Office Manual

Clinical Policies and Procedures

Hillandale Smiles

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Rules of Conduct and Ethics of a Dental Professional

The Dental Professional is working with professional men and women and they must conduct themselves accordingly The conduct of the Dental Professional in and around the dental office is a very important matter. The Dental Professional is working as a member of a health profession, not as an individual. The Dental Professional must assume an attitude and appearance that is at all times a credit to the profession.

Dental Professionals must present themselves as one who is pleasant at all times; leaving personal problems at home. The Dental Professional smiles, greets, and speaks to the staff when they meet them in the course of the day, but be aware of nature and length of non-work conversation.

A Dental Professional is expected to offer advice relating to the quality of care. This needs to be done in private, away from all patients, and in confidence.

Any discussion, conversation and consultation involving patient care is privileged information and is not a subject for repeating outside of the office. We meet or exceed HIPPA polices and directives. These policies are strictly enforced. A breach of this professional code will be dealt with using progressive disciplinary actions.

The Dental Professional

Personal Appearance and Hygiene

Since we are dealing with humans, the transmission of disease is always a distinct possibility. Therefore, utmost cleanliness must be observed. A few hints regarding this are as follows:

a. Clothing is to be clean and reasonably free of winkles and stains
b. Personal hygiene should ensure an odorless presentation and where scents are used, they be kept to minimum and be inoffensive.
c. Hands and nails should be washed before each patient according OSHA, MOSHA, CDC and office guidelines.
d. Finger nails should be trimmed short and neat.
e. Rings (fingers, ears, nose) should be non-faceted, kept to minimum and be inoffensive.
f. Any open wounds, infection will be treated immediately and provided with suitable covering to protect both the patient and the professional.

Qualities to be cultivated by the Dental Staff:

Most patients, when they are in contact with the dental chair, a dental office and a dental professional, are at least apprehensive, and at the worst, extremely fearful. A pleasing personality and cheerful disposition of a dental professional can do much to dispel the fear with which these patients find themselves confronted. A courteous manner in dealing with patients and other personnel is a must at all times. We should try to cultivate an *empathetic understanding* of the patient's problems. The information obtained, aids us when we try to reassure the patient.

Helping Others

- Be responsible to your colleges and they will be respectful to you.
- The office may have a lot of flexibility. Don't take advantage of that.
- Notify the Office manager, your immediate supervisor and your co-worker as soon as you realize you are not able to
    - work (scheduled time off)
    - when you will be late
    - before you take a break
    - Before you leave for lunch or the end of the day
- It's important to gain an agreement with the office manager, dentist, and co-workers who will pick up your duties.
- Be considerate of each other. 'Yes' doesn't always mean 'it's okay'. Sometimes we don't have choices.
- Be self-reliant, cover yourself and don't depend on someone else to let other know your change in schedule.

Communication

- Dentists and assistants, consider yourselves family when you are in the workplace. In addition to working together, respect one another. There is a way to speak to one another. Remember you are professionals, so act like it.
- 'Excuse me' goes a long way. Be supportive, be apologetic, be understanding, be humble, be loving, be forgiving. Don't be afraid to offer your assistance or be helpful to others when needed. Treat others the way you would like to be treated.
- Keep the lines of communication open between dentists and assistants. Inform your dentist when it is not reasonable to squeeze something else into their schedule. If it happens, notify your dentist that they may be without an assistant.
- Communicate with your dentist and/or your secondary assistant if there any changes in the schedule.
- Be your dentist's shadow. Anticipate every need and know what the dentist wants before the dentist asks for it. Follow your dentist or direct him to where he should be with an assistant (if needed) if you are not available. Communicate with dentist to prevent confusion.
- Dentists, be considerate of your assistants. Your assistant is very important. When the schedule is tight, you can offer your help by picking up after yourself. It makes things go so much smoother. Dentists and assistants should work in rhythm. Support each other.
- Assistants your doctor will be over focused and may over react or inappropriate. There is a level of responsibility that may have overrun other issues. When this happens, please speak with them at a later time or contact your supervisor.
- Limit calling down the hall.
- Don't be afraid to take charge. Your dentist appreciates it when you can take control and make decisions.
- If you have it, put it away
- If you are late, or you need a break or running over with patient care, or you have an appointment or can't make work the next day or have a scheduled appointment in the future, or vacation…. make sure you first inform the office manager or Dr. Wolcott and your assigned dentist; then, consult with your co-workers, so others will limit/modify their schedules.
- At the end of the day, all chairs go up, leave work here and go home and enjoy your family.

- Check with patient to see if there has been a change in medical history or new medications (pre-med on board), at which time dentist will determine if the appointment will continue.
- It only takes a moment to remove temporary crowns/onlay, evaluate patent request for local, remove temporary and excess cement, notify dentist.

The State of Maryland Board of Dental Examiners Classify Assistants based on training and Licensure,

- Chairside,
- Radiology Certified,
- General Dental (expanded function),
- Orthodontic.

It is incumbent of our assistants to do everything legally allowed.

Dental Assistants: Services Provided under Direct Supervision

Direct Supervision means that the dentist is in the dental office, has personally diagnosed the condition to be treated, personally authorizes the procedure, and before dismissal of the patient, evaluates the performance of the dental auxiliary. If the procedure is not directly listed, refer to COMAR 10.44.01.02, 10.44.01.03 (qualified in 'Orthodontics') and 10.44.04.04, 10.44.04.05, (qualified in 'General Duties') and 10.44.04.06 (certified to practice 'Dental Radiation Technology').

Procedure	Dental Assistants	Qualified Assistants
Instructing on oral hygiene	Yes	Yes
Cleaning and disinfecting environmental surfaces and equipment	Yes	Yes
Preparing materials for the application of sealants	Yes	Yes
Retracting lips, cheek, tongue, and flaps	Yes	Yes
Placing and removing materials for the isolation of the dentition, if the material is not retained by the detention	Yes	Yes
Transferring instruments and sealants to a dentist or dental hygienist	Yes	Yes
Rinsing and aspirating of the oral cavity	Yes	Yes
Sterilizing instruments	Yes	Yes
Performing intraoral photography	Yes	Yes
Taking impressions for study models or diagnostic casts	Yes	Yes
Constructing athletic mouth guards on models	Yes	Yes
Applying topical anesthesia	Yes	Yes
Curing by the use of halogen light	Yes	Yes
Checking for loose bands	Yes	Yes
Preparing and fitting orthodontic bands	No	Ortho
Removing excess cement from around orthodontic bands	No	Ortho
Placing and removing arch wires	No	Ortho
Cementing of orthodontic bands, placement of bonded attachments, or the removal of cemented or bonded orthodontic bands and attachments	No	Ortho
Placing elastics and ligatures	No	Ortho
Selecting headgear	No	Ortho
Applying topical fluoride	No	Ortho/Gen
Etching	No	Ortho/Gen
Applying desensitizing agents	No	Ortho/Gen
Taking alginate impressions for intraoral appliances	No	Ortho/Gen
Performing vitality tests	No	Gen
Fabricating indirect restorations in a dental office	No	Gen
Preparing temporary crowns	No	Gen
Cementing temporary crowns or restorations	No	Gen
Removing temporary crowns	No	Gen
Placing or removing retraction cord	No	Gen
Placing or removing a rubber dam	No	Gen
Placing or removing a matrix band	No	Gen
Preparing and fitting stainless steel crowns	No	Gen
Drying a root canal	No	Gen
Removing or placing a periodontal dressing (except placing the original periodontal dressing)	No	Gen
Removing excess cement	No	Gen
Removing Sutures	No	Gen
Radiographs	If Certified	If Certified
Examination, diagnosis, and treatment planning	No	No
Surgery on hard or soft tissues	No	No
Oral prophylactic procedures, including scaling, root planing, and polishing of teeth with rotary instruments	No	No
Condensing, carving, or finishing any restoration	No	No
Administering injectable local anesthesia	No	No
Applying pit and fissure sealants	No	No
Initiation of treatment at any time for the correction of malocclusions and malformations of the teeth or jaws	No	No
Adjusting occlusion of natural teeth, restorations, or appliances	No	No
Placing an initial surgical dressing	No	No
Condensing, carving, or fishing any restoration	No	No
Cementing permanent crowns or restorations	No	No
Registration of jaw relations	No	No
Adjusting prosthetic appliances	No	No

Assistant positions within the clinic

In our office, dental assistants are classified according to task. The following provided an overview of our task based workflow.

Primary Dental Assistant is to support the attending dentist.

- This includes, directing dentist, ensuring seating patients on time, and making sure that the treatment room has been set-up following SOP, updating changes in medical history, review treatment plan, ask necessary questions, gather information, and pass it on to the treating dentist before entering the operatory.
- The acting Primary Dental Assistant has input on schedule changes, this visit treatment or emergency/write in patients.
- It is preferred the primary is an qualified expanded function Assistant.
- The primary support of the primary dental assistant is the secondary assistant

Secondary Assistant **is any dental assistant is needed to support the active treatment of the Primary Dental Assistant**

- This includes actual procedural support or support with preparation of the next patient.
- It is the secondary assistant's responsibility to help any assistant when necessary in a timely manner.
- Secondary assistant becomes the Primary assistant when they take over patient care with the doctor.

Rotating Assistant is any assistant that is changing tasks or needed breaks (such as lunch).

- Should a scheduled or an unscheduled break be required any assistant can rotate in to help.
- It is best to take a break at the end or before patient treatment
- The rotating DA becomes the Primary the other DA is to return and resume as primary

Floating Assistant is any Assistant that is not directly associated with patient care.

- Should be close to or on the carpet to the hallway adjacent to rooms 1-7
- When not directly or indirectly associated with Patient care this assistant is at the direction of
    - A primary or secondary or central sterilization assistant
    - The Attending Dentist
    - Clinical or Office manager

Late Assistant is any dental assistant that is scheduled to arrive 'late'

- When an assistant is scheduled to work the late shift (10-7pm) that assistant is described as the late assistant.
- The late assistant is to
    - First help the other assistants to catch up with
        - Cleaning rooms
        - Central sterilization
    - Second assume roles of primary and secondary assistant.
        - As needed
        - When lunch rotation is started
    - Late assistant will usually have a scheduled lunch after 2

Hygiene Assistant to support the hygienist

- only when the hygienist is scheduled assisted/side/double booked
- Primary responsibility is to the hygienist
    - Set room, seat patient, open and set up equipment, review/update medical history, take radiographs a needed, chart as needed, inform Hygienist and doctor as needed, clean room after patient care, restock room once a day (preferably prior end of assisted schedule)
- Secondarily to support central sterilization then the primary and secondary assistants.

Assistant by task

- Lab case manager (checks to see a appliances have been received 2 days prior to patients appointment)
- Senior dental assistant (provides general guidance for assistants regarding daily tasks, and time off)

Central Sterilization Assistant

Dentist positions

- Attending dentist, any dentist that is as licensed by Maryland State Board of Dental Examiners and providing patient care
- Clinical manager , Senior Dentist (usually Dr Wolcott)

Hygienist positions

- Hygienist, as licensed by Maryland State Board of Dental Examiners

Overview **Initial Set up of Treatment Rooms**

- All treatment rooms are to be supplied the same following SOP.
    - All mobile cabinets are to be supplied the same following SOP.
    - All mobile wall cabinets are to be supplied the same following SOP.
- Set up rooms according to SOP using the **SOP plus 1 policy.**
    - i.e., dentist's chair should be on the correct side for that dentist.
    - i.e., all Treatment tray/packs should be set the same. (Green, Yellow, Pink).
    - Follow Office
      Policy + 1 policy
        - i.e., dentist prefers special bur or adhesives
            - Set up room Following SOP then add specialized equipment
- Patients are to be seated as close to their scheduled appointment as possible, or as soon as a chair becomes available.
    - Ensure instruments are free of any type of material and neatly put on tray
- Primary assistant should tidy when the dentist leaves the room for checks and/or to treat other patients.
    - I.e. trash is picked up, instruments wiped and reset.

Overview **Initial cleaning of Treatment Rooms**

- Manage sharps according with SOP.
- Prior to Collection of instruments and re-useable
    - Clean off any biohazard, excess material or dental materials from instruments following SOP
    - Ensure instruments are free of any type of material and neatly put on tray to be taken to sterilization.
- Instruments are placed in basket and into ultrasonic as soon as possible.
- Follow wipe-wipe-wipe technique following SOP

Overview **Stocking of Treatment Rooms**

- If you use something and use it in its entirety, take the necessary steps to ensure it gets replaced.
    - don't put empty containers, bottles or tubes away
    - replenish your room as you work.
- By the end of each day, each operatory is to be restocked in accordance with SOP

Daily

- Lab cases are to be checked 2 days ahead of scheduled appointments. If a case has not arrived when scheduled, call lab and track that case. If the case will not be available for scheduled appointment, contact the patient in time so they won't make a trip.
- Tidy up lab
- Flush water lines
    - 2 minutes for all chairs on opening with priority to first patient
    - At the end of each patient
- Flush suction lines
- Close treatment rooms to include sweeping debris from treatment room onto carpet @ end of day

Weekly

- Change operatory traps
- Clean statim (central assistant)
- Clean autoclave (central assistant)
- Order supplies (Friday) (senior assistant)

Monthly

- Change main trap (sign and date).

