

Dental Assistant
Procedure Guide

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# INTRODUCTION

This guide is a tool to demonstrate the specifics for your position and the procedures for operation. It breaks down each component of the dental assistant position and the expectations for performance. For detailed patient scenario scripting examples, please refer to ePractice Manager’s online document library on your company’s portal.

# PART 1: TERMINOLOGY

A medical office has a lot of its own specific terminology that is important to understand.

Don’t use medical terms with patients unless you also define the terms using common, everyday language. Otherwise, the patient may not fully understand what you are saying. This can contribute to a failure to keep appointments, follow care instructions, and accept and/or follow treatment plans.

Visit the ePracticeManager Knowledge Library for general dental terminology, dental prosthetic terms, terms describing cavities and their restorations, and a list of commonly used abbreviations. Refer to these lists whenever you don’t understand any term or abbreviation that you see or hear.

A more extensive glossary of dental terms from the American Dental Association (ADA) can be found [here](http://www.ada.org/en/publications/cdt/glossary-of-dental-clinical-and-administrative-ter).

# PART 2: FACILITATING DENTAL SERVICES

Dental treatments are generally broken down into the three categories with a general description of each as agreed upon by most insurance companies.

* **Preventative**: cleanings, exams, x-rays, fluoride treatments
* **Basic**: fillings, root canals, extractions, surgery
* **Major**: crowns, bridges, partials, dentures

## Specific Service Explanations

### Gum Disease

Gum disease results from plaque, calculus, and bacteria forming deposits on and under the gums.

* Plaque is soft mucus with bacteria that can be brushed off with a toothbrush.
* Calculus is plaque that has hardened and must be removed by a hygienist—a toothbrush cannot remove it.
* Bacteria are normally found in every person’s mouth.

These three things form into deposits and start causing an infection of the gums.

This is first noticed by gums bleeding when a person brushes, flosses, or uses a toothpick on the teeth. This is called gingivitis and is usually treated with regular six-month cleaning appointments. If not treated, the condition worsens and develops into mild periodontal (gum) disease, where the mouth and gums are puffy and red.

Treatment for mild periodontal disease may consist of a regular cleaning, then a deep cleaning called a perioscaling. There may be one or two deep cleanings done depending on the infection. If the patient ignores his/her gums, the condition will continue to get worse, with the next stages being called moderate periodontal disease, and then severe periodontal disease.

Both the doctor and hygienist treat the patient for gum disease. The hygienist normally does all the cleanings and deep cleanings, and the doctor treats severe periodontal disease. If the patient requires the infected gum to be cut away so new gum tissue can grow, the doctor will perform a treatment called gingivectomy. If the patient requires that the gums be very, very deep cleaned, the doctor will do so, numbing the patient. This procedure is called gingival curettage.

### Filling

Almost everyone has had a cavity at some point, especially in their younger years. A cavity is a hole in the tooth resulting from decay. It usually results from food matter not being removed from a tooth. The food matter then eats away the tooth. A cavity can be very big or as tiny as a pinhole, but no matter the size, once a cavity appears, it must be filled or it will only get larger.

There used to be two main types of filling material used in restoring cavities: silver fillings used in the back of the mouth where they do not normally show, and a bond or composite tooth-colored filling used in the more visible front of the mouth. However, due to concerns regarding the health risks related to silver fillings, our office will replace those fillings with composites upon request. These days, new fillings are done using composite materials.

A composite filling should last approximately five to seven years with regular dental visits. After this time, the material starts wearing down and may become “leaky,” meaning that saliva and plaque seeps through the filling and begins decaying the tooth underneath the filling. This is not unusual and happens to almost everyone. The treatment is to remove the old filling and replace it with a new one.

At first, fillings may be sensitive to cold or sweets. This is normal. The tooth is getting used to the filling and, depending on the size of the filling, sensitivity may last one to two weeks. However, if a patient complains of pain when chewing on the tooth, the Doctor needs to see the patient. The new filling may be too high, causing pain when chewing. This is easily corrected and only takes about one minute.

### Crown

A crown (also known as a cap) extends the life of a tooth by sitting on the tooth as a protective cover to prevent it from chipping or breaking while chewing. Signs for the need of a crown include

* large fillings
* a cracked tooth
* teeth that are broken or have large chips that a filling would not hold
* teeth that have had root canals

Crowns rarely break and usually last 15-20 years or longer if done properly and maintained. The crown takes two appointments to implement. During the first appointment for crown prep, an impression is taken of the tooth and the tooth is prepared to allow room for the crown by cutting about 10% off the top of the tooth. This way the crown can sit on the tooth without being too high or too big. Then the doctor will make a temporary crown that the patient wears on the tooth while the lab uses the impression to make the permanent crown in the exact size and shape for the patient’s tooth.

The temporary is tooth colored and is temporarily cemented onto the tooth. It does not fit or look like a crown. The patient may have some sensitivity to cold and/or sweets, or the gums around the temporary may hurt. A warm salt-water rinse helps with this mild discomfort. The patient can eat anything but is warned to stay away from very sticky or extra hard foods, such as gum, caramel, candied apples, etc. These foods may pull the temporary off or crack it. The temporary crown is like a Band-aid® and is only there to temporarily protect the tooth underneath. If the temporary crown comes off, the patient should return to the office to have it re-cemented, which takes about 20 minutes. The patient should brush as usual but should floss carefully.

