Protection Officer / Head of Department or Centre / Student Group Supervisor.

15.3.3. The Director of the University Dental Clinic is the person ultimately responsible for the implementation of the procedure.

15.3.4. All personnel, i.e., ECG technicians, physicians, nurses, dental hygienists, dental assistants, dental assistants, students and others who may perform the activities described in this procedure at any of UKS's Departments are obliged to know the procedure.

15.3.5. All work performed at any of the Clinic's Department or Centre where ionising radiation is utilised shall be governed by the radiation protection rules and the X-ray Centre's quality management system available from the Radiation Protection Officer and the Head of the Imaging Diagnostic centre.

15.3.6. All units where ionising radiation is emitted are bound by the Radiation Protection Manual for the X-ray Centre and the Onsite Emergency Plan in the Event of Radiation Incidents (Procedure no. LDO-130-1/21).

15.4. Description of Procedure

15.4.1. General information

13.4.1.1. You may only enter the x-ray centre with the permission of the relevant Centre/Department Manager and accompanied by an authorised member of staff of that Centre/Department.

13.4.1.2. ONLY and EXCLUSIVELY personnel with the appropriate qualifications and training, i.e. ECG technician, radiologist or other authorised medical practitioner, are authorised to operate equipment emitting ionising radiation.

13.4.1.3. If participating in a medical procedure involving ionising radiation – ONLY and EXCLUSIVELY with the permission of the Head OF Department or Group Supervisor – you are expected to:

a) Familiarise yourself with the procedures for performing the relevant type of test in your unit.
b) Familiarise yourself with the risks posed by radiation.
c) Have current medical clearance to work with emissions of ionising radiation.
d) For women of childbearing age – make sure you are not pregnant.
e) During the exposure, stay out of the area directly exposed to ionising radiation (hide behind fixed shielding) or, if it is not possible to evacuate, wear appropriate protective clothing (protective apron, thyroid shielding, etc.) – the type of shielding in use shall be decided by authorised personnel, especially the Radiation Protection Office on duty keep at a safe distance from the X-ray tube of at least 2 m.
f) Maintain a safe distance from the X-ray tube (at least 2 metres) and avoid the primary beam directed at the patient.
g) If in doubt, ask the Head of the Centre / Department, the Radiation Protection Officer, the Group Supervisor or an authorised member of the Centre / Department staff.

15.4.2. Basic principles of radiation protection

13.4.2.1. One of the most basic precautions in place in radiation protection is the ‘ALARA rule’ (as low as reasonably achievable). This means that in order to achieve the correct diagnostic effect (obtain useful diagnostic images) radiation doses are kept as low as reasonably achievable.

13.4.2.2. In diagnostic processes utilising ionising radiation, it is necessary to choose an appropriate examination technique. Techniques without the use of such radiation, or where the dose is as low as possible, should be chosen where possible. When deciding to refer a patient for examination using ionising radiation, the rationale for doing so should be considered, demonstrating that the benefits outweigh the risks and that alternative techniques without such radiation have been considered. If the patient has had previous radiological examinations, in order to perform them again, it is necessary to check if a previous exam can provide sufficient information.

13.4.2.3. It is imperative that only fully operational radiological equipment, meeting all standards and certified with successful test and audit results, is used. In addition to the above principles of radiological protection, it is necessary to use shields that are made of alloys of materials containing high atomic number elements. Shielding is divided into:

a) Permanent shielding – these are walls, ceilings, doors, barite plaster or bunkers made of lead walls. The design of permanent shielding must be approved by an appropriate licensing authority. Permanent shielding must meet certain requirements set out in the Regulation of the Minister of Health on detailed conditions for safe work with sources of ionising radiation of 12 July 2006.

b) Mobile screens – these include sliding screens or screens that can be moved and positioned as required to guarantee maximum safety.

c) Radiation protective clothing – these include aprons, gloves, and peripheral shielding protecting different body parts – usually made of lead rubber with an absorption equivalent of 0.25 mm Pb to 0.5 mm Pb.