Standards Operating Procedures (SOP)

Operatory Set Up

- Remove all non-treatment items from counter tops
- Clean room and disinfect including plastic barriers as required according to SOP Operatories and WPC all patient care
- Set out patient napkin, tray, hand pieces, and auxiliary equipment
- Adjust chair for seating, clear patient pathway of chairs and cables
- Review to ensure the following confirms the scheduled appointment
    a. chart for last entry regarding today's visit
    b. printed schedule,
    c. RCF,
    d. next visit treatment plan (Txpl),
    e. special notes (e.g., pre-medication)
- Open chart ready for review by the dentist
- Open Dexis dental radiography software to the correct patient
- Select or de-select the appropriate radiographs for today's visit treatment
- ** once patient is known to be present, partial setup can be done prior to patient seating**

Existing Patient Preparation Protocol

- Patients are to be seated promptly at scheduled appointment time.
- Proceed to reception area with
    a. chart,
    b. RCF,
    c. Treatment plan (if needed).
- Address patient depending on age and familiarity. Introduce yourself and your will assisting Dr. ---
- Escort patient/direct specifically to chair in the most direct path
- Direct to store personal items as needed (jacket/purse)
- Place patient napkin on the patient
- Reference last visit and any questions regarding last treatment and planned treatment
- Review today's treatment with patient
- ** Set RCF, TVTXPL, and Chart on the DR side shelf.
- ** Set up topical, syringe, saliva ejector, and prepare basic set-up along with treatment tray on assistant's cart.
    a. THE DOCTOR WOULD PREFER TO PROVIDE LOCAL ANESTHETIC AT THIS POINT IF POSSIBLE
- Review and update patient medical history to include patient signature as needed
- Run patient information videos on CAESY that mirror planned treatment to include post op instructions
- Inform the patient that the Doctor _____ will be with them shortly
- Inform Dr of changes in medical history.
    - ** Inform doctor Mr./Ms._____is here today for_(procedure /tooth)_ in Rm # _____
    - ** Report on the medical history (Med Hx) and the last visit
- Finish setting up instruments, high speed hand piece, air, water, burs, and other supplies

Initiation of Treatment

- Introduce the dentist
- Mr./Ms._____is here today for_____
- Provide anesthetic as SOP

New Patient Protocol (NPE/LOE)

- Patients are to be seated promptly at scheduled appointment time.
- Proceed to reception area with
    a. chart,
    b. RCF,
    c. Treatment plan (if needed).
- Address patient depending on age and familiarity. Introduce yourself and your will assisting Dr. ---
- Escort patient/direct specifically to chair in the most direct path
- Direct to store personal items as needed (jacket/purse)
- Place patient napkin on the patient
- Confirm the patient is here for complete exam vs. LOE. vs. second opinion vs. consult/screening exam
    a. Ask if they have brought any x-rays or dental records.
    b. Triage problem focus, tooth, pain, swelling, broken etc.
    c. ****Are you pregnant ***
- If x-rays are required follow x-ray exposure policy or speak with dentist prior to exposure
    a. IF THE PATIENT REFUSES X-RAYS OR REQUEST TO SEE THE DOCTOR FIRST
    b. Inform the patient initial x-rays
        1. Cavity detecting x-rays
        2. Tooth specific x-rays
        3. Full head x-ray
- Confirm their permission to take them
    a. Seat the patient
    b. Inform the doctor of the patients concerns and questions
- When the assistant has finished taking x-rays, you may then turn the patient's interest to the computer.
- Review with patient what will happen during their visit.
- Run Caesy according with perceived patient needs.

- Review their medical history with them.
- Inform the patient that the Doctor _____ will be with them shortly
  - ** Inform doctor Mr./Ms._____is here today for (Explain patient signs and symptoms) Rm # _____
  - ** Report on the medical history (Med Hx) and the last visit
- The dentist will make the final determination as far as treatment is concerned.

Patient Maintenance
- The patient light should be turned off when the dentist is not in the room
- The chair height and reclining angle, massage, heat, can be adjusted to patient comfort with respect to treatment timing
- Provide treatment information, next step or visit information, light conversation, or magazine
- Tidy/re-set the treatment room every time the doctor leaves the room, (as if the treatment had not started).
- Review materials available for next step; ensure proper set-up
- Remove all biohazard/dental materials on equipment.
- Remove and dispose of non-sharps using double glove wrapping technique SOP
- Remove and dispose Sharps as SOP;
- Pre-fill out the routing control form, chart and lab slip as needed or directed
- Provide the dentist with the routing control form, chart and lab slip as needed

Patient Dismissal
- Return chair to the upright and lowered position,
- shut off patient light
  a. Move light and PC toward window and placing light to the doctors side
- Remove the patient napkin, move assistance head to behind chair
- Allow patient to collect personal belongings
- Suggest to 'freshen up in the restroom where we have some Listerine to rinse with'.
- Escort the patient to the restroom, open door and turn on light.
- Remind them that there is a coat hook on the left wall
- Inform paper work is at the front with _____ and they should be pre-checked out before they get there.
- Say nice to see you see you soon! Smile!!
- Ensure front desk has routing control form and understands the next visit.

Treatment Interruptions
- Truly urgent issues are rare however you may interrupt with urgency
- hygiene checks
  - Hygienist will say Good morning or Good afternoon, or the assistant will say hygienist name only
- In the case of an anticipated interruption i.e., phone call, non-verbally indicate the interuption
- Written messages are not treatment interruptions
  - Messages are on written on pink pads and are placed in the dentist's office space

Perception Management
- Do procedures that you are legally allowed to provide and those with which you are competent.
  - Never do something you know you shouldn't do.
  - Follow all reasonable instructions,
  - Question the doctor away from the patient and/or contact Dr Wolcott in private
  - Conflict and personal conversations are to be managed behind closed doors, soundly away from all patient areas
- Reassure the patient that we are concerned about them and support their treatment decision
  - Guide patient to dentist's recommendation or treatment plan,
  - Open a discussion on other dental wants (whitening, cosmetics, ortho)
- Compliment treatment or staff in front of the patient
- Praise the patient on how well they did and how you are looking forward to seeing them and talking next time

Patient Waiting
- More times than not, patients are waiting. A 'known' wait is shorter than a 'perceived' wait.
  - If you know of a delay, inform the patient and provide a honest evaluation to length of delay.
  - A 'reason' for a delay is far superior than an excuse
- The absolute best management of any delay is light conversation.
  - When possible, sit and speak.
  - When not possible, always provide a magazine and the chance to nap.
- The best solution to delay is to prevent it.
  - Try to manage the day's schedule of events before they become the reason for a delay.

Lateness/Tardiness
- We have to keep in mind that we, at times, have to make our patients wait due to changes in schedule or treatment turning into something a little more detailed. We try to be time aware but will not rush to stay on time. Rushing allows for mistakes and neither the patient nor we want mistakes.
- If it is a **doctor or office delay**,
  - Dentists or assistants may offer the next patient the opportunity to either continue to wait (give a time frame) or re-schedule.
- If **patients are of record**
  - We make all efforts to still provide treatment (maybe not all that was planned)
    - As a courtesy, remind them that the next time they are late, we may not see them
  - If patient has a history of lateness, depending on how late they are, we may select to reschedule.

Daily Schedule Management
Manage your dentist's schedule a day in advance. In general, follow all points for daily schedule management.
Look it over and if there is something that should be examined, adjusted, planned for or moved,
FIRST speak with the dentist and
THEN administration to make the adjustment.

Ideal Scheduling
Patient scheduling should be based on the block scheduling method. This method requires that the longest or most extensive cases, including any required surgery, be scheduled in the morning hours during which the doctor and the staff are freshest. Shorter appointments will be scheduled around the block appointments as a way to establish and maintain control over the schedule and to conduct treatment and the business of the practice in an orderly manner. Block scheduling also permits catch-up time to be scheduled close to the preferred times of 10:30am and 3:00pm daily.

- The ultimate schedule is having each day booked exactly the same and productive.
- Consistency in scheduling makes the day routine and smooth.
- If the doctor or the front desk is scrambling to make the day work someone didn't prepare.
- Hygiene will have 12-16 appointments to see an average of 12.

When appointing patients for the dentist, we should also keep in mind to give the dentists their big cases in the mornings.
- They too are well rested, alert, less irritable and full of energy.
- Some days are better than others.
- Try not to put more on your dentist than he can handle.
- Observe his willingness to want to keep up during his first few patients and go from there.

Let's keep in mind assistants and dentists are humans too. They are not at their best every day;
- Communicate with one another. If the assistant and dentist are not at their best first thing in the morning, drop a hint to one another
- Tell the dentist they will be flexible.

<u>The Overview</u>
1) Production Large Time Blocks (+1hr)
   - Goes in Production Column 1 where column get blocked with name of patient in Column 1
   - Generally, production will not go into Restorative Column 2.
2) Restorative Shorter Time Blocks
   - Start filling afternoon of Restorative Column 2 starting after lunch
   - Schedule in morning time slots in Restorative Column 2 only 1-2 days prior
   - Generally will not go into Production Column 1 but if they are… Must be overlapped 10 min (not double booked)
3) LOE
   - **Emergency:** Needs to be seen ASAP, this is a come in now appointment (e.g. kid broke tooth and there is active and increasing swelling)
   - **Urgency**: Patient can tolerate a delayed appointment, space available, a today or tomorrow appointment (e.g. crown fallen off or chipped with pain for two weeks)

<u>Specifics</u>
1) GOOD over lapping appointments between column 1 and 2 is a good thing
2) BAD Double booking most treatment is generally a bad thing
3) Always best Start to fill from 830 and 2 moving into the day.
4) You would need a damn good reason to book a sole patient a 430.
5) Last emergency is 3:30 unless their head has exploded.

Ideal Schedule Template

THERE SHALT NOT BE ANY TREATMENT IN COLUNM 2 IF THERE IS TREATMENT IN COLUME 1AT THE SAME TIME

TIME	Production Column 1 Each apt. 1hr 20 min.
800	Cr / Onlay / Root canal **Block Column 2**
930	Cr / Onlay / Root canal **Block Column 2**

TIME	Short Appointment Column 2
800	Production = No Appointment No production = Insert Fixed / LOE
900	Insert Fixed / Removable / LOE
	Production = No Appointment No production = Insert Fixed / LOE / Filling
1030	Insert Fixed / Removable / LOE

1100	Cr / Onlay / Root canal **Block Column 2**	Production = No Appointment No production = Insert Fixed / LOE / Filling
1200		Insert Fixed / Removable
100	Lunch	Lunch
200	Cr / Onlay / Root canal **Block Column 2**	Production = No Appointment No production = Insert Fixed / LOE / Filling
250		Production = Insert Fixed / LOE No production = Insert Fixed / LOE / Filling
330	Cr / Onlay / Root canal **Block Column 2**	Production = No Appointment No production = Insert Fixed / LOE / Filling
410		Production = Insert Fixed / LOE No production = Insert Fixed / LOE / Filling
500	Cr / Onlay / Root canal **Block Column 2**	Production = No Appointment No production = Insert Fixed / LOE / Filling
540		Production = Insert Fixed / LOE No production = Insert Fixed / LOE / Filling
600	Cr / Onlay **Block Column 2**	620 Production = No Appointment No production = Insert Fixed / LOE

Early Patients

If a patient arrives before their appointment before their scheduled time and we have the availability to begin treatment, place the patient in the chair and notify the dentist that the patient is early and we are able to begin treatment. The dentist will appreciate you taking charge and making a decision without interrupting him. Keep your dentist busy.

Fit in Emergency Patients

Only those emergencies that fit into today's schedule

- TRAUMA TO INCLUDE CHILDEREN HURT ARE TO COME IN IMMEDIATELY
- Generally, the earlier the better
- True emergencies are seen today if we can.
- If emergency patient has restrictions to their schedule, it's not an emergency and become no-fit emergency
- If a patient walks in (unappointed) in pain, then it becomes everyone's responsibility to see that the patient is seen, even if we have to transfer him or her out for further treatment.

No-Fit Emergency Patients

- If there is no obvious place for another patient in your schedule, then the front desk will first ask the primary assistant and the dentist at the same time for scheduling assistance.
- The dentist and assistant have to communicate and make arrangements with others to see if that patient can be seen or re-appointed.

Fit in Same day treatment Patients

Don't waste make it convenient for the patient TODAY.

Be on the lookout for

- patients seeing the hygienst that need a DOCTOR TODAY
- patients seeing the doctor that need a HYGIENE TODAY

After all, they are already there (in the office). Communicate with one another and make it happen.

Cancellations

If there is a cancellation in the schedule that leaves a gap in the dentist's day, you may

- suggest additional treatment on the existing patient or next patient.
- Contact someone who needs treatment and who will come in on short notice
- See if patients scheduled the same day would like to get started earlier.

Patient cancels treatment in the chair

In some cases, you may have a patient scheduled for one type of treatment and when the patient arrives the patient refuses to proceed with treatment.

- Review the chart to see what is listed and reinforce treatment needs (Maybe a crown is planned, we can do a filling on another)
- Notify your dentist immediately of the issue, (maybe the dentist will offer options that may include a payment arrangement).
- Communicate with your dentist and/or your secondary assistant if there any changes in the schedule.

If they are handle professionally, quietly and efficient, often, the patient will feel comfortable with and continue with treatment. Don't bring embarrassment to the patient.

Children

- When treating children, only do what's scheduled unless otherwise discussed with parent.
- Permission is needed from parent/guardian as they are the one paying the bill.
- Permission is needed up to 18 years of age.
- Patient 18 and over, permission is needed if "other person" is paying the bill both need to agree on treatment

Uncooperative Children

- Our schedule does not allow us to spend a lot of time in trying to manage a child's behavior, unless otherwise notified in advance when appointment is given.
- If you should have a child in the chair that is not very cooperative, suggest to the parent that maybe if they leave the room, the child may be easier to manage.
- If, after the parent has left the operatory and the child is still not cooperative, ask the parent to come back to the operatory and explain to them that the best treatment would be at a Pedodontist's office who specializes in Child behavior.
- It's better to give children appointments early, when they are at their best or after nap time and are well rested and alert.
- Late afternoon appointments when they are tired become irritated and less responsive.

Quiet Time means it's 'clinical/office manager time'.

