



WHAT IS EXPECTED OF DENTAL ASSISTANTS

- We would like our employee's to maintain a good attitude.
- Have a smile when they bring a patient back.
- Introduce yourself to patients that are new or that you may not have met before. Wear your nametag.
- Talk to them about their med/dental history but also ask them about family, friends, and hobbies.
- Don't be afraid to ask patients for referrals, this makes us all happy! Dr's get more business assistants get job security and patients get a special thank you for referring.
(“Sarah it was great meeting you, please invite your family or friends to come see us. We would love to have another great patient like yourself” Or if they are union “Hey Tom would you mind putting some union flyers in your break room, so that your co-workers can come join us too? We would appreciate your help spreading the word”)
- After each appointment when you walk your patient up to the front, make sure you know what there next appointment is for and for how long. Walk them all the way up to the front desk and say “Thank you Eddie If you need anything from us please let us know Sarah is going to handle you from here, Sarah we need to see Eddie for fillings with Dr. Im for one hour.” If you don't know this information then ask your Dr. this helps us to get the patient done and scheduled efficiently with no mess ups. This one again is very important!
- All assistants must have a system set up for who is in charge of what.
- At night everything is to be shut off this includes x-rays, curing lights, compressors/vacuum, lights, computers, ETC.
- Also making sure someone is in charge of ordering the supplies and keeping up on the MSDS books. This again is very important; Dr's can be fined with a very large amount if not done!
- We are all working as a team and we need to make sure that we all run effectively and efficiently.
- Our offices should be a wonderful place to go to and work in, so please let's make this a family (a very large family) and treat everyone with compassion and sincerity.



BASIC HOW TOs – BACK OFFICE

SCRIPT FOR ANSWERING THE PHONE:

Thank you for calling Aava Dental! This is _____, how may I help you?

SCRIPT FOR GREETING NEW PATIENTS

Hello, my name is _____, how are you today? Can I hang your jacket and/or bag in the office for you? If you don't mind we are going to get started with x-rays today.

- Be sure to check if the NP has brought x-rays with them
- Hang jackets and purses in the operator.
- Take every NP's blood pressure (ER pt's as well)
- New Patient X-rays
 - 4 BWX
 - 6 PA's
- Ask the pt if any teeth are bothering them and if so take a PA so the Dr. will have it ready when he/she does the exam

SCRIPT FOR OFFERING THE HAND TREATMENT:

Would you like to try our *complimentary* hand treatment?

1. Ask pt to remove any rings or watches
2. Have them pull up their sleeves
3. Instruct the pt to hold out his/her hands then spritz them with the rose water then have them rub it in
4. Offer the variety of moisturizers, give them a single pump of their selection to rub in
5. Instruct the pt to dip hand into the wax slowly one at a time, repeat then bag each hand
6. Place mitts over pt's bagged hands to keep them warm

SCRIPT FOR SEATING THE PATIENT:

Would you like to listen to our Bose headset with an iPod Shuffle? Would you like some aromatherapy for your temples?

- Steps to seating a New Patient
 1. Seat pt in the chair
 2. Place Bib
 3. Offer the patient aromatherapy for his/her temples
 - If the pt wants aromatherapy, put a small dot on two of your fingers and lightly massage it onto the pt's temples
 4. Offer the pt a Bose headset with an iPod shuffle (turn on headphones and iPod)
 5. Let the pt know that you will let the Dr. know as soon as their films are processed
 6. Let the Dr. know via walkie that they have a NP seated in op__ and that their films are in the processor
 7. Process and mount films
 8. Let the Dr. know via walkie as soon as the films are ready and in the room with the NP

PATIENTS OF RECORD

- Check what is written on the routing slip to confirm that it matches what is on the schedule and what is set up. In addition, please verify that all consent forms are signed for tx and sedation
- Follow the script from above when taking the patient back.
- Take the proper preliminary steps for treatment
 - RCT- preliminary PA's and impression
 - Crowns- take a shade and preliminary impression
 - N2O-make certain consent is signed, then start the pt on Oxygen
- Post-operative instruction is given before oral surgery procedures
 - For Ext's please go over the PO instructions with the pt and make sure they understand
 - Give the pt 800mg(or 4 pills) of ibuprofen and have them rinse with chlorhexidine
- Patients of record need to fill out a health history update form once per year and should also have their blood pressure taken at the same time.