On the second appointment, the temporary crown is removed, and the permanent crown is permanently cemented onto the tooth. The appointment takes about 30 minutes and requires no shots. The gums will heal and usually no sensitivity will occur. There are no food restrictions, and the patient will brush and floss as normal.

### Root Canal

A root canal is the result when decay of a tooth has gotten down to the nerve. The nerve can be totally infected and abscessed at the bottom, or the nerve can be partially infected. If only partially infected, the doctor may be able to remove the decay and place medication on the nerve, thus stopping the infection and preventing a root canal. However, if the nerve is badly infected, a root canal is the only answer. Most patients have a preconceived notion that a root canal is extremely painful and that pulling the tooth is twice as easy. This is false. Root canal techniques have become very advanced and are now virtually painless.

A root canal consists of cleaning out the decay and the infected nerve of that tooth, then filling the tooth. This can be done in either one or two appointments. Without the nerve, the tooth will become brittle and will eventually break if not crowned.

Before the tooth can be crowned, the doctor must build the tooth up, which is necessary due to the large amount of decay that has to be removed. On molars, this procedure is called a buildup. A buildup is like putting the largest filling possible on the tooth. On the front teeth, it is called a post. A post is a very small steel post that is inserted into the canal of the tooth. It will prevent the tooth from breaking and give it strength for biting.

### Wisdom Teeth

Wisdom teeth are the last molars in a person's mouth. There is one on each side, top, and bottom, and when the erupt varies from person to person.

Long ago, the jawbone used to be longer and wider and the wisdom teeth had a very important function in chewing. However, with evolution, the jaw has become smaller and the wisdom teeth are nonfunctional. Instead, they have become a source of pain, decay, crowding of teeth, joint problems, etc. for many people.

Not everyone needs their wisdom teeth pulled, but many do. It is better to have them pulled in the teen years, as the roots are not as developed and the teeth come out easier. Wisdom teeth can be categorized as

* erupted (out of the gum)
* soft tissue impacted (just under the gum)
* bony impacted (surrounded in bone)

Friday afternoons are the best time for wisdom teeth removal appointments, as the patient can spend Saturday and Sunday resting if needed. The patient returns in one week for a check or to remove any sutures.

### Missing Teeth

An empty space in the mouth due to a missing tooth is an unhealthy condition. If left untreated, empty spaces will eventually result in more lost teeth. The teeth on either side of the empty space will begin to tilt and shift into the empty spot due to gravity and force, and they will become loose in their sockets. The tooth above the empty space has nothing to hit on when biting and, with gravity, is pulled down (called elongation), making it become loose. If left unhandled these teeth will, at some point, be lost.

There are four ways to replace missing teeth: a bridge, a partial, a denture or an implant.

#### Bridge

A bridge is prepared just like a crown and is, in fact, two or more crowns connected together. The tooth on one or both sides of the missing tooth is crowned, and the missing tooth is replaced with a false tooth. A bridge is permanently cemented into the patient's mouth and is treated just like natural teeth. It is not removable, which is an advantage over some other treatments for missing teeth.

#### Partial

A partial is a removable appliance that can replace all missing teeth in the upper or lower jaw. A partial looks like a retainer and is made up of an acrylic type of material with the false teeth in the appropriate places. There are usually two metal clasps on each side that help hold the partial in place.

The advantage of the partial is that it is less expensive than a bridge. The disadvantage is that it is removable and, therefore, prone to being damaged or lost due to mishandling. In addition, patient compliance with wearing the partial every day is not very high.

Making a partial takes several visits. After getting the partial, the patient may feel soreness of gums or a “tight” feeling. They may also have difficulty getting the appliance in and out. These issues lessen over time but may require some adjustments by the doctor.

#### Denture

A denture is a removable appliance for people with no teeth in one or both jaws. It replaces all the teeth on either the upper or lower jaw (or both). A denture takes several visits to fabricate and, like partials, may need to be adjusted after being made.

The patient must not sleep with the denture in place, as it may cause harm to the gums. Dentures should be brushed just like normal teeth.

#### Implant

A dental implant is an artificial tooth that is anchored in the gums or the jawbone and replaces a missing natural tooth. This approach to tooth replacement requires a surgical procedure and several appointments over the course of many months to complete, but it is a very stable and permanent solution for patients who have lost or are missing a tooth.

# PART 3: CARING FOR THE PATIENT

When a patient is escorted to the operatory, the dental assistant should pleasantly explain that the doctor will be coming shortly and help properly prepare the patient for their procedure. Ensure that computer screens and any chart information are kept out of the immediate view of the patient to avoid any unnecessary anxiety for the patient.

Explain to the patient what the doctor will be doing when they arrive. Keep in mind that although dental surgery is a routine process for the dental team, it is not routine for patients. Take the time to explain things to the patient in terms they can easily understand without jargon, and keep them as comfortable as possible. If the patient has to wait until the doctor arrives, ask if they would like a magazine, and recline their chair.

## The Nervous Patient

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

Use the following guidelines when treating nervous patients:

* Set up the instruments prior to the patient being seated.
* Be calm.
* Treat the patient courteously.
* Limit movement in the operatory.
* Limit all external noises in and around the operatory, including unnecessary talking, clanging of instruments, etc.
* Do not restock trays or tubs during this patient's office visit.
* Do not allow verbal interruptions from other office staff members.
* Reassure the patient as necessary.