- does not mean 'do nothing' time.
- Utilize your quiet time: there is always something to be done.
- You can always go through your cabinets, wipe them out, organize them, and restock them. Neatness is essential.
- Take the time to keep all rooms orderly. If you see a little cement or caries detector on your counter, take the time to remove it. No one has to clean up behind you or tell you when you have something that should be done.
- During the course of the day, look at. Anything out of place, you will be instructed at that time to correct. It's your responsibility.
- If you are out of something in one room and fail to replace it, don't wait until someone else uses that room before you remember to replace it or they have to holler for it to be brought to that room. Cover yourself: don't wait for someone to cover your steps.
- When you take impressions for study models, whitening trays, etc, you are responsible for that model. Don't pass it on to someone else. If your co-workers offer to assist you, that's fine, but don't pass it on. You are still responsible.
- Let keep busy, when your dentist is not scheduled to work, but you report to work, you report to work for a reason. That reason is to work – not to sit and watch someone else work, or personal break time
- If you can't find something to do productive for the office, you will be directed to OM or clinical manager and given something to do which may include administrative task.
- If there is not enough to do, then you may be asked to take unpaid time off and given an early day.

Fees when Treatment Changes

- WE provide written treatment plans at all timed.
- Always inform patients of cost differences when changing treatment unexpectedly changes by providing a TXTXPL presently and administrator.
- If, for some reason, patient is not able to afford treatment needed at that time, bring treatment to a close. Make/offer options to the patient that is reasonable that that time.
- Don't rush patient in to deciding treatment. Give them the time to consider their options. Usually if they are not pressure, they will go along with your ideal treatment

Injury: An injury is a non-bio-hazardous exposure. An injury may also be described as or considered as a scrape, cut, puncture, or the like, with a non-treatment item or a clean and sterile instrument.

Post Injury Policy ; All injuries should be recorded appropriately.

Bio-Exposure: A bio-hazardous exposure is any scrape, cut or puncture with a treatment instrument that has been deemed not clean and or sterile.

Post-bio-hazardous Exposure

If a bio-hazardous exposure has occurred, the employee must follow these procedures:

1) If exposure was in eye or mouth, immediately flush the area with copious amounts of water. Force exposure of area, which may include holding eye open to ensure adequate flushing.
2) If exposure is cutaneous, (skin), immediately flush the area with soap and water. Additional treatment such as rinsing with hydrogen peroxide, bleeding the wound, placing first aid cream on, and bandage, may be provided however has not shown to decrease exposure risk.
3) The incident must be immediately reported to Dr. Wolcott and the OSHA officer.

4) If the source of the exposure is known (a patient), then all effort to keep the patient in the office or to contact the patient to return to the office.
5) Dr. Wolcott or the OSHA officer will inform the patient of the exposure of the staff. Care and clarity must be assured in communicating that it is a patient to staff exposure and not a staff to patient exposure.

6) The patient will be asked to complete the HBV/HIV form, but the patient is under no obligation to be tested.
7) Forms #101, #200, and the HBV/HIV test (to accept or decline testing) should be filled out. The forms should have information as to where, when, how, with what, if PPE was worn at the time of exposure, and source if known.
8) If the employee and the patient accept testing, then testing should be done with haste and at no cost to either party. The patient and or staff member will follow the policies and procedures set forth by their respective health insurance carrier and satisfy any co-payments. A receipt and payment will be received and reimbursed by the H.S.

9) All medical and/or counseling will be provided by primary care physician or health care professional
10) H.S. provides reimbursement for deductibles and actual expenses when provided verifiable receipt of payment or invoice.

11) Generally, testing results should be returned within 15 days.
12) A qualified health care provider will explain results and provide treatment recommendations and answer all risk questions
13) The OSHA officer may help clarify the results to the employee however any clarification must be confirmed by their health care provider.
14) The office OSHA officer will keep all forms must be kept in the employee's personal file

Protocol for Personal Protective Equipment (PPE)

Employees must wear personal protective equipment when they have any reasonable exposure opportunity to blood, saliva or bactericidal agents.

All personal protective equipment is provided by Hillandale Smiles. Should it be found that PPE that requires special attention or equipment or special order, it is the responsibility of the Employee to notify the Clinical or Office Manager of need and allow sufficient time for resolution. This may result in 'unpaid time off'.

Mask and Protective Eyewear:
Employees must wear masks and protective eyewear and/or face shields to prevent contamination from spatter, sprays, splashes, and aerosols.

- Eyewear must be cleaned with soap and water as needed or when visibly soiled
- Face masks are to be changed when visibly soiled, when moist or at the end of each day.

Gloves:
Gloves may not be washed and/or re-used. Gloves must be changed between patients, and/or if there is evidence of holes or tears. MD State Law requires the washing of hands or using hand sanitizer between patients; therefore H.S. policy is to wash hands or use hand sanitizer before and after glove use.

**Gloves are always considered contaminated. Gloves are not to be worn on any carpeted area unless exposure-risk or biohazard risk is anticipated (i.e. carrying contaminated instruments or equipment).

Ungloving Technique: All gloves, whether contaminated or non-contaminated, should be removed in the same way. First, the glove should be removed by grabbing the outside of the cuff (without touching the skin) and gently inverted, avoiding any snapping of the glove being removed. With the ungloved hand, grasp the inside of the second glove on the inside of the cuff and remove the glove, turning it inside out retaining the first removed glove. This is now safe to hold without gloves. Gloves should then be placed following Bio-Hazard Waste SOP, NOT regular trash can.

Outer Garments: Employees must wear uniforms, lab coats, or gowns that protect underclothes and skin from contamination with infectious materials such as blood and saliva. Items should be changed when visibly soiled. All outer garments must be removed before leaving the workplace, entering non-treatment areas (i.e., lunch room, restroom, or in administration area {front desk, consultation room} for an extended period.

Contaminated Laundry: Contaminated laundry will be removed prior to leaving the workplace. It will be stored in a plastic bag and laundered by a third party service.

Removing Outer Garment:

- Non visibly soiled can be removed in the usual fashion
- A visibly soiled garment should be removed with gloved hands and placed in 'contaminated' laundry bag and then gloves are then removed using the ungloving technique.
- The gloves used are either soiled (prior to glove removal) or Clean (after a clean pair of gloves has been donned) then hands should be thoroughly washed.

Glove Lab Coat Interface/Overlap: Clinic Jackets are long sleeve with closed cuffs. It is recommended that gloves reach past the interface so as to minimize potential exposure.

Double Gloving Wrapping Technique SOP: We have found it very helpful to put non-sharp bio-hazardous waste in the palm of the first gloved hand, removing glove following SOP. Then placing the glove with the biohazard inside it, remove other glove into each other, effectively double bagging and making in a 'safe' package to easily handle and dispose. We call this the double gloving technique.

Protective Eyewear Protective eyewear should be removed while still gloved. Clean eyeglasses and face shield with soap and water, then disinfect with an appropriate solution.

Preparation, Disinfection, and Sterilization

Non-Disposable Instruments/Equipment

All items that can withstand sterilization by autoclave or chemclave will follow manufacturer's recommendations.

Instruments that are unable to withstand auto or chemical sterilization are placed in approved cold sterilization for a minimum of 12 hours.

All items are Sterilized must follow pre preparation proceedures.

1) Items are wiped clean of all visible debris and contaminates.
2) Items are placed in a holding solution or placed directly in an ultrasonic.
3) Using heavy work gloves, items are then inspected for debris and scrubbed when necessary.
4) After rinsing and lightly drying, items are packaged for autoclaving.

Sterilization process indicators are used with each autoclave or chemclave run. Biological monitors are used once every other week.

All equipment / surfaces with high chance of bio hazard contamination and contaminated equipment in the treatment room will be disinfected between patients and, as necessary, during patient treatment. The disinfectant used on an approved surface will be a disinfectant/tuberculocidal. The wipe-wipe-wipe technique is utilized for a contact time of 10 minutes to allow disinfection to be achieved.

Disposable barrier wraps are used in place of disinfection (but does not absolutely eliminate this SOP) for the following items:

1) Dental light handle and switch
2) Chair buttons
3) X-ray units/buttons
4) Chair back
5) Tray tables and delivery units

Counter tops, provider chairs, dental chair (seat, foot, base, and cushion), cabinet facings, and floors are considered non-patient care contact areas and are provided all equipment with low chances of bio-hazard contamination. These are to be generally cleaned with conventional means (soap and water) but on occasion, as needed or as directed, may receive disinfection procedures.

Work Practice Control (WPC)

All Patient Care

The list below is used to set up Work Practice Control (WPC) for procedures in the workplace. Indicated are the protective equipment that employees should wear, the disposal method of the tissue involved, the type of sterilization procedures, and any other information that the procedures may require. We follow the OSHA and CDC precautions, such as Universal Precautions, for all procedures that involve patient care or provide for bio-hazardous exposure risk.

<u>Most common procedures in our dental office only include</u> but not limited to:

1) Restorative (Composite, Onlays and Crown and Bridge Preps)
2) Prosthetics (Dentures, Partials, and Oral Appliances)
3) Surgical (Extractions, Periodontal Implants)
4) Specialty (Ortho/Endo)
5) Maintenance (clean traps and suction)

<u>Biohazard waste vs Non Biohazard waste</u>

Regulated Waste (Biohazardous Waste)

All Regulated Waste is retrieved by Licensed and Bonded Medical Waste Disposal Service.

Disposal Methods of Biohazardous Waste

There are two methods of disposal of biohazardous waste in this office. The two methods are classified by item type: sharps or non-sharps. Both are considered hazardous waste.

Sharps
Common Shares are defined as any item that can puncture, cut, and tear – contaminated with biohazard or without biohazard.
Common disposable sharps are

1) Needles
2) Carpules
3) Burs
4) Blades
5) Metal material bands
6) Orthodontic Wires
7) Metal temporary crowns
8) Items that (whole or broken) would be able to cut or puncture

Contaminated sharps will be placed in the designated, labeled, Sharps Container as soon after use as possible. Carefully place all sharps in an approved, labeled, and puncture-resistant Sharps Container located in Central Sterilization or in treatment rooms. Common non-disposable sharps should be processed as listed under Sterilization.

Non-Sharps
Non-sharps are defined as anything that has been contaminated with saliva/blood that is not a sharp. Common non-sharps are:

1) 2x2s used, or unused on any field where working
2) High velocity and saliva ejector tips
3) Plastic film coverings
4) Patient napkins
5) Tray covers
6) Gloves
7) Masks
8) Cotton rolls
9) Cheek pads
10) Fluoride trays
11) Prophy angle and prophy paste

Non-sharps should be placed after collection into the red bag inside the trash compactor Bio-Hazard Waste Container, located in Central Sterilization.

Collecting of Non-Sharps (Double-Gloving Technique)

1) Collect non-sharp in a gloved hand
2) Remove glove holding non-sharps and inverting the glove with non-sharps.
3) The second hand should be palm the removing glove non-sharps.
4) Remove second glove using the inversion process;
5) Dispose of the double gloved bio-hazard following SOP

Sterilization Procedures of Rooms

At a 'treatment break', it is the responsibility of the dentist, hygienist or clinical assistant to routinely collect and dispose of non-sharps using a double gloving wrapping technique: This will effectively collect non-sharps in an acceptable form that can be handled without gloves and be immediately disposed of as described in Disposal of Hazardous Waste. (SOP)

Cleaning of Treatment Rooms
The following is the overview of cleaning of all treatment rooms after each patient. It is important that this order be followed to decrease the exposure risk of our employees, decrease the risk of cross contamination between patients, and decrease the risk of discarding valuables such as hand pieces, equipment or non-replicable items such as patients' dental work.

When Treatment is Complete

1) Flush air/water syringes with tips still in and ultrasonic scalers for 30 seconds.
2) Collect wipe clean all instruments and equipment place on treatment tray;
3) Collect reusable that are to be disinfected and place on the small center wall counter;
4) Collect trash, remove all barriers;
    a. Invert plastic bag that is on the chair and collect all non-sharp disposables
    b. Directly dispose of all sharps in the nearest sharps container following SOP
5) Bring trash and tray with instruments to central sterilization, (the room is now ready to be disinfected);
6) Return from central sterilization with plastic barriers (bags); place on seat of patient chair.
7) Following wipe-wipe-wipe technique SOP
8) Place barriers and paper goods
9) Move all chairs and counters to position.

Overview of Disinfections of Non-Disposable Non-Sharps
Wipe wipe-wipe technique SOP

Disinfectant solutions are to be applied with a wipe-wipe-wipe technique. Using full PPE, wipe all working surfaces with 4x4s gauze that are presoaked with disinfectant solution using a scrub down action three separate consecutive times. It is important to re-handle these items as few times as possible; therefore, on the third and final wipe, all items are to be simultaneously stored (or removed) and allowed to 'air' dry. Common orders that require the wipe-wipe-wipe technique are:

1) Empty counter top and reusable and empty counter top.

2) Dr. Head Slow hand on hand pieces, hoses air /water syringes and hoses.
3) Suction adapters, slow hand pieces, hoses Air/water syringes and hoses.
4) Dental chair, Counters, sink, Cabinet doors and handles
5) Eyeglasses and face shield
6) Anything touched, or possibly touched, during the procedure not covered by plastic film

Overview of Sterilization of Non-Disposable Non-Sharps

1) Chair side all visible debris should be wiped from all instruments and equipment
2) Instruments should be placed in the ultrasonic for 12 minutes
3) When the instruments are finished in the ultrasonic, they are rinsed, inspected for materials and debris placed on a napkin to remove excess water, dipped in a milk bath, bagged, sealed
4) Placed in the autoclave/chemclave following manufacturer recommendations

Overview of Sterilization of Hand Pieces

If hand piece is used, it should be wiped of debris chairside, flushed using KAVO machine, bagged and placed in sterilizer.

Protocol for Amalgam Disposal

We are proud to be an amalgam free and mercury free office. However, when amalgam scraps are collected for removal of amalgams during restorative procedures, and in these cases the amalgam is collected and disposed.