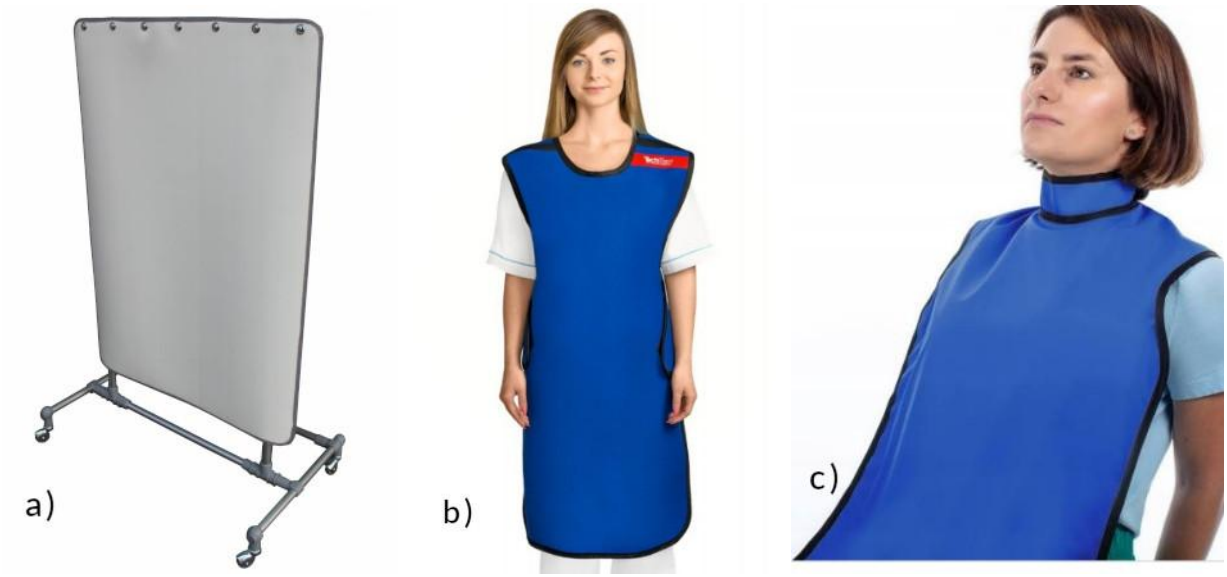


Fig. 2. Shielding used in dental radiology: a) mobile screen, b) protective apron for extraoral images, c) protective apron with thyroid collar for intraoral images.

13.4.2.4. Doses used in dental X-ray exams are relatively low. One digital dental radiograph in an adult patient is an effective dose of about 0.3 µSv, or 0.2 µSv for a child. For a digital pantomographic image the dose is around 2.5 µSv, while for a digital cephalometric radiograph the dose is 5.6 µSv. For cone beam tomography, the average effective dose is about 70 µSv. This is relatively low, given that the natural background value in Poland is assumed to be 2.4 mSv over the entire calendar year (Decree of the Minister of Health of 18 January 2005).

