

GENERAL DENTIST

Dental Assistant Manual

2026 UPDATE NOTE:

This manual has been reviewed and reissued for 2026. All core clinical protocols, training structures, and formatting have been intentionally retained. Practices should continue to ensure compliance with current CDC, OSHA, HIPAA, and state dental board requirements.

Note: The following policies and procedures comprise general information and guidelines only. The purpose of these policies is to assist you in performing your job. The policies and procedures may or may not conform with Federal, State and Local laws, rules and regulations and are not offered here as a substitute for proper legal, accounting or other professional advice for specific situations.

Prior to implementing any of these suggestions, policies or procedures, you should seek professional counsel with your attorney, accountant and/or the appropriate governing or licensing board or any other applicable government body for a full understanding of all appropriate laws, rules, procedures or practices pertaining to your healthcare discipline or business activities.

TRAINING MANUAL INFORMATION

READ FIRST

The purpose for this General Policy Manual is to help you understand and use the basic policies needed to be an effective part of our dental team.

Our reasons for giving you this training manual are threefold:

1. To provide written policies and procedures relating to your job functions.
2. To ensure you have a resource for correcting or adding to the written exam questions (since we only accept 100%)
3. To provide you with a future reference. We do not expect you to memorize all of the policies relating to your job. But, we do expect you to refer back to the appropriate written material and review it on your own as well as with your supervisor.

When you have finished reading the policies in this manual, please see your supervisor for the written exam. When you have finished the exam, you will refer back to the appropriate policy in an open book style to change or add to your answers until your supervisor is satisfied every question and each “active procedure” has been successfully executed without error.

Ultimately, we expect that your complete review of this manual will help you understand and use the general policies and communication vehicles of our office.

HOW TO EDIT YOUR MANUALS

As you might imagine, creating these manuals was quite an undertaking. We knew that no single manual would apply to every practice, since each doctor has a unique personality and management style. Over the years, we updated the manuals with both ideas from our clients and emerging techniques.

The resulting contents provide detailed policies and procedures that will significantly reduce your administrative efforts. You may choose to leave the contents in the original form or to adapt the contents to meet your specific style.

Once you have reviewed the manuals and personalized the contents, you will have a solution for competently dealing with the majority of employee-related concerns in your dental office. You'll also have written documentation to consistently support each situation, which will alleviate you from continually rendering opinions.

We recommend you (or your designee) print the manuals and place them in a notebook binder. Then, review each policy and make edits as needed. For example, you may want the phone answered differently than the wording in our script or you may not want to include "Paid Holidays." In these instances, simply draw a line through the corresponding contents (use red or blue ink so it's easy to see) and then draw an arrow to the new text that you want included. If there is a policy that does not apply to your practice, simply draw an X through the whole policy and write "delete" in bold letters across the appropriate section.

When the editing is complete, input the changes into the original Microsoft Word file and save. You can then print as many copies as you need and make changes in the future as necessary.

In addition to the detailed information in our manuals, we suggest you retain other relevant handbooks and references that are essential to managing your practice (e.g., equipment manuals, software guides, etc.) All manuals and guides should be stored together in an easily accessible area of your office for quick reference.

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MISSION STATEMENT

The Mission of every chair side assistant at Dr. [name]'s dental practice is to assist the dentist in every way possible, enabling him/her to provide efficient, high quality dentistry to our patients.

We will always strive to maintain excellent patient relations, ensuring the patient is well cared for, happy and satisfied. The first responsibility of each assistant is to get properly trained and apprenticed to expedite their ability to perform all tasks at maximum speed and efficiency. Our Mission is to help provide the best possible high quality care to our patients.

JOB DESCRIPTION

- The duties of a chair side assistant are not just assisting and cleaning instruments. When there are no patients, the time should be used to catch up on cleaning the treatment rooms, tubs, trays, stocking treatment rooms, stocking burs, organizing stock closets, etc. (Refer to the Daily Checklist). The treatment rooms should look immaculate at all times. This cannot be emphasized enough.
- When patients arrive early, you are to seat them immediately and inform the doctor of the patient's name and room number. Inform the doctor the patient is seated. Inform the patient of the estimated length of the appointment for treatment today. Inform the patient of the estimated start time of wait time for the doctor. Review and update the health history. Review treatment planned for today, outstanding treatment still

to be completed and ask the patient if they have any concerns or questions regarding today's appointment.

- When a patient is seated, or a dental assistant completes a procedure, the assistant is to inform the doctor of the results, with name of patient, room number and treatment completed. Use the digital patient record (EHR/CDR).
- When the doctor asks you to do anything or directs any statements to you, always acknowledge him with an audible "okay" if you understand the doctor. If you don't understand, ask the doctor to clarify the statement.
- When speaking with the patient, always promote the office, the doctor and the dental hygienist. Keep your comments positive and lead conversation to allow the patient to talk about themselves. Do not talk about your personal problems or situations.
- When assisting the doctor, try to comfort and soothe the patient. Some patients want you to hold their hand, or just need some comforting words. Talk with the patient to relax them while assisting or completing the procedure. When alone, explain to the patient what you are doing in order to minimize fear of the unknown.
- When assisting, follow the doctor with the light. When the doctor asks the patient to move, it is your clue to move the light.
- When assisting, both hands should be used at all times (i.e., double retraction or A/W syringe plus single retraction, etc.) Always keep a 2x2 of alcohol gauze in your hand to be able to clean the mouth mirror for the doctor.
- The assistant must anticipate the doctor's needs. If the doctor has to ask for instruments repeatedly, then you are not anticipating. If the doctor is instructing the patient to open, then the assistant must also repeat to the patient, "Mrs. Jones, please open."
- While assisting, the assistant must keep the bracket tray plus countertop free of debris and neat. All instruments must be placed in an orderly fashion. Be sure this is kept up without sacrificing the doctor's need of you assisting. Always keep ahead of the doctor ensuring the patient of your competence.
- When dismissing the patient, accompany them to the front of the office, always direct them to the Accounts Manager desk for payment services. Always insure that you have taken the information (i.e. route slip / services rendered form completed) to the office coordinator prior to bringing the patient up. The front desk needs to be free from answering

the phone or greeting another patient. They need to be ready for your patient so they can give their undivided attention to them.

- When appropriate, advise the patient that we use the best dental lab and the finest materials, including high quality impression materials, cement and equipment.
- Again, the assistant must promote the doctor and dental office to relax the patient and encourage referrals. This is all part of the assistant's job performance.
- When the patient is dismissed, he/she must feel we did everything possible to make him/her comfortable. We cannot be just average in this category. The assistant is an integral part of this function, since they spend a lot of time with the patient. Ensure all postoperative instructions have been gone over with the patient. Make sure to ask any questions they may have.
- When the doctor enters the room, you must start in this order:
- Post all X-rays, FMX, PAN, and BW's on CDR, taking any images or x-rays needed for today's appointment
- Ensure the appropriate instrumentation is ready for procedure (i.e. restorative trays). Open instrument cassette and sterilized pouches in front of patient. Place #12 blade on bard parker and place articulating paper in articulating paper holders. Place hand pieces on attachments.
- Review the patient's health history, noting any changes. TAKE BLOOD PRESSURE
- Pre-med
- Place dental napkin (bib) around neck. Position chair.
- Take custom shade, opposing impression, digital photos
- Hand out topical 2 x 2 gauze pad.
- Hand syringe with warm anesthetic.
- Have additional carpules ready to hand to doctor if needed.
- Comfort the patient, hold their hand if possible and reassure them.
- Divert the attention of patient away from procedure with interesting conversation.
- Ask if the patient is okay or would like a bottle of water.
- Offer patient to rinse after their injection.
- Provide Kleenex prior to all treatments, so the patient does not drool upon himself or herself.
- The doctor should not have to request the assistant to do these functions. It is the responsibility of the assistant to be ahead of the doctor.

- When preparing the room, place materials and equipment in the sequence the doctor will use the items. Then, if the doctor or anything else interrupts you, you will remain several steps ahead of the doctor (anticipation).
- When not assisting the doctor directly, be prepared for the next appointed patient. Set up the operatory for the next procedure (restorative or C & B). Ensure that all staff are caught up in their operatories or are in need of assistance. Keep up with sterilization at all times you are not with the patient or the doctor.
- The patient is the number one priority! We must complete his/her treatment ASAP to minimize the patient's time in the chair. Stay alert to the patient's expectations of appointment length. If you notice you are going to be running late or expecting to finish early inform the patient so that they can make arrangements if needed.
- The two beeps are only meant to help the assistant when a patient arrives. It is the responsibility of the assistant to monitor the schedule and check up front when the patient arrives, and seat him/her immediately. There are very few duties that take priority over this. Being on time is the key to success and happy patients. If a patient is not at the office after 5 minutes past their appointment time call the patient to clarify if they are in route to the office, need assistance with directions or if they have had a circumstance that would require a change of appointment time and/or date.
- Befriend the patient. Ask him/her about their children, grandchildren, where they are originally from, vacations, etc. Most people like to talk about themselves, work or plans for the rest of the day.
- The assistant must promote the dental practice and review patient charts routinely. You will do this either prior to or after seating the patient, depending on whether the doctor is running on time or behind schedule. The assistant should know the patient's total treatment and any questions should be reviewed with the doctor, if necessary. If your office is not fully digital (chartless) start organizing your legacy paper chart (to be scanned into the EHR) for a future fully digital (chartless) practice. Start purging documents over 7 years old or scanning documents into patients chart in your dental software and shredding those documents once scanned.
- When asking the patient to open, close, rinse, etc., ALWAYS preface it with please, and follow it with thank you!
- When explaining dental problems of the patient, be descriptive and educate through visual props, such as models, charts or pictures. Even

draw the picture for the patient if necessary. You need to get patient's attention. Paint the picture. For example: "A cracked tooth is like a crack in your windshield. It keeps traveling and getting worse." Or, "a cracked tooth is like a crack in the concrete". Intra-oral cameras work great for this.

- When patients ask about different treatments, you can say, "I'm not a dentist, and only a dentist can diagnose, but if you were my mother or father, sister, or brother I would encourage you to change the filling to a crown." (Or, have the gum treatments, sealants, etc.) "This is only my impression and the doctor will be in shortly to review, diagnose and determine a treatment plan that is best for you."
- Take BW (4) every 6 months and FMX (PAN) every three years. Offer the patient the option to take a PAN every year. Some patient's with comorbidities would like to take more preventative measures and see the problems before they become major problems. Sometimes especially with diabetics they can have inflammation and infection they can cause issues with their levels. This can be avoided and treated early with yearly panoramic images.
- Offer every patient stereo headphones for the TV or relaxing soft music. Encourage and explain the need for headphones. Offer the CD's that are on location at the practice.
- Use protective glasses on all patients. It keeps the bright light and splatters out of their eyes.
- As needed - review home care, especially how to clean under a bridge, implant or orthodontics
- As needed - review the use of floss threaders, electric toothbrushes and waterpiks.
- Reinforce the necessity of regular cleanings (2,3,4,6 months). Encourage more frequent recalls!
- If home care is good, praise the patient. Contrast the good areas to the bad areas. The regularly maintained patient without any breakdown deserves positive reinforcement, a pat on the back!
- Talk positively of the dental office and the doctors. Be upbeat and positive.
- Use the intra-oral camera to demonstrate any abnormality in the mouth, such as, cavities (decay), cracks/fractures in teeth, or gum disease (i.e. tartar & plaque). Give possible scenarios if not treated in a timely manner.
- Ask patient if he/she is satisfied with the color and or shape of his/her teeth.

- Where indicated, encourage whitening. Again, use brochures and video. Also use the album of before and after photos.
- Ask the patient many times, “Are you doing okay?” Reinforce warm personal care.
- When the doctor calls you, you must stop what you are doing and check with him, unless you are seating a patient, trying in a crown or making a temp.
- Re-read this job description many times per month.
- When dismissing the patient, make sure he/she is doing just fine. Wipe the face of any debris, such as cement, or blood. Recommend that they use the bathroom to check their appearance or maybe to freshen up. Reinforce preventative homeopathic Arnica 30x, Ruta 30x and Hypericum 30x and/or Ibuprophen 600mg for the next couple days to minimize postoperative sensitivity and/or pain.
- Always direct patient to the Account Manager’s desk, so they can take care of any payment for services rendered.
- Always discuss the patient’s next procedure with them. Remember, a completed treatment plan and a well satisfied patient is a top priority.

PROPER HANDLING OF NEEDLES, SCALPELS AND SHARPS

Needles and scalpels are disposable. Needles shall not be recapped, bent or broken, removed from disposable syringes, or otherwise manipulated by hand. Used needles must be placed in the sharps disposal containers.

Sharps containers are found in each operatory.

The one (1) hand scoop technique is used for needle recapping. Dr. [name] will demonstrate this technique. You will be tested and signed off for proper handling of the dental syringe.

REVIEW

Do NOT write on this page. Make a copy of this page and write your answers on it. You may refer back to the procedure as often as needed to answer the questions. Turn your answers in to the office manager upon completion. Get a qualified employee to sign off on any procedure drills or role-playing.

If any answers are incorrect you will be referred back to the appropriate policy for a review until you understand it completely. The same is true for any procedure drills during your training. Remember, we are only concerned with you getting each answer 100% correct and knowing you can perform each procedure correctly and with confidence. Use the back of this page for your answers if needed.

Have the dentist instruct you on the “One Hand Scoop” technique and the “Recapping a needle to a counter-based holder/recapper” for needle recapping. Perform this technique for the dentist as many times as necessary for the dentist to indicate you are very capable of doing this procedure by signing the line to the left and the “Training Release Form.”

Have your supervisor quiz you on the following parts of the procedure “Job Description.”

#1 through #14

#17 through #43

With another experienced assistant, role-play the procedures in #15 from the above procedure until you can perform each step (a through n) with ease. Use an existing patient’s chart, so you have a sample health history and x-rays. The experienced assistant plays the part of the patient after showing the trainee what the assistant is supposed to do.

***Note for supervisor:** Read each question then ask the trainee in a way that you do not give away the answer. Whenever the trainee doesn’t know the answer, show them the answer so they can understand and then repeat the question. As long as they answer correctly, you can move on to the next question. Do not expect the trainee to be able to answer all of the questions, since this is their first time through this procedure. Having the trainee read the answer and then repeat it to you a second time will reinforce their understanding and memory of their job. We do not expect them to have all 43 items memorized, but going through it this way will go a long way to creating a well trained assistant. When it is appropriate, perform the actual procedure for the trainee and then have them perform it. At this point, we just want to get the trainee familiar with the procedures. They do

not have to do them perfectly. Competence will come with time and the “Apprenticeship.”

USE OF PROTECTIVE COVERINGS

All assistants working with patients will wear lab jackets.

Nitrile gloves must be worn at all times when caring for a patient. Nitrile is recommended to minimize allergic reactions and or possible sensitivities to patients with known or unknown allergies to latex. Gloves must be changed between each patient. They must also be changed if a rip or tear develops or if they have been worn for longer than one hour.

Gloves are kept in stock to fit each employee.

Gloves, protective eyewear and masks must be worn at all times during patient care where contact with blood occurs and during cleaning of the operatory after patient has been dismissed. If for some reason you leave the operatory during a procedure, remove your gloves and replace them with a new pair when you reenter the operatory. Never wear gloves from one room to another.

Nitrile Gloves must be worn when a clinical staff member is disinfecting a work area and surface. They must be worn while cleaning instruments, operatories, and anything else that has become contaminated during treatment.

HAND WASHING

Hands must be washed thoroughly after caring for each patient and after removing gloves. Hands and other skin surfaces must be washed thoroughly and immediately after possible contact with blood and/or body fluids.

LIMITING CONTAMINATION

Never touch a chart, phone, pen, etc., with a glove or hand that has been in contact with the patient's secretions (blood, saliva, etc.)

Cover gloves are used to offset the cost of using multiple sets of gloves for each patient. If you need to get a supply out of a drawer, sign a document, or process an x-ray, cover gloves may be used over your latex gloves to prevent cross contamination. Cover gloves are available in each operatory.

After removing your latex gloves, always make sure that your hands have been thoroughly scrubbed and cleaned before touching anything.

PHOTO: COVER GLOVE

Insert a photo of a cover glove here.

PHOTO: COVER GLOVES WALL RACK

Insert a photo of a cover gloves wall rack here

DIGITAL IMAGING & AI SUPPORT (2026 STANDARD)

This practice utilizes digital radiography and integrated imaging software. Digital images are immediately available in the electronic health record (EHR) and may be enhanced using AI-assisted diagnostic tools. These tools assist the doctor by highlighting areas of concern such as caries, bone loss, periapical pathology, and restorative margins. AI tools are advisory only; final diagnosis and treatment decisions are always made by the dentist.

Dental assistants are responsible for accurate image capture, correct labeling, and ensuring all required images are uploaded and available for doctor review prior to the examination.

HOW TO TAKE BITEWING X-RAYS

Our standard procedure is to take 7 Vertical Bitewing X-rays (BWV) and 2 Horizontal on every hygiene patient. If necessary, explain to the patient that we must take bitewing x-rays to allow Dr. [name] to make a complete diagnosis, checking for “cavities between every back tooth.”

Bitewing x-rays are also used to verify margins on porcelain fused to metal crowns (PFM) before final insertion and for checking for extra cement after bonding restorations. Bitewing x-rays will also be taken as requested by the Dr. [name] for diagnostic reasons. If using digital radiographs, inform the patient that digital imaging significantly reduces radiation exposure and improves diagnostic accuracy.

When taking 7-bitewing x-rays on hygiene patients, place the first BWX more towards the front of the mouth, concentrating on the premolars and remembering to include the distal of the canine. The second BWX is positioned more towards the molar region. If the patient has third molars, attempt to x-ray the very distal of the third molar. Then repeat these two x-rays on the opposite side. ALWAYS RETAKE IMAGES THAT ARE CONECUT OR OVERLAPPED. UTILIZE THYROID COLLAR FOR PATIENT'S THAT HAVE CONCERN ABOUT RADIATION OR HAVE HAD THYROID ISSUES.

ALWAYS OPEN STERIZATION POUCH OF XCP IN FRONT OF PATIENT. USE SENSOR SLEEVES OVER SENSOR IF USING DIGITAL XRAYS. KEEP HOMEOPATHIC XRAY FOR PATIENTS CONCERNED ABOUT RADIATION. THIS WILL POSSIBLY MINIMIZE EFFECTS OF ANY RADIATION.