COMMUNICATION

- Walkie etiquette
 - Please speak loud and clear
 - When calling **OUT** on the walkie be sure to hold down the button and say the person's name twice before relaying your message or request
 - If you hear something on the walkie that you don't understand please ask the person to repeat what they said instead of relying on someone else to take care of it.
 - When you make a request or send a message on the walkie and no one responds- it is your responsibility to repeat it and/or follow up
 - If someone makes a request that you are going to take care of, be sure to respond with at least a beep to avoid having more than one person respond
- Communicating with pt/Pt comfort
 - It is important to make sure that the pt is comfortable. You may answer any **non clinical** questions that they have.
 - Please make sure pts do not sit in rooms unattended for extended amounts of time without being checked on and/or offered tea or magazines.
 - If the doctor is unable to return promptly-ask the pt if they would like to be seated upright
 - If the pt is cold you may wrap them in a blanket but make sure the blanket is then wrapped in the sheet to avoid contamination
- Responding to clinical questions

That sounds like an excellent question for the Dr. I will let him/her know that you have a few questions and they will be more than happy to go over that with you.

- Remember to be a professional
 - Be conscious of the questions that you ask and the remarks that you make when pt's can hear you.
 - Ew's, yucks, and uh oh's are **never** acceptable
 - Conversations with the Dr. during tx and NP exams should pertain to treatment
- Communicating tx changes and PA #'s with the front office
 - Let the front know if you take any PA's and of what teeth you take them
 - If there are changes in the scheduled treatment, communicate those changes with the front.

CHECKING PATIENTS OUT

1. Place a warm towel from the warmer onto the wooden tray
2. Present and offer the pt the warm towel for his/her hands and face
3. Take the towel from the pt when they are finished and offer them the variety of lip moisturizers
4. Dip the cotton tipped applicator into the according lip balm and hand to the pt (★Be sure to give them a mirror if they are numb as it is very difficult to apply without being able to feel their lips)
5. Walk the pt to the front with their chart (★Don't forget the Post Op PA for RCT)
6. Give the pt their coat, bag, umbrella etc.
7. If the pt has tx to be entered, ask them to take a seat and the front will call them up

SETTING UP/BREAKING DOWN

Breaking down rooms is a very important part of the process and should be done in a methodical manner in order to avoid forgetting things and interrupting the flow

- Know what stays in the room
 - Etch, prime, bond, composite guns and all other supplies that are found in the rolling carts all stay in the operatories and need to be thoroughly wiped before being put away
 - Always store guns, etch and viscostat with new tips
- Sheets and all disposable barriers are changed for every pt
- Instruments need to be wiped before being placed back inside the cassette
 - The ultrasonic cleaner will not remove blood, impression material, temp/perm bond and other things of that nature
- It is important that all of the components of the cassettes remain together and that things that do not go in cassettes stay outside of them.
 - Operative cassettes for Restorative, RCT, Crn and Bridge
 - 2 mirrors
 - Explorer, endo explorer, perio probe, scaler, plugger, carver
 - 2 pairs of forceps
 - Cord packer
 - Gold instrument, bard parker handle
 - Spatula
 - 2 air water tips

Steps to breaking down a room

1. Place all sharps in the sharps container
2. Wipe instruments and place all cassette components back into the cassette
3. Throw disposables into a plastic bag(including all barriers)
4. Set items that remain in the room aside
5. Place items such as handpieces (make sure burs are removed), and Rubber Dam into the clear bucket.
6. Gather the sheet, bag of trash, cassette and linens
7. Spray the surfaces of the room and the items remaining with Birex
8. Deliver and process the cassette and other items in sterile
9. The room is then wiped with caviwipes and wrapped
10. A plastic bag covers the top of the chair, the handpiece delivery unit and the caivtron
11. The light handles are covered and the chair is draped (**beautifully**) with a clean white sheet

*Special Note

The contrangle oral surgery handpiece has a special motor. The motor is kept separate in the handpiece drawer until it is needed. When setting up the OS handpiece, please remove the regular high speed handpiece motor and trade it for the OS Motor and store it in the case in the drawer until the treatment is complete. When treatments are complete remove the OS motor and replace it in the case in the drawer.