The process for reassuring nervous patients begins with the receptionist’s initial phone conversation. During this call, it is usually discovered if the patient is nervous or apprehensive, and we can put steps in motion to help the patient feel as secure and comfortable as possible. Through treatment planning and operative, it is important that all staff members work together to keep the patient relaxed and comfortable.

# PART 4: OPERATORY CHECKLIST

This is a checklist for the patient flow into the operatory, during treatment, and leaving the operatory. Edit to fit your practice.

## Prior To Seating the Patient

* Ensure that the operatory has been cleaned.
* Ensure that the patient's chart is in the operatory.
* Ensure the patient has financial approval for the service(s) to be performed.
* Check the patient’s chart for necessary precautions (e.g., allergies or medical alerts).
* Have the appropriate x-rays ready to be viewed.
* Ensure that the appropriate equipment is set up.
* If necessary, review the procedure to be performed with the doctor.

## Taking the Patient to The Operatory

* Greet the patient by name.
* Escort the patient to the operatory.
* Help the patient to get comfortably seated and place the bib.
* Talk with the patient. Find out how the patient has been since their last visit, answer any questions they have, and reinforce the need for preventative care.
* Update the patient's history.
* Take the opportunity to generate a referral from the patient.
* Inform the doctor that the patient is ready.

## During the Patient's Visit

* Assist the doctor during the procedure.
* Chart the treatment plan as indicated by the doctor.
* Document a complete description of the procedure, making sure it is initialed.
* Reinforce any post-treatment care the doctor has suggested and provide appropriate handout material.
* Ensure all the patient's questions are answered in terms they can understand.
* Help the patient clean up.
* Route the patient to the front desk for reappointment, if necessary.

## After the Patient Leaves

* Check if the patient left anything behind.
* Ensure that all storage containers have been covered and put back in place.
* Remove all soiled linens and towels and put clean ones out.
* Ensure all disposable items, paper products, dressings, wrappings, syringes, etc. are properly discarded.
* Ensure that all used special instruments and medications are put away.
* Verify that any stains or refuse is cleaned from the floor and/or chair.
* Ensure that the room is free from any offensive odors.
* Ensure that the patient’s chart is updated.
* Set up the operatory for the next patient.

# PART 5: EFFICIENCY AND PRODUCTIVITY GUIDELINES

The dental assistant’s duties will depend on the doctor’s needs, and the extent of your duties depends largely on state regulations and your past and continuing education.

As a dental assistant, you are part of a team that helps increase the smooth flow of patients through the operatory by

* working as fast as possible
* helping the doctor to work carefully and efficiently
* being sensitive to what the doctor and patient are doing
* ensuring that patients are calm and comfortable before, during, and after the exam and treatment

## Time Management

The doctor’s time is the most valuable asset of the dental team. The dental assistant must:

* be very time efficient
* know what to do and when to do it
* know how to function without causing problems or distractions for the doctor
* have a set list of duties for preparing the operatory and patient
* have prioritized daily, weekly, and monthly duty lists

The operatory, equipment, and patient must be completely prepared before the doctor is ready to start the examination. An appointment should *never* be delayed due to a forgotten instrument or material.

If an unexpected issues arises during a visit, the dental assistant should take care of it or ensure that another staff member does so without disturbing the doctor.

In accordance with state laws, the dental assistant should learn to take responsibility for the preparation and execution of the treatment. The doctor and dental assistant can work together to determine which tasks are within the dental assistant's ability and scope. By watching the doctor work, the dental assistant can ascertain what is needed during a serious treatment routine and can learn to take on more duties. All expanded duties must be discussed with and approved by the doctor.

## Maximizing Efficiency and Productivity

The primary function of the dental assistant is to contribute to the doctor’s production, thereby facilitating the increased dollar value of the doctor’s time.

The following guidelines are designed to maximize production:

* Make the doctor’s time efficient by doing as much preparation as you can based on your training and experience. Do the things for which you are trained. Don't wait for the doctor to tell you to do it.
* Keep an eye on the treatment plan for each scheduled patient to help ensure that all possible work gets completed.
* Work closely with each patient by
	+ communicating with each of them
	+ reinforcing the doctor's instructions for post-treatment care
	+ handing off the patient to the patient/financial coordinator to schedule follow-up appointments once the treatment is complete
	+ staying alert to any obvious treatment needs the patient has and letting them patient know *without diagnosing*
	+ promote the importance of good dental care
	+ ensure all patient questions are answered before they leave

If these actions occur on a standard, routine basis, patients will feel comfortable and will understand what is going on and why. They will be satisfied with the service, willing to schedule further treatments as needed, and happy to refer family and friends.