The steps are as follows:

1. Place the lead apron on the patient. The lead apron is located in the imaging area or digital imaging station.
2. Make placement of sensor comfortable for the patient.
3. Have the patient open as wide as possible.
4. Gently and slowly place the sensor adjacent to the posterior teeth, in between the teeth and the tongue. Keep the sensor positioned on the biting surface of the lower teeth (occlusal side of the mandibular teeth). Place the second set toward the back of the patient's mouth to capture the last molars.
5. Keeping a firm grip on the sensor, ask the patient to slowly close together. As the patient closes, be sure to pull the sensor toward the cheek. You want the sensor to be aligned properly (parallel) with the teeth.
6. Position the x-ray cone so the sensor in the mouth is parallel to the cone. If not positioned properly, overlap may occur. The width of the cone should also be distributed evenly between the upper and lower arch to ensure that both arches will be pictured on the sensor equally. This should be done as quickly as possible, because taking bitewings

can be uncomfortable for some patients. Also, some patients have a very active gag reflex.

7. Leave the room and take the x-ray.
8. You may decide to use the XCP instruments while taking BWX. This will ensure proper alignment of the sensor and x-ray cone. Utilizing an XCP with save time for the patient and you will have more accurate results with the image.

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- What is the policy regarding gloves when going from one operatory to another?
- Is it necessary to use gloves when cleaning an operatory after the patient has left?
- When should you wear Nitrile gloves?

- Role-play the seven steps to taking a bitewing x-ray with another staff member until you can do it easily.

HOW TO TAKE PERIAPICAL X-RAYS

ANTERIOR PERIAPICALS (Anterior PA's)

Take the curved, silver indicator arm and place the 2 silver prongs into the anterior (vertical) bite block. Then, take the (centered) anterior ring and slide it onto the straight end of the indicator arm. You should be able to look through the ring at eye level and see the bite block perfectly centered.

Place the small sensor in the slot of the bite block. Once the XCP (extension cone paralleling) is assembled, **AND THE LEAD APRON IS ON THE PATIENT**, you will position the bite block on the tooth needing the x-ray. Have the patient slowly close their teeth together. The XCP may be slightly angled to ensure a clear radiograph of the entire tooth including the apex of the root. Align the cone of the x-ray unit with the ring; making sure the cone is parallel to the straight indicator arm. Instruct the patient to remain still. Leave the operatory and press the x-ray button.

POSTERIOR PERIAPICALS (Posterior PA's)

Take the flat, angled indicator arm and place the 2 silver prongs into the posterior (horizontal) bite block. Then, take the (off-centered) posterior ring and slide it onto the straight end of the indicator arm. You should be able to look through the ring at eye level and see the bite block perfectly centered. If it is not centered, you need to flip the ring over.

Place the larger sensor in the slot of the bite block. **PLACE THE LEAD APRON ON THE PATIENT.** Next, position the bite block on the tooth you are taking the x-ray. Make sure the angled part of the indicator arm is going away from the patient's mouth. Their cheek should fit comfortably in this area.

If it is uncomfortable, or doesn't seem to fit, you will need to adjust the XCP by switching the bite block and the ring. After the bite block with sensor is

positioned, have the patient slowly but firmly close their teeth and retain the position of the digital sensor. Remember, the XCP may be slightly angled.

Now, align the cone of the x-ray unit parallel to the indicator arm of the XCP. Instruct the patient to hold still. Leave the operatory and press the x-ray button to make the exposure. **REMEMBER:** The upper right XCP assembly is the same for the lower left. Then, switch the bite block AND ring to take the upper left and lower right PA's.

*

Lower P.A.'s are a bit more difficult because you have to contend with the tongue.

*

It is a good idea to show the patient with your finger exactly where the sensor is going to go.

REVIEW

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1.

Have the lead assistant walk you through each step of taking anterior and posterior Periapical x-rays by first taking one of you (but not actually shooting the sensor).

2.

Go through each step of taking a Periapical X-ray on another employee until you can do so easily.

Repeat as needed.

HOW TO TAKE A PANORAMIC X-RAY

- Turn the Panoramic x-ray unit on – the switch is behind the control panel.
- Lower the unit down to the appropriate level by pressing the ↓↑ arrow buttons.
- Place a plastic cover over the bite stick/sensor on the Pan unit. They can be found in the instrument drawer underneath the sterilization counter. **THE BITE STICK IS NOT RECOMMENDED IF EVALUATING TMD, AIRWAY AND ORTHODONTIA**
- Have the patient remove any removable dentures, appliances, retainers, earrings, necklaces, glasses, piercings, hairclips or ponytail holders, or anything metallic that is centralized around the head.
- Instruct the patient to step up to the machine and bite their front teeth into the grooves on the bite sensor (you will have to adjust the machine up or down according to the patient's height). Determine if the unit will clear their shoulders prior to taking the image. Not all patients' shoulders are at the same height, which will distort the image when the unit hits the shoulders.
- Have the patient hold onto the handles on each side.
- The patient's chin should rest on the chin rest and the patient should be standing up as straight as possible. The patient's chin should be slightly tilted to create the smile on the x-ray. To achieve this, ask the patient to gently tuck their chin under while slowly tilting their forehead

- towards you. Confirm the patient is biting together on their back teeth, have them swallow and place their tongue on the roof of their mouth.
- Press the temple support key to close, help stabilize and align the patient's head.
 - Refer to the Panoramic Procedure Chart on the Pan unit and choose the appropriate exposure parameters (kV and mA) depending on child, female, male, etc.
 - Have the patient smile using the first set of (+) (-) symbols (the focal trough positioning keys indicated by mm). Position the vertical light between the patient's lateral and canine.
 - Make sure the sensor is properly placed.
 - Press the ready prêt button – the green light will come on.
 - Tell the patient to remain still. Explain how the x-ray unit will rotate around their head but will not come in contact with them. The x-ray will only take 20 seconds.
 - The x-ray button is located on the wall near the dark room. Press the black button in and hold it until completion of the x-ray.
 - At the completion of the x-ray, the temple supports will release and you will instruct the patient to carefully step away from the machine.
 - Throw away the plastic bite block cover.
 - Press the return key (indicated by sideways arrows ↔ and is located beside the ready prêt button). This will return the unit to the starting position.
 - Always raise the unit completely, so that patient's do not hit their heads on it while walking by.
 - Label the Pan x-ray with the patient's name, date and Dr. [name]'s name in the lower left corner.

PANOREX PHOTOS

Insert photos here of the following:

Panorex Machine – Control Panel

Panorex Machine – Full

Panorex Image with landmarks, with benefits of image listed

PANORAMIC X-RAY

Insert a sample of a panoramic x-ray here.

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1. Have the lead assistant walk you through each step of taking a Panoramic x-ray by first taking one of you (but not actually shooting the sensor, unless you actually need one).
2. Go through each step of taking a Panoramic x-ray on another employee until you can do so easily.
3. Repeat as needed.
4. Go through all the steps of taking an X-ray with the lead assistant showing you each step. Now go through each step with her supervising you.
5. Repeat as necessary until you are confident you can do it with a “real” x-ray.

6. What do you do with the patient's x-rays, if the patient leaves the office before Dr. [name] has a chance to view them?

OPERATION OF THE INTRA-ORAL CAMERA

SAMPLE INSTRUCTIONS

Each operatory contains an intra-oral camera called _____. Operation of this camera is very simple.

- Power on the TV, open the small door at the base of the TV monitor and find the video button. Depress it until "Video 3" appears on the right hand corner of the monitor.
- Power on the _____, depressing the 2 buttons on the right (Live/Memory and Single/Quad). These buttons, the Live and Single, should be illuminated in green.
- In operatory #2, the monitor button located on the printer must be depressed and the green light illuminated, in order for the intra-oral picture to be captured on the screen. The _____ printer is located in operatory #2 and is accessible to all operatories.
- You are now ready to handle the camera that is in the end of the white cable.
- Carefully lift the camera out of its cradle and place a disposable Banta protective covering over the camera.
- Align the camera so the black lines coincide. The gold dial is the focus part of the camera. On the floor, there is a foot base with 2 pedals. The pedal on the right must be depressed as the camera is in the mouth to capture an image.
- Once the image is on the TV monitor, let go of the pedal and the image is captured.
- The pedal on the left is only used to print the image on the TV monitor. The left pedal is held down for 3 seconds and the TV monitor will darken as the image is printed.

- The left pedal can also be used to change the monitor from displaying 1 image to 4 images to 16 images; etc., depending on how many photos you need to capture.
- Make sure to utilize intra oral images for pre operative and post operative images of anterior resins and dental implants. They are great for checking for areas that need smoothed after placement of resins.
- Refer to owner's manual for cleaning and disinfecting of intra oral camera
- Review images with patient

PHOTO OF INTRA-ORAL CAMERA

Insert a photo of the intra-oral camera here.

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1. Have a qualified employee take you through each of the 10 steps to operate the _____ (intra-oral camera). Once you have been shown how to use it, practice each step while being supervised until you are confident.
2. Print at least one picture, so you also know how to do that step.

OPERATIVE TRAYS

There are three kinds of trays:

2. Crown & Bridge (C&B)
 3. Root Canal Therapy (RCT) or (Endo)
 4. Operative
- (See 5X7 Cards)

It is very important to make sure all appropriate instruments are on the correct trays. The following is a list of the instruments contained in each individual tray.

Consider incorporating each type of operative tray into one cassette.

Additional instruments to consider adding:

1. Dilly
2. CIGFIT hufriedy flexible tarno
3. Spatula
4. Scaler
5. Cord packer
6. Burnt endo instrument
7. Endo explorer
8. Probe
9. Anesthetic syringe
10. Additional articulating paper holder
11. Bard parker
12. Additional cotton forceps
13. CEPFILRT nordent resin instrument

RESTORATIVE

Orange Tray numbered

1. 2 mirrors
2. Explorer
3. Small/large spoon excavator
4. Plastic instrument

5. Locking forceps
6. College pliers
7. Articulating paper holder with paper
8. Long and short needle
9. Suction and saliva ejector
10. Bur block for operative (orange)
11. Carbide burs – 9803-7408-7404-7406-T37114 - 260.8VF
12. Slow speed
- 13.2-557 short
- 14.1-557 long
- 15.1-1157
- 16.2, 4, 6 round bur
17. Yellow strip flame
18. Small football 292-3
19. Bevel 270.5 F
20. Large football 285.5 VF
21. Barrel diamond 230R

CROWN AND BRIDGE

1. Blue Trays Numbered
2. 2 mirrors
3. Explorers
4. Spoon excavator small
5. Long and short needles
6. Suction/saliva ejector
7. Plastic
8. Large packer (small in assistants cart)
9. Perio probe
- 10.2 locking pliers
- 11.1 cotton plier
12. Articulating paper holder with paper

13. Bur block (blue)
- 14.701.7
- 15.767
- 16.2 – 557 shorts

- 17.1 – 1157
- 18.2,4,6 round slow speed
- 19.Barrel diamond
- 20.Red and green stripe 230R 230C
- 21.Large football 285.5F
- 22.Red stripe 701
- 23.Bevel diamond
- 24.Smooth diamond
- 25.270.5F – 260.8F – 260.4F – 250.8F

ENDO

- 1. Green trays numbered
- 2. 2 mirrors
- 3. Endo explorer
- 4. Long spoon excavator
- 5. [Name] dson
- 6. 2 locking pliers
- 7. 1 cotton plier
- 8. Articulating paper holder with paper
- 9. Long and short needles
- 10.Suction/saliva ejector
- 11. Bur block for RCT (green)
- 12.2-557 short
- 13.1-557 regular
- 14.1-1157
- 15.2, 4, 6 round slow speed
- 16.2, 4, 6 long slow speed
- 17.Large carbide 7048
- 18.701.7 diamond
- 19.2 round bur

PERIODONTAL - Not Applicable

TRAY PHOTOS

Insert the following photos here and be sure to label each photo accordingly:

1. Crown and Bridge (C&B) Tray
2. Root Canal Therapy (RCT) (or Endo) Tray
3. Operative Tray

EXAM KIT

Below is a picture of the instruments included in the Exam Kit. The numbers on the picture correspond with the numbers and the instrument names listed below:

This Kit is located in the Assistant Cart:

Mirror

Explorer

A/W (air/water) Syringe Tip

Forceps (pick-ups)

Probe

Scaler

(2) Articulating paper holders

Bard parker

All Exam Kits are kept in a paper sterilization bag and labeled "Exam" on the outside of the bag.

PHOTO: EXAM KIT

Insert a photo of an exam kit here.

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1. How many different cassettes are there and for what type of procedure is each one used?
2. Practice putting each type of the above cassettes together while being supervised by the lead assistant. Repeat as necessary until you can do it with ease.
3. Put together 10 exam kits and have the lead assistant confirm each one is done correctly.

ANESTHESIA SET-UP

You will need a Q-tip with topical placed on 2x2 gauze. This will be applied first.

Ultradent Walterberry is a good smelling and tasting topical. It doesn't cause stomach irritation if swallowed.

The syringe will need to be loaded with either Carbocaine 3% or Lidocaine 2%. Carbocaine 3% is the norm.

Lidocaine is used for treatment of teeth of the upper arch, and for all Endo treatments. Carbocaine 2% without epi is used for the treatment of pregnant, nursing and/or heart patients

Articaine 4% is used for profound anesthesia

Marcaine .5% is used for appointments lasting over 2-3 hours

Citanest Forte Plain is used for patient sensitive to epi and preservatives. It is preservative-free

Three different sized needles are used:

Monoject Plastic Hub 30 short are for maxillary injections

Monoject Plastic Hub 27 long are for mandibular injections

Monoject Plastic Hub 30 xshort are for Ligajet and infiltration

Always remember to engage the harpoon in the rubber stopper in the carpule.

PHOTO OF ANESTHESIA SET-UP

Insert a photo of the anesthesia set-up here.

EMERGENCY SET-UP

Below is a picture of the instruments included in the Emergency Set-up. The numbers on the picture correspond with the numbers and the instruments listed below:

1. Exam Kit
2. Emergency Progress Note
3. XCP and Sensor for X-Ray

4. Intra Oral Cameral
5. Bite Stick
6. Gauze
7. Endo ice

Place the patient in operatory and fill out an emergency progress note, asking what kind of problem the patient is having and identifying which tooth is the problem. Take PA on problematic tooth. Explain the patient's problem to the doctor and show him the x-ray for evaluation. Return to the patient with the doctor.

Always go over the patient's medical history before proceeding with further treatment.

PHOTO OF EMERGENCY SET-UP

Insert a photo of the emergency set-up here.

RESTORATIVE SET-UP

Items you will need for a restorative set-up are:

1. Restorative instrument tray (See 5x7 cards)
2. Etch
3. Stick applicator
4. Mix wells
5. Prime bond, or optibond solo (+), hurriseal desensitizer
6. Composite Esthetx, Surefil or Renamel
7. Revolution flowable composite
8. Articulating blue paper
9. Anesthesia
10. High Speed Handpiece
11. Disposable Mirrors
12. Latch Type or Slow Speed drill
13. X-Rays (BW's + FMX)
14. Contact Matrix Bands or HO bands
15. HS & LS Suction tips

These items should be set up before the doctor enters the operatory:

The doctor will prepare the tooth.

Bands and wedges are placed.

SE Bond –

- a. Primer first air-dried.**
- b. Bond placed light cured 10 seconds.**

The composite is placed in increments.

Band and wedges removed.

Trim and polish restoration.

Bite is checked.

Floss.

Dismiss patient with instructions.

- a. Nothing to eat until anesthesia wears off.**
- b. Some sensitivity is normal.**
- c. If bite feels off, call for an adjuPerioent.**

There are always exceptions; this is just a general guideline.

Composites with No BPA or BIS-GMA that are non-toxic, biocompatible and clean materials are Toykomu Estilite and VOCO Fusion.

Wetting Agent to moisten dental tubeles after etching – Tublisid Blue

Bonding Agent with no BPA or BIS-GMA – ScotchBond Universal

Double Sided Articulating Paper thin – Accufilm

Matrix for interproximal fillings – V3 system and/or Automatrix

Contact Makers for tight contacts – Practicion Contact Makers

Bur Block with Multiple finishing burs

Cleaning of Prep – CHG4%, alcohol and peroxide in syringes with metal infuser tips for application

Indirect and Direct Pulp Capping – Theracal Bisco

#12 blade for smoothing interproximal resins and flash

Wetting Resin from Ultradent for smoothing resins when placing to walls of teeth

Flat paintbrush for smoothing filling material with wetting resin before curing

Separating strips – Brasseler Serrated Strips

Finishing strips – Brasseler Coarse, Medium and Fine Diamond Strips

Soflex Discs

Acorn Bur for detailed anatomy

Utilize Homeopathic Hypericum 30x for fillings close to nerve

Utilize Homeopathic Arnica/Ruta 30x to lessen pain and inflammation

Utilize Homeopathic Calendula to soothe aggravated and irritated gums from treatment

PHOTO RESTORATIVE SET-UP

Insert a photo of the restorative set-up here.

PHOTO OF MATERIALS FOR RESTORATIVE FILLINGS

Insert photos of the following here:

- FILLINGS
- CEMENTATION OF INLAYS, ON-LAYS AND ALL PORCELAIN CROWNS, ETC.
- ETCH 18%
- CARIES DETECTOR (GREEN DYE)
- ULTRA-ETCH 32%
- SE BOND
- ETCH ON TOOTH
- MIX PAD

CEMENTS AND THEIR MIXING PROCEDURES

RELYX ULTIMATE:

Used when permanently cementing ceramic, metal or gold crowns

FUGI PLUS (ORANGE):

Used when permanently cementing porcelain to metal crowns.

Mixing instructions:

Small crown – 1 small scoop powder to 1 ½ drops liquid

Large crown – 1 large scoop powder to 3 drops liquid

PERMACEM

Mixing instructions:

ALL BOND II

Small crown – 1 small scoop powder to 1 ½ drops liquid

Large crown – 1 large scoop powder to 3 drops liquid

DURELON - Power/liquid mixed together, stronger temp cement (1 caliber to 1 scoop of powder)

This keeps micro leakage of bacteria from under the temporary crown

Mix durelon until slightly runny

Apply CHG4% surgical soap in syringe with yellow metal infuser tip to prep.

Once temporary is seated use tips of syringe to go around margin of temporary after cementing to remove excess cement. Use gum stimulator and brush to remove any extra cement. After cement is set remove with scaler. Floss making sure to pull floss out the side not pulling up or down around the temporary.

This technique will minimize your recement of temporaries while the patients in their temporary.

