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Dental Hygienist   
Procedure Guide

Contents

[INTRODUCTION 3](#_Toc55461395)

[PART 1: KPIs 3](#_Toc55461396)

[Your KPIs 3](#_Toc55461397)

[Effectively Using KPIs 3](#_Toc55461398)

[PART 2: BASIC STEPS OF HYGIENE/PATIENT FLOW INTERACTION 5](#_Toc55461399)

[PART 3: GUIDELINES FOR MAXIMIZING HYGIENE PRODUCTION 8](#_Toc55461400)

[Communication Guidelines 9](#_Toc55461401)

[Positive Approach 9](#_Toc55461402)

[Raising Patients’ Dental IQ 10](#_Toc55461403)

[Making Patients Feel Valued 10](#_Toc55461404)

[Apply These Guidelines in All Communication 11](#_Toc55461405)

[PART 4: WORKING WITH CHILDREN 12](#_Toc55461406)

[Sample Policies on Working with Children 12](#_Toc55461407)

[PART 5: SUPPLIES AND INVENTORY 14](#_Toc55461408)

[Supplies 14](#_Toc55461409)

[Supplies Kept on the Hygiene Room Countertops 14](#_Toc55461410)

[Supplies Kept in the Hygiene Room Cabinet Drawers 15](#_Toc55461411)

[Supplies Kept in the Sterilization Area 16](#_Toc55461412)

[Supplies Kept in the Hallway Cabinet 16](#_Toc55461413)

[Inventory 16](#_Toc55461414)

[Sample Inventory Sheet 18](#_Toc55461415)

[PART 6: EXAMPLE SOFT TISSUE MANAGEMENT PROGRAM 20](#_Toc55461416)

[Sample Soft Tissue Management Program 20](#_Toc55461417)

# 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 hygienist 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: KPIs

Key performance indicators (KPIs) are statistics that measure the performance in achieving key objectives, such as general office and job-specific productivity.

All successful businesses use KPIs to monitor the areas of their organizations. Without KPIs, a business is running blind. Running without monitoring the appropriate KPIs is equally as bad. Without KPIs, you and the business must make assumptions and guesses rather than depend on factual statistics. This can result in ineffective management and a lack of expansion for the practice, as well as upsets between management and staff.

## Your KPIs

You should have a set of specific KPIs for your role within the practice. If you do not, meet with your office manager to determine which metrics would be most appropriate to track productivity for your position. Your KPIs should be minimally tracked on a monthly basis, but ideally on a weekly basis.

## Effectively Using KPIs

To use KPIs effectively,

* ensure that the KPIs you use truly and accurately measure your role’s productivity
* regularly post the metrics to trackers, including graphs if applicable
* regularly evaluate the trackers/graphs to see what trends are emerging

For example, if you see a significant increase from one week or month to the next, examine what actions were implemented prior to the increase. Find out what the successful actions were, and make sure you continue them.

Similarly, if you see a meaningful decrease in a trend, you must take effective action to halt the decline. Look into any significant changes in your job duties and/or actions that may have occurred in the weeks leading up to the drop. Did you stop doing something or neglect anything that was working? Were additional job duties given to you that led to neglect of successful activities? The point in either case is to use your graphs to observe what is going on, and then take the appropriate action.

# PART 2: BASIC STEPS OF HYGIENE/PATIENT FLOW INTERACTION

Use the basic steps below to successfully complete a hygiene appointment:

1. Prior to greeting and seating a patient, the hygienist ensures that the operatory is clean and that the prophy tray is set up with the following items:

* mouth mirror
* pigtail explorer
* periodontal probe
* suction tips, HVE saliva ejector
* scalers:
  + universal scaler
  + universal sickle scaler
  + anterior scaler
* curettes
* prophy angle
* prophy paste/ring
* 2x2 cotton gauze
* patient napkin