* + - Connect frequently with the receptionist to
* see that patients are getting scheduled and coming in
* keep an eye on all patient scheduling to ensure no patients are falling through the cracks
* do whatever you can to help fill open slots (e.g., help with reactivation calls, etc.)
* keep the receptionist regularly informed of the work that needs to get done with patients to aid in scheduling
* coordinate on the scheduling of non-production and emergency patients so that such patients do not interfere with major scheduled production
* let the receptionist know if you are running behind schedule so the patients who are waiting know what is happening
* help make calls during slow periods for confirmation calls, reactivation calls to get inactive patients back in for necessary treatment, etc. to keep production scheduled and occurring at a maximum level.
* quickly find out if the patient presently being treated can have more work done while there or possibly come back later in the day if a scheduling change occurs. You should also check if the patient before or after the canceled appointment could have more work done while in the office.
* keep the schedule running on time
* set up a log system for lab work, if necessary, so that all lab work is returned on-schedule and in time for the patient’s next appointment
* work on bringing new patients into the practice by generating referrals from patients and by prospecting for new patients outside of the office
* doing chart audits in your spare time by going over inactive patient charts to find those who have treatments left to complete or who haven't been in for a long time. Call them and schedule them for an exam or to complete their recommended treatment. If they don't want to schedule for treatment, try to schedule them for an exam. At that time, the doctor can go over why they should complete the recommended treatment.

This coordination is very important and helps keep the schedule full. This doesn't mean you do the receptionist's job—it means that you keep the receptionist informed of important information that can be used for scheduling patients and keep yourself informed of all relevant data from the receptionist so you always know what needs to be done to maximize production.

# PART 6: OPERATORY INFECTION CONTROL AND CLEANING

As the dental assistant, you are likely in charge of keeping all aspects of one or more operatories clean and infection free.

## Cleaning, Sterilizing, and Disinfecting

While similar, the terms “clean,” “sterilize,” and “disinfect” have very different meanings, and it is important to understand what the differences are.

* **Clean**: To physically remove debris such as blood, tissue or saliva
* **Sterilize**: A process which destroys all types of microorganisms including viruses, bacteria, fungi and bacterial spores.
* **Disinfect**: High-level disinfecting: a process that kills some (but not necessarily all) spores as well tuberculosis, Hepatitis B virus, and the human immunodeficiency virus (HIV).

Disinfecting has two levels:

* **Intermediate-level disinfecting**: a process that kills tuberculosis, the Hepatitis B virus, and HIV but will not always kill bacterial spores.
* **Low-level disinfecting**: a process that kills most bacteria, some fungi, and some viruses. It does not kill bacterial spores or tuberculosis.

## Critical, Semi-Critical, and Non-Critical Items

The office contains various types of instruments that are categorized as either critical, semi-critical, or non-critical:

* **Critical**: Instruments that penetrate soft tissue or bone and must be sterilized.
* **Semi-critical**: Items that may come into contact with only mucous membranes. These should be sterilized, but the minimal standard is cleaning and high-level disinfection.
* **Non-critical**: An item that does not penetrate any type of soft tissue or bone and does not contact mucous membranes. If it is exposed to the splatter of blood or bodily fluids or is contaminated by treatment personnel, it must receive at least intermediate-level disinfecting.

If an item (such as furniture) is not directly involved with patient treatment, it should be cleaned with soap and water. In addition, items that need to be sterilized or disinfected should be cleaned first.

## General Infection Control Duties

### Personal Protective Items

* Ensure employees have access to antiseptic cleaners and clean paper towels at all times.
* Ensure the availability and use of protective gear for employees, such as eye protection, facemasks, gloves, gowns, and other protective clothing.
* Repair or replace personal protective clothing for employees as needed.
* Supervise the placement of soiled protective clothing in the appropriate containers.
* Send soiled clothing to a laundry service.

### Instrument and Equipment

* Discard all disposable items after each visit.
* Assemble soiled instruments and place them in the sterilization area.
* Clean treatment room surfaces with disinfectant solution.
* Pre-soak soiled instruments in a disinfectant.
* Process instruments in the ultrasonic cleaner tank.
* Rinse and soak the treatment trays in disinfectant.
* Sort and package instruments by tray for sterilization.
* Load, activate, and vent the sterilization unit according to the manufacturer's directions.
* Store instruments and trays in the appropriately named places.

### Sterilization Area

* Mix the required cleaning solutions and keep them fresh.
* Clean the ultrasonic units and autoclaves according to manufacturer instructions and best practices.
* Use a spore test once per month for sterilizer.
* Keep the sterilization area clean and neat at all times.
* Maintain a supply inventory for infection control.
* Submit supply orders to the office manager once per month or as necessary.

### Waste Management

* Discard needles in puncture-resistant, leak-proof, labeled containers.
* Decontaminate regulated waste and place in leak-proof, puncture-resistant containers.
* Apply warning labels to regulated waste.

### Administrative

* Keep current sterilization logs and file spore test results.
* Distribute and file vaccine declination forms when necessary.
* Maintain medical records for employees with occupational exposure.
* Document post-exposure follow-up procedures for any employee with an exposure incident, such as a needle stick.
* Research materials and training programs regarding hazardous materials and bloodborne pathogens, and make recommendations to the doctor for staff training.

## Post Patient Treatment Operatory Cleanup

The following steps are suggested to be taken immediately after the patient is taken to the front to check out. Create your own write-up and checklist using this example:

* Scrub handpieces with a 2x2 piece of gauze soaked in alcohol.
* Autoclave air/water tips.
* Wipe down all countertops and surfaces in the operatory that may have become contaminated with blood or saliva using a 2x2 piece of alcohol-soaked gauze. Then, disinfect the surfaces with a suitable chemical germicide.
* Take the tray to the lab and properly clean, disinfect, and place the instruments in the autoclave for sterilization.