Ultrasonic Cleaning

Definition

Ultrasonic cleaning is the process of using micro vibration to loosen and remove bio hazardous material from instruments and dental appliances. Ultrasonic will not readily remove materials such as impression, composites and adhesives.

Prior to ultrasonic cleaning gross debris is required to be removed. This process is done chairside prior to bringing instruments to sterilization.

To prepare the Ultrasonic Machine for use, fill the tank with water until it reaches a level ½ -3/4 full so that the solution is 1 inch from the top when tank is full of cassettes with instruments ready for processing. Add ultrasonic cleaning solution following manufactures directions.

Ultrasonic Instruments

Instruments and other articles when fully submersed may now be cleaned by placing them in ultrasonic baskets-place in solution and turn ultrasonic for 12 minutes.

After cleaning all instrument and appliances will be rinsed thoroughly in clean flowing water with examination for residual contaminates. Residual contaminates are manually removed with stiff brushes or other instruments. After deemed contaminate free, then can proceed to final processing.

Ultrasonic Dental Appliances

When items that cannot be readily sterilized but require ultrasonic cleaning, such as appliances (occlusal guards, dentures etc.), a sealable plastic bag with fresh un-used cleaning solution and appliances will be used. Sealable bag will be placed in ultrasonic for 12 minutes. This will enable other articles to be cleaned at the same time keeping cross contamination.

Sterilization

The purpose of sterilization is to destroy any bacteria, viruses or spores left on the instruments. This prevents the transmission of diseases from patient to patient.

Three types of sterilization:

Autoclaving/chemclave

The most effective method of sterilization. This method should be used on all instruments, especially surgical instruments. Instruments are placed in autoclave bags, labeled, taped closed. They are then placed in a chamber and steamed under pressure at 250 degrees for 30 minutes. When the cycle is complete, the steam pressure and/or chemical is released and the instruments are removed and dried.

Cold Solution Sterilization

Instruments are sterilized by means of a chemical, after the decontamination process. Place the instruments in a solution and hold for 12 hours or in accordance with manufacturers recommendations.

Dry Heat

Used for materials which cannot be sterilized safely in the stem/chemical. Instruments must be cleaned thoroughly before sterilization. Instruments are sterilized at 350 degrees for 60 minutes. Dry heat is best for end cutting instruments as it does not dull the blades.

Radiographs

Prepare Treatment Room for Intra Oral Radiographic Exposure

1) At the present time all intra-oral radiographs are electronic/digital.
2) Barriers are to be places according to barrier SOP that includes but not limited to xray tube, control panel, exposure button handles and counter tops.
    a. It is easier to use surface barrier protection to protect radiographic equipment, rather than to disinfect with chemicals afterwards.

3) Sensors when not covered are stored in sensor holder
4) Sensors will have barriers when using a sensor holding device
5) Sensor holding devices are stored without sensor on barrier covered counter top
6) Sensor holding device with sensor is stored hanging on sensor hook.
7) Charts and forms should be kept away from the work area.

Taking Intra-Oral Radiographs (Digital)

1) PPE must be put on and worn during sensor and tube placement.
2) Patient should be seated with their head fully supported by the headrest and a lead apron placed on the patient.
3) Place sensor (and holding device) in the protective sleeve and then the patient's mouth, adjust the tube, and expose the sensor.
4) Review image, prior removal for Diagnostic Approval SOP
    a. Diagnostic approval
        i. (yes – treatment proceed and expose next image)
        ii. (No – incorrect teeth on image, reposition sensor)
        iii. (No – overlap or missing apex, reposition x-ray tube sensor)
5) Additional / Sequential x-ray required
    a. remove sensor and holding device, wipe off excess saliva
    b. place and expose next image or hang sensor holding device
6) No further xrays needed,
    a. remove barrier hang sensor in sensor holder
    b. place sensor holder on barriered counter top.
7) Remove contaminated gloves and wash hands.
8) Remove lead apron from the patient.

Taking Extra-Oral Radiographs

Radiographic Exposure Over View

- Bite-wing x-ray PAs are managed via Dexis dental using history tab, update labeling, alignment, rotation. These must be stored in the correct patient's account not to local PC
- We use radio graphic holding devices for all x-ray exposures
    - XCP makes radiographs reproducible but does not indicate the x-ray will be diagnostic. Be smarter than the equipment.

- When exposed to diagnostic radiographic exposure, all patients are required to wear lead apron protection.
- For intraoral films, lead aprons that have an attached lead thyroid collar will be made available to patients on their request.
- For Panoramic/cone beam without thyroid collar
- Cephalometric must have attached lead thyroid collar.
- All lead aprons are to be properly placed as to provide maximum protection to the patient.
- All lead aprons are to be properly stored when not in use by hanging on the appropriate device.

- If any of the x-rays are obviously inadequate (overlap), retake immediately
- If, re-taken radiographs are not diagnostic, stop get help and get them correct.
- If x-rays are questionable, the x-ray should be brought to the attention of the doctor for evaluation and need to re-take.

1) Panoramic,
    a. Place barrier
    b. Place lead apron according to Lead Apron SOP
        i. From front of patient (not on back)
    c. Set up patient according to manufacturer's instructions
    d. Expose sensor as needed
    e. Remove barriers using double gloving of non-sharps SOP
2) CTL / CTF
    a. Place barrier
    b. Place lead apron according to Lead Apron SOP
        i. From front of patient (not on back)
    c. Set up patient according to manufacturer's instructions
    d. Expose sensor as needed
    e. Remove barriers using double gloving of non-sharps SOP
3) Cephalometric X-ray
    a. Place barrier
    b. Place lead apron according to Lead Apron SOP
        i. CERVICAL/THYROID COLLAR REQUIRED
        ii. From front or back (front is more comfortable
    c. Set up patient according to manufacturer's instructions
    d. Expose sensor as needed
    e. Remove barriers using double gloving of non-sharps SOP

Diagnostic Approval for Routine Radiographic Exposure SOP

Diagnostic Approval SOP

a. Diagnostic approval
    i. (yes – treatment proceed and expose next image)
    ii. (No – incorrect teeth on image, reposition sensor)
    iii. (No – overlap or missing apex, reposition x-ray tube sensor)

- Bitewings
    a. Includes distal of the terminal molar
    b. Includes the distal of the lower canines.
    c. 2 horizontal bitewings for primary and mixed dentition
    d. 2 horizontal or 4 vertical bitewings for adult dentition up to age 18
    e. 4 vertical bitewings for adults over age of 18 and older
    f. No overlap is required, or one minimal on 25% of all contacts in single image
    g. It MAY be required to take additional radiographs to see clean contacts (use code 6 bitewing x-rays)
- Periapical
    a. Requires clear image of periapical area of tooth
    b. Coronal portion is not as important
    c. Adjacent tooth overlap should be minimized

- Panorex
    a. Horizontal plane is horzontal on image
    b. Lead apron artifact does not block required structures.

- Cone Beam CTL/CTF

Standard Opening and Closing Procedures

Opening Treatment Rooms

1) All visible trash including debris on hard flooring should be picked up or swept.
2) Mobile cart is to be placed in the center of the wall adjacent the hallway.
3) Doctor stool are to be placed at the head of the dental chair (near the mobile cart).
4) Foot pedal moved off chair based
5) The patient chair will be brought to minimum height with and the Doctor's head to working side.
6) Flush the waterlines for the high-speed hand pieces and air/water syringes and ultrasonic for 2 minute.
7) Ensure room is set following SOP wipe, wipe, wipe

Work from standard set-ups in trays designed for routine, and frequently performed, procedures. Anticipate all the instruments, medications, impression materials, and other items that will be required and have them readily available in the operatory.

Closing Treatment Rooms

1) The patient chair will be raised to maximum height with the foot pedal on the chair based and the Doctor's head table over the chair with cables draped on the seat.
2) Doctor and Assistant stools are to be placed at the foot of the dental chair (near the external windows).
3) Mobile cart is to be placed in the center of the wall adjacent the hallway.
4) All visible trash including debris on hard flooring should be picked up or swept onto a carpeted area.
5) Regular maintenance of stacking cabinets, flushing suction.

General Sterilization and Disinfection Procedures

During all handling of contaminated prosthesis requires SOP or PPE

The proper cleaning, sterilization, and storage of instruments eliminates potential health hazards. Cleaning and removing all material and biohazard immediately after use will simplify the procedure.

At chairside, disinfect such items as etc., if they have become contaminated by handling. Wipe instruments carefully during the course of treatment (to remove dried blood and/or debris) to eliminate or minimize scrubbing.

All blood and debris must be removed and instruments thoroughly cleaned before they are removed from the treatment room for sterilization. Use of a soaking solution helps to remove stubborn stains and deposits.

After cleaning, instruments are to be sterilized / disinfectedin and properly stored

<u>Sterilizable Instruments</u>

wax spatulas, laboratory knives, acrylic burs, stones, wax carvers, etc.,

<u>Non- heat sterilizable instruments / Supplies</u>

shade guides, needle holders, napkin holders, packing cord container etc.

<u>Prosthesis Asepsis (Removable appliances and Removable Dentures, S.N/O.G/ Ortho)</u>

Following removal from the mouth, partial and complete dentures should be rinsed to remove blood, saliva, and debris, and then washed thoroughly with an anti-microbial soap and disinfected before sending these items to the dental laboratory, or making adjustments in the office.

All removable appliance will be disinfected in a 1:10 solution of household bleach or 2% glutaraldehyde for 10 minutes. These solutions can be irritating to the mucosa, skin, and eyes, so it is advisable to wear gloves and glasses. The appliance should be thoroughly rinsed prior to insertion.

Lab Equipment Disinfection/sterilization

Prosthetic and intraoral appliances are disinfected prior to making adjustments or polishing in the laboratory However laboratory equipment such as the rag wheel and splash pan and lab instruments may still become contaminated due to the fact that sterilization of the appliance was not accomplished.

Wheels and brushes should be sterilized between case uses. Fresh pumice should be used for each case.

Delivery of appliance prior to re-insertion of an appliance following laboratory work, the prosthesis should be thoroughly rinsed under forceful water flow to remove abrasives and other contaminants, and disinfected by immersion in an appropriate disinfectant, followed by double rinsing in a brisk stream of water to remove residue. Use of bacterial soap and or rinsing with Listerine is appropriate.

All Impressions

Only one technique for all impressions will be used regardless of impression material. Common impression materials are alginates, polyvinyl, and polyether.

Refer to the manufacturer's instructions for the exposure time required for disinfection. Solutions must be prepared according to manufacturer's instructions.

1) Impression when removed from mouth should be rinsed with a strong stream of aerated water from faucet for 1 minute.
2) The impression will be thoroughly sprayed with 2% glutaraldehyde disinfectant solution for a minimum of 10 minutes.
3) The impression should be kept from drying during the required disinfection time by sealing it in a disposable plastic bag, i.e., a 'Ziplock' bag, or wrapping it in a moist paper towel and plastic.
4) Upon removal, the impression should be rinsed again, after which the impression should be cast in stone.
5) Please note for in house processing processed impressions will be labeled with Pt. name/date/dr.
6) When pouring models, clean up behind yourself. After models have set (45 minutes – 1 hour), separate models, trim, label model with patient name, date, and dentist. Place models in appropriate place for storage.

Protocol on Laundering Personal Protective Equipment (PPE)

Presently, the Office supplies PPE including Clinical Jackets.

1) Contaminated personal protective attire may not be worn in non-clinical areas outside the dental office.
2) Contaminated PPA must be removed at the office and placed in a red bag displaying the biohazard symbol (bags are located in central sterilization).
3) PPA will be laundered either by a licensed and bonded laundry service at the employer's expense.

I have reviewed the above protocol on laundering contaminated PPE (Clinical Jackets). I understand the hazards and agree to follow these procedures when laundering my personal protective attire.

Employee Signature_____ Date_____

PPE attire is not allowed unless under exception by signed agreement by Dr. Wolcott.

Responsibility of Assistants

1) POUR MODELS - place patient name, date, dentist's name in pencil on the model
2) (each assistant is responsible for the removal of alginate before sterilization—DO
3) NOT place in the sink with alginate—"place models in appropriate place for storage."
4) Before bringing the treatment tray to the sink, remove all sharps, burs, from the high speed. Dispose of sharps into sharps container (located in the operatories). Clean, or wipe down, all instruments of cement, debris, visible blood, remove bands from holder, amalgam from carrier, etc., anything that is not sterile material for Aracely.
5) Secondary with permanent assistant responsible for setting up the room for the next patient. Seat patient with patient napkin. Review medical history for pre-med, review today's treatment and any concerns from the 'last visit.' After instruments and anesthesia have been set up and you have read your room, notify your dentist to start treatment.
6) Patients are to be seated promptly at 8:30 and 2:00 (regardless if a dentist is on-site). If patients are seated on time, any delay is the responsibility of the dentist.
7) Assistants remove patients temp before getting/notifying your dentists to place permanent onlay/crown. 'Assistants, it only takes 5 minutes to remove cement.'
8) Dentist's chair, suction hoses should be on the proper side of cabinets to accommodate dentist/assistant. Reostat position for dentists.
9) Assistant connects high speed and pre-runs for 30 seconds before starting to work.
10) 'Don't leave room in a shambles' after dismissing your patient. Pick up each time you leave the operatory. Discard any bio/sharps. Therefore, final clean-up is faster with a quick wipe-down of everything and preparation of the room for the next patient. Set room in entirety, including patient chart, appropriate X-rays displayed, high speed in place, etc. Make sure hand mirrors are wiped/dried after each patient.
11) Floating Assistant replaces, or relieves Primary Assistant any time she is busy doing other job-related duties. It is the Floating Assistant's responsibility to cover any assistant when necessary in a timely manner—not when the dentist has started drilling.
12) By the end of each day, each operatory is to be restocked (regardless of whether it is your room or not: if you're working in that room, fill that room for the next work day); that means everything, including supply trays, glove, tissues, cup, paper towels.
13) The patient visit is not finished until the treatment room is cleaned and set up. Rooms are not to be left 'for later' unless approved by Attending Dentist in special circumstances.