1. Familiarize yourself with each patient's chart prior to greeting them. Note whether all previously recommended treatments have been completed.
2. Go out into the waiting room to greet the patient. Greet the patient by name and, with older patients, use proper titles such as Mr. or Mrs. rather than using first names as a show of respect. Introduce yourself by name and take time to briefly talk with them before directing the conversation to dental hygiene.
3. Take the patient to the operatory, seat them, place the bib, and ensure they are comfortable.
4. Review their chart for allergies, medical problems, and specific areas of concern.
5. Ensure that each patient's medical and dental history is updated, and discuss any appropriate points with the patient. Chart any changes in medical history.
6. If the patient requires premedication, determine if they have taken any other medications that may be contraindicated.
7. Ask the patient if they have been having any dental difficulties, and note any they provide to pass the information along to the doctor.
8. Explain to the patient exactly what will be done.
9. For patients wearing lipstick, provide a tissue and ask them to remove it to avoid smearing during the prophy.
10. Offer lip balm to the patient to be applied prior to treatment so gloves and instruments don’t stick to their lips.
11. If the patient has a removable dental prosthesis, place it in a dish with an effervescent tablet and enough water to cover the appliance for a few minutes.
12. Take the patient’s blood pressure if they would like it measured or if they have a prior history of hypertension.
13. If x-rays are indicated, let the patient know and answer any questions they may have about having x-rays taken. Then place the lead apron gently over the patient, take the needed x-rays, and make the available for the doctor. ***Note****: Children under the age of 18 must have parental consent prior to taking x-rays or performing any type of treatment.*
14. Perform a standard inspection for decay, missing teeth, oral lesions, and soft tissue, and chart the pocket depth. Be completely familiar with the exact data that the doctor requires, especially in perio-probes (such as the characteristics of hard deposits—localized, generalized, light, moderate, heavy, tenacious, or veneers).
15. During the preliminary charting, talk to patient. Ask about questionable areas, caries, missing teeth, etc. and tell them what you are finding. Explain how these conditions develop (e.g., lack of consistent flossing leads to gum disease, etc.) and use easy to understand terminology without jargon.
16. Document findings from the inspection in the patient record, including areas that are of concern to the patient.
17. Perform the full mouth prophy per proper procedure.
18. Floss all interproximal areas and make note of any sensitive areas, areas that fray the floss, and areas of open contacts.
19. Record all appropriate information in the patient's chart.
20. Signal to the doctor that you are ready for the exam. It is recommended that you do this prior to the completion of the prophy but only after you have completed the visual exam and charting. If the doctor is not able to come right away, make productive conversation with the patient about dental-related matters, such as possible treatment or cosmetic work or take the opportunity to polish restorations or smooth rough margins. Let the patient know what you are doing.
21. When the doctor arrives for the exam, recite your preliminary findings but do not use words that could confuse the patient or cause anxiety.
22. Remain in the operatory during the doctor's exam, and chart treatment as recommended by the doctor.
23. When the doctor’s exam is done, complete any treatment that wasn’t finished prior to the exam.
24. Instruct the patient on proper home care, including proper brushing, flossing, perio aids, disclosing methods, water jets, stimulators, flossing aids, and nutrition.
25. Present appropriate literature to the patient.
26. Give the patient a new toothbrush, floss, referral cards, and any other items that your office provides.
27. Escort the patient to reception to schedule the next visit if it hasn’t already been made and to make any payments required.
28. Say goodbye to the patient.
29. Clean and set up the operatory for the next patient.