### Sterilization

Surgical and other instruments that normally penetrate soft tissue and/or bone such as forceps, scalpels, bone chisels, scalers, and surgical burrs should be sterilized after each use. Surgical instruments should be cleaned to remove blood and saliva. Cleaning may be accomplished with a thorough scrubbing with soap and water or a detergent. Metal and heat stable dental instruments should be routinely sterilized between each use by steam under pressure (i.e., autoclaving).

### Handpiece Sterilization

When using a handpiece that cannot be sterilized, the handpiece should be flushed, then thoroughly scrubbed with detergent and water to remove adherent material. It should then be thoroughly wiped with alcohol. Ultrasonic scalers and air/water syringes should be treated in a similar manner between all patients. Following disinfecting, any chemical residue should be removed by rinsing with clean water.

## Disinfecting

### Air/Water Syringes

After use, the air/water syringe should be wiped down with alcohol, then placed in the autoclave unwrapped.

### Impression

Blood and saliva should be thoroughly and carefully cleaned from impressions (by rinsing with water only) before sending to the dental laboratory. Impressions should be boxed and properly marked before going to the lab. Do not touch or wipe the impression without wearing gloves.

### Ultrasonic Scalers

Routine sterilization of handpieces between patients is desirable. The ultrasonic scaler should be thoroughly scrubbed with detergent and water to remove adherent material. It should then be thoroughly wiped with an absorbent material that has been saturated with a chemical germicide. Following disinfecting, any chemical residue should be removed by rinsing with sterile water.

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

### Prosthetic Devices

When working with any removable prosthetic device, thoroughly scrub it with a detergent to clean off food and debris before sending it to the lab for any adjustments. Scrub it thoroughly with water to remove residue before placing back in the patient's mouth.

### Burrs

After use, burrs should be removed from the handpieces, scrubbed with detergent and water, then place in a burr dish. When enough accumulate, run them through the autoclave.

## How to Clean Surfaces and Materials and Remove Common Stains

### Surfaces

|  |  |
| --- | --- |
| **Surface Type** | **Cleaning Process** |
| Wood | Wood furniture must be dusted daily. Frequent waxing will improve the appearance and make it easier to keep clean. |
| Enamel | Go over daily with a clean, damp cheesecloth pad. Follow with a soft dry cloth. |
| Stainless Steel and Chrome | Wipe daily with a clean, damp cheesecloth pad. Polish with a dry cloth. You can also use cleaners specially made for steel and chrome. |
| Plastic | Follow the manufacturer's recommendations or wash with mild soap or detergent. Rinse thoroughly and wipe dry. |
| Cloth | Curtains, carpeting, draperies, and upholstery are often the most neglected and dirtiest surfaces in a dental office. Use a commercial cleaning company unless it is clear that the material is washable and you can clean it on your own. |

### Stains

|  |  |
| --- | --- |
| **Stain Type** | **Cleaning Process** |
| Grease, Fat, Oil | Sponge with benzine, ether, or cleaning fluid. Use hot water and soap or detergent afterward if the material is washable. |
| Ink | Soak in milk, then remove mild stains from washable materials with soap and water. Use cleaning fluid if the material is not washable. |
| Adhesive Plaster | Use benzine or any cleaning fluid. |
| Iodine | Use soap and water if the stain is fresh. Use alcohol for old or stubborn stains. Dilute the alcohol for synthetics or colored materials. |
| Feces | Soak well in cold water and wash with soap and water. |
| Coffee, Cocoa | Wash in concentrated salt water and rinse well. It is sometimes necessary to soften the stain with glycerin, then rinse with cold water and borax. |
| Merthiolate | Use chlorinated soda. |
| Blood | Use cold water (not hot) until the blood is dissolved. Sponge any remaining stains with hydrogen peroxide, then wash with soapsuds and rinse. Be aware that hydrogen peroxide may bleach some materials and is corrosive on others. |

## Preventing Transmission of Disease to Employees

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

* **Universal Precautions**: Infectious patients are not always readily identifiable, so treat each patient as if they are infectious.
* **Medical History**: The use of a medical history for each patient will greatly increase the likelihood of identifying an infectious patient.
* **Hand Washing**: Proper and frequent hand washing is still one of the most effective ways to stop the spread of infectious microorganisms. Hands should be washed thoroughly after caring for each patient and after removing gloves. Hands and other skin surfaces should be washed thoroughly and immediately after possible contact with blood and/or body fluids.
* **Gloves**: Gloves are kept in stock to fit each employee. Always wear gloves when attending to patients or when decontaminating a work area or surface. Always remove gloves and thoroughly clean your hands before developing any x-rays. If for some reason you leave the operatory during a procedure, remove your gloves and replace them with a new pair when you reenter the operatory. Gloves should also be changed if a rip or tear develops or if they have been worn longer than one hour.
* **Safety Glasses**: Protective eyewear with side shields can protect the eyes from splash and projectile injuries. Eye protectors must be used when the employee's eyes may come into contact with blood splashes or splatters.
* **Masks**: A high filtration mask protects the nose and mouth from blood and saliva splatter as well as from the aerosols that are used during treatment procedures.
* **Splash-Resistant Clothing**: Clothing that provides additional protection from the splash of blood and other bodily fluids. Uniforms should be worn when clothing is likely to be soiled by blood or other bodily fluids.
* **Limiting Contamination of Hard Copy Forms, Charts, Telephones, Pens, Etc.**: Never touch a hard copy chart, form, phone, pen, or other office item with a glove or hand that has been in contact with the patient's secretions (blood, saliva, etc.). After removing gloves, always thoroughly scrub and clean hands before touching anything.
* **Proper Handling of Needles and Scalpels**: Needles and scalpels should be disposable. Needles shall not be recapped, bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. Used needles should be placed in the sharps disposal unit located in each operatory.
* **Biohazard Waste Policy**: In each operatory, there are two waste receptacles: one for normal waste before or after treatment and another for biohazard waste. The biohazard waste receptacle is labeled with a biohazard sticker and is for anything used during the treatment, such as 2x2 gauze pads, cotton rolls, gloves, etc. When the red bag is full, remove the bag and put it in the biohazard box in the lab. The wastebasket needs to be re-lined with a red biohazard bag, which is also in the lab. When the biohazard box is full, call Infectious Waste Management to come and dispose of the box (twice per month or as needed).