PHOTO CEMENT

Insert a photo of cement here including Duralon – Powder/liquid mixed together, stronger temp cement (1 caliber to 1 scoop of powder)

CROWN AND BRIDGE IMPRESSIONS

This restorative kit is also used for inlays and on-lays; however, you will also need to take an impression of the opposing. In addition, you will need:

- **Restorative Instrument Kit**
- **Anesthesia**

- Hemoband
- Wax of tooth before to make temporary
- 1, 2, 3 cord epi
- Exaflex putty/scoops
- Tray for quadrant or full arch coated with adhesive
- Triple tray for bite
- Luxatemp
- Trimming/Volcanite burs block in doctor drawer
- Basket and tub in each room
- Correct bite in tubes
- Mixing pad and spatula
- Mixing tips
- Image plus
- Timer – 5 minutes from start on mixing gun
- Cementation of PFM/Empress II – Gold Onlay
- All Bond II – A & B Primer
- Pre-Bond Resin
- A + B – mixed together one drop of each – 5 coats to prep air dry
- B – only in crown
- PreBond Resin – one coat to prep - one coat to crown
- Permacem – Auto mix with tip - fill crown
- Cuttrol for controlling bleeding – 1-800-CUT-TROL ferric sulfate
- Superoxyl works well for controlling bleeding
- Utilize NO-EPI packing cord if using a hemostatic agent
- Utilize temporary crown matrix prior to prepping tooth for temporary matrix – heating with butane torch or hot water
- Always utilize Luxatemp – it may be a little more expensive but you will have less temporary issues (i.e. no fractured temporaries, temporaries off)

PHOTO OF INLAY AND ONLAY PREP SET-UP

Insert the following photos here:

#8 Lower Right

Upper Left

Quad Tray

#9 Lower Left

Upper Right

Quad Tray

Full Upper Trays

Sm #1

Med #2

Lg #3

Full Lower Arch

Sm #4

Med #5

Lg #6

Baby Quad Tray #7

Upper and Lower

Anterior #6 -11 and

#22 – 27

Alginate

Mixing Bowl

Measuring Cup

Spatula

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***Note:** This section contains many of the Tray Set-Ups for the different dental procedures we perform in this office. It will take a lot of practice before you will become proficient at rapidly setting up all of the different trays. Therefore, you will need to set-aside some time with the lead assistant (or other qualified employee) to initially help you find where all of the instruments and supplies are kept, so you can practice setting up the trays on your own.

Once you have been shown where all of the instruments and supplies are, you will be able to practice setting up each tray by yourself without supervision. When you feel confident about being able to set up one or more of the trays, get the lead assistant to watch you do so. As long as you can do so without error, the assistant will sign off on that procedure.

If not already set up, we highly recommend you set up a “3 x 5” card file to use as a quick “cheat sheet” (write down all of the supplies and instruments for each tray) so to speak, until you have all of the tray set-ups memorized.

1.

Set up the Emergency tray exactly per the procedure. Then, ask a qualified employee to confirm that you know how to set up the tray, initial and date on the line to the left.

2.

Set up the Restorative tray exactly per the above procedure. Then, ask a qualified employee to confirm that you know how to set up the tray, initial and date on the line to the left.

3.

Have a qualified assistant show you where all the cement supplies are kept. Practice taking them out and setting them up exactly per the instructions. Make yourself available to watch whenever the dentist is going to cement a crown – temp or permanent. After watching each procedure at least once, mix the cement yourself for the dentist either with an actual patient or just practicing, but actually using the cement. Repeat as necessary until you can do so with ease.

4.

Set up the Inlay On-lay Tray exactly per the procedure. Then, ask a qualified employee to confirm that you know how to set up the tray, initial and date on the line to the left.

AMALGAM RESTORATION

Amalgam is a restorative filling material used primarily in the molars of teeth. In this practice, amalgam is used **ONLY ON NON-PERMANENT TEETH FOR CHILDREN**. Since amalgam does not bond to tooth structure, undercuts in enamel and dentin are needed and this weakens the tooth. The normal restoration in this practice is a tooth colored restoration.

Anesthesia depends on the child and size of the restoration.

Bagged:

Condener/plugger in assistant cart

Carrier

Hollenback

Cleoid/discoid carvers both large and small

Amalgam well or 2.2

Amalgam capsules

Wiggle bug in cart

Barrier

Sponge applicator

Bands - if needed/Pedo

CROWN PREP

1. The first step is to take wax impressions. You will need 1 quadrant tray.
 - Impression of tooth to be crowned.
 - Impression of opposing teeth (correct bite in quadrant triple tray).
 - Final impression.
2. Get tray (gray) and anesthesia set-up prepared.
3. Doctor prepares the tooth.
4. Cord placement is necessary. Packing the cord is the next process or two pieces of cord #1E gingibraid + 2A gingibraid are to be placed subgingival around the prepared tooth. This cord will stay for 5 minutes. After this time has passed, cord #2 will be removed for your final impression. All impression guns should be ready with new mixing tips for all four guns while the dentist is placing the cord.
5. After the doctor removes cord #2, the final impression will be taken. The assistant will mix putty into the tray while the doctor syringes the wash onto the tooth prep. The doctor then places the tray into the patient's mouth. Set the timer for 5 minutes from the start of mix and hold the tray in place. After removing the tray, show it to the doctor so that he can okay it.
6. The impression is given the thumbs up.
7. Bite Registration
8. The next step is to prepare the temporary. This is done by syringing *luxa TEMP* into the wax of the tooth that was prepared. The impression is then reinserted into the patient's mouth for 2 minutes. Remove the wax and temp and set them aside.
9. Trim the temp. Try the temp. Check occlusion. Once the temp fits properly, cement with temp cement.
10. Clean excess cement from the tooth. Explain to the patient that this is only a temporary and to try to stay away from sticky foods.
11. Give the patient, "Caring for your Temporary" instructions.
12. Make sure the shade for the crown or bridge was chosen.
13. Have the completed lab prescription with the return date marked; routing slip with the appropriate procedure checked off and initialed; and treatment plan updated with how much time is needed for the return and the next procedure to be scheduled.
14. Dismiss the patient.

If you have any question at any time during this procedure, do not hesitate to stop and ask the doctor for assistance.

PHOTO CROWN AND BRIDGE KIT

Insert a photo of a crown and bridge kit here.

PHOTOS CROWN AND BRIDGE SET-UP

Insert the following photos here:

#8 Lower Right

Upper Left

Quad Tray

#9 Lower Left

Upper Right

Quad Tray

Full Upper Trays

Sm #1

Med #2

Lg #3

Full Lower Arch

Sm #4

Med #5

Lg #6

Baby Quad Tray #7

Upper and Lower

Anterior #6 -11 and

#22 – 27

Alginate

Mixing Bowl

Measuring Cup

Spatula

Temp Bond

Temporary Cement

PHOTOS CROWN AND BRIDGE INSTRUMENT IDENTIFICATION

Insert photos of crown and bridge instrument identification here.

PHOTO: SHADE GUIDE

Insert a photo of a shade guide here.

CROWN & BRIDGE SET-UP

For C&B Prep:

1. C&B Tray
2. C&B Basket (Impression materials, cord and Hemodent)
3. Rubber mixing bowls, spatula, wax, measuring cup and trays
4. High Speed drill
5. Slow speed (Latch drill)
6. Articulating Paper on Forceps
- 7.
- 8.
7. Temp Bond on Mixing Pad
8. _____ Laser
9. X-Rays
10. Shade Guide

For C&B Insert of PFM:

1. Operative tray
2. High Speed
3. BW XCP and Sensor
4. Permacem
5. Articulating Paper on Forceps
6. Red and Blue Paper
7. Floss

For C&B Insert of all porcelain:

1. Operative tray
2. High Speed
3. Etch
4. Varilink II Kit
5. Sponge Applicator
6. Articulating paper on forceps
7. Floss
8. Mix Wells
9. Red / Blue paper

Operative Cementation of Crown (PFM crowns, gold inlays/on-lays)

1. All Bond II
2. A & B primers with wells in cart.
3. Pre bond resin
4. Permacem cartridge in gun/mixing tip
5. Sponge applicator
6. Cotton pellets
7. Floss

Empress II

1. All of the above
2. Saline bottle

VENEER SET-UP

For Veneer Prep:

1. Restorative kit
2. Impression gun caddy (includes wash, putty & luva temp)
3. Models: teeth in wax-up
4. Temporary Matrix
5. Alginate, green bowls, spatula & trays (top & bottom)
6. Etch
7. High speed drill
8. Slow speed drill (latch)
9. Digital Camera for Before Photos and Photos of Temporaries
10. Finishing strips
11. Cosmetic Post Op Instructions
12. Gum Stimulator
13. Oxygel

For Veneer Insert:

1. Anesthesia
2. Actual veneers from laboratory in lab pan
3. Cosmetic Approval for Cementation Consent
4. Rubber Dam + clamps
5. H²O²
6. Etch / Primer / Bond
7. Varilink II
8. Dead soft lead band on roll/scissor
9. Glide floss
10. Sponge applicators
11. Rubber tip applicator and Brush
12. Orange cover dish
13. Plastic spatula
14. Curing light
15. Diamond Strip
16. High speed drill
17. Low speed drill
18. Pogo polishers
19. Sensor and XCP to take Post Operative X-rays

PHOTO: VENEER SET-UP

Insert a photo of a veneer set-up here.

INSTRUCTIONS FOR HOME CARE FOR VENEERS

Insert instructions for home care for veneers here.

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1.

Set up the C & B Tray exactly per the procedure. Then, ask a qualified employee to confirm that you know how to set up the tray, initial and date on the line to the left.

****This is not going to be a procedure that you do once or twice and suddenly become “good at.” It will take several times and the only way to really DO so is with real patients. So you may continue on past this drill, but don’t have the dentist sign it until you have assisted (at least one time) on a complete crown prep procedure from beginning to end.**

2.

Set up the veneer tray exactly per the procedure. Then, ask a qualified employee to confirm that you know how to set up the tray, initial and date on the line to the left.

****Just like a crown prep, the root canal procedure is not something you do once or twice and then suddenly become “good at.” It will take several times and the only way to really DO so is to with real patients. So you may continue on past this drill, but don’t have the dentist sign it off until you have assisted (at least one time) on a complete root canal procedure from beginning to end.**

ENDO (ROOT CANAL) SET-UP

You will need the following for all endo visits (all found in the endo cart):

1. RCT green tray

(2 mirrors, endo explorer, long spoon excavator, [name] dson, 2 locking pliers, 1 cotton plier, articulating paper holder with paper, long and short needles, suction saliva ejector)

Bur block – (green)

2-557S

1-1157

1-557 regular

2,4,6 round slow speed

2,4,6 long slow speed

Large carbide 7048

701.7 diamond

2- round burs

- Cup with sterile water
- 3cc syringe
- Endo ring with sponge
- Measuring ring
- Apex locator
- RC prep
- Cement with mixing pad
- Paper points – extra fine /fine /medium /coarse
- Gates 1-6
- Rotary files with hand-piece 21 + 25 mm
- Size varifiers
- Thermafil machine
- Thermafil sizes 20-40
- Cavit/Firmit

2. Rose patient drape
 3. High speed drill and slow speed (latch) drill
 4. PA of the tooth
 5. Rubber Dam and Clamps
 6. 6,10, 15, 20, 25, 30,35,40 files plus, #1 & #6 Gates Gliddens and luscent post space maker
 7. # 8 round bur
 8. Measuring ring for doctor
 9. Sterile water cup and syringe
 10. Apex locator
 11. Thermapred
 12. Size varifiers
 13. Cement
- *Use the PA to find your working distance and set files accordingly.**
14. Paperpoints
 15. Thermafil
 16. AH Plus root canal sealer
 17. RC Prep
 18. Rotary instruments

Next, the post will be inserted and cemented.

Doctor will make the post space.

Get luscent anchor post out (blue or yellow band)

KCP Etch, prime and bond mixed with activator and coat tooth.

Place prime and bond on post also and cure.

Mix equal amounts of Calibra base and catalyst

Place cement on spatula, the doctor will place the post into the cement

Wipe the spatula with an alcohol – soaked 2x2

Mix the Fugix IX composite and hand to doctor, so core can be placed

RCT Post Prep

1. Gates 1-6 – Dr. drawer
2. Prepi burs – Dr. drawer
3. Either operative tray or C&B tray depending on restoration.
4. Etch – 32%
5. All Bond II (Primer & Bond)
6. Permacem mixing tip
7. Luxacore mixing tip
8. Composite if needed, otherwise C&B
9. Endo measuring ring
10. Posts – Both sizes 0+1 with burs and drivers
11. 4-sponge applicators
12. EDS Flexi post

This concludes the Root Canal Procedure; refer to C&B set up next, since all root canals require crowns.

PHOTO ENDO SET-UP

Insert photos of Endo set-up here.

ENDODONTIC INSTRUMENT IDENTIFICATION

Insert photos of endodontic instruments here.

BASIC EXTRACTION SET-UP

The following page contains pictures of the instruments needed for basic extractions. The numbers on the pictures correspond with the numbers and instrument names listed below:

1. Exam Kit
2. Topical and Syringe with Anesthetic
3. Ligajet
4. Blade handle and #12 and #15 blade
5. Sterile saline
6. Straight Elevator (301 and 40)
7. Forceps (needed for teeth)
8. Surgical Suction Tips
9. Sterile Gauze
10. Consent for Extraction of Teeth (to be read and signed by patient prior to procedure)
11. Post Op Instructions
12. CDR
13. Surgical Bur
14. Surgical High Speed

Following is what you will need for each quad of the mouth:

MOLARS

Forceps

Elevators

Max

Pedo

Mand

_____ Max

Mand

210

150

16 Cowhorns

E/W Crossbars

301 on 77E

10s

151

53R/53L

11 arrowhead

Misch Forceps

EZ out Elevators

Additional instruments:

- #9 Molt periosteal elevator
- Curette double sided spoon and Serrated Curette
- Root Pick:
- EHB 1

EHB 13/14

*East/West one for left side, one for right side

PRE-MOLARS

ANTERIOR

Forceps

Forceps

Max

Mand

Max

Mand

99c/88R/88L

MD3

150

151

99c

MD3

PHOTO BASIC EXTRACTION SET-UP

Insert a photo of a basic extraction (simple) set-up here.

SURGICAL SET-UP

On the following pages are pictures of the instruments needed for surgical set-ups. The numbers on the pictures correspond with the numbers and instrument names listed below:

1. Topical and Syringe with Anesthetic
2. One (1) Blade (#15)
3. One (1) Blade Handle (Bard Parkers)
4. Suture Scissors
5. Sutures (4.0 gut or 3.0 silk) – check with doctor
6. Periosteal Elevator (Large and Small)
7. Surgical Burs (Round and Fissure)
8. Hemostats
9. Surgical Suction Tips plus a couple extra
10. Elevators (301)
11. Appropriate Forceps for tooth
12. Consent for Removal of Teeth (have patient sign prior to extraction)
13. Post Op Instructions (review with patient after extraction)
14. Sterile Gauze
15. #9 Molt
16. Surgical High Speed (Impact Air)
17. Rose patient drape
18. Root pic elevators EHB1 +13/14
19. Hot Water with Evac Cleaner to Run thru suction after extraction or during if something gets lodged in tubing

PHOTO: SURGICAL SET-UP

Insert a photo of the surgical set-up here.

PHOTO: SURGICAL INSTRUMENT IDENTIFICATION

Insert a photo of the surgical instrument identification here

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1.

Set up for an endodontic procedure exactly per the procedure. Then, ask a qualified employee to confirm that you know how to set up the procedure, initial and date on the line to the left.

2.

Set up for a basic extraction exactly per the procedure. Then, ask a qualified employee to confirm that you know how to set up the procedure, initial and date on the line to the left.

3.

Set up for a surgical extraction exactly per the procedure. Then, ask a qualified employee to confirm that you know how to set up the procedure, initial and date on the line to the left.

CONSENT FOR REMOVAL OF TEETH

It is very important to always communicate with the patient, regardless of which procedure we will be performing. Prior to oral surgery, it is especially important to review the Informed Consent Form. This form communicates to the patient the complications that could arise from the procedure we are performing. For example, if we are removing a lower impacted wisdom tooth, it is important that the patient be informed of the potential complication of temporary or permanent numbness of the lip and tongue.

The assistant must complete the Informed Consent Form. It includes the patient's name (printed), number of teeth involved, and the location/description of the teeth involved (circled). Have the patient read the entire consent. Once completed, ask the patient if they have any questions. Direct any patient questions to Dr. [name]. Fill in the date and have the patient sign the form. Get Dr. [name]'s signature on the form and file it in the patient's chart.

In the event that the patient refuses to sign the consent form, no treatment will be rendered. (See following page for example)

CONSENT FORM FOR REMOVAL OF TEETH

Insert your consent form for removal of teeth here.

REMOVAL OF TEETH HOME CARE INSTRUCTIONS

Insert your home care instructions for removal of teeth here.

HOME CARE INSTRUCTION AFTER TOOTH EXTRACTIONS

The following instructions are to be given to the patient after a tooth has been extracted, so the patient will know what he/she needs to do. You need to go over these, verbally, while the patient is still in the operatory. You also need to give the patient a written copy of the instructions to take home. The written instructions are found at the front desk (see the following page for sample written instructions.).

There are several things the patient can do to feel better and heal faster.

Bite on the gauze for 10-15 minutes. Change gauze after allotted time if still bleeding.

Place an ice pack on their face for the remainder of the day. You can use ice on your face for 24 hours and still get beneficial results. Never leave an ice pack in place for more than 20 minutes at a time.

Take pain medicine as prescribed. If patient is not a candidate for narcotics or

Take a more natural approach to healing, homeopathic Arnica 30x and Ruta 30x can be taken to minimize inflammation and bruising.

BE SURE TO EAT even though they cannot sit down to a full meal. Eat soft foods, such as whipped potatoes, Jell-O, ice cream, broiled hamburger, soups, etc. Avoid very hot and spicy foods.

Do not drink through a straw or bottle for 2 days. Utilize a cup only.

No swishing or spitting.

A little bleeding is normal.

Starting 48 hours after extraction you can rinse with warm salt water.

Utilize homeopathic calendula and/or oxygel for help with healing and cleansing.

Call the dental office if any questions arise concerning any aspect of the treatment.

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1.

What is the importance of having the patient sign the consent form?

2.

Have a qualified employee quiz you on each one of the points (10) on the form “Care Following Dental Procedures” until you can easily explain what a patient should do regarding each one of the points.

3.

Memorize the five things a patient can do to feel better and heal faster after a tooth extraction. The lead assistant must confirm you know these five things.

POST OP SET-UP

Insert photos of the instruments included in the Post Op Set-Up.

The numbers on the picture correspond with the numbers and instrument names listed below:

1. Exam Kit
2. Suture Scissors
3. Peroxyl Rinse
4. Gauze

DRY SOCKET SET-UP

Insert photos here of the instruments in the Dry Socket Kit.

The numbers on the picture correspond with the numbers and instrument names listed below:

1. Mirror
2. College pliers

3. Irrigation Syringe (check with doctor to see if needed)
4. Clove Oil or Powder from Clove Capsule mixed with Olive Oil, Citanest Forte and Calendula or Dry socket paste
5. Peroxyl Rinse Solution

SEALANT SET-UP

1. Exam Kit
2. _____ Machine
3. Sealant Materials
4. 2 Disposable Mirrors
5. Etch
6. Cotton Rolls and Garner Clamps
7. Dry angles
8. Mr Thirsty or Isolite

The _____ machine is used to remove stains and cleanse teeth. Place etch on entire occlusal surface for 20 seconds. Rinse well. Dry the tooth well (it will have a white, frosty appearance). Place the sealant in the groove of the tooth. Cure for 20 seconds. Explain to the patient that the tooth will feel high for a short time, but after a few meals the bite will be normal.