# PART 3: GUIDELINES FOR MAXIMIZING HYGIENE PRODUCTION

Use the following general guidelines to help maximize your hygiene production:

1. Patients appreciate knowing what you are doing and why you are doing it. Develop good communication with each patient, and be honest about the condition of their gums and teeth. Answer all the patient’s questions, and explain how perio conditions and bone loss can be prevented or minimized through proper oral hygiene. Your patients will appreciate this, and they will have a greater tendency for keeping up with their recall appointments and their home care. Well-educated patients comply with home care recommendations and continuing maintenance in much greater frequency.
2. Although you cannot diagnose them, let the patient know what you see. For example, you might say, “Mrs. Jones, it looks to me like you may need a crown on the tooth. I'll let the doctor know what I see so they can take a look and let you know what needs to be done.”
3. When discussing further care or treatment with the patient, always stress the benefits of following through with the recommendations.
4. In talking with your patients, stress the importance of preventative dentistry, and ask your patients about people they know who may benefit from your office’s services. If your office uses referral cards, give each patient several to hand out to friends and family, and explain how they work. If you have no cards or certificates, give each patient some of your business cards to distribute.
5. Stay in good communication with the receptionist to stay informed on next patients, cancellations, open slot that must be filled quickly, etc.
6. Be fully familiar with the recall system[[1]](#footnote-1) that is used in your office.
7. Assist the receptionist with recall and confirmation calls when possible. This helps to ensure that your appointment slots remain filled.
8. If a patient does not make a six-month recall appointment, call the patient to schedule them, and also ensure that the patient has been placed in the tickler system to be contacted in five months for appointment scheduling.
9. Talk with parents about the importance of dental care for children. If the doctor would like you to, offer to give educational talks at schools or meetings.
10. If you have spare time during the day, do chart audits. Look for patients who have not followed through with their recommended treatment or who have not been in for a cleaning for over six months. Call those patients and help them to make an appointment to come in.
11. Once the hygiene production is truly maximized (which for most offices is 10-11 patients per day), speak with the doctor or office manager about getting an assistant. Ideally, a second operatory for hygiene production could be arranged and an assistant helping you could allow several more patients to be seen per day.

## Communication Guidelines

Continuing patient education is vital to patient home care compliance and keeping recall appointments. To accomplish this, it is vital that a hygienist be a good communicator. Patients do not want to feel as though they are getting a lecture when they come into the office. They must be made to feel like you truly care about them and that you want to give them the information, advice, and direction that will benefit them.

### Positive Approach

The hygienist must know how to promote dentistry in a positive and sincere manner.

#### Positive Approach Example #1

**Patient:** “Why didn't the doctor suggest a crown to me that last time I was in?”

**Hygienist**: “I will have to check that out, and I will let the doctor know as soon as

possible that you would like to talk about that. I am sure they will want to talk with you about it today to clear this up for you. I will step out for a moment and bring this to the doctor’s attention, and I’ll let you know when they can see you.”

OR

**Hygienist:** “Looking at your patient chart, it shows that the doctor did suggest a

crown last time. It may have slipped your mind, but the notes indicate that you were going to check with your insurance company to see if they would cover it.”

#### Positive Approach Example #2

**Hygienist**: (Noticing that the patient does not floss regularly) “As a business

consultant, you must keep a pretty hectic schedule. May I offer a couple of suggestions that will help you remember your flossing? Following them you will keep your beautiful smile much longer.”

OR

**Hygienist**: “Betty, your home care in general is quite good, but I am very concerned

about the area in the upper right side of your mouth. Let me show you with a mirror. Take special care in the next few months to...”

The idea is to always take every opportunity to educate patients on their dental health and answer their questions.

### Raising Patients’ Dental IQ

Use common, easy to understand terminology to help patients understand what you’re doing and why. Never use dental or medical terms that they might not understand. By properly communicating with patient’s, you can actually raise their “dental IQ” and help them become much more willing to accept complete dentistry in the future.

#### Dental IQ Example #1

**Hygienist:** “I feel that, in your particular situation, a return visit in three months is very necessary for us to analyze how this gum tissue is responding to your daily home care. If the tissue responds the way it should, then we should be able to let you go back to a six month schedule the next time. Here, let me show you some pictures of what your gums can look like if we proceed this way.”

### Making Patients Feel Valued

It is important to make patients feel valued, and you can show that you value them by commenting on their good judgment in selecting dental treatment in the past. Compliment patients sincerely whenever possible. This helps them engage with you and enjoy the time they spend at your office.