## Regular Cleaning and Equipment Upkeep Procedures

Every office has different equipment for patient procedures, x-rays, cleaning, disinfecting sterilization, etc. All the equipment used will have manuals for correct operation, including how and when to clean them and any other upkeep needed.

As a dental assistant, you should create a daily, weekly, and monthly checklist of everything (equipment, instruments, all areas of the operatory, etc.) that needs cleaning and regular upkeep.

In addition to checklists, step-by-step procedural write-ups should be done on how to implement specific duties on the checklists (e.g., how to use an autoclave, how to operate the digital x-ray machine, how to clean machines and equipment, etc.)

# PART 7: ESSENTIAL SET-UPS AND PROCEDURES WRITE-UP EXAMPLE

Below, you will find a sample write-up of set-ups and procedures written for a top producing office by a long-term successful dental assistant. These write ups are only provided as guidelines for creating the specific checklists and write ups for your office. You can use it to give you an idea of how to write up something similar to help create a complete job description specific to your office.

## Introduction

A good dental assistant is able to effortlessly assist a doctor, and having the operatory set up properly will ensure that each case goes smoothly. The following information is designed to help you prepare for the procedures we perform most often in our office.

Wherever possible, a step-by-step description of each procedure has been included. These are meant to be used as guides and are only for reference. Not every case goes “by-the-book,” and a good dental assistant needs to be able to anticipate what the doctor may need next. It is important to be alert and flexible on every case.

When you are setting up for a case with which you are unfamiliar, you should use this guide. If you are uncertain about the preparation for a procedure, it is important to ask for help.

Our office is committed to providing the best possible care to our patients. As part of our team, you have a responsibility to do your part in providing this care.

## Safety

Your safety is extremely important. Safety glasses, masks, and gloves are provided, as well as radiographic monitoring badges, and you are required to use/wear them on every case.

## Lab Area and Operatories

### Daily Duties

* Keep the lab area and operatories clean and stocked.
* Keep instruments cleaned, sterilized, and put away on a timely basis.
* Keep the counters, sinks, and model trimmer clean at all times.
* Keep the needles and carpules full.
* Keep the supply of alcohol wipes full.
* Replenish the cold sterile solution as needed.
* Sterilize all handpieces and put them away before leaving for the day.
* Do not leave handpieces wrapped in a towel overnight (or at any time).

### Weekly Duties

* At least once per week, go through all lab and operatory supplies and make a list of anything needed on the inventory sheet.
* Empty all solution at the end of the week.
* Clean the radiograph processing unit and replenish the fixer and developer solutions at least once per week.

## Basic Operatory Setup

Each morning, the dental assistant should come in, review the charts, and get trays ready with the basic setup and anything else needed for the scheduled procedures. There will be some items that the dental assistant cannot put on the trays, but they should be put in convenient places. Place the charts with the trays.

At the start of every day, all water lines must be flushed for at least 45 to 60 seconds. Before the first patient of the day and before each procedure, flush the high-speed handpiece line by running it for at least one minute.

Each operatory should be clean before you begin to set up for the next procedure. Ensure that all surfaces have been wiped down and all infection control materials are in place, including

* plastic bag over chair
* light handle covers
* bracket table and tray covers
* curing light sleeve and covers
* drawer handle covers
* x-ray handle cover

After seating each patient, provide a mouthwash to rinse the mouth before the doctor comes into the operatory to begin any procedures.

## Essential Items

### Basic Kit

* mirror
* pig-tail explorer
* cotton pliers
* periodontal probe
* patient bib and bib clips
* 2x2 piece of gauze
* cotton rolls

###

### Emergency Visit Kit

Since it is impossible to predict what will be needed for any given emergency case, this basic setup is enough for the doctor to minimally make a diagnosis:

* basic kit
* essential items
* Tooth Slooth
* pulp testing (electric pulp tester and endo ice)

##

## X-Ray Machine and Lead Aprons

Disinfect all x-ray heads, handles, buttons, and lead aprons after every patient use.

## End of the Day

After the last case, each operatory should be broken down and cleaned as follows:

* Spray all chairs and cabinet surfaces with foaming spray, then wipe down.
* Wipe down all other surfaces with disinfectant.
* Empty trash containers.
* Clean the patient mirror.
* Vacuum the floor.
* Put new infection control materials in place.