When doing Maxillary teeth having patient all the way back allows saliva to go down patients throat versus pooling near distal of 2nd molars when working on Maxillary.

When working on Mandibular sitting patient slightly upright will allow the tongue to relax in the mandible.

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1.

Set up the Post Op Tray exactly per the procedure. Then, ask a qualified employee to confirm that you know how to set up the tray, initial and date on the line to the left.

2.

Set up the Dry Socket Tray exactly per the procedure. Then, ask a qualified employee to confirm that you know how to set up the tray, initial and date on the line to the left.

3.

Set up the Sealant Tray exactly per the procedure. Then, ask a qualified employee to confirm that you know how to set up the tray, initial and date on the line to the left.

AT HOME WHITENING INSTRUCTIONS

1. Fit the tray and give it to the patient.
2. Check existing shade and make a note in the patient's chart. Take Digital Smile Photo with shade tab.
3. Instruct the patient that no coffees, teas, citrus juices, or fruit juices are allowed while using whitening gel. If used we recommend using a straw. Make sure to swish with water after using any of these items.
4. Instruct the patient to brush and floss teeth before applying tray.
5. Demonstrate to the patient how to place the whitening material into the tray.

Place a bead of gel into each tooth compartment of the tray. (Use up to the calibrated line on the syringe.) Each syringe contains 6 doses for one tray. If using two trays, a syringe will only last for 3 days.

6. Instruct the patient on how to place the tray into their mouth and expectorate excess gel.
7. Instruct patient that there can be no eating or drinking while the trays are in place.
8. Instruct the patient that whitening trays may be used, while sleeping, 6 to 8 hours per night, for a period of two weeks. After the initial two weeks, the whitening trays may be used one day every other week, or one day a month.
9. Ensure that the patient receives trays, a box containing two syringes, a retainer box and any other miscellaneous products, as instructed.
10. Most new whitening gels are hydrogen peroxide based and are 15-30 minute treatments. If a patient is not sensitive it can be done twice per day, once in the morning and once in the evening. We recommend 10-14 days consecutive for the best results. Make sure to not skip more than 1 night during these consecutive days.

CARING FOR YOUR TEMPORARY

A "Caring For Your Temporary" slip (sample on the following page) is given to each patient when dismissed with a temporary (temporary crowns, veneers, on-lays, inlays & bridges).

- Do not eat anything sticky or chewy.
- When flossing, floss and slide through the teeth.
- When brushing, brush the way the tooth grows using sweeping motions.

CARING FOR YOUR TEMPORARY SLIP

Insert “Caring for your Temporary” slip here.

PROGRESS NOTES

Progress notes are standardized written documentation of what occurred during a patient’s dental procedure. At our office, we have pre-formatted progress notes for each type of procedure. The progress note labels are stored in a plastic file box on the _____. Appropriate progress note(s) for each patient should be selected and placed in their chart the evening prior to the patient’s appointment. This step helps prepare for the appointment a day in advance and expedites the chart documentation and completion prior to the patient’s appointment dismissal.

Once the procedure has been performed, the progress note(s) are to be adhered to the dental treatment record (green colored form) and placed in the patient’s chart. The dental assistant is responsible for filling out all progress note entries, dating, initialing, and obtaining the doctor’s approval and signature once completed.

On the following pages you will find an example of each progress note used in our practice, along with progress note definitions.

PROGRESS NOTES DEFINITIONS

All progress notes include:

Review medical history

RMH

Patient in good health history

PIGH

No change in health history

NCHH

Change in health history

CHH

CROWN & BRIDGE

Administered

ADM

Carpules

CARPS

Carbocaine 3%

CARBO 3%

Lidocaine 2%

LIDO 2%

Epinephrine

EPI

Non – epinephrine

NE

Hemodent (soaked)

HS

Infiltration

INFILT

Mandibular

Block

MAND BLK

Gingival Cord

GC

Premedication

PREMED

Polyvinyl siloxine

PVS

Quadrant

QUAD

ENDODONTICS (ROOT CANAL THERAPY)

Radiographic findings

RF

Vital

V

Nonvital

NV

Hemorrhagic

HEM

Non – hemorrhagic

NONHEM

Access opening

AD

Working distance

WD

Master apical file

MAF

Millimeter

MM

Reference point

Ref. Pt.

Paper points

PP

Lateral condensation technique

LCT

Cement

AH26

Master apical cone

MAC

Fine Fine

FF

Gatta pucha points

GP

RESTORATIVE

Direct exposure

DE

Indirect exposure

IDE

Prime + bond

P/B

Opti bond

OB

Hurri seal

HURRI

Composite used

COMPOS

Gingival cord

GC

Nonepi

#INE

Epi

E

Hemodent soak

HS

Intermediate restorative material

IRM

Polyvinyl siloxine

PVS

EMERGENCY

Chief complaint

CC

History of present illness

HPI

Radiographic findings

ROF

Radiolucency present

RL

Diagnosis

DIAG

Treatment recommendation

TX

COMPLETE & REMOVABLE PARTIAL DENTURES

Maxillary

MAX

Mandibular

MAND

Distal

D

Mesial

M

Lingual

L

Dental assistant

D

Laboratory

LAB

Polyvinyl siloxine

PVS

Metal framework try-in

MFTI

Removable partial denture

RPD

Centric relation

CR

CROWN & BRIDGE/ONLAY/INLAY DELIVERY

Premedication

PREMED

Carbocaine

CARBO 3%

Lidocaine

LIDO 2%

Epinephrine 1/100

1/100 EPI

Porcelain fused to metal

PFM crown

All porcelain crown

ALL Porc. Crown

RUBBER DAM

RD/clamp size

RD/25N

Mostly used for lower molars and some upper molars

RD/W8A

Most upper molars

RD/W1A

Most premolars

Practicion has rubber dam cushies to utilize for activated clamps causing discomfort to tissue. You can also use topical to minimize tenderness from rubber dam clamp

PRINTING PROGRESS NOTES

The following is meant as a sample – revise accordingly for your own computer. Here are the steps used to print progress notes:

- 1. Place full label laser sheets face down into a printer paper tray**
- 2. Double click on the Windows Explorer Icon**
- 3. Double click on Data on Server F**
- 4. Double click on Dental Assistant Documents**

5. Double click on Progress Notes
6. On the right side of the screen, double click on the progress note to be printed
7. Click on "File" on the toolbar at the top left hand side of the screen
8. Click on Print
9. Select the appropriate printer (the one you've loaded the label laser sheets into)
10. Click on Current Page
11. Select the number of copies to be printed
12. Click on OK
13. Click on the X in the upper right corner of the screen to close the file
14. Double click on the next progress note to be printed and continue with steps 6-12 from above
15. Remove any remaining full label laser sheets from the printer paper tray
16. Cut the progress notes to the appropriate size using the paper cutter
17. Place the prepared progress notes in the file box located on the sterilization counter

FULL LABEL LASER SHEET

Insert a sample of a full label laser sheet here.

SAMPLE PROGRESS NOTES

Insert a sample of progress notes for each procedure (except denture and partial notes)

PRELIMINARY DENTURE AND PARTIAL APPOINTMENT – 1ST APPOINTMENT

The following is what you will need to set-up for this procedure.

1. Alginate

2. Bowls
3. Spatulas
4. Trays
5. Exam Kit
6. High Speed Handpiece
7. Digital Series of Photos of Patient
8. Bite Registration

PROGRESS NOTES APPOINTMENT

#1

Insert a sample of progress notes from appointment #1 here.

DENTURE AND PARTIAL APPOINTMENT – 2ND APPOINTMENT

The following is what you will need to set up for this procedure.

1. Exam Kit
2. Impression Material – Extrude Wash
3. Custom Tray and adhesive
4. Border Bold – Correct VPS Bite Registration
5. Lab Tray w/ patient's models (preliminary)

PROGRESS NOTES APPOINTMENT

#2

Insert a sample of progress notes from appointment #2 here.

THIRD AND FOURTH APPOINTMENTS

1. Lab Tray w/ patient's case (master model)
2. Exam Kit
3. Blazer Micro Torch
4. Purple Sheet Bile Wax
5. Pink Sheet Rim Wax
6. Boley Gauge
7. Blue/Black Pencil Indelible
8. Bioform Shade Guide
9. Lab Knife
10. [Name] den handle spatula & #7 Spatula
11. Patient Bib
12. Slow Speed suction
13. Clasp Pliers
14. Yellow bite if necessary
15. Shade guide
16. 2 tongue depressors
17. Tooth selection
18. Plastic ruler
19. Digital Photos

PROGRESS NOTES APPOINTMENT 3 & 4

Insert a sample of progress notes from appointments 3 and 4 here.

FIFTH APPOINTMENT

1. Patient Case
2. Pip Paste/Hydent & Brush
3. High Speed Handpiece
4. Nose Cone Handpiece
5. Acrylic Burr/Polishing Wheels
6. Articulating Paper & Forceps
7. Exam Kit
8. Denture Bath
9. Clasp Pliers
10. Denture Cleaner for patient with homecare instructions

11. Final Digital Photos

PROGRESS NOTES FIFTH APPOINTMENT

Insert a sample of the progress notes from the fifth appointment here.

DENTAL IMPLANT PLACEMENT SURGICAL PROTOCOL

Room Set Up

All counters, chairs, monitors and working areas should be thoroughly sterilized with Bio Surf Disinfectant and Wipes.

Sterile drapes are to be placed on countertops and under the implant surgical unit, implant drill and surgical cassette and instruments.

Preparation of the implant surgical unit should be done with sterile gloves on.

Sterile tubing is to be placed on the handle of the implant drill.

Consent forms, paperwork, impressions, surgical guides, surgical essix stents and any necessary x-rays or CBCT/PANO should be completed prior to the sterile draping of the patient.

The patient is to have a sterile surgical placed on them, bouffant cap over their hair, sterile bib placed and eye protection. (Implant Surgical Sterile Packs can be premade during assistant downtime)

Doctors and Assistant are put on utilize CHG4% surgical scrub on their hands and forearms and using sterile paper towels, put on sterile gowns, gloves, bouffant caps, safety glasses during the surgery. The 2nd Sterile assistant will assist in getting these placed on the doctor and assistant.

Digital Images are to be taken of surgical site

Patient is prepared with iodine around lips and buccal mucosa.

MATERIALS

Sterile surgical cassette (complete with Mirror, explorer, probe, (2) bard parkers, (2) periosteal elevators P9, anesthetic syringe, Minnesota retractor, suture cutter 14cm curve, (2) cotton forceps, (2) tissue forceps, (1) serrated curette, (1) molt curette, adult bite block, boley gauge, extra thin ins scissor curved, 204s scaler, la grange double curve scissors, goldman fox 56 hemostats, 250A; OH5 with cutter hemostat, ligajet)

Iodine

Vicryl sutures, PTFE sutures

Sterile Saline

X-ray Sensor

X-ray Sensor holder

Sterile gauze 2x2 and 4x4 and sterile cotton tip applicators (sterile gauze pack can be premade during assistant downtime)

X-ray tube head cover, x-ray apron

Sharps container, biohazard bag

Dental Implant surgical kit

Anesthetic Needles

Sterile Surgical Pack (patient: gown/bouffant cap/ bib ; DR/ASST: 2 gowns/2 bouffant caps/ paper towels ; Room set up: (2) 20x20 sterilization wrap, (2) 15x15 sterilization wrap, 2x2 and 4x4 gauze, cotton tip applicators, surgical suction small, medium, large and HVE and SE, cotton rolls)

Surgical Implant Unit

Surgical implant hand piece with spray clip

Sterile metal surgical bowl

CHG 4%

Osteotomes

Digital camera, cheek retractors and quadrant and/or full arch mirror

Surgical implant treatment plan posted in operatory

Surgical implant protocol for implant system posted with sequence of drills and settings

Surgical blades #12 and #15

Anesthetic- Articaine 4% 1:100 with epi and Carbocaine 3%

The Surgical Assistant's main function is setting up the treatment room, monitoring the patient, maintain instrument exchange with the doctor, retraction, and oral evacuation of the surgical site and oral cavity.

The 2nd Assistant's main function is to be the sterile ROVER assistant. She is to keep area clean and be available to retrieve any necessary supplies away from the sterile area. She is able to help the doctor with placement of the implant such as informing the Doctor if the drill needs to be placed more mesial, distal, buccal or lingual. She is to also be the second eye with the placement and depth of the implant drills and help assist the doctor in changing out the implant drills and getting the implant ready for placement.

Room Breakdown

Remove all sharps from surgical tray

Discard all bloody gauze in biohazard bag

Once instruments are taken into sterilization spray them with of hydrogen peroxide before placing in ultrasonic unit

Clean all used implant drills and attachment utilizing bur brush and using hydrogen peroxide and instrument cleaner. Rinse and wrap implant kit

Disassemble implant surgical machine, foot pedal and handpiece. Spray and wipe with Bio Surf

Clean suctions thoroughly with Hot water and vacuum cleaner

Spray operatory with Bio Surf and let sit for 10-15 minutes before using Bio Surf wipes on the counters, chair and accessories

Replace all barriers in room

Very important: Spray the hand piece with Hand piece oil to clean out blood and debris from ball bearings. This will keep your hand piece in good condition.

Post-Operative Instructions

If patient has no bone placement or membrane

Homeopathic Calendula and Arnica 30x and Ruta 30x are given, sterile gauze, soft surgical toothbrush.

No smoking

Avoid all rinsing and no brushing around that area for 3 weeks

Avoid eating on the surgical site area of mouth

No drinking thru a straw or bottle for 48 hours

If patient has bone or membrane

Homeopathic Arnica 30x and Ruta 30x are given

Do not play with surgical site with tongue

Avoid touching or chewing on the surgical site area of mouth

No drinking thru a straw or bottle for 2-3 weeks

You may notice granules of bone in your mouth. This is normal

If you have a surgical essix stent you will wear this at all times except for eating

POST OPERATIVE/ SUTURE REMOVAL

In 3 weeks patient will be seen for a post-operative appointment

Sutures will be removed if they had been placed

2nd surgical essix stent will be delivered if only one was delivered at the time of appointment

Area will be cleaned with CHG 4 % and the doctor will inform the patient if it is ok to start cleaning the area

3-4 months later

Patient will be seen for follow up scan with PANO/CBCT to determine position of implant, healing and osseointegration.

If a non-metal implant was placed and PerioTest will be done to check stability of implant

Patient will be informed if they are released for Final Treatment for Implant Crown and/or abutment.

PATIENT RAPPORT

- 1. Place a napkin on patient. Take a short moment to establish some rapport with the patient by asking what he does, how long it's been since he has seen a dentist, etc. The point is to make sure the patient has a very good first impression of the office. The best way to ensure this is by being very friendly, caring and helpful in addition to giving the patient high quality service.**
- 2. Ask if patient prefers cd or radio. Use stereo headphones.**
- 3. If you notice the patient is nervous or a little fearful, mention that we emphasize "gentle dentistry" in our office and that most patients comment on how pleasantly surprised they are to hardly feel a thing! It may be appropriate at this time to validate the patient for coming in, since it probably took a lot of nerve for him/her to even arrive here! Let the patient know that he/she is very smart for coming in. This kind of reassurance and caring from you is essential in the overall success of**

getting the patient to actually complete his/her treatment plan, which is our main purpose.

SEATING THE PATIENT

1. When a room is ready for the patient, get the patient's chart. Call the patient "Mr. or Mrs. _____."
2. Offer to hang patient's coat in closet, if the receptionist has not done so already.
3. If it is a new patient, or if you have never met the patient before, introduce yourself. Let the patient know that you will be assisting Dr. [name] and will be taking good care of them.
4. Escort the patient to the operatory.
5. Ask the patient to have a seat. If necessary, move the arm of chair, then close arm of chair.
6. Place patient bib.
7. Check to see if there have been any changes in patient's health since the last visit. **TAKE THEIR BLOOD PRESSURE, UPDATE INFORMED CONSENTS**
8. Ensure the patient took pre-med if necessary.
9. Put the most current bitewings and pan or full mouth x-ray on the monitor. Take X-ray or intra oral image if needed for procedure
10. Open the cassette and set up the exam kit on the tray.
11. Ask the patient if he/ she has any questions or if they would like a bottle of water.
12. Set up the topical on a Q-tip and place it on 2x2 gauze.
13. Set up the syringe with Carbocaine or Lidocaine and the appropriate color needle for the procedure.
14. Handle preliminaries if needed (impressions, shade, bite registration).
15. Explain that Dr. [name] will be with them shortly and offer them a magazine or television.
16. If the patient is an emergency patient, take a PA of the tooth, or teeth, that hurt. If the patient is a female, check if she is pregnant. If yes, do not take an x-ray.
17. If a restorative procedure (fillings) is to be done, then make sure KCP machine is in the operatory room.
18. Make sure a dental hand-piece (drill) is present.

THE NERVOUS PATIENT

Many patients experience anxiety and/or nervousness at the dental office. It is our job to alleviate as much of this as possible, both before and during the patient's dental treatment. The nervous dental patient can be difficult to treat. The best environment in which to do so is one that is quiet and free from external noises and movement.

Give the patient a tour of our office to show him/her where everything is and what goes on in each area of our practice. This includes our administrative area. Introduce the nervous patient to our staff as you're giving the tour. This personalized care and attention will help the patient feel more at ease.

Be calm, treat the patient courteously, limit movement in the operatory, and limit all external noises in and around the operatory. This includes talking, clanging of instruments, etc. There is to be no re-stocking of supplies during this patient's office visit, and no interruptions (verbal) from other office staff members.

Reassurance is also important. This patient must be assured that the treatment delivered will be done with the minimal amount of discomfort possible. It is important to keep this patient relaxed and comfortable. We can all take part in making the nervous patient's visit to the dentist a successful one.

REVIEW

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1.

Set up all of the denture/partial trays exactly per the procedures Then, ask a qualified employee to confirm that you know how to set up the trays, initial and date on the line to the left.

2.

With the procedure on “Seating The Patient” in hand, role-play each step with another employee until you can do so exactly per the procedure. The qualified employee is to sign the line to the left when you have proven you can perform all of the steps in a professional and friendly manner.

3.

A. What is the best environment to treat a nervous patient?

B. What are some of the things you are NOT supposed to do in the operatory with a “nervous patient”?

C. What are some of the things you can say to the “nervous patient” that will reassure them?

STAYING ON TIME

It is extremely important that we, as an office, stay on time for our patients and creating a stress-free day for the team. Our being on time ensures us and the patient that all procedures for which he/she is scheduled that day will be completed.

SITUATION A:

When you are in the operatory with the doctor and he is starting to run behind schedule or he is needed in another operatory.

If you are assisting the doctor with a procedure and notice that he is needed in another operatory to either do an exam or provide another patient's treatment, you must remind him by saying the following.