Signature:_____ Date:_____

Specific Assistant Duties

Rotating DA

- Clean Trap (near front desk) 1st week of each month (please make note of when it is cleaned adjacent to filter)

Sterilizer

- Test all sterilizer's weekly record results.
- Clean statim – weekly
- Clean autoclave – weekly
- Change cold sterile – daily
- Sterilization of Instruments – daily
- Tidy up Lab – daily

Senior DA

- Collect list of items require to order throughout the week
- Find item and quantity either during down time or Friday morning.
- Review list of clinical manager.
- Submit order on Monday before lunch.

Lab Assistant

Laboratory Schedule Control

Policy and Procedures

1) When the case is ready to be sent to the lab for processing, the attending staff member enters all pertinent information about the case on the Laboratory Prescription Control Book. All columns will be completed for each case; e.g., date sent out, due date, the treating dentist, the laboratory to which the case is sent, the name of the specific procedure, and the name of the patient.
2) The patient will be scheduled for his/her appointment in 14 calendar days, consistent with the date of expected return of the case from the lab (10 days, i.e 5 + 10=15, 15+10=25, 25+10=5). In the event the case is not returned from the lab when expected, the attending staff member will contact the lab to locate and arrange timely delivery to match patient's existing appointment. If it is determined that the lab case will unfortunately not be ready as planned, the attending staff member will instruct the Receptionist to telephone the patients(s) to reschedule the appointment.
3) When a case is returned from a lab, it will be placed in the In-Coming Lab box where all returned cases are kept in Central Sterilization. Cases are usually brought directly to Central Sterilization by the lab delivery and an assistant will then highlight the proper patient's name on the Laboratory Control Book.
4) When a case is inserted (Crown, Bridge, Dentures or Partial) the Assistant Supervisor will draw a line through the entire entry. (Done only when the full procedure is completed).
5) All returned lab requisitions will be organized according to specific lab, paper-clipped and given to the Office Manager with confirmation of provided lab bill for accuracy to include no-charge remakes and consistent fees with lab fee schedules.

Laboratory Assistant Task Obtain a copy of the Doctor's schedule 2 days out

Out Going Lab Cases

Delivery Date is determined by taking treatment date and adding 10 i.e., (10 days, i.e. 5 + 10=15, 15+10=25, 25+10=5)

Insert Date is scheduled to return in 14 Calendar days. (same day and time 2 weeks from today)

Rush any delivery date less than 14 days

- It is the attending dental assistant's responsibility to confirm with the lab and schedule to ensure that the 'Rush' goes as planned.

Rush fee:

- 11-14 days $50 per unit (lab may waive possible fee)
- 5-10 days $150 per unit (case turn around must be approved by lab)
- overnight-5 days, $250 and up (case turn around must be approved by lab)

Electronic Impressions

The primary assistant is required to assemble and electronically send case to lab shortly after the patient is dismissed.

Analog Impressions

Preparation Dental Lab Slip

- Lab slip is to be provided pre filled out with the patient's name, treatment date, appliance prescribed & delivery date at the time of the impression by the attending dental assistant.

Sending Dental Lab work

- Lab cases will be logged in the Handwritten Lab Book & the computer scheduler.
- Lab cases are collected & placed in lab box at the end of the day by lab case manager

Question Regarding Lab Cases from the Lab

- If the lab calls the front desk should get the pt. Name and the question.
- The front should attempt to resolve the question.
- If the front cannot answer the question they are to a give written question/message and chart to lab case manager
- If lab manager cannot resolve issue, message and chart must be forwarded to Doctor.

Returned Lab Cases

1) Collect **returned lab cases from lab box** outside office front door
    a. Log in returned cases by highlighting returned cases in lab book
    b. Contacted lab for all cases that are not present on due date prescribed
    c. Highlight appointments requiring lab work that has been returned.
    d. Store each laboratory case bill in appropriate box/storage bin
    e. Collect and turn in lab bills at the end of each month to Dr Centty
2) **Lab work not returned** as scheduled.
    If dental work will not be here for scheduled appointments the following procedure must occur:
    a. Confirm lab work is due in the computer, by appointment, review last appt, check paper lab slip & chart
    b. Insure lab slip filled out appropriately
    c. Ensure appointment made appropriately
    d. All cases that have not been delivered on delivery date, Call lab for status before 12 noon
    e. Re-contact lab before 4:30 pm to get update on delivery
    f. If the lab cannot confirm, notify the doctor and senior dental assistant immediately.
3) If **lab work is to be delayed past appointment date**
    a. Inform the Dentist where the Doctor may directly contact lab to ensure a scheduled delivery
    b. Rescheduling a patient is needed, The Assistant is responsible to inform the administrative staff to reschedule patient. AND, patient has been rescheduled.
4) **Appointments that require dental lab** work are reviewed **2 days and 1 day** prior to scheduled appointment.
    a. Print Doctor schedule one and two business days out
    b. Highlight, research, review charts, ask Dentist for appointments that 'could' need lab work or special equipment.
    c. Review lab book and ensure case is here by looking at the lab work.
    d. Make black check mark to indicate lab work is here
    e. Post schedule in central sterilization area

General Assistants Responsibilities

1) Assistants, be self-reliant. Cover yourself. Don't depend on someone else doing your job.
2) Assistants, if you are late for work, you will relieve the assistant for lunch if there is a run over with the dentist and the primary assistant. If there is a doctor's appointment or something has to be taken care of, make sure that you check with your co-workers to be certain that you have someone to back you.
3) Notify necessary parties when you are not able to report to work or when you are late both to senior dental assistant and clinical manager don't leave a message. Otherwise, you are to report as schedule.
4) You are responsible for all Radiographs being labeled, numbered, and stored in Dexis under the patient's name.
5) Put lab slips in chart.
6) Give models to Doctor they have been poured/labeled with patient's name, date, dentist name.
7) Be responsible for setting your room for specialty days. Make sure specialists have what they need before time. Follow up on cases, etc.
8) Efficiency is essential. Assistants, plan your day, review schedule, pre-set operatories the best you can, modify if necessary.
9) Communicate with your dentist to let them you when it's not feasible for them to squeeze something else into their schedule. Or if they do, let them know that they may not be working with an assistant. Dentists and assistants work together.
10) Don't be afraid to take charge. Your dentist appreciates it when you can take control and make decisions.
11) Assistant, if you have it, put it away.
12) Assistants, at the end of each day, all rooms should be left orderly. Patient chair is up, X-ray head centered properly, overhead light centered over patient chair. Rheostat out of walkways.
13) Assistants, if the time does not allow you to put instruments in a basket when brought to sink, make sure the instruments are free of any type of material and neatly put on tray to be taken to Sally.
14) Assistants, remove everything from operatories that is not required: extra ink pens, magazines, rubber bands, paper clips, etc.
15) All rooms should be set up in the same manner. All trays should be color-coded to
16) Match supply trays. Supply rooms neatly.
17) It only takes a moment to remove temporary crowns/onlay, evaluate patent request for local, remove temporary and excess cement, notify dentist.

Specific Assistant Responsibility

Supplies

- Restocks operatory as stated in SOP Restocking

Suction

- Cleans and maintains equipment according to office SOP, including Daily cleaning of suction line and monthly cleaning of trap.

Down-Time

- Review charts of present or arriving patients for additional opportunities for treatment of present or arriving patients
- Assist at reception desk patients, answer phones, pull charts, and file charts or as directed)
- Help other assistants and hygienists with seating patients, exposing radiographs, taking alginate impressions, cleaning operatories.
- Assist in the maintenance of the lab, central sterilization area, and laboratory area as needed according to practice policies and OSHA regulations
- Assist in lab, pours and label trims models fabrication and in house appliance according to practice policies and OSHA regulations

- Actively market the practice according to practice policy and procedures. Distributes business cards, discusses practice in social circles. Ask current patients to refer family and friends.

The patient visit

- Check charts for treatment required.
- Check daily schedule for patient appointment times and procedures scheduled
- Prepare treatment room for treatment according to practice policies and OSHA regulations
- Place patient's chart, instruments, supplies, and medicaments for treatment in treatment room
- Check operatory for cleanliness.
- With the chart and RCT and TXpl in hand Greet patients in reception room and escorts them to the treatment room
- Seat and drape the patient
- Engage patient in friendly conversation while opening sterilized instruments for final set-up
- Assure patient by informing them about planned procedures last visit as needed and the next step.
- Review impending treatment and/or any new or other dental problems from the last visit with patient
- Take or check medical/dental history for all patients and review history and chart information with current patients at each appointment. Confirmed by patient signature at one year interval or as needed.
- Prepare patient and chart and introduce patient to attending dentist. Discuss patient's oral condition with dentist and assist with examinations.
- Telephone physicians regarding patient's medical problems.
- Discuss treatment fees as needed.
- Expose, prescribed radiographs as allowed by law and according to practice policies and OSHA regulations
- Introduce patient to treating dentist
- Engage in active compliance with all OSHA regulations regarding personal protective equipment and cross contamination techniques
- Check on status of prospective disease sites.
- Remain in operatory with patient as much as possible
- Provide education to patients as necessary, caesy system.
- Clean removable appliances (SOP).
- Provide additional therapy or treatment when appropriate (i.e., fluoride treatments, sealants)
- Coordinate conclusion of treatment with availability of attending dentist.
- Enter complete data about treatment needs in the patient's chart, sign and return entire chart to receptionist.
- Complete routing control form.
- Assist the dentist at chairside by dental charting, visually and orally monitoring patient's general condition during treatment.

- Provide other supportive procedures as allowed by law to demonstrations
- Reinforce recommended additional dental treatment as indicated with appropriate oral and printed materials caesy
- Escort the patient with the completed chart and routing control form to the front desk restroom.
- Provide any stickers, toys, and/or balloons to young patients
- Coordinated with the front desk regarding patient continuing care to include scheduling of recall appointments
- Give any additional instructions to the receptionist and/or patient for next appointment or additional care
- Say good-bye to the patient and return to the operatory
- Clean dental treatment room following treatment according to practice policies and OSHA regulations
- See disinfection room SOP.

Rotating Assistant Guideline (SOP)

Purpose:

- To promote a reasonable and consistent lunch period for all Dental Assistants
- This SOP will be considered to be in effect all work day but will be enforced when it becomes apparent that an assistant will be needed during the routine 12-2 lunch break.
- Regardless of the actual lunch time start, return time is fixed and DA must be ready to work

Note:

- A standard schedule is to be set for a routine workweek.
- All attempts to adhere to this schedule should be made.
- Modifications will be made as staffing and patient needs are recognized.

1) One **Early** Assistant will leave for lunch between 12 and 12:30pm and return one hour later. On return, the Early Assistant will relieve the Late Assistant after receiving information on remaining tasks. The Early Assistant will continue to complete all lunch tasks. In the event that all tasks are completed, the Early Assistant will take a long lunch and will return prior to 2 pm.

2) Other Assistants should leave for lunch during the routine 12-2 lunch break after informing the Late Assistant of all tasks that are incomplete. An Assistant is expected to remain of working with a dentist/patient and cannot be relieved by the Late Assistant.

3) One Late Assistant will remain on the floor. The Late Assistant is to complete lunchtime tasks (see list below). The Late Assistant will leave for lunch when relieved by the Early Assistant and informing the Early Assistant of uncompleted tasks.

Lunch Time Task List:

1) Work with dentist/patient
2) Clean rooms/set up for next patient.
3) Stock rooms.
4) Clean/bag/sterilize instruments
5) Verify lab work returned for next day's schedule
6) Other tasks as needed or assigned

Basic Preparation for treatment

1) Check the patient list for each day.
2) Ensure chart RCT Txpl.
3) Request missing chart RCT TXpl and get proper appointment.
4) Clean and set up the operatory in preparation for the patient
5) Clean the unit, chair, cabinets, cuspidor, and any other areas in the cubicle which need cleaning
6) Restock the supplies in the instrument cabinet
7) Set up the basic needs on the top of the cabinet
8) Clean the head rest cover
9) Sterile suction tips (place after patient is seated)
10) Place this visit x-rays on the screen
11) Position the assistant's chair
12) Adjust the light
13) When the operator has determined what is to be done, the assistant proceeds accordingly
14) Place the cabinet directly in front – a little behind – the assistant side of the operating chair
15) Inform the operator to ask in advance for the next instrument or material
16) Pick up, deliver, and receive instruments with one hand, using the other hand for suction, syringe, etc.
17) Retract the cheek and tongue, keep working area dry and free of debris
18) Have the rubber dam washed, punched and the necessary clamp inserted
19) Prepare the tofflemire with the matrix band
20) Clean the patient's face before dismissing
21) Write out the RCF.
22) See that all forms and charts are properly completed before dismissing the patient

Charting Hard and/or Soft tissue

Basic Preparation

1) As operator examines the mouth, the assistant keeps the area dry.
2) The assistant records findings on the patient's chart as the operator relates them.
3) Keep the light in correct position at all times.
4) The patient's the mouth evacuate as needed.
5) The operator will discuss the next appointment time with the patient.
6) The assistant removes the patient napkin and adjusts the chair so that the patient may get up without any difficulty.
7) Give the patient an appointment card for the next appointment.
8) Pleasantly dismiss the patient.
9) Clean operatory and set up for the next patient.

Anesthesia

Place square sterile gauze to dry the area being injected. Reposition the gauze to retract tissue and then hand a cotton swab dipped in topical ointment (xylocaine). The patient holds this in the mouth for a minute or two.