### Apply These Guidelines in All Communication

It is important to be in good communication with the rest of the staff as well as patients. The hygienist will need to communicate their needs to other staff in a positive manner and be receptive and enthusiastic about the office, the goals, and any changes made. The hygienist should work to create a smooth-flowing relationship with the receptionist, as these two roles can greatly assist one another, particularly when there are changes in the schedule.

A true measure of how effective you are with your patients is their willingness to refer their friends and family to you. Hopefully you will do such a good job that your patients wouldn't consider going to another hygienist. Invite your patients to refer friends and family to the practice while continuing to be enthusiastic and genuine.

Always be willing to look for ways to improve your communication and other skills, moving toward mastery and clinical excellence. Attend classes and seminars that will provide you with the opportunity to grow. The use of these communication skills will naturally aid in increased productivity.

# PART 4: WORKING WITH CHILDREN

The doctor should determine and put in writing exactly what their policies are regarding children and their treatment. For example, it’s important to consider the following:

* Does the doctor feel that children do better without parents in the operatory?
  + Is this a flexible policy?
* How should dentistry be presented to children?
* Are there terms to use or not use with the children?
* What are all the legalities involved with treating children?

## Sample Policies on Working with Children

Use the following sample policies to help guide you when working with children:

* With children under 18 years of age, parental approval is needed for just about everything. Be well informed on this subject and always talk to the parents before doing anything with the child. Get all approvals in writing.
* Spend time talking with the parents so that you get all the data you need. Explain to the parent what you are going to be doing and why.
* Be prepared for some parents to not want their children to receive x-rays. If there are obvious caries or things of that nature, talk with the parents again and explain why x-rays need to be taken. If you are still unable to gain parental consent, you might consider adopting the policy of referring such cases out to a pedodontist or dental school.
* With a child prophy, always start out with home care instructions. Give the patient a mirror and take time to show them the plaque. Explain what it is, and use disclosing solution to aid in observation. Scale where necessary and polish all teeth.
* Patients under 18 should receive fluoride treatment if recommended by your dentist. If you deliver this treatment, tell the patient that they cannot rinse their mouth, eat, or drink for 30 minutes after the treatment. Again, take the time to explain to the young patient (and parent) why this is important.
* After a complete exam has been performed, bring the parent into the room if not present during the procedure. Show them any teeth involved and briefly discuss what treatments need to be done.
* Many offices have a “no cavity club.” This is a good tool that promotes the practice and provides incentive for the children. They feel special when their picture and name goes up on the board. The hygienist would be responsible for forwarding the name of the child to marketing, which would then post the name on the board with a picture (if parents agree).
* Keep a “goody box” well supplied with little toys for children to choose from after completing a visit. Stickers, finger puppets, shaped erasers, pencils, and comic books have been used in dental office goody boxes.
* Take your time and explain everything when working with young patients. Give them an opportunity to see what the instruments are for and how they work.
* Give the child a ride up and down in the chair so that they are not alarmed when you have to raise or lower the chair.
* Keep sunglasses available for children who are bothered by the bright lights. This also serves as eye protection when cleaning.
* Determine exactly how a child is to be handled if they get upset during a visit. Force, harshness, intimidation, or threats should never be used.
* Remember that young patients with a good experience can become patients for life! And parents of children may refer other families.

# PART 5: SUPPLIES AND INVENTORY

## Supplies

The hygienist is responsible for ensuring that all necessary supplies are stocked and in place for hygiene services.