ASSISTANT:

"Doctor, it is 3:00 p.m. and you are needed in operatory 3 to give anesthesia to your next patient. Perhaps this would be a good opportunity to give Mr. _____ a break while you go and do that."

DOCTOR:

"Certainly. Why don't you go ahead and rinse Mr. _____ and I'll be right back."

SITUATION B:

When you are outside the operatory and need to let the doctor know that he is behind schedule and to hurry.

When any member of the staff feels that the dentist, hygienist or assistant is running late the following is the procedure that she must institute: Enter the operatory and say "Excuse me Dr. [name], Dr. Halverson is on the phone." This alerts the doctor that he is running late and must start the procedure. Dr. [name] (due to the fact that he needs to begin) will respond that he cannot come to the phone and that he must start the procedure on that patient immediately. This will end any conversation between doctor, hygienist or assistant and patient.

In a state that permits an assistant to place packing cord and or place fillings the assistant needs to take charge and allow the dentist to tend to other procedures that can be delegated to an assistant.

PATIENT DENTAL AND MEDICAL HISTORY

Always obtain a thorough medical history, including specific questions about allergies, medications, current illnesses, recurrent illnesses, blood thinners, unintentional weight loss, oral soft tissue lesions or other infections. Make sure all questions are answered on the medical history form. There should be no blanks. It is the responsibility of the person who first receives the form back from the patient, whether the receptionist or assistant, to ensure that there are no blank spaces. If there are blanks, that person needs to either return the history to the patient for completion, or question the patient as to the answer.

The importance of a correct and thorough medical history and update cannot be emphasized enough. The patient's life is at risk.

Make sure to document in the chart and make clinical staff aware of any special instructions.

A patient with mitral valve prolapse, an artificial hip or joint who has not pre-medicated must not receive dental treatment. If this type of patient receives dental treatment without proper pre-medication, they could potentially end up hospitalized with an infection around the heart (subacute bacterial endocarditis) and/or rejection of the artificial hip/joint.

If a patient has active tuberculosis, he cannot receive care from our dental office and must be referred out.

If a patient has HIV, Hepatitis B, or Hepatitis C, they must be treated with extra precautions according to current OSHA guidelines.

It is very important to perform a thorough medical history on each patient before any treatment begins, so you can be aware of any problems that exist and produce a safe environment for the patient, fellow staff and yourself.

FILLING OUT PATIENT PAPERWORK

The assistant is responsible for filling out the following types of patient paperwork:

1. Treatment plan forms
2. Progress notes
3. Routing Slips
4. Lab prescriptions

ALL WRITING MUST BE DONE IN BLUE INK

** If you make a mistake filling out paperwork, do not scratch it out. Simply draw one line through the mistake and initial it.*

FILLING OUT PATIENT TREATMENT PLAN FORMS

Treatment Plan Forms detail the treatment needed to bring each patient to normal dental health. These forms are filled out for all new patients, emergency patients, consult patients and any patient in need of any dental care, once diagnosed. The hygienist usually fills out these forms during the routine hygiene exam.

However, the assistant fills out Treatment Plan Forms when the doctor sees the patient (emergency exam, consult, etc.). It is also possible that once treatment has begun, the patient may require more extensive treatment than originally planned.

When there is any change to an existing treatment plan (i.e., a filling changes to a root canal, an onlay changes to a crown, etc.), the assistant is responsible for filling out a Treatment Plan Change Form (pumpkin colored form).

Upon completion, the Treatment Plan Form and/or the Treatment Plan Change Form must be given to the Treatment Coordinator. The Treatment Coordinator then presents the treatment plan to the patient, along with the fees associated.

The Treatment Coordinator works out all financial arrangements and gets the patient's agreement for treatment before any treatment is rendered. Once the patient has agreed to treatment, the Treatment Coordinator will route the patient back to the assistant (if treatment is able to begin the same day) or will route the patient to the scheduling coordinator for a future appointment.

All original Treatment Plan Forms include the patient's name, current date, and all pertinent documentation. Treatment Plan Forms are kept in the patient's chart.

No treatment is ever started until the patient has authorized and signed the presented treatment plan.

Always verify treatment plan on the dental software to hard copy in a patient's legacy paper chart (to be scanned into the EHR). Sometimes items get accidentally

deleted in the dental software's program. If you are fully digital (chartless) ensure you have scanned the initial treatment plan into the patients chart in computer.

TREATMENT PLAN FORM

Insert a sample of a treatment form plan here.

TREATMENT PLAN CHANGE FORM

Insert a sample of a treatment plan change form here.

REINFORCEMENT OF PATIENT TREATMENT PLAN

It is your responsibility, as assistant, along with the scheduling coordinator and Treatment Coordinator, to make sure that all patients are aware of the work that still needs to be completed, so their treatment plans can be finished.

GET THE PATIENT TO COMPLETE THEIR TREATMENT PLANS

When the doctor has completed the patient's scheduled treatment for that day, it is your responsibility, before you dismiss the patient, to remind the patient of the procedures he still needs to schedule and complete to finish his treatment plan and attain a healthy mouth. You will know what treatments the patient has left by looking on his routing slip.

EXAMPLE A

The patient has just finished a RCT complete, post, core and crown. You review the patient's routing slip and notice that he still has resins to do on 4F 13MO, 18 MOL and 23O. You should then tell the patient:

“Okay Mr. Smith, your work for today is completed. Before I take you to the Accounts Manager and have you check out, I just want to remind you

that you still have some fillings (resins) to take care of. I cannot stress enough the importance of getting these fillings taken care of, especially the bigger ones in the back of your mouth. We want to keep them from worsening and becoming candidates for root canals. If possible, we would like to prevent the need for another root canal by scheduling a time to take care of these fillings”.

EXAMPLE B

You notice that your patient needs to schedule a time to have sealants applied. You tell the patient:

“Mrs. Smith, I see that you need to have some sealants applied. Do you remember what a sealant is? Okay, great. It would really be in your best interest to get those taken care of immediately, so they don’t have any additional time to fester and turn into cavities. Would you like to get them taken care of today? If not, let’s make sure you schedule them today for a time that’s convenient.”

DENTAL AND MEDICAL HISTORIES

Insert a sample of dental and medical histories here.

DENTAL TREATMENT RECORD – PROGRESS NOTES

Insert a sample of dental treatment record – progress notes here.

TREATMENT PLAN SHEETS

All patients who have a periodic exam, comprehensive exam or emergency exam must have a Treatment Plan Sheet filled out and placed in the patient's chart. This form must be completed for every patient even if no treatment has been recommended.

A Treatment Plan sheet must have the date of the exam, a hygiene report and any recommended treatment. The Treatment Plan is then forwarded to the Treatment Coordinator to be entered in the computer and presented to the patient.

Anytime there is a change in treatment (a change from the original treatment plan) a new treatment plan form is to be used. This form will have the new recommended treatment and will be brought to the Treatment Coordinator, who will present it to the patient before treatment resumes.

No treatment is ever started until the patient has signed a treatment plan.

Any deviation in this policy usually results in a communication breakdown along with a lot of confusion and upset for the patient.

FILLING OUT THE ROUTING SLIP

The routing slip for each patient provides very important information regarding that patient. It indicates the following:

1. Patient's name, date and time of appointment.
2. The scheduled procedures for the appointment.
3. Specific appointment notes and medical alerts.
4. Specific patient and account information.
5. Insurance information.
6. Treatment that is planned for the patient.
7. Scheduled appointments and next appointment information.

A routing slip is filled out by the assistant for each patient appointment. The information that the assistant is required to document on the routing slip is as follows:

1. All procedures that were completed must be checked off and initialed by the assistant.

2. Any additional procedures that are not already printed on the routing slip must be added.
3. If a procedure was not completed, but was printed on the routing slip, place a line through it and initial it.
4. Any patient prescriptions that are needed.
5. Next appointment: what procedures are to be performed and how much time is needed for the appointment.

The routing slip is a very important piece of paper. The routing slip follows the flow of the patient within the office and is passed through all of the stations. If information is left off of this slip, it will affect many things such as postings, treatment planned and day-sheets.

The routing slip, along with the chart, and any lab slips, must be presented to the Treatment Coordinator five minutes prior to the patient's dismissal from the operatory. This allows the Treatment Coordinator and the scheduling coordinator ample time to prepare before the patient arrives for check out.

ROUTING SLIP

Insert a sample of a routing slip here.

LAB PRESCRIPTIONS

As the assistant, you are responsible for the preparation of all lab prescriptions. All lab prescriptions are located in the cabinet above the _____. All lab prescriptions are to be selected and filled out for each patient the evening prior to their appointment. This helps prepare for the appointment a day in advance and expedites the documentation and completion of the prescription prior to the patient's appointment dismissal.

Ask Dr. [name] what cases are to go to what lab and prepare accordingly. Fill out the patient's name, appointment date, return date and tooth numbers.

All lab prescriptions are to be made in duplicate. Most lab prescriptions come preprinted IN DUPLICATE from each laboratory. If this is not the case, you will

need to use carbon paper or the copier to create a duplicate. All information on the top of the slip needs to be completed. The prescription section is to be completed by the assistant along with the expected return date.

Once the procedure has been performed, always check with Dr. [name] for what is to be written for the prescription and the shade that is selected.

The original prescription is to be packed in the box going to the laboratory and the duplicate copy of the prescription is given to the scheduling coordinator. The scheduling coordinator will appoint the patient for a lab case try-in or insertion according to the expected return date. This step reduces the margin of error for patients being scheduled with appointments before the lab case is returned from the laboratory!

We currently use the following labs:

_____ (1 – 2 weeks)

_____ (1 – 2 weeks)

_____ (Check schedule – 3 weeks)

(See attached examples for sample prescriptions)

ALWAYS ENSURE

DATE IS ON THE RX

PATIENT'S NAME IS ON THE RX

RETURN DATE AND TIME ARE ON THE RX

KEEP A LIST OF LABS WITH CONTACT NAMES AND NUMBERS AND EMAIL ADDRESSES

ASSISTANT IS TO CALL FOR PICKUP AND DELIVERY DATE PRIOR TO BRINGING PATIENT UP TO CHECK OUT. THIS ENSURES LESS TIME FOR PATIENT TO WAIT AT THE FRONT DESK

LAB PRESCRIPTIONS

Insert a sample of lab prescriptions here.

PREPARATIONS OF LAB CASES

As the assistant, you are responsible for the preparation of all lab cases. Follow the steps below to prepare each lab case:

1. Once the impression has been taken, spray it with birex (disinfectant) and allow it to sit for 1 minute in the operatory sink then rinse.
2. Take original lab prescription, final impression, bite registration, and opposing alginate impression back to the dental lab.
3. Pour opposing alginate impression with Denstone (yellow plaster material).
4. Place an index card next to the poured model. On this index card write the patient's name.
5. After the poured model is dried, trim it on the sander.
6. Get a zip lock bag and write the patient's name and tooth number on it with a permanent marker (Sharpie).
7. Place the following items in the zip lock bag:
 - a. Final impression
 - b. Bite registration
 - c. Trimmed opposing model
 - d. Any photos necessary (digital or intra-oral)
 - e. Any study model necessary
 - f. Original lab prescription for the patient

PACKING LAB CASES

Once a lab case has been completely prepared, follow the steps below and pack the case to be sent for fabrication at the dental laboratory:

1. Place the completed Zip lock bag into a box with adequate padding. The contents of each box should be: final impression, bite registration, opposing cast model, any necessary photos or study models, and the original lab prescription.
2. Each box sent to a dental lab must have the name of the lab on the box.
3. The lab case boxes will either be shipped (if out of the local area) or picked up by the dental lab itself (if the lab is local).
4. If the lab case is being sent out of the local area: (_____)
 - a. Place the prepared box in an Airborne Express packing envelope and seal the envelope
 - b. Fill out the necessary air bill for the package (see example).

- c. Take the completed Airborne Express package to the receptionist.
- d. The receptionist will call airborne express to schedule a pick up.
- 5. If the lab case is being sent out locally: (_____)
 - a. Take the prepared box to the receptionist
 - b. The receptionist will call the local laboratory for pick up
- 6. Lab cases will be placed, by the receptionist, on the back counter near the private entrance door, for pick up.

***All lab cases are to be prepared and boxed every day before you leave. Be sure to always match the original lab slips with the correct lab boxes.**

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1.

a) Why is it so important to have a completely filled out (no blanks) medical history form?

b) What type of patient cannot receive treatment in our practice and must be referred out?

c) What classification of patient, who has not pre-medicated, but is supposed to pre-medicate, cannot receive treatment from our office until they do pre-medicate?

d) What could potentially occur with the type of patient in C above, if they did receive treatment from our office?

e) What is our procedure for HIV positive patients?

2.

With another qualified employee, role-play taking a complete Dental/Medical History. Repeat as many times as necessary until you can do so easily without any mistakes or hesitations.

____ 3.

a) What are the four types of patient paperwork the assistant is responsible for filling out?

b) If you make a mistake when filling out the above paperwork, what should you do?

c) What color ink should always be used?

4.

a) What is the purpose of a Treatment Plan Form?

b) When there is any change in the treatment, what type of form do you use to indicate this change in treatment?

c) What must be done right after the treatment form is filled out and before treatment is started?

5. Observe the hygienist filling out a treatment plan on a new patient while the dentist conducts the exam. Get answers for all of your questions (if any) regarding abbreviations, treatment recommendations, etc. Then, fill out a treatment plan form for the dentist on both a new and a return patient.

6.

a) In your own words, describe why it is important that the patient complete their “whole” treatment plan?

b) Where do you look to find what treatment is remaining for the patient?

7.

a) What are progress notes and where are they kept?

b) When is the appropriate time to select and place progress notes in the patient's chart?

8.

Pull some patient charts and review the progress notes to gain more familiarity with the abbreviations, etc. Observe the lead assistant filling in the progress notes for a minimum of two patients. Then, fill out progress notes on at least five patients you observed or assisted in the procedures. Ask the lead assistant to supervise you to ensure you do not make any mistakes.

9.

Follow the steps to print the progress notes and repeat as necessary until you can competently print progress notes and file them correctly.

10.

a) What are the five things the assistant must ensure gets filled out, or attention given, on each patient routing slip?

b) When must the routing slip be given to the accounts manager?

c) If a procedure was not done, but was printed on the routing slip, what are you supposed to do?

11. Observe the lead assistant filling out at least two routing slips.

Then, fill out a minimum of five routing slips while being supervised by the lead assistant to ensure that your questions get answered and you can fill them out with confidence. The lead assistant will help you figure out which patient routing slips would be most appropriate.

12.

a) Who is responsible for the preparation of all lab prescriptions?

b) Is it true or false that all lab prescriptions are to be made in triplicate?

c) What are the two things you should always check on with the dentist before shipping off the prescription to the lab?

d) Why is a copy of the lab prescription always given to the scheduling coordinator?

13. Pack a lab case that needs to be sent out of the local area. Ensure you completely fill out the air bill etc.

DENTAL SUPPLY BUDGET

Every year Dr. [name]'s dentistry sets aside a fixed amount of money for purchasing clinical supplies from _____ Dental Company. This fixed amount

may vary from year to year. The total amount for the year is divided by 12 to give you a monthly budget figure. You will be informed at the beginning of each year what the monthly budget amount will be for the purchase of both dental and hygiene supplies. You must stay within that amount for each month. If you go over the amount for that month, you must subtract the amount that you were over budget from the following month.

Example: You have \$1,000 budget for May, but you spent \$1,250. You must subtract \$250 from the \$1,000, which leaves you with \$750 to spend for the month of June. If you go over \$750 for June you must subtract that amount from July, and so forth. If you end the month under budget, you have more to spend the next month.

Here are a few tips to keep you on track every month:

Take supplies from one room and give to another (i.e. green sticks, articulating paper, composite, bibs, masks, cups, suction tips, sensor or whatever you have in excess).

KEEP A LIST OF ALL:

- COMPANY NAMES WITH SALES REPS INFORMATION
- USERNAME AND PASSWORDS FOR ONLINE ORDERING
- ALL COMPANIES ORDERED FROM WITH SUPPLIES LISTED FROM EACH

KEEPING TRACK OF WHAT YOU SPEND

Get the _____ Budget Report, inside of which you will find a calendar for the fiscal year. This is where you will write down all of your purchases for each month. When a new order comes in, you must unpack it, check all items received and circle any items not received. They will usually come the next day. Write the date you received the order and your initials on the on the packing slip. Keep all packing slips in the folder marked _____ Invoices. You will find the folder clearly marked in the dental lab.

At the end of each week, you must write all of the totals in the corresponding date in the _____ Budget Report.

Add up the total for the week and write it in at the end of the week. That amount is what you have spent for the week. Route a copy of this report to the dentist at the end of each week.

At the end of the month, add all of your weeks for the month. This amount is what you have spent for the month. Then, you can figure out how much you may spend for the next month.

Our sales rep for _____ is _____. His/Her voice mail number is 1-888-000-0000 Ext. 99. If you ever have any questions or problems, please call and leave a message on his/her voice mail. He/she is also available to train you on ordering your _____ supplies on-line from your computer.

DENTAL SUPPLY BUDGET REPORT FORM

Insert a sample of the dental supply budget report form here.

STOCKING OPERATORIES

All dental operatories, Op #1, Op #2, Op #3, Op#4 and Op #5, should be correctly stocked with dental supplies. Standard items in all operatories include:

- Gloves
- Cotton gauze pads
- Cotton rolls
- Dental napkins (bibs)
- Napkin chain holder
- Plastic cups
- Birex (disinfectant)
- Soap
- Protective eyewear
- Head rest covers
- Tray covers
- Alcohol
- Floss
- X-ray sensor

- 27 & 30 gauge needles
- Topical anesthetic
- Sensor sleeves
- Mouse covers
- Keyboard covers
- Mouth rinse and paper cups
- Hand sanitizer
- Intraoral camera covers
- Mixing wells
- Hve, se, air/water syringes, hve tips
- Dry angles
- Microbrushes
- Brushes
- Metal infuser tips
- Green gel
- Rinn mouth props

Operator #1 and #2 are used exclusively for dental procedures such as fillings, veneers, crowns, root canal therapies, etc. Dental hygiene is performed exclusively in operator #2. Operator #4 is the overflow operator where hygiene or general dentistry can be performed.

Operatories #1, #2, and #5, need to be stocked and set up in the same manner. They all must have a restorative and crown/bridge kit in the cabinet overhead. In the drawers, composite filling materials must be kept on hand. These materials include: etch, hurriseal, prime & bond, optibond, wedges, contact matrix bands, disposable mirrors, mixing pads, mixing wells, articulating paper, contact opener, H2O2 syringe, temp bond cement, polishing disk (Brasselar) jiffy wheels, stick applicators, etc.)

Operator #3 and #4, the hygiene operator, is stocked and set up independently by the hygienist.