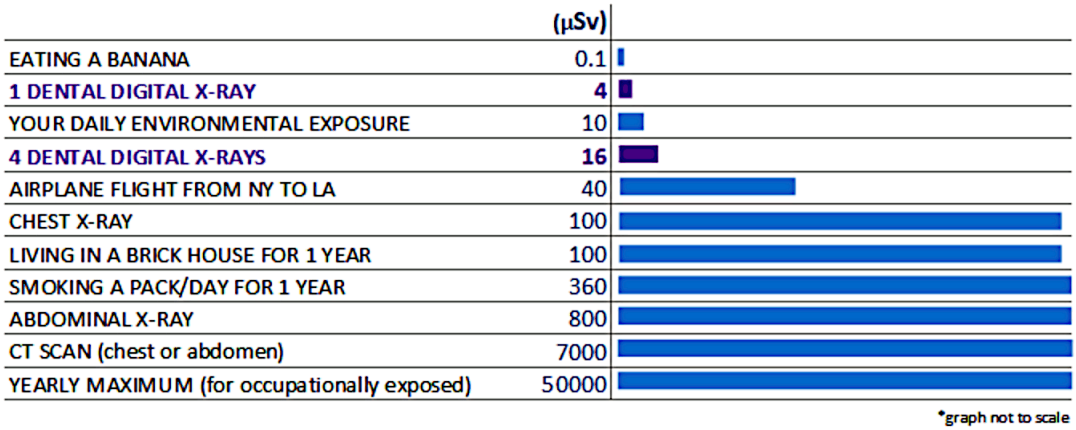


Fig. 3. Dose comparison for dental x-rays.

15.4.3. Dosimetry control

14.4.3.1. Any worker employed under conditions of exposure to ionising radiation is subject to periodic dosimetric monitoring.

14.4.3.2. According to the regulations, the exposure assessment of workers is carried out by the head of the organisational unit.

14.4.3.3. 2 categories are used to qualify the risk assessment of workers:

• Category A in which workers may be exposed to an effective dose of more than 6 mSv in a year, but not more than 20 mSv. In exceptional situations it is possible to exceed this dose, but the cumulative dose may not exceed 100 mSv in 5 years.

• Category B in which workers may be exposed to an effective dose higher than 1mSv but not exceeding 6 mSv.

14.4.3.4. Employees in category A, shall remain subject to systematic dosimetry measurement by means of individual dosimeters, while employees in category B shall remain subject to systematic dosimetry measurement by means of environmental dosimeters, unless the head of the organisational unit, after consultation with the radiation protection officer, decides otherwise. On the basis of the aforementioned dosimetry measurements, it can be confirmed whether workers are classified in the appropriate category.

14.4.3.5. In the case of students/trainees taking trained in an Imaging Diagnostic centre, dosimetry control is provided by the Placement Manager/Assistant in charge of training of the respective Faculty of CMUJ.

16. Health and Safety Instructions for Operating a Gas Burner

16.1. General Remarks

Independent work may be undertaken by an employee who has been given permission to work on it by his/her immediate supervisor.
That will include students / trainees provided that:

• they are of legal age,

• they have:

- relevant education,

- received the following training:

- introductory training in general and workplace health and safety,

- fire prevention instruction,

• they are in good health, as certified by a doctor of occupational medicine

• they are well-rested,

• they are sober,

• the gas installation should is subject to systematic inspection by authorised personnel (at least once a year, as mandated by the building regulations).

16.2. Before Starting Work Students / Trainees Should:

a) Familiarise themselves in detail with the workplace health and safety manual located at the workplace.

b) Prepare their PPE items and wear work-related and protective clothing required for the workplace.

c) Check that the gas burner nozzle is not damaged before lighting it.

Caution!
If any damage or defects are found, you must not start work. Your immediate supervisor must be notified immediately in order to address them as soon as possible. Only after ensuring that all problems have been solved may students/trainees proceed with the task and:

a) Remove any unnecessary objects in the work area, ensure that the floor around the work area is dry and clean.

b) Ensure that the commencement of work does not create hazards to persons in that work area or its immediate surroundings.

16.3. During Work:

a) Strictly adhere to recommendations based on:

• the workplace health and safety manual,

• instructions and guidance from superiors.

b) Gas burners are required to be located at a safe distance of no less than 0.75 m, from the storage area of flammable materials,

c) If flammable liquids are used in the room, the burners referred to above must be extinguished,

d) When lighting and using the burner, keep it away from your body and clothes,

e) Never set fire to flammable liquid or gas-like materials (e.g. petrol, alcohol),

f) Always hold the burner in such a way that the flame is directed away from you,

g) Protect the gas burner from dirt and moisture,

h) Never touch the nozzle of the gas burner immediately after or shortly after use. Risk of burns!

i) Check that there are no hazards that may lead to accidents. The room must be properly lit, the floor must be level clean and not obstructed by anything,

j) When carrying out your work, focus all your attention solely on the activities being performed, in accordance with procedures or instructions.

k) If you have to leave your workstation, switch off the burner,

l) If in doubt as to how to perform a task, the employee should seek detailed instructions from a supervisor or trained professionals. The work may be resumed once the doubts have been cleared and (preferably) under expert guidance of your supervisor.