### Supplies Kept on the Hygiene Room Countertops

|  |  |
| --- | --- |
| **Location** | **Items** |
| Rear | * alcohol * sponges * suctions * prophy angles * prophy paste * cotton tips * Cavitron tips * floss * patient napkins |
| Right side | * cold sterilization * soap * cross prep * view box * hand mirror * tissues * oral hygiene aids * plastic cups |
| Center | children's stickers and lead apron |
| Far left | demo models |

### Supplies Kept in the Hygiene Room Cabinet Drawers

|  |  |
| --- | --- |
| **Location** | **Items** |
| Rear | * x-rays * bitewing tabs * tray set-ups |
| Right bottom | * extra mirrors and instruments * sharpening stone * handpiece * prescription pad * fluoride rinses * fluoride trays * finishing strips * disclosing solution * prophy paste cups |
| Right top | * toothbrushes * Kari gel fluoride * x-ray holders * gloves * face masks |
| Center top | * sticker books * stickers * brochures * toothpaste * cups |
| Center bottom | * headrest covers * patient protective bibs |
| Left top | * rinse and toothpaste * Omni-med * Perio-med * prophy jet powder |
| Far left | home care pack supplies |

### Supplies Kept in the Sterilization Area

|  |  |
| --- | --- |
| **Location** | **Items** |
| Top cabinet | * alcohol * towels * autoclave bags * alginate * spatula * measuring cups |
| Drawers under the sink | * impression trays and tray covers * detergents * disinfectants * sponges * baskets * wastebaskets |
| Bottom cabinet | * cold sterilization * hand soap * vacuum flush |

### Supplies Kept in the Hallway Cabinet

* gauze
* cotton rolls
* gloves
* masks
* tissues
* patient napkins
* toothbrushes
* suction tips

## Inventory

The hygienist must ensure that the hygiene inventory is neat and current. Keep a supply list that indicates the amount of any given item that should be kept on hand, with an exact description of each item’s type and style, as well as the vendor from whom the item is purchased.

Check your inventory on a regular basis so you do not run out of any items. Notify the person responsible for purchasing inventory far enough in advance to allow a reasonable time for item arrival. All order requests should be done per the operating policies of your office.

### Sample Inventory Sheet

|  |  |  |
| --- | --- | --- |
| **Supply Item** | **Size** | **Description, Vendor** |
| Dental floss – waxed | 12 yd | mint & cinnamon |
| Disclosing tablets | 1,000 tabs |  |
| Etching material | 3 ml | syringe |
| Fluride trays | sm, md, lg | foam trays, 100 pk |
| Fluoride topical | pint | bubblegum |
| Gloves – latex |  | pos/exam, 100/bx |
| Masks – fiberglass |  | free formed, 100/bx |
| Oral protective paste |  | Orabase |
| Perio aids | #3 pk/100 | single end |
| Perio probes | #CP12 | color codes (3, 6, 9, 12) |
| Peroxl rinse – Hoyt | 8 oz | peroxyl mouth rinse |
| Prophy cups | 3 oz | adult-webbed screw-type w/ |
| Prophy pastes – Nupro |  | fluoride-67 units/bx |
| Prophy brushes |  | plastic/144 extra fine |
| **Scaling instruments** |  |  |
| Barnhard double end | 5/6 | universal (600-5410) |
| Sickle double end |  | #S5/33 (#55/57) (100-0982) |
| Explorers - Hu Friedy |  | double end (#5-DE) (600-4475) |
| Sealant material | 8 ml | helioseal; light curing Vivadent |
| Sharpening oil |  | E-2 oil bottle |
| Sharpening stone | 3½” X 1” | Arkansas/oil stone |
| Stimudents |  | J and J Stimudents |
| Toothbrush – child | Jr./27 | Tuff reach |
| Toothbrush - adult | 3 row | nylon extra soft |
| Floss threaders |  | 5 threaders/envelope, 200 envelopes |

# PART 6: EXAMPLE SOFT TISSUE MANAGEMENT PROGRAM

Although it is up to the doctor to establish exactly what the policies and procedures are for soft tissue management and treatment in the office, the hygienist plays a key role in the soft tissue program.