Notes:

Operatories #1, #2, and #5 = Doctor [name] Operatories #3 and #4 = Hygiene

ORDERING DENTAL SUPPLIES FROM VARIOUS VENDORS

The majority of dental supplies purchased will be from _____ Dental. All remaining dental supplies are purchased from various vendors. As the assistant, it is your responsibility to maintain dental supplies for your immediate area, as related to your position. Please refer to the Dr. [name]'s dentistry Order Form Manual for comprehensive lists of supplies you are responsible for that are not purchased from _____ Dental Company. You will need to be familiar with the supplies necessary, quantities needed and their vendors.

You are responsible for ensuring that the supply description, order numbers and pricing on order forms are kept current and accurate.

If new supplies are needed and/or new vendors are used, you will need to generate a new order form. You can update and/or print any of these forms from your "Dental Assistant Order Forms" folder located on the file server. Be sure to have minimum quantities on hand at all times.

You will need to inventory your supplies on a weekly basis and submit any necessary purchase order requests to the office manager. The idea is to not run out of supplies and need an emergency order.

When checking in an order of supplies for your area, you will need to check off all items received for billing accuracy. You will need to sign and date the slip/invoice as well. Route all completed packing slips and/or invoices to accounts payable.

Your supplies are generally stocked in your immediate area(s). Any supplies not kept in close proximity (i.e., the operatories, supply cabinets, dark room or dental laboratory) are to be stored in the basement supply closet on the dental assistant supply shelf.

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correctly and with confidence. Use the back of the copied page for your answers, if needed.

1.

a) How do we arrive at our dental budget?

b) What do you do if you spend more money on supplies in a given month than your budget allowed?

c) What are some tips to keep you on track with your budget every month?

2. Review the Budget Report to gain familiarity with this subject. Have the lead assistant quiz you on the report to ensure you understand it.

3. Have the lead assistant show you how you make _____ (your supplier) supply orders and what you do when the orders come in. Then, have her show you how to keep track of your weekly and monthly purchases. Once she

has taken you through this procedure, go through it step by step showing her what to do and why you do it. Repeat as necessary until you have it down.

4.

a) What is the procedure to be followed when you receive a _____ (your supplier) order?

b) Where do you keep all packing slips from _____ (your supplier)?

c) How do you calculate what you spent with _____ (your supplier) each week/month?

5. With the lead assistant, go through each step according to our procedure on how to order _____ (your supplier) supplies on the computer. Actually place a minimum of two orders to ensure you understand how to do it.

6.

Review the (your supplier) brochure on “ordering supplies.”

7.

a) What are the 16 standard items that need to be stocked in all operatories?

b) Explain what each operator is used for and by whom?

8. Go through each operator (dental, not hygiene) and check to see if they are fully stocked with the standard items. If they are missing any items, stock them.

9. Review the Order Form Manual with the lead assistant to ensure you have a good understanding of how to use it. If any “non-(your supplier)” supplies are needed, order them.

10.

a) How often are you supposed to do an inventory of your supplies?

b)

If you want to order something from a vendor, what is the procedure?

c)

What is the procedure for checking in a “non-(your supplier)” order?

BIOHAZARD WASTE

The biohazard waste box is located in the x-ray room under the counter. This is labeled with a biohazard sticker and is for any blood soaked materials or infectious waste products, such as cotton rolls, gauze, gloves, extracted teeth, etc. It is the assistant's responsibility to ensure that all infectious waste products are disposed of properly when cleaning the operatory.

It is mandatory to put all needles in the sharps containers that are located in each operatory. Bio-Oxidation comes automatically, once a quarter, to dispose of the biohazard waste box and all sharps containers that are full.

Once the box and/or sharps container(s) are picked up, Bio-Oxidation properly disposes of the biohazard waste. You will receive in the mail, an “Infectious and Chemotherapeutic Waste Manifest” report. This manifest is our receipt and proof

of proper disposal. The Infectious and Chemotherapeutic Waste Manifest reports must be maintained and kept current by the assistant. These manifests are to be kept in a file in the dental laboratory.

If the biohazard waste box or sharps container(s) become full before the scheduled pick up date and need to be disposed of, the assistant will arrange for a pickup by contacting Bio-Oxidation during office hours at 422-000-0000 or after hours at 422-0000-0000. Bio-Oxidation will also provide you with new sharps containers when they become full and need replaced.

OPERATORY CLEAN-UP AFTER PATIENT TREATMENT

The following are steps that need to be taken immediately after the patient is dismissed to the front desk to check out:

1. Remove all non-disposable items from tray.
 - a. All instruments (including A/W).
 - b. Sonic scaler tip if used.
2. Wipe all instruments with an alcohol soaked 2x2 to ensure that no blood or other materials remain on them.
3. Place all items that belong in a cassette into the proper cassette (each cassette is color coded). Close the cassette. Any additional items that were used, such as a crown and bridge bumper, XCP instruments, HOE SEPERATOR etc., need to be individually bagged. Wipe the high-speed drill with an alcohol soaked 2x2 and allow it to dry before bagging. Bring the cassette, along with the high-speed drill, to the biosonic area. **Latch type, slow speed drill, gets wiped with alcohol 2x2 sprayed with birex and wrapped in paper towel. This stays in the room.
4. Everything left in the room should be disposable. Clean up and throw away everything, including the headrest cover, suction tips, cups, and all paper. Check the floors for loose gauze and cotton rolls. Remove the blue tape from the overhead light handle, A/W syringe, etc.
5. Spray everything with BIREX. Wipe thoroughly with paper towels. Be sure to wipe the arm connecting the bowl to the chair. Spray the dental chair, including the arms and near the headrests, tray, cuspidor, cup holder, A/W syringe, counter tops, glass doors and operatory light.
6. Reset the room according to the Operatory Set-Up procedure.

After any surgical procedure, run a bucket of hot water and _____ FRESH VAC dental evacuation system cleaner through the suction cups.

BIOSURF is the most NONTOXIC spray and wipes from PURELIFE

OPERATORY SET-UP

1. Place blue tape on the handle of the right side of the operatory light, the left side of the tray, and the air water syringe on the doctor's side.
2. Remove 2 tray covers from the cabinet. Place one on the cart counter on the assistant's side of the chair, and the other on the bracket tray. Place chair cover over operatory chair
3. Place a clean bib with chain on top of it, TWO 2x2 pieces of gauze, TWO cotton rolls, and a clean cup on the tray.
4. Be sure the chair is fully upright and in its lowest position.
5. Scan the room to be sure everything is neat and in its proper place, before seating the next patient.

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1.

a) How do you handle the suction cups after every surgical procedure?

b) What do you use to wipe instruments to ensure no blood or other materials remain on them?

2. Help the lead assistant clean up as many operatories as necessary until you can do so without any supervision. The lead assistant needs to confirm your ability to do this by signing this drill herself. You must be able to do steps 1 – 5 without referring to the procedure.

3. Have the lead assistant observe you set-up as many operatories as necessary, until she is convinced you can do it on your own “blindfolded.”

HANDPIECE STERILIZATION

There are two types of hand-piece drills: slow speed and high speed.

High-speed (HS) drills are used most often in dental procedures. There are two types of high-speed hand-piece drills:

1. Star HS hand-piece
2. Impact Air HS hand-piece

The slow speed drill is used exclusively for removal of decay close to the nerve of the tooth and for adjustments of dentures, partials, etc.

HIGH SPEED DRILL

Prior to sterilization, all HS hand-pieces should be wiped with alcohol gauze, air-dried, placed in a paper sterilization bag and then placed in the autoclave. The Star HS hand-pieces are lube free (do not need lubricated). The only HS hand-piece that gets lubricated is the Impact Air Surgical HS.

SLOW SPEED DRILLS

The slow speed latch attachment is disengaged from the slow speed motor and is not placed in the autoclave. To disinfect the slow speed latch attachment, spray it with birex and wipe it down with a 2x2 gauze pad. Then place it on a paper towel, spray it with birex again, and wrap it up in the birex dampened paper towel. Place this bundle in the cabinet below the sterilization counter.

Handpieces must never go in the Biosonic.

PHOTO: HANDPIECE

Insert a photo of a handpiece here.

LUBRICATING THE IMPACT AIR SURGICAL HIGH SPEED DRILL

To lubricate the impact air surgical high-speed drill, follow the steps below (this is to be done after each use):

1. Wipe the exterior of the hand-piece with a damp sponge or brush to remove debris.
2. Clean the turbine chamber. NEVER immerse or soak it in water-based cleaner, chemical disinfectant, ultrasonic cleaner or cold sterilization solution.

3. Immediately after cleaning, lubricate the hand-piece. Flush it with spray cleaner-lubricant (impact air lubricant) to expel any moisture and coat the parts.
4. Then, follow the standard autoclaving procedures.

LUBRICATION

Proper lubrication is the most critical factor in hand-piece bearing life. For maximum bearing life, use only Impact Air 45 auto-clavable lubricant. Remove the hand-piece from the hose coupling and insert the nozzle of the Impact Air 45 cleaner/lubricant into the drive air hole (see diagram below).

Note: Use of other brands of lubricant may gum or damage the turbine and void the warranty.

If you have any diagrams or photos illustrating proper lubrication of your handpiece, place them here.

CLEANING AND STERILIZATION INSTRUCTIONS

Insert photos and instructions on cleaning and sterilization here.

STERILIZATION OF INSTRUMENTS

All instruments are sterilized in the autoclave, especially surgical and any other instruments that normally penetrate soft tissue and/or bone (e.g., forceps, scalpels, bone chisels, scalers and surgical burs). These must be sterilized after each use. Surgical instruments should be cleaned to remove blood and saliva. Cleaning may be accomplished by placing the instruments in the biosonic. Metal and heat stable dental instruments should be routinely sterilized between each use by steam under pressure (autoclaving).

CLEANING INSTRUMENTS

Instruments from trays get wiped off first then go into Biosonic/Ultrasonic solution. This includes all cassettes, surgical instruments, tray organizers, sonic tips, A/W syringe tips/burs, bur blocks, rubber wheels, green stones, rulers,

alginate spatulas, alginate measuring cups, and metal impression trays. These are to be left in the ultrasonic for 20-30 minutes.

Root canal files, reamers, broaches, and Gates Glidden shaper get cleaned off and immersed in ultrasonic solution for 10 minutes and then bagged in a small bag for sterilization.

Rubber wheels, polishing wheels, plastic dipping dishes and all other plastic equipment, as well as plastic impression trays that were tried in the mouth are placed in cold sterile containers.

Surgical instruments and xcp's (x- ray holders) are placed into plastic autoclave bags and placed clear side down on the metal trays in autoclave.

Bagged instruments get placed clear side down on metal trays and get autoclaved.

Also, see our procedure on cleaning, disinfecting and sterilization.

SMALL STERILIZATION BAG FOR BURS, FILES, SHAPERS

Insert a photos here of small sterilization bag for burs, files, shapers.

PAPER STERILIZATION BAG FOR DRILLS, INDIVIDUAL INSTRUMENTS AND EXAM KITS

Insert a photo of a paper sterilization bag for drills, individual instruments and exam kits here.

CLEAR STERILIZATION BAG

Insert a photo of a clear sterilization bag – 1 side clear for surgical instruments and x-ray holders.

CLEANING, DISINFECTION AND STERILIZATION

AIR/WATER SYRINGES

After use, the air/water syringes are removed and the A/W syringe is unwrapped from its protective barrier sheath and sprayed down.

IMPRESSIONS

Blood and saliva should be thoroughly and carefully cleaned, by spraying the impression first with Birex, then rinsing it with water before sending it to the dental laboratory. Impressions should be boxed and properly marked before going to the lab. Do not touch or wipe the impression without gloves.

ULTRASONIC SCALERS

Routine sterilization of hand-pieces between patients is mandatory. The ultrasonic scaler should be thoroughly scrubbed with a detergent and water to remove adherent material. It should then be put in the autoclave.

Allow the scaler to discharge water in the sink for 20-30 seconds to remove aspirated materials.

PROSTHETIC DEVICES

When working with any removable prosthetic device, partial or complete denture, first spray it with Birex and then rinse it with water. Place prosthesis, partial or complete dentures in the glass container for agitation in the Biosonic for debris removal.

BURS

After use, burs should be removed from the hand-pieces and then placed in ultrasonic solution. Make sure all blood and debris are removed before placing the bur in the caddy. Sterilize burs in the autoclave, or place them in a sterilization tray and complete the sterilization cycle.

COLD STERILE ONLY INSTRUMENTS

The following items need to be put into cold sterilization/CIDEX PLUS solution after use. THESE ITEMS ARE NOT TO BE AUTOCLAVED – HIGH TEMPERATURES WILL CAUSE MELTING.

1. Cheek retractors
2. Rubber wheels or polishers
3. Plastic alginate trays
4. Plastic and [name] den spatulas
5. Measuring cups for alginate
6. Dipping wells
7. Mouth props

Cold steriles are located in each operatory and by the sink in the dental laboratory.

SPOROX is the most NONTOXIC cold sterile to use. It is a 21-day solution from PURELIFE

CLEANING THE COLD STERILES

Cold steriles are located in each operatory and by the sink in the dental laboratory.

The solutions in the COLD STERILES must be changed the first of each month. Empty each cold sterile container, wipe clean using Clorox cleanup and refill with new cold sterile solution.

LOADING THE BIOSONIC

The Biosonic removes debris from instruments prior to the sterilization process. We have two Biosonics in our office, one small and one large.

All loose instruments are placed in the smaller Biosonic (i.e., metal instruments not used in cassette form, exam kit, surgical instruments, etc.) The following things should be loaded into the basket of the smaller Biosonic for 20-30 minutes:

1. Exam kit instruments.
2. All loose instruments including scissors, syringes, xcp units, endo file holder and files, C&B bumper tips, surgical instruments, etc.

The larger Biosonic is strictly for the stainless steel cassettes. All cassettes (i.e., endo, C&B, Rest, prophy and perio) should be loaded into the rack in the large Biosonic.

Once the Biosonics are loaded, turn the dial clockwise to activate the unit. Then, set the timer for 10 minutes.

After the 10 minute cycle is complete, remove the basket with the loose instruments from the small Biosonic and carry them to the sink. Rinse the loose instruments thoroughly with water and place them in the stainless steel colander to dry.

From the larger Biosonic, remove the cassettes and carry them to the sink. Rinse them thoroughly with water and place them in the sink drying rack.

When the loose instruments and cassettes are dry, they are then ready to be wrapped and sterilized in the autoclave.

The following items may NEVER be loaded into the Biosonic:

1. All drills (high speed, low speed).
2. Ultrasonic scalers (titan).
3. Crown and Bridge (C&B) bumper handle
4. Sonic scaler

BIOSONIC/ULTRASONIC

Insert a photo of the biosonic/ultrasonic here.

CARE OF BIOSONIC

The solution in each Biosonic must be changed daily with Type 1 cleaner, using the following steps:

1. Drain each unit. The valve for the small Biosonic drain is located on the back of the unit attached to its tube. The valve for the large Biosonic drain is located on the front left of the unit at its base.

2. Remove the stainless steel trays from the units.
3. Rinse the emptied units thoroughly with water and wipe the inside, outside and lids with a damp cloth.
4. Clean out the traps located in the bottom of each unit.
5. Clean the stainless steel trays and baskets, and replace them in the proper units.
6. Close the drain valve in each unit.
7. Fill the small Biosonic with Type 1 cleaner until it reaches the bottom of the basket. Fill the rest of the unit with tap water.
8. Fill the large Biosonic with Type 1 cleaner until it reaches the level of the lowest rack of the stainless steel tray. Fill the rest of the unit with tap water.

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1.

a) How long are instruments to remain in the Biosonic/Ultrasonic solution?

b) What does “autoclaving” mean?

2. Watch the lead assistant or other qualified employee go through all of the necessary steps of cleaning and autoclaving instruments, burs, cassettes, etc., until you understand what gets autoclaved and what does not get autoclaved. Go through all the steps yourself until the lead assistant is convinced you are fully capable of cleaning and sterilizing all instruments etc., without any guidance. This includes knowledge of what not to put in the autoclave and why. When the above is accomplished the lead assistant can initial the line to the left.

3.

a) Name the two types of hand-piece drills.

b) Name the two types of HS hand-piece drills.

c) Which hand-piece gets lubricated?

4.

With the lead assistant observing, go through the full procedure on sterilizing the different hand-pieces.

5.

a) What are the two steps taken BEFORE you lubricate the Impact Air Surgical HS hand-piece?

b) What is the one thing you NEVER do with this hand-piece?

6.

With the lead assistant observing, go through all of the steps necessary to properly lubricate the above hand-piece.

7.

a) How do you sterilize an ultrasonic scaler?

b) How do you sterilize an impression and A/W syringes?

c) How do you sterilize burs? Give each step.

8.

What are the eight things you put in cold sterilization as opposed to the autoclave after use?

9.

a) What does the Biosonic actually do to the instruments placed in it?

b) What do you place in the small Biosonic and what do you place in the large Biosonic?

c) How long do you set the timer for on the Biosonic?

d) What do you do with the instruments once they have finished?

e) What may NEVER be loaded in the Biosonic?

10.

With the lead assistant observing, correctly load the Biosonic according to our procedure. Once dry, handle them accordingly. The lead assistant must attest that you did everything per procedure with no mistakes.

HOW TO USE THE AUTOCLAVE

Following are the instructions on the use of the autoclave (AUTOCLAVE NAME):

1. Wrap all instruments in either bags or cassettes - whichever is appropriate.
2. Place the instruments to be sterilized on trays. Do not overload.
3. Open the door of the autoclave and place the trays on the racks in the autoclave.
4. Close the door, press the pouch button and start.
5. After autoclave has cycled (when the bell rings), turn the knob to “Dry” for 10 minutes. When drying cycle has finished, open the door a crack and let it cool (door will not open unless gauge on right-hand side is reading zero pressure). Be careful! Steam will be released!
6. At the end of the cycle, turn the red arm back to zero. This will ensure that the autoclave is reaching the proper temperature during each cycle.
7. A 10-minute dry cycle can be used to dry sterilized bags and hand-pieces, and to remove moisture from the instruments.
8. The autoclave must be cleaned on the first of every month.
9. The autoclave must be drained every two weeks and interior cleaned.
10. Do not put away wet instruments. These will not dry and harbor bacteria and rust the instruments.

PHOTO: AUTOCLAVE

Insert a photo of the autoclave here.

PHOTO: AUTOCLAVE SMALL STERILIZATION BAG

Insert a photo of the autoclave – small sterilization bag for burs, files and shaper here.

PHOTO: AUTOCLAVE PAPER STERILIZATION BAG

Insert a photo of the autoclave – paper sterilization bag for drills, individual instruments and exam kits here.

PHOTO: AUTOCLAVE – CLEAR STERILIZATION BAG

Insert a photo of the autoclave – clear sterilization bag – one side clear for surgical instruments and x-ray holders here.