STERILIZATION

It is important when handling and processing instruments and cassettes to know what side of the sterilization room is dirty and what side is clean to avoid contaminating things that have already been sterilized. Imagine that there is an imaginary line that divides the room at the sink. Things to the left are dirty and should be handled with gloves, while things to the right are clean. If you are unsure how to process something, please **ask** someone.

The process by which instruments and cassettes are sterilized are as follows:

1. Ultrasonic
 - 1) Put in instruments
 - Take hose attachments off and apart (oral surgery & RCT)
 - Things that **DO NOT** go into the Ultrasonic Cleaner
 - Bur Blocks (Be sure to thoroughly rinse after burs have been removed)
 - Ligajet
 - Cavitron tips
 - Handpieces (High and Slow)
 - Rubber Dam and Gold Piece forceps
 - Apex locator attachments
 - Handpiece motors
 - Plastic alginate trays go directly into the cold sterile
 - 2) Push button
2. Remove items after complete cycle and rinse thoroughly
3. Bag or wrap items accordingly and place burs back into bur blocks to be sterilized they do not get processed separately.
 - Hoses and surgical dishes need to be wrapped in a blue sheet because they will tear through the lg. sized bags
 - Items that come in pair such as root tip picks, flags, handpieces and RCT attachments need to be bagged together to avoid being lost or misplaced
 - Burs must be placed back into the according block before being sterilized
4. Place items in the statim or the autoclave (Clear side down for the autoclave and clear side up in the statim)
 - ***Do not overfill the autoclave or the statim***
5. When items are finished with the drying cycle lay them out on the towel to finish drying and cooling before putting them away
 - It is very important that the drying cycle is allowed to complete before items are removed from either the statim or the autoclave to avoid corrosion

STERILIZATION OF SURGICAL HANDPIECE

1. After surgery remove the bur from the handpiece. Do not allow blood or saliva to dry on handpiece. Submerge the head (~one inch sub-surface) in a cup of WARM water and run it for one minute.
2. Disassemble the handpiece into four separate pieces.
3. Wipe each individual piece with alcohol.
4. Re-assemble handpiece and spray oil (from can) for one to two seconds.
5. Tap handpiece on a cloth to see if oil is clear. If not, repeat steps.
6. Put in sterilization bag and run it.

STERILIZATION OF SLOW-SPEED HANDPIECE

1. After use scrub and rinse under warm water
2. Dry the handpiece
3. Lubricate the handpiece by unscrewing handpiece and taking apart into three pieces. Lubricate all three pieces with a total of five drops of oil.
4. Run the angle until it reaches normal speed to ensure all internal parts become lubricated. Wipe off excess lubricant on the outside of the angle with dry gauze or tissue
5. Proceed to bag and autoclave.

STERILIZATION OF STRAIGHT PROPHY ATTACHMENT

1. After use scrub and rinse under warm water
2. Dry the handpiece
3. Lubricate the handpiece by placing 3 drops of lubricant into the backend of the angle
4. Run the angle until it reaches normal speed to ensure all internal parts become lubricated. Wipe off excess lubricant on the outside of the angle with dry gauze or tissue
5. Proceed to bag and autoclave.

STERILIZATION OF HIGH-SPEED/ENDO/IMPLANT HANDPIECES

1. After use scrub and rinse under warm water.
2. Dry handpiece
3. Lubricate the handpiece by spraying oil (from can) into the back end and spraying
4. Run handpiece until it reaches normal speed to ensure all internal parts become lubricated. Wipe off excess lubricant on the outside of the handpiece with dry gauze of tissue.
5. Proceed to bag and autoclave.