## Sample Soft Tissue Management Program

After perio probing and charting has been completed, the patient should be classified in one of the following categories:

* **Type I—Gingivitis**: shallow pockets, no bone loss
* **Type ll—Early periodontitis**: moderate pockets, minor to moderate bone loss, satisfactory topography
* **Type lll—Moderate periodontitis**: moderate to deep pockets, moderate to severe bone loss, unsatisfactory topography
* **Type IV—Advanced periodontitis**: deep pockets, severe bone loss; advanced mobility patterns, usually constitutes automatic referral to a periodontist

In addition to this classification, the following data should be charted:

1. Time lapse since last prophylaxis:
2. Characteristics of hard deposits:
   1. localized (areas)
   2. generalized
   3. light
   4. moderate
   5. heavy
   6. tenacious
   7. veneer
3. Subgingival calculus:
   1. localized (areas)
   2. generalized
   3. light
   4. moderate
   5. heavy
   6. interproximal
   7. lingual/buccal/facial
4. Stain:
   1. localized (areas)
   2. generalized
   3. light
   4. moderate
   5. heavy
   6. tenacious
5. Plaque:
   1. localized (areas)
   2. generalize
   3. light
   4. moderate
   5. heavy

**Characteristics of Gingivae:**

1. Hemorrhaging:
   1. localized (areas)
   2. generalized
   3. light
   4. moderate
   5. heavy
   6. spontaneous
2. Inflammation:
   1. localized (areas)
   2. generalized
   3. light
   4. moderate
   5. severe
   6. chronic
   7. acute
   8. papillary
   9. marginal
3. Color:
   1. Pink
   2. Red
   3. bluish-purple
4. Contour (shape and form):
   1. rounded or rolled margins
   2. recession
   3. clefts
   4. bulbous papillae
   5. blunted papillae
   6. cratered papillae
5. Texture (consistency and tone):
   1. soft, spongy
   2. firm, fibrotic
6. Pockets:
   1. localized (areas)
   2. generalized
   3. pseudo (gingival)
   4. periodontal
   5. 4-6 mm
   6. 7-9 mm
   7. 10+ mm
   8. Hemorrhaging
   9. non-hemorrhaging
7. Characteristics of bone loss (if present):
   1. localized (areas)
   2. generalized
   3. vertical
   4. horizontal
   5. infrabony defects
8. Indications for root planing:
   1. residual calculus
   2. rough cementum (root surface)
   3. hemorrhaging periodontal pockets
9. Indications for curettage:
   1. soft, boggy, edematous gingiva associated with chronically inflamed

tissues

* 1. gingival suprabony pockets
  2. inflammation that persists in spite of plaque control or scaling and root

planing

After the preliminary procedures have been completed, the following services would be performed based on the patient's individual needs:

* Cavitron
* FMX
* Single film
* Each additional film
* 2 bitewings
* Panoramic x-ray
* Ceph film
* Study models
* Photographs
* Adult prophy
* Child prophy/F1
* Fluoride
* Fluoride excl prophy
* Dietary planning
* Oral hygiene instruction
* Sealants
* Perio scale complete
* Overhang removal

Indicate the total number of appointments that will be needed to complete the perio treatment. A second visit would be indicated if the patient has any abnormal probing out of the random probings.

**A second visit would include:**

* periodontal charting
* oral hygiene instruction
* probe and measure all pocket depth
* any additional x-rays
* occlusal analysis (possibly taking study models)
* consultation

At the second visit, the patient would be scheduled for a third visit.

**The third visit would include:**

* periodontal scaling
* root planing
* subgingival medication
* reinforce oral hygiene
* implement periodontal aides

If a subsequent visit is required for scaling, the appointment would be made at this time. Otherwise, the patient is appointed for the final visit.

**The fourth visit would include:**

* periodontal scaling
* root planing
* subgingival medication
* reinforce oral hygiene
* occlusal adjustment

**The final visit would include:**

* re-probing of pocket depths
* evaluation of gingival tissue
* setting up of perio maintenance recall (quarterly, semi-annually, other)

1. In the ePM Knowledge Library there is a “Patient Involvement Recall System” process that is very effective. Implement it in your office if it is not already in use. [↑](#footnote-ref-1)