Students / trainees must not:

a) Use unsafe working methods that may endanger themselves or those around them;

b) Ignore specific instructions and recommendations from superiors;

c) Touch the nozzle of the gas burner immediately after or shortly after use. Risk of burns!

d) Work without prescribed personal protection equipment;

e) Remove safety signs;

f) Allow any person to work at his/her workstation without consent of his/her supervisor;

g) Disrupt the work of others;

h) Block passages or access to the workstation, fire equipment or electrical switches;

i) Use faulty working tools;

j) Operate a faulty machine;

k) Keep the burner in an areas where explosives, flammable materials, flammable gases, steam or dust or flammable liquids (solvents, alcohol, benzene, etc.) are or can be stored. There is a risk of explosion or fire!

l) Leave the burner near the sources of heat or in direct sunlight;

m) Remove or open the filling valves so that gas does not leak out;

n) Open, damage or hold the gas burner housing in direct flame. Risk of explosion.

16.4. When You Are Done Working, You Should:

a) Clean the work area thoroughly;

b) Turn off the burner;

c) Clean your personal protection equipment and put it away in its place of storage;

d) Ensure that the workplace and the equipment is left in a condition that does not create any hazards for the surroundings.

16.5. Emergency Procedure:

16.5.1. In the event of a malfunction occurring during the operation of equipment in your workplace that poses a risk to the life or health of people, the operator should:

• turn off the burner;

• mark the device with an information sign: “Malfunction. Do not use!”;

• report the incident immediately to a superior.

• If a fire or other hazard is noticed, alert those around you, attempt to eliminate the hazard (if possible) and then notify your superiors.

• If in doubt about the state of safety at work, the employee is entitled to stop work and ask the supervisor to clarify the situation.

• Any work-related accident that occurs must be reported immediately to the supervisor and the workplace where the accident occurred must be protected from unauthorised access,

• Stop filling immediately if gas leaks out. A mixture of gas and air may form which poses the risk of explosion. Make sure the room has been well ventilated before lighting the burner or other sources of ignition.

FOR EXTINGUISHING GAS FIRES WE USE THE GROUP "C" EXTINGUISHER FOR FLAMMABLE GASSES

17. Regulations Governing the Use of Student's Lockers

Users are required to read the Student/Trainee Wardrobe Locker Regulations before being entitled to use the student wardrobe lockers.

17.1. Your Right to Use the Locker.

a) Every second- to fifth-year student of the Faculty of Dentistry at the Faculty of Medicine of the Jagiellonian University taking classes covered by the curriculum at the University Dental Clinic is entitled to use the students' wardrobe lockers.
b) Student wardrobe lockers are made available to students of the Faculty of Dentistry, Faculty of Medicine, Jagiellonian University; however, locker keys may only be held by the person who has been granted the right to use the locker and is responsible for the assigned locker.
c) Locker users are prohibited from handing over their keys to third parties.

17.2. Responsibilities.

a) Locker users are obliged to respect the property entrusted to them and are financially liable for damage to the wardrobe or damage exceeding the degree of wear and tear resulting from intended use.
b) Any damage or defects to student lockers should be reported on an ongoing basis to the Departmental Archives, Room 04 on the Clinic's premises.
c) Before receiving their locker keys a deposit of PLN 50.00 per locker is charged to those using them.
d) The deposit is collected to cover the costs arising from locker damage, including replacement of locks, keys, etc.