Receive cotton swab. The Dental Professional will load the syringe with the prescribed local anesthetic and place the need on the syringe tip for transfer at the needle end with a firm grip on the needle cover. The Dentist will grasp the syringe and by mutual agreement both the Dentist and the dental assistant will retract. Separate the needle cover from syringe/needle complex

1) The Dental [Assistant] will place the needle cap in the needle cap holder and place both on the small wall shelf to the Dentist's side.
2) The Doctor will administer the local anesthesia.
3) The [DA] will not receive an open needled syringe to cap or reload the syringe.
4) Additional cartridges of local anesthesia will be provided by holding an additional cartridge between ring and pinky with rubber stoppers to exposed side.
5) The DA will use salvia ejector as needed and never look at the ensuing motion transfer!
6) Dentist will unload syringe and place expended local capsule in between thumb and forefinger where the [DA] will grasp.
7) The Dentist will reload the syringe and provide local as needed.
8) The [DA] will remove suction and dispose of empty local capsule as a sharp biohazard.

The Dentist will replace the cover on the needle using a needle cap holder on the mobile cart then lay the covered syringe needle on the wall shelf for later use.

This procedure should be carried out outside of the line of sight of the patient, either behind the patient's head or in front near the patient's chin, leaving this to the discretion of the operator.

Use saliva ejector suction on the patient's mouth as needed.

Shut off the light so that it does not shine in the patient's face while waiting for the anesthesia to take effect, sit the patient slightly upright position.

Suction
Before starting the operation with a patient who is not familiar with high-velocity oral evacuation, explain how the suction, while powerful enough to pick up water and debris, will not damage tissue.

Place end of the mouthpiece against the patient's cheek and show how the suction can easily be broken loose. Even when soft, loose tissue (or the tongue) tends to obstruct the mouthpiece opening, it is a simple matter to loosen by slightly twisting the mouthpiece. Remind the patient that it will not be necessary to expectorate, as suction removes all water, saliva, blood, debris, etc. from the mouth. More work per appointment is a saving of time beneficial to both the patient and the dentist.

It is also prudent to have a patient swallow as this decreases saliva production and makes for a more comfortable visit.

Dentist Assistant General Procedures
Maximum efficiency in the use of suction requires only slight changes in operating procedures in order to develop the necessary cooperation between dentist and assistant. The dentist maintains his customary handpiece and instrument positions and the assistant maneuvers the mouthpiece so it is out of the way of the operator's instruments and line of vision. With a little shift of instruments one way or the other, the dentist can often greatly increase the assistant's efficiency with the mouthpiece…without interfering with his operation.

Retractions with Rubber Dam
Our office uses Rubber Dams at a near 100% usage rate. This is great for the safety of the patient and staff.

1) Rubber dams are to be placed on individual quadrants starting with terminal tooth and ending 2 teeth mesial of tooth being treated or the midline whichever is greater.
2) Punch holes in matching the teeth required for placement
3) With the rubber dam tightly stretched on the top and bottom of the frame leaving the middle loose, fit onto patient with a clamp

Retraction with Mouthpiece
In almost every position, suction mouthpieces while evacuating, also serve as retractors for the cheek or tongue…or both. To avoid occluding the soft tissue when retracting with high speed suction tip, the orifice bevel is positioned parallel to the tooth and away from the soft tissue. In cases where tissue occludes mouthpiece readily, use high speed suction tip, which is specifically designed for this purpose. If tissue should occlude the mouthpiece opening, trauma will not result. The mouthpiece can be loosened with a slight twist.

High Velocity Evacuation Hand Grip
The most versatile hand position for the high velocity evacuation mouthpiece operation is the overhand grip. Two other hand positions sometimes used are the 'pencil grip' and the 'flat in palm grip'. The mouthpiece, adapter and hose is held just as their names describe.

Doctor's Wall Cabinet

Overhead Cabinet

Patient Napkins Mask	Roll Barrier Film, (box) tray paper
2 crown insert packs Yellow - Composite Tray Green - Crown Tray	3 yellow trays 2 green trays
X-ray sensor barrier Camera barrier Mixing pad Diamond Strip tube	

Yellow - Composite Tray

Composite A1 Blue (5) Green (5)	Wooden Wedge (Box) Adhesive (1)	Mylar strip (box) Metal Matrix band (package)
Composite A2 Blue (5) Green (5)	Composite B1 (2) Flowable B1 Sealant	Micro brush (20)
	Brushes, 3 each color, red, blue, green, yellow Sand Paper finishing Strips, 5	
Composite A3 Blue (5) Green (5)	Blue tips (3) Black (3) Green (3)	Etch 0.5 Flowable Blue (A-1, A-2, A-3, B-1) Flowable Green (A-1, A-2, A-3, B-1)

Green - Crown Tray

	Fynal powder (1)	Fynal liquid (1)
	#1 Cord (1) #2 Cord (1)	#2 cord (1)
	Vita Classic Shade Guide Vita 3D shade Guide	
Syringe Tips (5)	Astringadent, ½ full, with tips (5)	

Mobile Carts

Top

Blue Needles (10)	Yellow Needles (10)	Septocaine (20)	Lidocaine(5)	Articulating paper	Oraverse (2)
2x2 Gauze Loosely Full tub	Cotton Rolls, Loosely full tub	Dry Angle, Small and large Loosely full tub			Slow speed burs and polishing burs 5 Finishing Burs and Diamonds burs High speed burs

					M-3 (3)

Second

Saliva Ejector (10)	High Suction (10)	Cotton Tip (20)	Vaseline
2x2 Gauze Full tub	Cotton Rolls, full tub	Dry Angle, full tub	Caries Detector (1)
			Topical Anesthesia (1)
			Cotton pellet
			Floss

Third Drawer always empty

Correct Positioning of the Dental Patient, Dental Assistant, and the Dentist

If the concepts of four-handed dentistry are to be applied effectively, it is essential that the positions of the dental patient, the assistant and the operator be properly related. The operating team, as well as the patient, must be comfortable. Their bodies must be well-supported and they must be able to work with minimal stress and without interference.

Seating the Patient

Access to the dental chair should not be obstructed by cabinets, foot control cords, stools, etc. and therefore should not be through either the operator's Doctor or Hygiene work area. Prior to receiving the patient, the dental chair should be properly positioned at its lowest level. The back should be elevated to a comfortable sitting position. The unit tray or instruments should be fully elevated. The assistant bring the patient into the treatment room, positions them self at the side of the chair, never the chair back. Immediately after the patient is seated, a patient napkin is placed on the patient to avoid the possibility of soiling the patient's clothing. The chair should be adjusted, to permit the operator to position the chair to the operator's satisfaction. The head rest should be positioned this is the only adjustment of the chair which should be made by the dentist. The assistant evaluates the patient's position and makes necessary adjustments to assure patient comfort and proper location of the patient's head near the end of the back rest and well over toward the operator. Now the assistant adjusts the operating light to a position directly over the patient's face within reach at maximum height (allow for light beam to focus).

Chair operator Assistant height adjustment

The operator now positions just under the end of the back rest +12 o'clock position. The chair base is then lowered by the operator until it is satisfactory. When this adjustment is complete, the assistant adjust their chair so that their eye level, when sitting, is 4 to 6 inches above the operator's eye level.

25 A. Positioning the Assistant

The assistant's sitting position is established in relation to both the patient and the operator. The assistant must be able to visualize the field of operation and work comfortably without overly extending arms or leaning forward excessively. Adjustments of the assistant's chair are required to control the seat height and thorax support. The support should come around the assistant's body side, to support the body just under the rib cage. The assistant's chair should be positioned so as to allow seating as close as possible to the patient's chair. The assistant's legs should be directed toward the patient's head until the assistant's knees just contact the chair back. Normally, if the assistant positions the chair so that the edge of the seat, toward the mobile cabinet, is even with the patient's mouth, it will be within the ideal position. From this position, the assistant can easily visualize the field of operation and reach all instruments and materials conveniently. It should be kept in mind that the assistant should first be positioned and then the mobile cabinet with its work surface can be brought as close as possible, rather than allowing the position of the mobile cabinet to dictate the assistant's position. At times the operator may find the body support impedes their ability to position them self properly. If this occurs, the body rest may be dispensed with

25 B. Positioning the Operator

When the operator's chair has been properly adjusted, it need not be changed from one patient to the next; however, there are two parts of the operator's chair that must be initially adjusted, being the seat height and back support.

Instrument Transfer and Hand Positions

25 C. Transfer of Instruments

Four-handed dentistry literally means the constant use of the operator's and assistant's hands. If one hand is not functioning, the concept of four-handed dentistry is lost.

The transfer procedure is simple so as to make instrument passing comfortable and efficient and takes full advances of all four available hands. The zone of transfer is limited so as to assure that both the operator and the assistant will know exactly where the transfer will occur.

25 C. Syringe Transfer

Careful manipulation of the anesthetic syringe greatly reduces the apprehension felt by the patient. It is important that this procedure be carried out quietly and smoothly and without the patient becoming aware of the presence of the syringe. The syringe is to be kept below the plane of sight of the patient. Detailed instructions can be found in Anesthesia.

25 D. Instrument Transfer

The primary objective of instrument passing techniques is to permit the smooth, efficient transfer of instruments between the chairside assistant and the operator in a pre-determined manner. Certain basic concepts can be applied to all instrument transfer techniques. First, instrument transfer should take place only at the patient's mouth below chin. Any instrument transfer occurs at some undetermined may result in a collision between the operator's hand and parentally cause harm to patient / operator/ the assistant's and should be avoided.

The operator should keep his hands in the field of operation at all times and where possible, retain the third finger rest position as the instrument transfer occurs. A few exceptions to this rule occur during the transfer of double handled instruments such as forceps. These instruments must be transferred so that the operator receives them in the palm of his hand. This requires that the operator change his hand position before receiving the instrument. A similar exception occurs in the transfer of an air-water syringe. Again the operator must change his hand position as the syringe is passed. If the assistant is engaged in a high priority type activity, such as mixing of restorative materials and the dentist wishes to obtain an instrument from the unit, this is the time when it is permissible for him to remove his hand from the field of operation. However, in no instance should the operator reach for an instrument on the instrument tray. The following will describe the routine transfer from one instrument to another, involving a similar hand position and finger rest. The assistant holds the instrument to be transferred by the end, opposite the end which will be placed in the operator's hand. The assistant holds this instrument between the thumb and first two fingers of the left hand, and extends the third and small fingers ready to grasp the used instrument. The cutting or working end is pointed in the direction of use. The operator signals that he is ready for the transfer by lifting the instrument from the tooth, in a class I or fingers only movement. The assistant then takes the instrument with the third and small fingers and places the next instrument in the operator's hand in the position in which he will use it. The assistant returns the used instrument to the top of the mobile cabinet, being careful not to damage the cutting edge. The assistant's right hand remains free to continue using the air syringe. If, for some reason, the operator wishes to return to an instrument just transferred, the assistant will lift the used instrument from the third and small fingers with the thumb and first two fingers. The operator should use instruments sequentially; that is, he should complete the task to be accomplished with a given instrument before going on to the next instrument.

If, for some reason, an instrument is required out of the planned sequence, the operator should think ahead and anticipate the next needed instrument. He should inform the assistant well in advance of the time when the next instrument is needed, so as to allow time to bring the instrument to the transfer zone. Failure on the part of the operator to anticipate his next needs results in a waiting period that is time consuming. Everything in the operatory is orientated to the patient's mouth. The dentist keeps his hands in the field of operation at all times and is not required to re-focus or re-accommodate his eyes by having to continually look up from his work.

Arrangement of Instruments
All instruments necessary for the operations, including burs and small items, should be placed upon the tray in the order of their use.

Operator Instrument Grasps many but four as primary

1) Pen Grasp
   - Held like a pen, the instrument is grasped with the thumb and first and second fingers at the junction of the shaft and the shank. The grasp is used with instruments having an angled shank, blade or nib.
   - The assistant should pick up pen grasp instruments with the thumb and forefinger of the left hand at a point of the shaft about three-four or more (etc) of the way from the working end (blade or nib). This will allow sufficient room from the shaft (handle) of the instruments for the operator to grasp it correctly. The instrument should be placed in the dentist's hand so that his thumb, first and second fingers grasp it at the junction of the shank and shaft.
   - If the tooth being operated on is an upper tooth, the blade or nib should be directed in an upward direction. If the tooth is in the lower arch, the blade or nib should be placed in a downward direction.
2) Palm Grasp: forceps
   - Used by grasping the handle of the instrument in the palm of the hand. The grasp is used with surgery and with other types of forceps.
   - These instruments should be picked up with the left hand about one-fourth of the way from the working end. Place the instrument in the palm of the operator's hand. The working point should be directed toward the site of operation.
3) Palm-Thumb Grasp: Surgical elevtors (power movement)
   - The handle is placed in the palm of the hand and is grasped by the four fingers. The thumb is used as a rest or is placed at the junction of the shaft and shank. This grasp is used with instruments having a straight shank and blade, such as the straight chisel.
4) Reverse Pen Grasp:
   - Identical to the pen grasp, except the working point is toward, rather than away from the operator.
   -
5) Palm-Thrust Grasp:
   - Similar to the palm group, the end of the large handle is held in the center of the palm. This grasp is not often used.
   - These instruments are delivered and received in the same manner as the palm grasp instruments.
6) Palm-Thumb Grasp: proposal elevator (fine movement)
   - Instruments should be picked up with the thumb and forefinger of the left hand at the shank about one-fourth of the way from the blade. The instrument should be in the operator's palm so his thumb will contact the junction of the shaft and shank of the instrument.

Periodontal Care Protocol

The most important things to our hygiene patients are:

- Socialization
- Perceiving value in their appointment/treatment

The most important things to our hygienists are:

- Offer and provide ideal care
- Low stress by appointments and dentists running on time

All other variables to include changes in treatment, incorrect scheduling and other surprises are usually handled without much difficulty. It is understood that these events should be kept to a minimum by proper management at all levels, no person excluded.