At the end of the day, all sterilized instruments must be put away and all operatory supplies should be restocked, including:

* 2x2 gauze pads
* cotton rolls
* alcohol wipes
* suction tips
* patient drapes
* cups
* X-ray film and tabs
* cotton tip applicators

## Setups for Specific Procedures

### Child Prophylaxis Kit

* basic kit
* prophy angle and paste
* topical fluoride and tray essential items

### Adult Prophylaxis Kit

* basic kit
* prophy angle and paste
* sonic scaler (Titan)
* hand scaler (sickle scaler)
* 11/12 curette
* 13/14 curette
* essential items

Before the patient is seated, run the ultrasonic scaler to ensure it is working properly. The patient's chart should be organized before the exam begins. Any recent x-rays should be mounted and placed in the view-box so the doctor may view them.

The doctor will begin by reviewing the patient's medical history. They will then do a head, neck, and oral exam. During the prophylaxis, the dental assistant is responsible for controlling the position of both the high and low speed suctions, and the light. In addition to any necessary x-rays, the dental assistant is also responsible for the coronal polish and oral hygiene instructions.

### Scaling and Root Planing

* basic kit
* essential items
* topical anesthetic
* local anesthetic in syringe
* ultrasonic scaler
* scaling instruments

The ultrasonic should be run prior to seating the patient. The doctor will anesthetize the patient. During the scaling, the dental assistant is responsible for the high and low suctions as well as the light. When the doctor begins the root planing, the dental assistant will hand the doctor the requested instruments.

### Sealant Kit

* basic kit
* essential items
* pumice or micro-prophy
* acid etchant
* sealant material
* cotton rolls
* curing light
* articulating ribbon on Miller forceps
* adhesive agent
* brush tip or quick-tip applicator
* football diamond on a high-speed handpiece

The dental assistant will clean the tooth with pumice or micro-prophy and then rinse. The doctor or RDA will etch the tooth and then rinse. It is important to keep a dry field at all times. Sometimes it is necessary for more than one dental assistant to help on a sealant case. After the etching is complete, the adhesive agent is applied and blown until it is thinned, and then it is light cured for approximately 10 seconds.

The sealant is applied and light-cured for approximately 60 seconds. After the sealant is set, the doctor will check the occlusion with articulating paper and adjust with a football diamond if necessary.

### Simple Extraction Kit

* basic kit
* essential items
* topical anesthetic
* local anesthetic in syringe
* small and large straight elevators
* forceps (either upper or lower)

### Surgical Extraction Kit

|  |  |
| --- | --- |
| * simple extraction kit
* high-speed handpiece
* surgical burrs
* scalpel
* 15-blade
* periosteal elevator
* sutures
 | * suture scissors
* surgical suction
* hemostats
* root-tip picks
* Gelfoam
* Tera-cortil
 |

Either the doctor or the dental assistant will go over the informed consent form with the patient. It is to be signed before the patient is anesthetized. Depending on the level of difficulty, the doctor may or may not lay a flap. The dental assistant will hand the doctor any instruments needed and will suction over the site. If the doctor uses a handpiece to section the tooth or remove bone, the dental assistant will have to switch to a regular high-speed suction while the doctor is drilling. Once the tooth is removed and the sutures in place, the dental assistant will go over post-operative instructions with the patient. Be sure to give the patient a sterilized pouch of 2x2 gauze.

### Suture Removal Kit

* basic kit
* essential items
* surgical scissors

The doctor or dental assistant will examine and remove sutures.

### Composite Restoration Kit

* basic kit
* essential items
* topical anesthetic
* local anesthetic in syringe
* high speed handpiece
* slow speed handpiece/contra angle
* 330 burr, 557 burr, football diamond, straight diamond, and a large round latch-type burr
* spoon excavator
* small condenser
* plastic and metal composite placement instruments
* composite light
* etchant
* dappen dish
* primer and bonding agent
* matrix bands
* wooden wedges
* composite gun
* brush tips
* diamond paste
* enhanced polishing system
* Fortify
* articulating ribbon on Miller forceps

After the patient is numb, the doctor will prepare the tooth. Once the preparation is complete, the tooth is rinsed well and dried lightly—do not desiccate (i.e., over-dry) the tooth. The doctor will then apply one to two coats of the primer/bonding agent. One drop from the primer bottle into a dappen dish is all that is necessary.

Evaporate the excess solvent after approximately 30 seconds by blowing 3-4 short blasts of air from approximately 8-10 inches away from the tooth. Light cure the tooth for 10 seconds. The doctor may request that this step be performed more than once.

The doctor will then place the composite in the tooth. On larger cases, the doctor may elect to place the composite incrementally. Cure each layer of the composite at the doctor’s request for approximately 50 seconds. After the doctor has finished filling and shaping the composite, the diamond paste is applied with an enhanced polishing cup.

Fortify is sometimes applied to complete the case. The tooth is re-etched, and one drop of Fortify is placed in a dappen dish. One to two coats of Fortify is applied to the restoration, blown thin, and then cured for approximately 50 seconds.

In some cases, cord or a matrix holder with a dead-soft band may be used. Always check to see if additional items will be needed.