AUTOCLAVE TESTING

As the dental assistant, you are responsible for testing the autoclave on the first Friday of each month. This testing is done to ensure that the autoclave is functioning properly and is sterilizing all instruments to meet current standards and guidelines.

The test kit (spore test) used is ordered from _____ Dental Supply Company. Once the test is performed, it is sent to Biological Monitoring Service. When our test kit is received, Biological Monitoring Service will evaluate the results and send us a report that will indicate if our autoclave passed or failed. If a failure

report is received, Dr. [name] must be notified immediately and the spore test must be repeated at once for re-evaluation.

The Biological Monitoring Report must be maintained in a file in the dental laboratory and kept current by the assistant. A testing schedule (dates for autoclave testing each month) must be posted in the dental laboratory, completed and followed without fail by the assistant.

The address for the monitoring company is as follows:

Biological Monitoring Service

P.O. Box 0000

Mytown, CO 80000-9999

Our client # is AB000.

Our sterilizer type is STEAM HEAT.

Our cost is \$72.00 per year, \$6.00 per test.

DIRECTIONS FOR USE:

Use the blue package strips in the sterilizer. DO NOT PEEL OR OPEN THE STRIPS. Put them in the sterilizer "as is" with your load and then send them to the above address. They will open the strips for incubation. See the following page for specific instructions.

AUTOClave SPORE TESTING

Insert the instructions for autoclave spore testing here.

SPORE TESTING ENVELOPE

Insert a sample of a spore testing envelope here.

SPORE TESTING RESULTS REPORT

Insert a sample of a spore testing results report here.

AUTOCLAVE TESTING SCHEDULE

DATE	DATE TESTED	TEST DONE BY	RESULT
1/4/16			
<i>Retest ?</i>			
2/1/16			
<i>Retest ?</i>			
3/1/16			
<i>Retest ?</i>			
4/5/16			
<i>Retest ?</i>			
5/3/16			
<i>Retest ?</i>			
6/7/16			
<i>Retest ?</i>			
7/5/16			
<i>Retest ?</i>			
8/2/16			
<i>Retest ?</i>			
9/6/16			

<i>Retest ?</i>			
10/4/16			
<i>Retest ?</i>			
11/1/16			
<i>Retest ?</i>			
12/6/16			
<i>Retest ?</i>			

NOTE: Must be posted in dental laboratory at all times

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1.

a) At what temperature should the autoclave be set for sterilizing?

b) When you turn the knob to “fill” and water is in the autoclave, what do you do?

c) After you have closed the door tightly what do you set the timer to? Is there a difference with the first run of the day?

d)

What do you do after the bell rings?

2. With the lead assistant observing, go through all the steps to correctly autoclave instruments. Repeat as many times as necessary, until you can do it without having to refer to the procedure.

*This doesn't mean you shouldn't refer to the procedure while apprenticing. You should refer to our procedures whenever you have the slightest doubt. The more you read and refer to procedures, as opposed to asking others to help you, the more certain you will become.

3.

a) When should you refrain from autoclaving a hand-piece? What do you do when this is the case?

b) What should you always do to be certain about the exact procedure for sterilizing the different hand-pieces?

c) What are the basic procedures that “normally apply” to the sterilization of all the major brands of hand-pieces?

4.

Once you have read the addendum to Infection Control For The Hand-piece, read the excerpt from our OSHA guidelines entitled “Preventing the Transmission of Disease For The Health Care Worker.” Have another qualified employee verbally quiz you on this section to ensure you understand all of the terminology and technical aspects of this article. The “qualified employee” must initial on the line to the left attesting to the fact that you do know and understand this procedure and article.

5.

a) What is the biohazard waste box used for? Give some examples of items that should be placed in this box.

b) What is our mandatory procedure regarding all needles?

c) How often does the Biohazard waste company come to pick up our waste?

d) What are you supposed to do with the “manifest” that comes in the mail from the Biohazard Waste company?

e) What do you do if the biohazard waste box or the sharps container becomes full before the quarterly pick up?

6.

Have a qualified employee show you where the biohazard waste box is located as well as all of the sharps containers. If you are not already quite familiar with our procedure for the proper placement of needles into the sharps container, do it now, while the lead assistant observes.

7.

Read all of our brochures on biohazard waste to familiarize yourself with this procedure and why it is so important. Have the lead assistant quiz you on these brochures to ensure you have a thorough understanding of them.

MAINTAINING THE VACUUM PUMP

The maximizer is a vacuum pump that allows each operatory to have a high speed and low speed suction. The maximizer is located in the lab closet. It has 2 engine heads that have filters. The filters accumulate debris and need to be cleaned on the first Friday of each month.

First flush entire system starting with the operatory furthest from vacuum system working your way to the closest operatory to the system. You will run extremely hot water with cleaner thru each HVE and SE in each room. Once completed you will then go to vacuum unit and hold release valve to back wash the system in the tubing connected to the unit. This will allow pressure to build in the lines into the vacuum unit allowing the cleaner to flow loosening debris that is stuck in the lines on the unit going to the pipes to sewer system.

The filter is housed in a clear plastic cylinder to the left of each engine head. After unscrewing and removing the cylinder, a stainless steel mesh filter is found.

This needs to be removed, placed in a bucket, carried up to the dental laboratory sink, and cleaned with water and Clorox cleanup.

Once the filter is clean, place it back into the cylinder, return it to the maximizer unit and re-attach it.

A monthly maintenance schedule for the maximizer must be posted in the dental laboratory, completed and followed without fail by the assistant.

Very Important! The maximizer pump must be turned off during this process!

CHANGING FILTERS IN WATER FILTRATION UNIT

In the (laundry room), against the wall is a water filtration unit. The actual filter is housed in a blue plastic container. The assistant is responsible for changing this water filter on the first Friday of each month. To replace the filter, the following steps need to be followed:

1. Turn off the 3 red light switches on the wall next to the utility closet in the consult area.
2. At the water filtration unit, turn the 2 valves to the right and left of the blue plastic container to the off position.
3. Push the red button on top of the blue plastic container to release any pressure within the container.
4. Rotate the container clockwise with a circular tool attached to the filtration unit.
5. By hand, remove the blue container. Dump the dirty brown filter and water into the sink.
6. Insert a new filter and tighten it by hand, with the last revolution being done with the circular tool.
7. Turn the valve to the on position and the process is complete

A monthly maintenance schedule for changing the water filter must be posted in the dental laboratory, completed and followed without fail by the assistant.

MAINTAINING THE COMPRESSOR

The compressor, located in the lab closet, is the equipment which introduces air into all of the tubing in each operatory. It is responsible for driving the high speed and slow speed hand-pieces. Every week on Friday, the compressor is oiled.

This function is performed first thing in the morning, before the 3 red light switches are turned on in the consult area. Oil needs to be added to the ports along the side of the compressor. A gauge is located on each side and the oil line must be above the 50% line marked on the gauge. On the gauge, a slight air bubble must be evident.

On the first Friday of each month, the vacuum cleaner with attached hose is run over the fan vents located on top of the compressor. This removes any accumulated dust from the vents. If not removed, the accumulated dust on the vents would prevent the fan from adequately cooling the compressor.

A monthly maintenance schedule for vacuuming the compressor fan vents must be posted in the dental laboratory, completed and followed without fail by the assistant.

MONTHLY MAINTENANCE

The following equipment is cleaned and maintained by the assistant on the first Friday of each month:

1. Autoclave – Spore Testing
2. X-Ray Processor – Cleaned
3. Cold Steriles – Cleaned and solutions changed
4. Maximizer Vacuum Pump – Filters cleaned
5. Compressor – Fan vents vacuumed

You will be provided with a Monthly Routine Checklist. Make sure to follow specific instructions for the cleaning and maintenance of each item. Perform

each function and sign off on each item on your Week Ending/Monthly Routine Checklist. Turn this checklist in to Dr. [name] upon completion.

A monthly maintenance schedule for the above items must be posted in the dental laboratory, completed and followed without fail by the LEAD assistant.

The following page is a Monthly Maintenance Schedule that must be posted in dental laboratory at all times

DATE	AIR MIZER PUMP AIR FILTERS CLEANED	AIR FILTER REPLACED	AIR COMPRESSOR and VACUUMED	X-RAY PROCESSOR CLEANED	DISINFECTANT CHANGED
<i>Scheduled</i>	<i>Date & Initial</i>	<i>Date & Initial</i>	<i>Date & Initial</i>	<i>Date & Initial</i>	<i>Date & Initial</i>
4/4/13					
5/1/13					
6/1/13					
7/5/13					
8/3/13					
9/7/13					

5/13					
2/13					
6/13					
0/4/13					
1/13					
2/6/13					

INFECTION CONTROL FOR THE DENTAL HANDPIECE

Because of the need to provide optimal infection control protocol when treating patients, it is recommended that all hand-pieces be sterilized. Only when the manufacturer states that a particular model cannot be sterilized should high-level disinfecting be substituted for sterilization.

It is important to remember that you must follow the directions provided by the manufacturer of your hand-piece. This is particularly important because:

1. Some hand-pieces are not able to tolerate either chemical vapor or steam autoclave sterilization.
2. Some hand-pieces may be able to tolerate either.

3. Some hand-pieces should only be sterilized in the steam autoclave, and not in a chemical vapor device.
4. While most manufacturers recommend lubrication before and after sterilization, some only advise before.
5. Some manufacturers recommend running the hand-piece after lubrication with a bur in place, while others do not.
6. Certain new ceramic turbine hand-pieces require no lubrication.

While you must refer to the manufacturer's instructions, certain basic procedures normally apply to the sterilization of all the major brands of hand-pieces:

1. Scrub the contaminated hand-piece with isopropyl alcohol before sterilization. Remember to wear a mask, nitrile gloves and safety glasses.
2. Dry.
3. Lubricate (separate cans of lubricant for before and after sterilization, to prevent contamination) and briefly run.
4. After sterilization cycle is complete, remove the hand-piece from the sterilizer immediately and allow it to cool in the bag.
5. Monitor and document sterilization with a commercial spore preparation.

It is important that a standard operating procedure (SOP) be developed and adhered to in order to prevent the transmission of disease.

HANDPIECE REPAIRS

Should a handpiece or angle break, the order of procedure is as follows:

1. Be sure the item is definitely malfunctioning or broken, then check with the doctor.
2. Once it is determined that the handpiece is broken, remove the turbine.
3. List the serial # in the hand-piece serial log. The handpiece serial # log is found in the lab, in the wall pocket labeled star in a manila folder
4. Be sure item is properly sterilized in an autoclavable bag.
5. Make sure that the handpiece serial # corresponds with handpiece just sterilized and mark on the list the turbine failure date, if under warranty.
6. Give the sterilized handpiece to the assistant who orders supplies.
7. The assistant will order the new turbine.

8. When the item is repaired and returned to you, put the date returned next to the serial # on the handpiece serial log.
9. Place a copy of all invoices for handpieces in “handpiece” folder.

HANDPIECE SERIAL LOG BOOK

Insert a copy of the handpiece serial logbook here.

SUMMARY OF SAFETY PROCEDURES

A checklist for infection control of the dental office can be found within this manual.

IMMUNIZATION

Health care workers should have appropriate immunizations, such as that for the hepatitis B virus.

Before patient treatment:

- Obtain a thorough medical history.
- Disinfect prosthesis and appliances received from laboratory.
- Place disposable coverings in appropriate the container.

DIGITAL IMAGING SYSTEM MAINTENANCE

It is the assistant’s responsibility to take care of and maintain the processor. Maintenance is performed on a daily, weekly and monthly basis.

DAILY ROUTINE

- At the start of each day, top off /add fixer and developer (add 6oz of fresh developer and fixer) to the appropriate tanks.
- Turn on the processor and the water valve.

- At the end of each day, turn off the processor and water valve.
- Remove the outer lid and place it at an angle on top of the processor. This allows for cooling and prevents condensation.

WEEKLY ROUTINE (EVERY FRIDAY)

- You must take apart and clean the processor.
- Remove the rollers.
- Place them in the lab in their designated cleaning pans, spray with designated cleaner, and scrub them with a soft bristle brush to remove any heavy chemical residue.
- Rinse well and place rollers, gear side up, in the designated tray to allow for drying until the next working day.

THE NEXT WORKING DAY, FOLLOWING WEEKLY ROUTINE

- Replace rollers in the trays in the processor.
- Follow the normal daily routine.

MONTHLY ROUTINE

- Perform the normal weekly cleaning and maintenance routine.
- Remove plugs and drain solutions from the trays.
- Remove, rinse and scrub the trays.
- Rinse inside of the processor with warm water and wipe out with a sponge.
- Return trays to the processor, keeping the fixer tray and the developer tray separate.

THE NEXT WORKING DAY, FOLLOWING THE MONTHLY ROUTINE

- Replace rollers in the trays in the processor.
- Follow the normal daily routine.

DIGITAL IMAGING SYSTEM MAINTENANCE SCHEDULE

Insert a copy of the digital imaging system maintenance schedule here.

KEEPING INSTRUMENTS STERILIZED

Every day we work together as a team, so our schedule can flow smoothly at all times. It is also very important for the sterilization process to flow smoothly. For example, we should never run out of exam kits, prophylaxis kits or hand-pieces. When we don't stay on top of our job with instruments, they tend to pile up on top of the Biosonics and in the sink. This looks very unprofessional and unorganized.

In order to maintain a smooth flowing and professional atmosphere with the instruments, please follow these steps:

1. Do not just set the instruments on top of the Biosonic.
2. If there are instruments in the Biosonic, take them out.
3. Rinse the instruments under water and scrub them.
4. Lay them on the paper towels to dry or place the cassettes in the sink to dry.
5. Place your instruments in and the RUN the Biosonic.

Always keep your eye on the instruments and when you have two minutes, or are waiting for Dr. [name] to administer anesthesia, please follow these steps:

1. If there are instruments or cassettes dry and ready to be bagged, please do so.
2. Place instruments into the Autoclave.
3. Run the Autoclave when full.

Before taking a lunch break, check to make sure all instruments are running in the Biosonic, drying or bagged and ready to be sterilized. Keep it flowing! **KEEP RUNNING THE AUTOCLAVE AT ALL TIMES. DO NOT WAIT FOR A FULL LOAD. WAITING FOR A FULL LOAD WILL GET STERILIZATION BACKED UP AT LUNCH TIME AND AT THE END OF THE DAY. THE GOAL IS TO HAVE ALL INSTRUMENTS RAN AND PUT AWAY AT THE END OF THE DAY TO BE READY FOR THE NEXT WORK DAY.** This will greatly help the other staff members.

WEEK ENDING MAINTENANCE

The following equipment is cleaned and maintained by the assistant every week on Friday:

- X-Ray Processor
- Compressor
- Biosonics
- Autoclave
- Impression Trays
- A/W Syringes and High Speed Lines

You will be provided with a Week Ending Checklist. Make sure to follow specific instructions for the cleaning and maintenance of each item. Perform each function and sign off on each item on your Week Ending Checklist. Turn this checklist in to Dr. [name] upon completion.

CLEANING AND MAINTAINING THE AUTOCLAVE

On the first of each month, the _____ Autoclave is to be cleaned with Speed Clean (cleaner). This product is specifically designed for all steam sterilizers. It effectively cleans and de-scales the reservoir chamber and copper tubing. It is packaged in packets and is to be used according to the manufacture's directions.

After running the autoclave during the week ending cleanup routine turn off the unit. The autoclave must be warm when cleaned. Remove the rack from the autoclave and follow the directions for cleaning on the _____ Bottle.

AUTOCLAVE CLEANING PRODUCT INSTRUCTION

Insert a copy of the autoclave cleaning product instruction here.

REVIEW

Do NOT write on this page. Make a copy of this page and write your answers on it. You may refer back to the policy as often as needed to answer the questions. Turn your answers in to the office manager upon completion. Ask a qualified employee to sign off on any procedure drills or role-playing.

If any answers are incorrect, you will be referred back to the appropriate policy for a review until you understand it completely. The same is true for any procedure drills during your training. Remember, we are only concerned with you getting each answer 100% correct and knowing you can perform each procedure correctly and with confidence. Use the back of the copied page for your answers, if needed.

1.

Have a qualified employee show you each step of the procedure on “Maintaining The Vacuum Pump.” Then, go through each step with the employee observing and answering any questions you may have until you can do so with confidence.

***Note:** Always refer back to this procedure when performing these steps until you are certain you have it memorized.

2.

Have a qualified employee show you each step of the procedures on “Changing The Filtration Water Filters.” Then, go through each step with the employee observing and answering any questions you may have until you can do so with confidence.

***Note:** Always refer back to this procedure when performing these steps until you are certain you have it memorized.

3.

Have a qualified employee show you each step of the procedures on “Maintaining The Compressor.” Then, go through each step with the employee observing and answering any questions you may have until you can do so with confidence.

***Note:** Always refer back to this procedure when performing these steps until you are certain you have it memorized.

4.

Have a qualified employee show you each step of the procedure “Cleaning and Maintaining The Autoclave.” Then, go through each step with the employee observing and answering any questions you may have until you can do it with confidence. Refer to the Speed Clean directions.

***Note:** Always refer back to this procedure when performing this procedure until you are certain you have it memorized.

5. Name the equipment that must be cleaned and maintained on the first Friday of each month.

DAILY ROUTINE

The following is a list of the basic duties and functions you are responsible for on a daily basis. Additional policies and technical manuals are available to give you a more complete description of how to perform these functions.

MORNING

1. Turn on overhead lights.

2. Turn on RED light switches (water, compressor, & vacuum) in consult area, turn air conditioner thermostat to 70 degrees.
3. Turn on Nitrous and Oxygen
4. Prepare operatories for the first and second patients.
 - a. Turn computers, x-ray machines and panoramic unit, carpule warmers on.
 - b. Check for cleanliness and neatness.
 - c. Check all supplies.
 - d. Setup for the procedure indicated: restorative, crown/ bridge, or RCT.
 - e. Empty all cold sterile storage containers and allow them to dry.
 - f. FILL ULTRASONIC
5. Lower blinds and chairs.
6. Add extra solutions, usually a capful, to the digital imaging system and turn it on.
7. Trim models and get lab cases ready to go out. Check on lab cases for coming week
8. Be ready for the morning staff meeting no later than a half hour before it starts.

DAILY

1. Assist the doctor at the chair.
2. Clean operatory after each patient.
3. Prepare room for the next patient.
4. Clean used impression trays on specified day.
5. Keep lab and instruments clean.
6. Conduct inventory control:
 - a. During the day constantly check supply of materials.
 - b. Write down any needed supplies. Include all necessary information.
 - c. Order supplies on Fridays, unless needed immediately. Ensure that the necessary paperwork and record keeping is always maintained regarding ordering supplies.
 - d. Always check to be sure the needed supplies have not already been ordered.
 - e. Review inventory needs with the doctor before ordering.
7. Every day around 4:00, check the next day's schedule to ensure all lab cases are in.
8. Complete all checklists for opening and closing the dental operatories.