RADIOLOGY

- We use a double pack film for all BWX and PA's please take note when processing
- BWX are to be taken in the vertical position rather than horizontal
- Mount and label x-rays as soon as they are through the processor. This is crucial to avoid losing and/or mislabeling films; if you see films in the processor that do not have a name, ask someone and make sure that they go into the chart that they belong. It then becomes your job to get them to the right place, do not leave it for someone else to take care of.
- Please take note and follow the settings that are labeled on the panoramic machine and have someone go over pt positioning.
- The only safe light in the dark room is the red overhead light. No cell phones or light of any kind other than the red light is permitted. When processing films keep one foot next to the door to prevent anyone from entering and exposing films. On the same note- **ALWAYS** knock if the processing room door is closed before entering.
- After processing a pano a new film must be replaced in the cassette. It is also very important to put the new film box away properly. The open end must go into the box first with the box top over the other end, then stowed in the far right corner on the 2nd shelf (it helps to put it in the same place when you have to find it in the dark)
- Pano film will not fit properly in the pt chart unless one end is cut off one inch and two hole punched on the top

RESPONSIBILITIES

The office is split into two parts, front and back. Each division has its own set of duties and responsibilities; however, what makes this office unique is our cross training. Everyone in the front is EFDA trained and able to aid the back office while everyone in the back office is familiar with the systems in the front and is able to aid the front office during down time. There are a system of check off lists for both front and back office. Initialing holds everyone accountable and ensures that all tasks are done.

Check offs

- Daily allocation of duties puts one person in charge of one of three duties each shift
 - Sterilization(make certain that it is caught up at all time)
 - Lab Cases(take care that all lab slips are signed and cases are sent out)
 - Check offs(confirm that all check offs are completed)
- Monthly allocation of Jobs
 - These jobs are assigned by the Dr. and include ordering, waste removal, processor and autoclave maintenance, spore tests and Birex.
- In addition to the check offs there are list of tasks that must be completed every morning, afternoon and evening

MORNING DUTIES

1. Turn on all lights in office
2. Turn on the suction and autoclave. Be sure to check the water level, fill if necessary
3. Fill ultrasonic with water and two enzyme tablets. Place clean towels. One in front of the ultrasonic and on the clean side. (The pitcher is one gallon.)
4. Turn on x-ray head, dark room light, fan, air purifier, and processor. Run cleaning film.
5. Turn on towel warmer. Wet and place number of towels per patient in warmer.
6. Fill containers with water and 2tabs and place on dental units.
7. Set up operatories for the day's patients and get gowns from the back.
8. Sterilize any instruments from previous day.

NIGHTLY DUTIES

- 1) Clean the operatories and sterilize instruments
- 2) Turn off processor and all lights and fans in darkroom.
- 3) Turn off the suction.
- 4) Empty water from ultrasonic and dry inside. Place any unsterilized instruments inside the empty dried ultrasonic. Dispose of towels.
- 5) Turn off towel warmer.
- 6) Print out 2 schedules for the next day. Place one in reception area and the other in the set up area. The person who makes schedules is responsible for making sure that all lab cases for the next day are in and they must also call the lab to come in for any custom shades.
- 7) Log out of Eaglesoft.

DAILY TASKS

- 1) Set up and break down ops, including wipe down.
- 2) Sterilize instruments.
- 3) Check inventory.
- 4) Stock items including sterile instruments
- 5) Put away orders as they are delivered. Place order tags back on products.
- 6) Check-off-list
- 7) Take out all trash, cardboards, and recycling
- 8) Vacusol in all operatories every night after last patient
- 9) Vacuum

THINGS TO DO DURING DOWN TIME

- 1) Field day
- 2) Stock operatories, x-ray room, central, sterilization room
- 3) Clean employee lounge (wipe off table, clean refrigerator and microwave, organize, ect...)
- 4) Sweep and mop sterilization area and break room
- 5) Sterilize 4x4's and 2x2's
- 6) Make post op bags
- 7) Make goody bags for after prophylaxis
- 8) Organize and clean stock room
- 9) Empty containers of spent fixer and developer and dump and refill water
- 10) Hole punch x-ray mounts, put bite tabs on film
- 11) Cut white paper in half for operatories
- 12) Empty shred it garbage cans, recycle batteries from battery bowl, recycle light bulbs, and empty recycling from front
- 13) Thoroughly clean black boxes that hold traps in all ops
- 14) Punch dental dams