17.3. Description of Procedure

17.3.1. Taking possession of lockers

a) Keys for student's lockers are issued in room 04 of the Clinic, Departmental Archives, to the Supervisor of the Year against acknowledgement of collection.
b) The year supervisor (head of year) prepares a list of names of the students mentioned in § 2.1 on which each student interested in obtaining a locker, after becoming acquainted with the contents of these Regulations, signs the list declaring that he/she is familiar with its contents and confirms the amount of the deposit paid to the Year Supervisor (Head of Year).
c) The Year Supervisor pays the collected deposits from the students to the Clinic Cashier's Office against confirmation - KP receipt.
d) The employee of the Departmental Archives issues keys for the student's lockers to the entitled persons on the basis of the original of the named list of students mentioned in item 2 and a photocopy of the deposit slip (KP).

e) The employee of the Archive confirms the issue of keys on the original of the students' personal lists, adding the numbers of the lockers to the students' names. Copies of the roll of students' names with the confirmation of the issue of locker keys by the employee of the Site Archives are given to the Supervisor of the Year (Head of Year).

17.3.2. Returning possession of Lockers

a) Locker keys should be returned in Room 04, Departmental Archives, immediately upon graduation from the Faculty of Medicine, UJ Medical College.
b) At the end of the study period, the Year Supervisor (Head of Year) collects the locker keys from the students and hands them over to the staff member of the Departmental Archives, or this is done by the student using the locker himself / herself.
c) The Facility's Archives Officer confirms the return of each locker key on his/her student roll and issues a receipt with the amount to be refunded from the deposit. The student or Year Supervisor obtains the return of the deposit from the Clinic's Cashier Office.
d) Before issuing a confirmation of the return of the locker key and the deposit, an employee of the Company Archives or a person authorised by him/her assesses the degree of wear or damage to the locker. In justified cases, he/she issues a certificate of damage to the locker and the amount of surcharge for the damage caused, taking into account the amount of the deposit.
e) If the key is not surrendered by the deadline, the locker will be opened by a commission after that date, the lock to the locker will be replaced and the student entitled to use the locker will be charged for the cost of replacing the lock. Items in the locker upon its commission opening will be secured in the Clinic's depository.

17.3.3. Deposit

a) The deposit is refundable when the possession of the locker is returned and the keys to the locker are returned in room 04 of the Clinic.
b) The deposit is refundable in the amount paid, without interest, less the costs incurred by the Clinic to repair the locker, including making key copies.
c) Making keys to a locker is valued at £10.
d) In the event that the cost of repairing the locker exceeds the amount of the deposit paid, the student will be required to pay the cost of repair in excess of the deposit collected.

18. Data Protection Policy at the University Dental Clinic in Kraków

18.1. General Provisions

In accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation) ("RODO").

18.2. Basic data protection concepts are explained in detail in the Data Security Policy (3rd edition).

Personal data – any information relating to an identified or identifiable natural person. If in a group of persons you are able to distinguish one person from all the others – based on some information – then this information constitutes personal data (e.g. identification numbers, physical characteristics, acquired characteristics).

Information about physical or mental health, whether past (e.g. past treatment, vaccination history), present (e.g. diagnosed illness, disability) or future (e.g. medical prognosis, disease risk) is also personal data.

Health data is a special category of personal data. These data are subject to additional protection and their processing is only allowed in specific cases. One of these is the treatment process. This information is personal data as long as it allows it to be directly attributed to a specific person.

*Sometimes a healthcare provider may separate part of the medical information from identifying information (e.g. name), making it anonymous. Data in this form may be provided to e.g. medical universities for research use.

The processing of personal data is any action using data from the moment it is obtained until it is deleted or returned to the authorised person. Processing of personal data includes, but is not limited to, the completion, storage and release of medical records and activities such as archiving or destruction of documents.

The controller of personal data – in this case UKS, is the healthcare provider who provides the services. It processes personal data for its own purposes – e.g. collecting, recording and storing personal data in the form of, inter alia, medical records, as well as determining the ways in which the data will be processed (e.g. determining who will have access to the data and under what rules, what security measures it applies) and making its own decisions in this regard. The controller has primary responsibility for the security of personal data and the compliance of the processing with the provisions of the RODO.