Periodontal Diagnosis and Overview of Periodontal Treatment Plan

- Ultimately, it is you, the patient that is responsible for selecting and receiving care.
- Dental professionals can only assist a concerned patient to obtain dental / gingival health.
- Each patient will be offered treatment that will assist them in correcting their periodontal disease.
- Treatment Plans estimate the number of appointments and fees. This estimate is based on periodontal findings and the amount of treatment needed, using the information below.
- Please advise patients that any dental benefits may significantly decrease the patient's financial responsibility. Often patients can estimate savings of 50% for complete periodontal care.
- Should any patient select not to receive the recommended treatment, they are required to sign a periodontal waiver form.
- If any periodontal deficiency is noted (i.e. inadequate width of attached gingival) a doctor should evaluate and recommend appropriate treatment

Appropriate Care [Definition]

- Providing appropriate care is a simple offering of compassion and empathy
- Standards of Appropriate Care are to be set in a comparative nature based on these general parameters:
- 80% of dental patients have some form of disease.
- A reasonably maintained patient receives a Prophy approximately every 6 months.
- A poorly maintained patient must receive a modified treatment plan. We may provide extra care as a gesture of good will; however caution must be exercised when provided. The patient must receive education and treatment modifications that would benefit their oral health.
- The patient must receive supplemental documentation and specific notation is to be made in the patient chart reasons their care would not be considered within the range of usual treatment and extra effort that had been made.

I would ask that any help you offer would be returned to you when you ask for help.

Office Definitions

- ***Healthy Mouth Cleaning HMC is*** a routine cosmetic cleaning for health or gingivitis. Healthy Mouth Cleaning (HMC) may require shorter recall frequency if more than one appointment is required. HMC and is not proper treatment for any diagnosed periodontal disease.
- ***Full Mouth Debridement*** *FMD (ultrasonic scaling)* is a full mouth under the gum cleaning or site-specific removal of subgingival calculus and requires follow up care in one month for ; HMC or SC/RP. FMD is not considered routine care
- **PSR**: For routine Prophylaxis or maintained Periodontal
- **Full Periodontal Charting**: For post Periodontal TX. / periodontal maintenance / non maintained Periodontal
- **RC 6**: Healthy Mouth Cleaning every 6 months with periodic examinations to include diagnostic bitewings as needed.
- **RC 3**: Healthy Mouth Cleaning every 3 months with periodic examinations to include diagnostic bitewings as needed.
- **PM 1**: Periodontal Maintenance every 3 months with periodic examinations, periodontal consultations with Periodontist and diagnostic bitewings as needed
- **PM 3**: Periodontal Maintenance every 3 months with periodic examinations, periodontal consultations with Periodontist and diagnostic bitewings as needed.
- **SC/RP:** Scaling and Root Planing by quadrant. Requires Local anesthetic, then PM 1, then PM 3, and may require referral to periodontist.

Periodontal Therapy Guidelines (SOP)

Dental Findings / Signs / Symptoms	Estimated Treatment Needs
Health; · Gums have healthy color · No bleeding	**One visit** to include; 1) Healthy Mouth Cleaning Recall; Preventative Prophylaxis visits every six months
Gingivitis;	**One visit** to include;

· Gums occasionally look reddish and swollen
· Gums bleed when examined or when brushing
· Possible bad breath or bad taste

1) Healthy Mouth Cleaning
1) Evaluate for additional treatment

Recall; Healthy Mouth Cleaning visits every 3 or 6 months

Early Periodontitis;
· Redness and puffiness more pronounced, tender
· Gums bleeding more often and more bad breath
· Gum measurements are deeper than 3mm, pocketing
· Gums may begin to pull away from teeth, recession

Two or Three visits to include;
1) *Full Mouth Debridement*
2) 4 week Healthy Mouth Cleaning
a) Evaluate for Scaling and Root Planing

Recall: Healthy Mouth Cleaning visits every 3 months
until reclassified as ADA Periodontal Health

Moderate Periodontitis;
· Gums are red and blue with puffiness, hurt
· Gums bleed spontaneously or without cause bad breath
· Gum measurements deepen to 6mm,
· Gum boils or abscess may develop
· Gums have noticeable recession, teeth may be sensitive
· Bone loss is maybe visible on x-rays
· Teeth may shift or spread leaving spaces

Four visits to include;
1) *Full Mouth Debridement*
2) Scaling and Root Planing - two quadrants
Arestin per site / per quadrant
Chlorhexadine Irrigation by Prescription se
3) Scaling and Root Planing - two quadrants
Arestin per site / per quadrant
Chlorhexadine Irrigation by Prescription
4) 4 week follow up Periodontal Maintenance
Treatment plan update or referral

Recall; Periodontal Maintenance visits every 3 months
until reclassified as ADA Periodontal Health

Advanced Periodontitis;
· Gums are red, bleeding, inflamed, and hurt
· Gum measurements are greater than 6mm
· Infections are seen and tasted
· Bone loss visible on x-rays and teeth are getting loose and may fall out

Initial two visits to include;
1) *Full Mouth Debridement*
2) 4 week Periodontal Charting for Diagnosis
Treatment Plan update or referral

Initial Hygiene Visit

- Personal introduction and oral health evaluation to include **PSR** prior to treatment**.**
- Oral Hygiene Instructions; etiology (progression, signs, symptoms)
- **Site Specific Plaque** removal training to include **Sequential Sulcular Brushing** keyed to individual problem areas, flossing, and additional periodontal aids.
- Reinforcement or modification of a periodontal treatment plan based on findings and acceptance of fee estimate.

"Happy Visits"

- Prepares operatory for children with non-threatening instruments to demonstrate treatment, explains treatment procedures and demonstrates "how things work."
- Gives gift to children, takes child to parent/guardian to explain findings, behavior and requirements, for continued care.
- Provides balloons and prizes for all child patients.

Medical History

- Noted in Hygiene sheet with circle
- Noted in treatment notes as Δ [no change in HHX]
- Update signature on Medical History Form [once per 12 mo]

Recall Guidelines

- Re-Evaluation of Complete Periodontal Status for Individualized Recall
  If accumulations are moderate = Shorter RC
  If the patient rejects the shorter RC;
  Have patient select which teeth wants cleaned
  Clean per tooth until the appointment time is up
  Note detailed Informed Consent and patients selection of alternate care

PSR Scoring

PSR Score 1

- Health
- No bleeding
- No sulcus >3.5mm

PSR Score 2

- Deposits,
- BOP < 3.5mm

PSR Score 3

- Pockets [not sulcus] > 3.5mm and < 5.5mm
  i. note site spec problem/area i.e., pseudo-pocket/operculum etc.
- 2 Sextants of 3 at a single visit warrants perio charting, by sextant or full mouth

PSR Score 4

- Pockets [not sulcus] > 5.5mm
  i. note site spec problem/area i.e., pseudo-pocket/operculum etc.
- Perio charting recommended
- 2 or more sextants of 4 warrants full perio charting

PSR Treatment Guidelines

1) One or Two sextant score of 3;
   a. Decide if the amount of present calculus could be removed and a polish can be performed in allotted time parameters
   b. Patient will be charged for appropriate Healthy Mouth Cleaning.

2) Two sextants scores of 3;
   a. Decide if the amount of present calculus can be removed but polish cannot be completed.
      i. Follow ADA Periodontitis Type I
      Inform patient of your findings and treatment recommended is
      This visit you will provide a Full Mouth Debridement (gross scale) or periodontal waiver
      Next appointment in 4 weeks will include re-evaluation of OH, Gingival response to therapy
      If response is appropriate Preventative Prophylaxis

   b. Decide if the amount of present calculus can be removed but polish cannot be completed.
      Follow ADA Periodontitis Type II or III
      Inform patient of your findings and treatment recommended is;
      This visit you will provide a Full Mouth Debridement (gross scale) or periodontal waiver
      Next appointment in 4 weeks will include re-evaluation of OH, Gingival response to therapy,
      If response is appropriate Preventative Prophylaxis or Scaling and Root Planing

- Inform Patient, consult with doctor for diagnosis and treatment plan
- Provide accepted treatment or periodontal waiver.

c. Decide if the amount of present calculus cannot be removed in one visit.

Follow ADA Periodontitis Type III or IV

Inform patient of your findings and treatment recommended is;
This visit you will provide a Full Mouth Debridement (gross scale) or periodontal waiver
Next appointment in 4 weeks will include re-evaluation of OH, Gingival response to therapy,
If response is appropriate Preventative Prophylaxis or Scaling and / or Root Planing

- Patient consult with doctor for diagnosis and treatment plan
- Provide accepted treatment or periodontal wavier.
-

3) Two sextants of PSR scores are 3 or one PSR score of 4;

a. Inform patient of your findings and treatment recommended is;

i. Full periodontal charting
ii. Confer with doctor for diagnosis and treatment plan
iii. This visit you will provide a Full Mouth Debridement (gross scale) or periodontal waiver

Periodontal Charting Guidelines

- When in doubt, perio chart
- Full perio charting includes 6-point probing, BOP, mobility, recession, furcations
- If time warrants, full perio charting [once a year] would exceed existing standards
- Patients that are free of active periodontal disease can default to PSR scoring system
- When PSR score indicates perio charting is warranted by score, a secondary judgment must be made by the attending hygienist or dentist. [score alone does not dictate mandatory charting]
- If the option of no perio charting has been made rational to include findings that caused PSR score is to be documented
- 6 point probing, circled actual points if bleeding, Furcations, Mobility, Recession (>1.5 mm)
- Additional notes made as needed (i.e., IWAG, muco-gingival defects, food impaction sites)
- ADA Periodontal Case Type circled

Hygiene Patient Visit SOP

- Call patient from reception area [name based on familiarity/age, etc.]
- Greetings/review today's planned treatment/medical history update [signed medical update annually].
- Distinguish care PM vs HMC vs SC/RP
- Update radiographs [as needed]
    - Bitwings
        - every 12 months with or without caries rate
        - every 18 month on patient request or caries free 2 years
    - Panorex every 3-5 years (not same visit if bitewings taken)
- Pre-treatment rinse [Listerine 30 seconds/Disclosing solution],
- Photographs and or run CAESY
- Initial call to dentist for examination [as needed]
- Quantify Patient Perio Status: PSR / BOP / STAIN / PLAQUE / CALC / HOMECARE
- Update today's treatment based on findings [consult with attending dentist as needed]
- Update treatment recommendations and alternatives
    - Provide TVTXPL as needed
- Provide procedures with informed consent
- Post-Treatment Flossing and Listerine rince
- Review home care instructions [demonstrate as needed]
- Review today's treatment [differentiate if planned treatment was different than what was provided and stress why]
- Review and stress other dental care needs
- Provide routing slip with NHV, NRV
- Make chart entry including NHV, NRV

<u>Scheduling Protocol</u>

- All hygiene appointments are schedule in 40 min increments
- A child less than 10 y/o appointment may be trimmed to 30 min
- Schedules will be routinely reviewed for proper time allocations
- Regarding scheduling hygiene appointments:
    - Hygienists should make their own appointments as much as possible.
    - It is acceptable to ask the front desk staff to help if you need it, and they may ask the same of you for other tasks from time to time.
    - It is required that you put to use the hygiene 'macro codes' to schedule appointments and to include the date you made the appointment and your initials.
    - All appointments for children under the age of 16 and younger maybe scheduled for 30 minutes.
    - If any patients, including children, have poor home care, recall must be shortened.
    - Adult prophy is charged when there are only permanent molars.

- Regarding X-rays:
  - **See Diagnostic Approval for Routine Radiographic Exposure SOP**
  - Primary and mixed dentition; horizontal bitewings [2] are taken as soon as a child will permit
  - Adult Dentition less than 18 y/o horizontal bitewings [2]
  - Adult Dentition 18 or older vertical bitewings [4]
  - Bitewings on patients with orthodontics are always appropriate even if all teeth are banded.
- Regarding failure, cancellation or unscheduled break
  - Hygenist are expected to manage their time to the benefit of the office. That may include the following activities:
    1) Management of workspace and equipment: stock and organize cabinets, sharpen instruments
    2) Assistance with other clinical activities: take or develop radiographs, turning rooms, assisting dentists
    3) Assistance with other administrative activities: review, reorganize and update patient charts, review patient scheduling, and general administrative assistance [answer phone, confirm appointments, pull charts, etc.]

Definitions and Treatment Guidelines

Dental Prophylaxis

01110 Prophylaxis – Adult

A dental prophylaxis performed on transition or permanent dentition which includes scaling and polishing procedures to remove coronal plaque, calculus and stains. Some patients may require more than one appointment or one extended appointment to complete a prophylaxis. Document need for additional time or appointments.

01120 Prophylaxis – Child
Refers to a routine dental prophylaxis performed on primary or transitional dentition only.

Healthy Mouth Cleaning (Prophy) Treatment Guidelines

- Remove ALL plaque / stain / calculus at, above, or slightly below the gum line
- Note areas that could not be fully managed
- Inform and document reasons for RC interval

Topical Fluoride Treatment

01201 Topical Application of Fluoride [including prophylaxis] – child
Used to report combined procedures of prophylaxis and fluoride treatment

This code is used to report combined procedures of prophylaxis and fluoride treatment.

Other Preventative Services

01310 Nutritional Counseling for Control of Dental Disease
Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries

01320 Tobacco Counseling for the Control and Prevention of Oral Disease
Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies.

01330 Oral Hygiene Instructions
This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids.

01351 Sealant – per tooth
Pit and fissure sealants have been documented by many studies to be a highly effective therapeutic measure for the prevention of dental caries. Preparation including enameoplasty is included in this procedure. The American Dental Association recommends that all permanent molars be sealed.