LAB CASE PROTOCOL

Must Have

Bagged and labeled preliminary impression

2 copies of signed lab slip

Final Impression/Bite Registration or models if applicable

Instructions for sending out a case

1. File preliminary Impression
2. Place one copy of lab slip in the pt's chart
3. Place other lab slip and impressions/models in corresponding lab box
4. Fill out lab check off sheet with date, pt name, date case is to be sent out and name of the person who assisted with the procedure
5. Send out case
 - a. Most posterior PFM crowns go to _____
 - b. Bruxzir crowns go to _____
 - c. Anterior crowns go to _____
 - d. NG go to _____

Instructions for checking in lab cases

1. Check appointment book for pt's seat appointment date
 - a. If pt has a seat date, check the lab case box and leave a note with your initials
 - b. If pt does not have a seat date appointment, give that pt's name to the front desk to have them call the pt to make their appointment
2. Place case on the shelf in the back immediately and check the case in on the lab case check in sheet, complete with seat date if applicable and your initials.

EMERGENCY DENTAL KIT

1. Aspirin
2. Albuterol Inhaler
3. Glucagon Emergency Kit (1mg/1ml dose).
4. Benadryl 50 mg/ml vial
5. Nitro tabs .4mg
6. Epinephrine 1:1,000 1mg/ml vial
7. Ammonia ampules
8. Syringes
9. 30 cc syringes
10. 23 gauge needles with 1 inch tips
11. Surgical tape
12. CPR mask
13. Bag-valve mask
14. Blood pressure cuff and stethoscope
15. Surgical scissors
16. Flash light pens
17. Quick Trach
18. Atropine single dose vial



DENTAL SUPPLY LOCATIONS

| Dental Supply Name | Usage Location | Restocking Location |
|----------------------------|----------------|---------------------|
| PT Bib | | |
| Suction tips (high/Saliva) | | |
| Composite | | |
| Fuji Cement | | |
| Duralon | | |
| Vitrabond | | |
| IRM | | |
| Viscostat | | |
| Bond | | |
| RCT Supplies | | |
| Lidocaine | | |
| Septocaine | | |
| Polocaine | | |
| Xylocaine | | |
| Marcaine | | |
| Ribbon | | |
| Crown Remover | | |
| Aspirating Syringe | | |
| Pano Film | | |
| Standard Film | | |
| Alginate | | |
| Crown Formers | | |
| Coe Soft | | |
| Ligajet(and needles) | | |



ACCIDENT PREVENTION and SAFETY TRAINING

**Employee
Name:**

**Position
Held:**

Date:

1. Explained the accident prevention program, including:
 - a. Orientation
 - b. On the job training
 - c. Safety meetings
 - d. Accident investigation and reporting
 - e. Safety committee responsibilities
2. Personal protective equipment
3. Reporting accidents/injuries
 - a. When to report an accident/injury
 - b. How to report an accident/injury
 - c. To whom an accident/injury should be reported
 - d. Filing accident/injury forms
4. General overview of facility activities and any hazards
5. Clinic and Washington State safety and health codes
6. First aid supplies, equipment, and training
 - a. Obtaining first aid
 - b. Location of first aid equipment
7. Emergency plan
 - a. Exit locations and evacuation routes
 - b. Use of firefighting equipment (extinguishers, etc.)
 - c. Specific emergency procedures (medical, chemical, fire, etc.)
8. Vehicle safety
9. Personal work habits
 - a. Serious consequences of horseplay
 - b. Fighting
 - c. Inattention to safe work habits and procedures
 - d. Smoking policy
 - e. Good housekeeping practices
 - f. Proper lifting techniques

The signature below documents that the appropriate elements have been discussed and I accept responsibility for maintaining a safe and healthful work environment.

Employee Signature

Date Signed



ACCIDENT PREVENTION and SAFETY MEETING

| | | | |
|---|--------------------|------------------|----------------------------|
| | | | |
| Date: | Start Time: | End Time: | Meeting Supervisor: |
| Meeting Attendees: | | | |
| | | | |
| | | | |
| Injuries that happened this month: | | | |
| | | | |
| | | | |
| Review minutes of last meeting: | | | |
| | | | |
| | | | |
| Unfinished business from last meeting: | | | |
| | | | |
| | | | |
| Situations that would be classified as unsafe or hazardous: | | | |
| | | | |
| | | | |
| What we went over in the meeting today: | | | |
| | | | |
| | | | |
| | | | |
| Employee Signature | Date Signed | | |