The receptionist will let the assistant and doctor know a patient has arrived by use of a colored slip that will consist of the patient's arrival time and appointment time. If we are running behind schedule, the receptionist will come back 5

minutes later with another note to alert the assistant to this situation. The assistant must then go out to the reception area and apologize to the patient for running behind and inform him of how much longer we expect to be.

END OF DAY

1. Be sure all instruments are clean and turn on the autoclave.
2. Clean all operatories:
 - a. Flush suction (after oral surgeries).
 - b. Clean suction traps every night, or as needed.
 - c. Clean sinks (turn water knobs in each off), counters and chairs.
 - d. Ensure all TV's and lights are off.
 - e. Turn off units and adjust air-conditioning or heat.
 - f. Raise chairs in the operatories to the highest point
 - g.
 - g. Raise blinds in operatory 1 to their highest point.
3. Empty the water containers in operatories 1 and 3, purging the system by forcing air through A/W syringe and high-speed hand-piece.
4. Ensure all x-ray units and developers are off (making sure H2O is off, too).
5. Make sure the stereo and the VCR/DVD are turned off.
6. Turn off the water and 3 red switches.
7. Turn off the autoclave.
8. Check the crown cases for next day and make sure they are in for tomorrow's scheduled patients.
9. Make sure all impressions have been poured.
10. If you are the last one to leave the office, ensure all of the lights are off and doors are locked.

THE LAB MUST BE LEFT IN A CLEAN AND ORDERLY FASHION.

OPENING PROCEDURES CHECKLIST

Lower thermostats to 70°

Turn on all lights, including carpule warmers and 3 red light switches

Empty autoclave

Turn on the processor and water in the x-ray room, add 6oz of fresh fixer and developer into appropriate tanks

Lower blinds in operatory #1 to a closed position

Lower chairs

Empty chair side cold steriles and restock needed supplies in operatories

Put away clean instruments

Set up operatories for first patients

Gather charts for the morning huddle, along with progress notes and lab Rx's

Participate in the huddle and inform staff what procedures will be rendered for each patient

Give lab cases not completed the day before to the receptionist, to call for pickup

*** All of the above must be done before the morning huddle. This is why the assistant must arrive 45 minutes prior to patient start time.**

*** Turn in this checklist to Dr. [name] daily, until notified in writing by the doctor that it is no longer necessary.**

SIGNATURE: _____

DATE: _____

DAILY ROUTINE CHECKLIST

Greet patients and seat them in the operatory.

Review medical history and chart.

Take any necessary x-rays before the doctor arrives to treat patient.

Assist the doctor at chair side.

Pour up opposing preliminary alginate impression (if necessary).

_____ Fill out progress note information and place it in the chart; complete and secure the doctor's signature.

Fill out routing slip, accurately indicating all procedures performed, any prescriptions needed and the next visit information.

Take chart, routing slip, and lab slip to the Accounts Manager before dismissing the patient from the chair.

Dismiss the patient from chair and escort him/her to Accounts Manager for checkout.

Clean the operatory after each patient.

Prepare the room for the next patient.

Pack any inserted/completed lab case in a zip lock bag and label it (patient's name, insertion date, tooth number, prosthetic type). Empty the box in lab.

Keep inventory control throughout the day. Constantly check the supply of materials and write down any needed supplies, including any necessary information and always check to be sure the needed supplies have not already been ordered.

_____ Sterilize instruments.

File x-rays in charts.

Trim and label all poured models.

Wash, dry and hang lab coats when needed.

* Turn in this checklist to Dr. [name] daily, until notified in writing by the doctor that it is no longer necessary.

SIGNATURE: _____

DATE: _____

END OF THE DAY CHECKLIST

Ensure all operatories are clean and set up for the next day's first patients and chairs are raised to their highest point.

Open and pull up operatory #1 blinds.

Turn off all lights in operatories, carpule warmers, curing lights, imaging area or digital imaging station and x-ray units and Panorex machine.

Turn off all three red light switches (water, compressor, vacuum).

Fill water bottles in operatories

Purge lines for high-speeds and A/W syringes.

Remove all instruments from the Biosonic.

Ensure all instruments are bagged and ready to go for sterilization cycle.

Clean lab, including countertop and sink, and turn off all equipment.

Ensure all models are poured, trimmed and labeled.

Prepare all lab cases; label and box with Rx enclosed and get ready to go out the next morning. Give cases to the receptionist to call for pickup.

Turn both thermostats up to 75°.

Turn off the water valve and digital imaging system.

Turn off the autoclave.

Select progress note labels for each patient on the next day's schedule and place in the chart along with the routing slip.

Select the appropriate lab prescriptions (if applicable) for patients on the next day's schedule. Fill out the name, date, date needed by, tooth numbers and instructions and place them in the chart along with routing slip and progress notes.

Pull all lab cases for try-in or insertion for the next day's schedule. Ensure all lab cases are in for the next day. Place cases in lab stock trays and label them with the patient's name. Place them on the sterilization counter. Notify the scheduling coordinator immediately of any missing cases.

_____ Check in and put away any supply orders received.

_____ Shut off items in lab (ie: cerec milling unit, glazing oven, vacuum former)

_____ Turn off Nitrous and Oxygen

_____ Drain Ultrasonic

SIGNATURE: _____

DATE: _____

* Turn in this checklist to Dr. [name] daily, until notified in writing by the doctor that it is no longer necessary.

WEEK ENDING ROUTINE CHECKLIST

Wash, dry and hang lab coats. Remove all pens, gloves and masks from pockets beforehand.

_____ Add oil to the compressor - to both ports in the laundry room.

Remove all instruments from the Biosonics.

Change solutions in the Biosonics.

Ensure all instruments are bagged and ready to go for the sterilization cycle.

Load and run the Autoclave.

Turn off the autoclave.

Clean the Autoclave. It must be warm when cleaned.

Empty all objects from all cold steriles.

Ensure that all used impression trays are scrubbed thoroughly in hot soapy water and then replaced in their proper containers above the lab sink.

Run vacu-cleaner or bleach water through all suctions and pour a cup full of bleach water down each cuspidor.

Change traps in all cuspidors.

Empty water bottles in operatories #1 and #3.

Run dilute bleach solution through air water syringes and high speed lines.

Purge lines for the high-speeds and A/W syringes until dry.

Clean all chairs in the operatory. Then, Armoral chairs and bases.

Clean the lab, sterilization center, and operatory countertops and cabinets with soft scrub and all-purpose spray cleaner.

Lower Panorex unit and wipe off the top of it with all-purpose cleaner.

Do any other cleaning needed.

Turn off the water valve and shut off the digital imaging system.

_____ Clean the digital imaging system. Follow the weekly maintenance schedule.

_____ Organize and check all supplies in Endo cart.

Re-stock the operatories and cabinet above the autoclave.

Re-stock the bur blocks from all operatories uniformly.

_____ Check in and put away all supply orders received.

_____ Check stock and inventory supplies.

Restock paper towel dispensers in all operatories, patient bathroom, lab, imaging area or digital imaging station and sink.

Restock the patient bathroom with soap, lotion and tooth-brushing supplies.

Ensure that all models are poured, trimmed and labeled.

Confirm that all lab cases prepared, labeled and boxed with the Rx enclosed and ready to go out the next morning. Give cases to the receptionist to arrange for pickup.

Ensure that all lab equipment turned off.

Turn off all lights in the operatories, carpule warmers, curing lights, imaging area or digital imaging station and x-ray units.

Raise chairs to their highest point.

Open and pull up operatory #1 blinds.

Complete _____ Budget Report.

Insert progress notes in charts for the next day's schedule.

Pull lab cases for next day's schedule, place them in the lab stock trays and label them with the patient's name. Place them in the designated cabinet above the sterilization counter.

Place necessary (approved) supply orders. Ensure and record keeping is always maintained regarding ordering supplies.

_____ Empty the mailbox and completely handle all requests.

Turn off both thermostats.

MONTHLY ROUTINE (first Friday of each month)

_____ Perform spore testing in the autoclave and mail it. Then, document testing on the autoclave testing schedule in the dental lab.

Clean the digital imaging system

_____ Clean the cold steriles and change the solution.

_____ Remove all cuspidors and soak them in bleach water (50/50 mix) in lab sink.

_____ Place a new filter in the water filtration system.

_____ Clean the suction trap filters in the maximizer pump.

_____ Clean the oil compressor and vacuum fan vent.

_____ Document the above on monthly maintenance schedule in the dental lab.

* Turn in this checklist to Dr. [name] weekly, until notified in writing by the doctor that it is no longer necessary.

SIGNATURE: _____

DATE: _____

REVIEW

Do NOT write on this page. Make a copy of this page and write your answers on it. You may refer back to the policy as often as needed to answer the questions. Turn your answers in to the office manager upon completion. Ask a qualified employee to sign off on any procedure drills or role-playing.

If any answers are incorrect, you will be referred back to the appropriate policy for a review until you understand it completely. The same is true for any procedure drills during your training. Remember, we are only concerned with you getting each answer 100% correct and knowing you can perform each procedure correctly and with confidence. Use the back of the copied page for your answers, if needed.

1.

Have a qualified employee show you each step of the procedures in the “Daily Routine.” Then, go through each step with the employee observing and

answering any questions you may have, until you can do so with confidence. Disregard any procedures that are impossible to do at this point, if they are strictly monthly or are beyond your capability at this point in your training such as “assist the doctor chair side” or “trim and label poured models” etc.

***Note:** Always refer back to this procedure when performing these procedures until you are certain you have it memorized.

2.

Have a qualified employee show you each step of the procedures in the “Opening Procedures Checklist.” Then, go through each step with the employee observing and answering any questions you may have, until you can do so with confidence. Disregard any procedures that are impossible to do at this point, if they are strictly monthly or are beyond your capability at this point in your training such as “assist the doctor chair side” or “trim and label poured models” etc.

***Note:** Always refer back to this policy when performing these procedures until you are certain you have it memorized.

3.

Have a qualified employee show you each step of the procedures in the “Daily Routine Checklist.” Then, go through each step with the employee observing and answering any questions you may have, until you can do so with confidence. Disregard any procedures that are impossible to do at this point, if they are strictly monthly or are beyond your capability at this point in your training such as “assist the doctor chair side” or “trim and label poured models” etc.

***Note:** Always refer back to this policy when performing these procedures until you are certain you have it memorized.

4.

Have a qualified employee show you each step of the procedures in the “End Of Day Checklist.” Then, go through each step with the employee observing and answering any questions you may have, until you can do so with confidence. Disregard any procedures that are impossible to do at this point, if they are strictly monthly or are beyond your capability at this point in your training such as “assist the doctor chair side” or “trim and label poured models” etc.

***Note:** Always refer back to this procedure when performing these procedures until you are certain you have it memorized.

5.

Have a qualified employee show you each step of the procedures in the “Week Ending Routine Checklist.” Then, go through each step with the employee observing and answering any questions you may have until you can do so with confidence. Disregard any procedures that are impossible to do at this point, if they are strictly monthly or are beyond your capability at this point in your training such as “assist the doctor chair side” or “trim and label poured models” etc.

***Note:** Always refer back to this procedure when performing these procedures until you are certain you have it memorized.

FINAL EXAM

This is a timed exam and must be taken at our office under the supervision of the office manager or dentist. You have one hour to complete the 18 questions. Use separate paper and please indicate your answers with the corresponding question on this final exam. Turn your answers into the office manager upon completion.

If any answers are incorrect, you will be referred back to the appropriate policy for a review and may take this opportunity to re-write your answer to ensure you get 100% of the questions correct. The same is true for any procedure drills conducted during your training.

1. How often should the solution in each Biosonic be changed?
2. In your own words, describe the basics of cleaning the Biosonic.
3. Maintenance is performed on the digital imaging system strictly once a month. True or False?
4. What brand of cleaner is used to clean the autoclave?
5. What dental instrument relies upon the compressor for its operation?
6. How often is the compressor oiled and what line must the oil be above when looking at the oil gauge?
7. What do you do with the Monthly Routine Checklist and whom do you turn it in to?
8. When do you change the solutions in the cold steriles?
9. How often is the assistant responsible for changing the water filters?
10. What does the vacuum pump do?
11. How often should the filters in the vacuum pump be cleaned?
12. What is the first thing you should do before attempting to clean the filters in the vacuum pump?
13. How often should you test the autoclave?
14. If the receptionist alerts you to the fact that you are running behind schedule and there is a patient in the reception area, what do you do?
15. When you clean the operatories at the end of the day, what are the seven things you must ensure get done?
16. How many minutes earlier than the rest of the staff must the assistant arrive to ensure her opening procedures checklist is done?
17. What are you supposed to do with the daily routine checklist once you have completed it at the end of the day?
18. How do you document your completion of the monthly routine?

I attest that I understand all the policies contained in this Chair side Assistant Manual. I have completed all of the procedures and answered all of the exam questions contained herein and have the required initials of the appropriate staff as instructed. I have reviewed any incorrect answers with a qualified employee and have re-written each one (if necessary) with the correct answers. The lead assistant and/or the dentist have confirmed these as complete and correct.

Signed:

Print Name:

Date Completed:

Supervisor Signature:

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CHAIR SIDE ASSISTANT APPRENTICESHIP CHECKLIST

Date Started:

Date Completed:

Name:

The purpose of this apprenticeship checklist is to ensure, through observation and not written exams, that you can effectively perform all of the duties of your job description. The only person authorized to sign off on each of the apprenticeship points is the doctor. Please ensure you get each point signed with the appropriate date.

The maximum amount of time allowed to complete this apprenticeship checklist is 120 days from beginning to end.

Once complete you will be eligible for our bonus program.

Completion of our training and apprenticeship program does not guarantee employment. It only indicates you have the “ability” to perform your duties and functions as an experienced and trained employee. There may be additional classes you will need to take outside of our dental office as time goes on to improve your abilities and stay abreast of our ever-changing profession.

We hope you set a good example in every way to other staff. The doctor will meet with you a minimum of once a week to review your progress on this checklist until it is complete. The doctor will refer you to the appropriate procedures or other references for any needed review or for new information relating to your job. Congratulations on arriving at this point in your training program.

1.

Greets all patients warmly and with a smile.

Signature: _____ Date: _____

2.

Communicates well with all patients.

Signature: _____ Date: _____

3.

Communicates well with the dentist.

Signature: _____ Date: _____

4.

Contributes to ensuring we are doing all things possible to keep “Dr. Production” and “Completed Tx. Plans” in a high range.

Signature: _____ Date: _____

5.

Efficiently records all treatment recommended, treatment done and any additional notes requested by the dentist.

Signature: _____ Date: _____

6.

Efficiently performs all of the steps listed in the procedure “Chair side Assistant Job Description.”

Signature: _____ Date: _____

7.

Knows how to take excellent x-rays.

___ Bitewings

___ FMX

___ Periapicals

___ Pan

Signature: _____ Date: _____

8.

Works closely with the front desk staff on getting all patients to complete

their treatment plans.

Signature: _____ Date: _____

9.

Cooperates with all other staff and doctors.

Signature: _____ **Date:** _____

10.

Sets a good example for other staff.

Signature: _____ **Date:** _____

11. Contributes to an upbeat and harmonious dental practice through actions and attitude toward patients, staff and doctors.

Signature: _____ **Date:** _____

12.

Uses the appropriate communication forms and refrains from asking others to remember things that could have put on a memo or other appropriate form.

Signature: _____ **Date:** _____

13.

Keeps patients informed of our internal referral program and encourages

patients to refer family and friends.

Signature: _____ **Date:** _____

14.

Adheres to the general policies of our office.

Signature: _____ Date: _____

15.

Maintains good personal hygiene (no body odor).

Signature: _____ Date: _____

16.

Always maintains a well-groomed personal appearance.

Signature: _____ Date: _____

17.

Refers others to appropriate company procedures as opposed to giving verbal opinions on procedure matters.

Signature: _____ Date: _____

18.

Effectively sets up all trays without missing instruments or supplies.

Signature: _____ Date: _____

19.

Knows how to properly use the _____ computer system as it relates to the dental operatory and assistant functions.

Signature: _____ Date: _____

20.

Knows how to prepare x-rays that the dentist can diagnose the first time.

Signature: _____ Date: _____

21.

Knows how to quickly and efficiently clean and sterilize operatories.

Signature: _____ Date: _____

22.

Knows how to quickly and effectively sterilize all instruments and store them properly.

Signature: _____ Date: _____

23.

Quickly breaks down and sets up an operatory for any procedure.

Signature: _____ Date: _____

24. Effectively communicates, educates and encourages patients to complete their individual treatment plans.

Signature: _____ Date: _____

25.

Effectively generates interest on the part of the patient regarding elective

procedures, such as bleaching and veneers.

Signature: _____ Date: _____

26.

The dentist is confident in the assistant's ability to assist him/her in all procedures performed at this dental office. These assisted procedures are done in an effective and timely manner, thus contributing to a very efficient dental practice.

Signature: _____ Date: _____

ATTEST

I attest that _____ has successfully demonstrated competence on all of the above points and is now considered fully trained and apprenticed.

Signed

Date

(Doctor signature)

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This practice utilizes AI-assisted imaging tools integrated within the digital imaging platform. These systems may highlight potential findings such as interproximal caries, recurrent decay, bone loss, periapical pathology, calculus, and restorative margins.

AI tools are designed to SUPPORT—not replace—clinical judgment. All diagnoses, treatment planning, and patient communication remain the sole responsibility of the dentist.

Dental assistants are responsible for:

- **Accurate image acquisition and positioning**
- **Correct patient identification and labeling**
- **Uploading images to the EHR prior to doctor examination**
- **Reporting image capture issues immediately**

AI findings should never be discussed with patients unless directed by the dentist.

This practice operates as a fully digital (chartless) office. All patient records are maintained within the electronic health record (EHR).

Legacy paper documents must be:

- **Scanned promptly into the EHR**
- **Indexed to the correct patient and document type**
- **Verified for legibility**
- **Securely shredded once confirmed**

Dental assistants must ensure all radiographs, photographs, progress notes, and consent forms are uploaded, signed when required, and accessible prior to patient dismissal.

Digital records are legal documents and must be treated with the same confidentiality and accuracy as traditional paper charts.

All clinical protocols outlined in this manual are to be performed in accordance with current CDC infection control guidelines, OSHA Bloodborne Pathogen Standards, and

applicable state dental board regulations.

Personal Protective Equipment (PPE), sterilization procedures, and exposure protocols must be followed exactly as trained. Updates to regulations will be communicated during mandatory staff training sessions.

Failure to comply with infection control standards may result in disciplinary action.

Everyday Assistant Priorities:

- Seat patients promptly and review health history
- Ensure all digital imaging is completed and uploaded
- Anticipate doctor needs during procedures
- Maintain operatory readiness at all times
- Uphold patient comfort, confidence, and professionalism

A well-prepared assistant is essential to efficiency, patient satisfaction, and clinical excellence.

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