### Crown/Bridge Inlay/Onlay Preparation Kit

* basic kit
* essential items
* topical anesthetic
* local anesthetic in syringe
* high speed handpiece
* slow speed handpiece
* straight diamond, football diamond, interproximal diamond, 557 diamond, 330 burr
* spoon excavator
* cord packing instrument
* KY jelly
* Hemodent
* various sizes of retraction cord
* impression material and dispensers
* triple tray or full arch tray
* articulating ribbon
* Pro-temp or similar acrylic
* Tempbond NE (non-eugenol)
* Fermit (inlay/onlay restorations only)
* mixing spatula
* laboratory prescription
* shade guide
* glass slab or mixing pad

The dental assistant will take a preoperative impression of the tooth or teeth to be prepared in a triple tray with a heavy body (high viscosity) polyvinyl siloxane (PVS) impression material. The doctor will numb the patient. After completing the preparation(s), the doctor will pack the retraction cord. The dental assistant will make the temporary at this time. First, the tooth or teeth will be coated with KY jelly and then Protemp will be mixed and placed in the preoperative impression.

Insert the impression back into the patient's mouth and have them carefully bite back into occlusion. When the material is still setting, it can be removed from the mouth and trimmed. Reinsert the temporary and check the occlusion with articulating ribbon. Adjust the occlusion on the temporary as necessary and polish it. The preoperative impression must be prepared by roughening the PVS with an acrylic burr and cutting holes in the side of the tray. Wash and dry the preoperative impression completely, then wash the preparation(s) thoroughly and dry.

The doctor will then remove the retraction cord, inject a light-body (low viscosity) PVS around the preparation(s), and reinsert the tray. When the material is set, remove the tray and cement the temporary with Tempbond NE. Be sure to remove the excess cement with a sharp explorer. The dental assistant may choose the shade of the restoration with the patient's and the doctor's approval.

### Crown/Bridge, Inlay/Onlay Cementation Kit

* basic kit
* essential items
* high speed handpiece
* football diamond, polishing wheels
* spoon excavator
* Artus mylar strips
* temporary removing pliers
* articulating ribbon on Miller forceps
* mixing spatula and mixing pad
* appropriate cement
* cotton rolls
* Titan scaler for inlay/onlay

The dental assistant will remove the temporary and any residual cement on the preparation. The doctor will try the restoration and adjust it. Once all the adjustments have been made, the dental assistant will fine polish the restoration, mix the appropriate cement, and load the restoration with the cement. The doctor will cement the restoration on the tooth. The dental assistant will remove any residual cement with a sharp explorer and dental floss, and the doctor will check the restoration before the patient is dismissed.

### Root Canal (Endodontic) Kit

* basic kit
* essential items
* topical anesthetic
* local aesthetic in syringe
* endo explorer
* high-speed handpiece
* slow-speed handpiece with contra angle
* endodontic rotary handpiece
* sonic endodontic handpiece
* 330 burr, 557 burr, straight diamond, football diamond, large round surgical burr
* rubber dam, rubber dam Punch, clamp forceps, assorted clamps ruler
* rubber stops
* nickel-titanium rotary files
* hand files
* #15 sonic file
* paper points
* KY jelly
* RC prep
* sodium hypochlorite
* canal sealer (e.g., Sealapex)
* Thermafil/Densill or gutta percha points
* Thermaprep oven
* mixing pad and spatula
* Cavit
* Gates-Glidden reamers

Since every case is unique, step-by-step instructions cannot be accurately provided for this procedure. Follow the doctor's instructions.

### Prefabricated Post and Core Restoration/Crown Buildup

* basic setup
* essential items
* topical anesthetic
* local anesthetic in syringe
* high-speed handpiece
* slow-speed handpiece with contra angle
* 330 burr, 557 burr, large round latch-type burr, straight diamond, football diamond
* Peeso reamers
* posts of various sizes
* Panavia cement kit
* buildup material (e.g., Saturn composite)
* etchant
* bonding resin
* Centrix syringe & appropriate tip
* mixing spatula paper points
* condenser
* Tofflemeir retainer and matrix band

The doctor will determine if the tooth needs a post. If it does, the doctor will access the canal with Peeso reamers. Once the preparation is complete, the doctor will select and fit the appropriate post. The Panavia kit technique is used and the cement is loaded into a needle tip and placed in the Centrix syringe. The doctor will inject the cement into the canal and cement the post. Then the buildup is placed following the same steps as the composite restoration. Usually a “bulk fill” technique is employed, whereby a dual-cured composite (Saturn) is mixed on a mixing pad, loaded into a Centrix tube, and injected into the preparation.

### Pulpotomy/Stainless Steel Crown Preparation

* basic kit
* essential items
* topical anesthetic
* local anesthetic in syringe
* high-speed handpiece
* slow-speed handpiece with contra angle
* 330 burr, 557 burr, large round
* burr, straight diamond, football diamond
* cotton pellets and cotton rolls
* formocresol bottle
* IRM
* mixing slab
* mixing spatula
* stainless steel crowns of various sizes
* glass ionomer cement
* condenser
* spoon excavator
* Tofflemeir matrix and bands
* crimping pliers
* crown scissors

After the patient is anesthetized, the doctor will access the pulp, remove decay and pulpal tissue, and dry the pulp chamber. The doctor will then place a formocresol pellet in the chamber for about five minutes. The chamber is then dried, and the tooth is banded. The dental assistant will mix the IRM, and the doctor will fill the tooth with the IRM. The doctor may decide to do a stainless-steel crown or composite filling at this time. If the doctor prepares the tooth for a stainless-steel crown, the dental assistant will assist the doctor in fitting the appropriately sized crown. The crown is cut, crimped, and cemented by the doctor with glass ionomer cement.