04341 Periodontal Scaling and Root Planing – per quadrant
This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaques and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic in nature. Root planning is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or micro-organisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of pre-surgical procedures in others.

S/RP Treatment Guidelines

- Removal of all subgingival and supragingival calculus and stain by quad
- Note areas that could not be managed
- Inform and document reasons additional visit recommendations as needed [PM3, refer to Perio]
- All S/RP patients are offered Arestin
- All S/RP patients are offered therapeutic perio guard / whitening [not an accepted treatment modality]

04355 Full Mouth Debridement to enable comprehensive periodontal evaluation and diagnosis

The removal of subgingival and/or supragingival plaque and calculus obstructs the ability to perform an oral evaluation. This is a preliminary procedure and does not preclude the need for other procedures.

FMD Treatment Guidelines

- Removal of ALL subgingival and supragingival calculus and stain
- Note areas that could not be fully managed.
- Recommend second visit as needed.
- Inform and document reasons [second visit may be Prophy, second FMD, S/RP by quad]
- FMD excludes any polishing!

04381 Localized delivery of Chemotherapeutic Agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

[ARESTIN]

Controlled release chemotherapeutic agent[s] are inserted into a periodontal pocket. Short-term use of the timed-release therapeutic agent as supplemental or adjunctive therapy provides for reduction of subgingival flora. This procedure does not replace conventional or surgical therapy required for debridement, respective procedures or for regenerative therapy.

The use of controlled release chemotherapeutic agents is an adjunctive procedure for specific sites that are unresponsive to conventional therapy or for cases in which systemic disease or other factors preclude conventional or surgical therapy.

Arestin Treatment Guidelines

- An adjunct procedure that should be offered to all patients that have pockets [not sulcus] of 5mm or more.
- Referral to the Periodontist must be offered and documented at this visit and on subsequent visits without resolution.
- Second placement for perio management may be offered and referral will be recommended.
- Please stress that Arestin treatment does not preclude additional care and is dependent on home care.
- Site must be documented in perio sheet, continuation notes, and routing control form.

04910 Periodontal Maintenance Procedures [following active therapy]

This procedure is for patients who have completed periodontal treatment [surgical and adjunctive periodontal therapies and exclusive of 04355] and includes removal of the bacterial flora from crevicular and pocket areas, scaling and polishing of the teeth, and a review of the patient's plaque control efficiency. Typically, an interval of three months between appointments results in an effective treatment schedule, but this can vary depending on the clinical judgment of the dentist. When new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered. Periodic maintenance treatment following periodontal therapy is not synonymous with a prophylaxis.

Perio Maintenance Treatment Guidelines

- Provided only and always after active therapy [OSS SX / S/RP]
- Is provided continuously in 3-month intervals until patient self-maintains oral health
- Is not alternated between prophy appointments
- Always includes perio charting and continued additional treatment [Arestin, refer to perio, surgery, etc.]

04999 Unspecified Periodontal Procedure [by report]

Use for procedure which is not adequately described by a code. Describe procedure. [i.e., periodontal subgingival scaling full mouth in the presence of significant deposits, periodontal subgingival scaling site specific, continuation of care]

Hygiene Wall Cabinet

	Adult toothbrushes – 2 boxes Child toothbrushes – 3 boxes Pink masks – 1 box		Face shield Safety glasses	
	Patient napkins Disposable tape – 1 box Continuation forms -treatment record -hygiene sheet Tray covers		Instrument Packs Fluoride Stapler Pens only – green, red, black (no pencils)	

The Attending Dentist

The Written Treatment Plan
A well-organized treatment sequence of treatment is listed according to treatment phases that address diagnostic and pertinent findings; materials to be used and alternate treatment plans are listed; and, best treatment plan for that patient is presented.

Our office has 2 forms of treatment plan
1. This Visit Treatment Plan (TVTxPl) and
2. Next Visit Treatment Plan (NVTxPl).

Order of Treatment
(Enter each phase; e.g., if N/A, enter "Phase I, N/A.")

1) **Systemic Phase**: Systemic health considerations. Consult with physician when in doubt. Determine need for premedication, diet, precautions to protect patient and dental treatment team.
2) **Urgent Phase**: Treat problems of acute pain, bleeding, lost restorations, and related matters.
3) **Hygienic Phase**: Steps necessary to control disease for specific patient, generally in the order listed (this is the most important phase).
    a. Consults/Confirmations
    b. Periodontal treatment plan
    c. Patient education and instruction in plaque control; fluoride program
    d. Biopsies, if indicated
    e. Preliminary gross scaling, if indicated
    f. Caries control and endodontic therapy
    g. Extraction of hopeless teeth, temporary CPDs and RPDs, if indicated
    h. Root planing
    i. Plaque control maintenance
    j. Preliminary occlusal adjustment, if indicated
    k. Minor tooth movement/orthodontic treatment
    l. Occlusal splints, if indicated
    m. Definitive occlusal adjustment, when necessary
    n. Continuous evaluation of oral hygiene and tissue response, and re-assessment of entire treatment plan
    o. Virtually all restorations, amalgam, composite, etc. are included in the hygienic phase. These procedures serve to remove or prevent a disease process and are hence appropriately hygienic.
4) **Corrective Phase**: Correct environment to support patient maintenance of good oral hygiene.
    a. Consultations/confirmations indicated and approved
    b. Hemisections with temporary splinting
    c. Periodontal surgery, bone and soft tissue grafting
    d. Treatment of hypersensitive teeth
    e. Implants
    f. Restorative dentistry (delay at least two months following extensive surgery)
    g. Re-check and refine occlusion
5) Maintenance Phase
    a. Re-examine effectiveness of plaque control and recurrence of periodontal disease, caries, and occlusal problems. Reinforce oral hygiene instruction and perform prophylaxis including topical fluoride application. Base recall on needs of each patient.
    b. Complete periodic radiographic survey of dentition, if indicated. Compare with prior radiographs.
    c. Re-check prosthetic treatment.
    d. Treat any active periodontal disease.
    e. Treat recurrent carious lesions.
    f. Provide endodontic therapy if pulpal and/or periapical lesions have developed or are not resolved
    g. Replace restorations which no longer satisfy health, function or esthetic requirements
    h. Replace Appliances

The Comprehensive Examination/first visit Provider Chart entry/note

Descriptive recording of the patient visit is imperative. Hillandale Smiles Uses the SOAP format. This will include,

S; Situation, Why is the patient here. What does the patient say, feel, look like, past history, present history
O; Observation, What do you see, or don't see
A; Assessment What is a differential diagnosis and what are the options, risks, benefits?
P: Procedure, So what was agreed or not agreed on, and what did you do?

New patient initial note (Sample) (using approved office abbreviations)

PPF ….(NPE/LOE)…. Pt reports … (chief complaint) …. signs/symptoms, PDHx (past dental history.)

HHX conditions/medications/allergies/

Tx, (Btwx/pan/pa (tooth #) IoEo Soft Tiss/ Hard tiss/

Informed pt findings txpl overview incl (FMD fillings/onlays/implants/ortho/grinding/RCT).

RK risk/complications with without tx to include pain/swelling/tooth loss/additional tx/additional cost

DTO Discuss Treatment Options to include;

TX planning (priority) more important (medical vs patient) to smaller (covered by insurance better) or smaller to more complex

Quadrant care vs per tooth.

Always

NHV next hygiene visit, procedure/ month/year
NRV Procedure/tooth/time frame/ referral to specialist

Common treatment line restorative with notation of materials used

20 1 art RD CD (do) E A E A F C

1 articaine	rubber dam,	caries Detector	(surface)	enamoplasty,	air abrasion	etch,	adhesive, (type)	Flowable (type)	Composite (type)
1 art	RD	CD	(DO)	E	A	E	A	F	C

Orthodontics
An exciting treatment that can provide:

- Better health and comfort
- Improved appearance
- Enhanced self esteem

Benefits
Orthodontics plays an important role in improving overall oral health, and in achieving balance and harmony between the teeth and face for a beautiful, healthy smile. An attractive smile enhances one's self esteem, which may actually improve the quality of life itself. Properly aligned teeth are easier to brush, and thereby may decrease the tendency to decay, or to develop diseases of the gum and supporting bone.

Because of the individual conditions present and the limitations of treatment imposed by nature, each specific benefit may not be attainable for every patient. The unknown factor in any orthodontic correction is the response of the patient to the orthodontic treatment.

Nature and Purpose of the Procedures
Orthodontics strives to improve the bite by helping to direct the forces placed on teeth, thus protecting them from trauma during ordinary everyday activities, such as chewing and grinding. Orthodontics distributes the chewing stress on bones, roots, gum tissue and temporomandibular joints.

Through orthodontic treatment, potential dental problems may be eliminated, including the problem of abnormal wear. Treatment can facilitate good oral hygiene to minimize decay and future periodontal problems. Also, orthodontics can provide a pleasant smile, which can enhance one's self-image.

Risks
All forms of medical and dental treatment, including orthodontics have some risks and limitations. Fortunately, in orthodontics complications are infrequent and when they do occur they are usually of minor consequence. Nevertheless, they should be considered when making the decision to undergo orthodontic treatment. The major risks involved in orthodontic treatment may include:

1) Tooth decay, gum disease, and permanent markings (decalcification) on the teeth can occur if orthodontic patients eat foods containing excessive sugar and/or do not brush their teeth frequently and properly. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces.
2) In some patients the length of the roots of the teeth may be shortened during orthodontic treatment. Some patients are prone to this happening, some are not. Usually this does not have significant consequences, but on occasion it may become a threat to the longevity of the teeth involved.
3) The health of the bone and gums which support the teeth may be affected by orthodontic tooth movement if a condition already exists, and in some rare cases where a condition doesn't appear to exist. In general, orthodontic treatment lessens the possibility of tooth loss or gum infection due to misalignment of the teeth or jaws. Inflammation of the gums and loss of supporting bone can occur if bacterial plaque is not removed daily with good oral hygiene.
4) Teeth may have a tendency to change their positions after treatment. This is usually only a minor change and faithful wearing of retainers should reduce this tendency. Throughout life the bite can change adversely from various cases, such as: eruption of wisdom teeth, growth and /or maturational changes, mouth breathing, playing of musical instruments and other oral habits, all of which may be out of the control of the orthodontist..
5) Occasionally problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing joint pain, headaches or ear problems. These problems may occur with or without orthodontic treatment. Any of the above-noted symptoms should be promptly reported to the orthodontist.
6) Sometimes a tooth may have been traumatized by a previous accident or a tooth may have large filings which can cause damage to the nerve of the tooth. Orthodontic tooth movement may in some cases aggravate this condition and in rare instances may lead to root canal treatment.
7) Sometimes orthodontic appliances may be accidentally swallowed or aspirated, or may irritate or damage the oral tissues. The gums, cheeks and lops may be scratched or irritated by loose or broken appliances or by blows to the mouth. Usual post adjustment tenderness should be expected, and the period of tenderness or sensitivity varies with each patent and the procedure performed. (Typical post-adjustment tenderness may last 24-48 hours) You should inform your orthodontist of any unusual symptoms, or broken or loose appliances, as soon as they are noted.
8) On rare occasions, when dental instruments are used the mouth, the patient may inadvertently get scratched, poked or receive a blow to a tooth with potential damage to or soreness or oral structures. Abnormal wear of tooth structures is also possible if the patient grinds the teeth excessively.
9) If improperly handled, headgear may cause injury to the face or eyes, even blindness. There have been a few reports if injury to the eyes of patients wearing headgear. Patients are warned not to wear the appliance during times of horseplay or competitive activity. Although our headgears are equipped with a safety system, we urge caution at all times.
10) Sometimes oral surgery; tooth removal or orthognathic surgery, is necessary in conjunction with orthodontic treatment, especially to correct crowding or severe jaw imbalances. Risks involved with treatment and anesthesia should be discussed with our general dentist or oral surgeon before making your decision to proceed with this procedure.
11) Atypical formation of teeth, or insufficient or abnormal changes in the growth of the jaws may limit our ability to achieve the desired result. If growth becomes dis- proportionate during or after treatment, or a tooth forms very late,, the bite may change, requiring additional treatments or, in some cases, oral surgery. Growth disharmony and unusual tooth formations are biological processes beyond the orthodontist's control. Growth changes that occur after active orthodontic treatment may alter the quality of treatment results.
12) The total time required to complete treatment may exceed the estimate. Excessive or deficient bone growth, poor cooperation in wearing the appliance the required hours per day, poor oral hygiene, broken appliances and missed appointments can lengthen the treatment time and affect the quality of the end results.
13) When clear and tooth colored brackets have been utilized, there have been some reported incidents of patients experiencing breakage and/or damage to teeth, including attrition and enamel flaking or fracturing on debonding. Fractured brackets may result in remnants which be harmful to the patient especially if swallowed or aspirated.
14) Due to the wide variation in the size and shape of teeth, achievement of the most ideal result (for example, complete closure of excessive space) may require restorative dental treatment. The most common types of treatment are cosmetic bonding, crown and bridge restorative dental care and/or periodontal therapy. You are encouraged to ask questions regarding dental and medical care adjunctive to orthodontic treatment of those doctors who provide these services.
15) General medical problems can affect orthodontic treatment. You should keep your orthodontist informed of any changes in your medical health.

Possible Alternatives

For the vast majority of patients, orthodontic treatment is an elective procedure. One possible alternative to orthodontic treatment is no treatment at all. You could choose to accept your present oral condition and decide to live without orthodontic correction or improvement. The specific alternative to the orthodontic treatment of any particular patient depends on the nature of the individual's teeth, supporting structures and appearance. Alternatives could include:

1) Extraction versus treatment without extraction;
2) Orthognathic surgery versus treatment without orthognathic surgery;
3) Possible prosthetic solutions; and
4) Possible compromised approaches.