18.3. Compliance with the principles of personal data protection at the University Dental Clinic in Krakow is supervised by a Data Protection Officer (DPO), appointed by the Director of the UKS. If you have any doubts about how to proceed in certain situations, the DPO can be contacted by email at: iod@uks.com.pl.

18.4. Responsibilities of the student / trainee.

Students / trainees are obliged to comply with the law, internal regulations and orders and notices issued by the Director of the University Dental Clinic in Kraków regarding the safeguarding of patients' personal data, including data contained in medical records.

18.4.1. In particular, students/trainees are required to familiarise themselves with:

- generally applicable legal provisions on the protection of personal data, in particular Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons in relation to the processing of data and on the free movement of such data and repealing the Directive 95/46/EC (General Data Protection Regulation) and the Act of 10 May 2018 on the data protection,
- UKS internal regulations, in particular the applicable Security Policy,

18.4.2. Comply with the data protection rules in force at UKS, in particular those arising from the rules and internal regulations indicated in para. 17.4.1, including:

- Exercise due diligence to protect personal data;
- Ensure the security of the processing of personal data, in particular by protecting it against unauthorised access, unwarranted modification or destruction, unauthorised disclosure or acquisition, including the application of the required technical and organisational measures to ensure the protection of personal data;
- Maintain the confidentiality of personal data obtained in connection with participation;
- Prevent personal data breaches and report data breaches or suspected data breaches.

18.5. Data protection violations:

18.5.1. "Personal data breach" means a breach of security leading to the accidental or unlawful destruction, loss, modification, unauthorised disclosure of or unauthorised access to personal data transmitted, stored or otherwise processed.

18.5.2. In the event of a breach (or reasonable suspicion of a breach) of the data protection ppolicy, you should:

- immediately report the breach (suspected breach) with a description to the Data Protection Officer;

- refrain from any action likely to impede the determination of the circumstances of the breach;
- cooperate with the DPO to clarify all the circumstances of the data breach

18.6. Selected Provisions of Personal Data Protection at the University Dental Clinic in Kraków:

Inspection of medical records by unauthorised persons	Access to the medical records of UKS patients by persons who are not authorised to do so under current legislation is prohibited.
Illegal release of medical records and health information	It is forbidden to share medical records and patient information (patients' personal data) with unauthorised persons and entities, in contravention of the Act on Patients' Rights and Patients' Ombudsman and the procedures in force at UKS.
Protection of documents from other patients and third parties	Documents containing patients' personal data should be secured in such a way as to prevent unauthorised persons from seeing the data, especially in areas where third parties have access Students are only allowed on the premises where personal data is stored when accompanied by UKS personnel.
Destruction of unnecessary documents containing patients' personal data	It is prohibited to dispose of paper documents containing personal data by throwing these documents in the waste-bin. All unnecessary documents (printouts, copies, drafts, etc.) must be immediately destroyed in shredders in such a way that they cannot be read.
Security medical records	A student who finds unsecured medical records on UKS premises, as well as copies, printouts, etc., is required to: • ensure its security (so that the information contained in the documentation is not disclosed to unauthorised persons), and • report the incident to the DPO or Group Supervisor.
Working with an information system	You must not share identifiers or passwords to the IT system if they have been assigned to other people, including other employees. You are not allowed to use the IT system if you do not have the appropriate authorizations to do so, in particular it is prohibited to use accounts belonging to other users.

Clean desk principle	Documents containing patients' personal data must not be left in public and unsecured places. Documents that are not currently being used should be stored in cupboards, drawers, desks, etc.
Storage of data on private media	It is prohibited to store patients' personal data on private media, (e.g. memory sticks, CDs, external drives).
Preservation of confidentiality	The students /trainees are obliged to keep personal data obtained in connection with participation in activities on UKS premises confidential, even after the activities have ended.
Liability for data protection breaches	Persons violating the policy of personal data security, including students / trainees, may be subject to criminal prosecution under the Personal Data Protection Act. Persons who are not UKS employees, including students / trainees, are liable to UKS for damages on the terms set out in the Civil Code.