

# GENERAL DENTIST

## Dental Assistant Manual

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

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

# TRAINING MANUAL INFORMATION

## READ FIRST

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

Our reasons for giving you this training manual are threefold:

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

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

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

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# HOW TO EDIT YOUR MANUALS

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

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

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

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

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

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

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## MISSION STATEMENT

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

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

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# JOB DESCRIPTION

- The duties of a chair side assistant are not just assisting and cleaning instruments. When there are no patients, the time should be used to catch up on cleaning the treatment rooms, tubs, trays, stocking treatment rooms, stocking burs, organizing stock closets, etc. (Refer to the Daily Checklist). The treatment rooms should look immaculate at all times. This cannot be emphasized enough.
- When patients arrive early, you are to seat them immediately and inform the doctor of the patient's name and room number. Inform the doctor the patient is seated. Inform the patient of the estimated length of the appointment for treatment today. Inform the patient of the estimated start time of wait time for the doctor. Review and update the health history. Review treatment planned for today, outstanding treatment still to be completed and ask the patient if they have any concerns or questions regarding today's appointment.
- When a patient is seated, or a dental assistant completes a procedure, the assistant is to inform the doctor of the results, with name of patient, room number and treatment completed. Use the onscreen CDR.
- When the doctor asks you to do anything or directs any statements to you, always acknowledge him with an audible "okay" if you understand the doctor. If you don't understand, ask the doctor to clarify the statement.
- When speaking with the patient, always promote the office, the doctor and the dental hygienist. Keep your comments positive and lead conversation to allow the patient to talk about themselves. Do not talk about your personal problems or situations.
- When assisting the doctor, try to comfort and soothe the patient. Some patients want you to hold their hand, or just need some comforting words. Talk with the patient to relax them while assisting or completing the procedure. When alone, explain to the patient what you are doing in order to minimize fear of the unknown.

- When assisting, follow the doctor with the light. When the doctor asks the patient to move, it is your clue to move the light.
  - When assisting, both hands should be used at all times (i.e., double retraction or A/W syringe plus single retraction, etc.) Always keep a 2x2 of alcohol gauze in your hand to be able to clean the mouth mirror for the doctor.
  - The assistant must anticipate the doctor's needs. If the doctor has to ask for instruments repeatedly, then you are not anticipating. If the doctor is instructing the patient to open, then the assistant must also repeat to the patient, "Mrs. Jones, please open."
  - While assisting, the assistant must keep the bracket tray plus countertop free of debris and neat. All instruments must be placed in an orderly fashion. Be sure this is kept up without sacrificing the doctor's need of you assisting. Always keep ahead of the doctor ensuring the patient of your competence.
  - When dismissing the patient, accompany them to the front of the office, always direct them to the Accounts Manager desk for payment services. Always insure that you have taken the information (i.e. route slip / services rendered form completed) to the office coordinator prior to bringing the patient up. The front desk needs to be free from answering the phone or greeting another patient. They need to be ready for your patient so they can give their undivided attention to them.
  - When appropriate, advise the patient that we use the best dental lab and the finest materials including high quality impression materials, cement and equipment.
- Again, the assistant must promote the doctor and dental office to relax the patient and encourage referrals. This is all part of the assistant's job performance.
- When the patient is dismissed, he/she must feel we did everything possible to make him/her comfortable. We cannot be just average in this category. The assistant is an integral part of this function, since they spend a lot of time with

the patient. Ensure all postoperative instructions have been gone over with the patient. Make sure to ask any questions they may have.

- When the doctor enters the room, you must start in this order:
- Post all X-rays, FMX, PAN, and BW's on CDR, taking any images or x-rays needed for today's appointment
- Ensure the appropriate instrumentation is ready for procedure (i.e. restorative trays). Open instrument cassette and sterilized pouches in front of patient. Place #12 blade on bard parker and place articulating paper in articulating paper holders. Place hand pieces on attachments.
- Review the patient's health history, noting any changes. TAKE BLOOD PRESSURE
- Pre-med
- Place dental napkin (bib) around neck. Position chair.
- Take custom shade, opposing impression, digital photos
- Hand out topical 2 x 2 gauze pad.
- Hand syringe with warm anesthetic.
- Have additional carpules ready to hand to doctor if needed.
- Comfort the patient, hold their hand if possible and reassure them.
- Divert the attention of patient away from procedure with interesting conversation.
- Ask if the patient is okay or would like a bottle of water.
- Offer patient to rinse after their injection.
- Provide Kleenex prior to all treatments, so the patient does not drool upon himself or herself.

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

organizing your paper chart for a future chartless practice. Start purging documents over 7 years old or scanning documents into patients chart in your dental software and shredding those documents once scanned.

- When asking the patient to open, close, rinse, etc., ALWAYS preface it with please, and follow it with thank you!
- When explaining dental problems of the patient, be descriptive and educate through visual props, such as models, charts or pictures. Even draw the picture for the patient if necessary. You need to get patient's attention. Paint the picture. For example: "A cracked tooth is like a crack in your windshield. It keeps traveling and getting worse." Or, "a cracked tooth is like a crack in the concrete". Intra-oral cameras work great for this.
- When patients ask about different treatments, you can say, "I'm not a dentist, and only a dentist can diagnose, but if you were my mother or father, sister, or brother I would encourage you to change the filling to a crown." (Or, have the gum treatments, sealants, etc.) "This is only my impression and the doctor will be in shortly to review, diagnose and determine a treatment plan that is best for you."
- Take BW (4) every 6 months and FMX (PAN) every three years. Offer the patient the option to take a PAN every year. Some patient's with comorbidities would like to take more preventative measures and see the problems before they become major problems. Sometimes especially with diabetics they can have inflammation and infection they can cause issues with their levels. This can be avoided and treated early with yearly panoramic images.
- Offer every patient stereo headphones for the TV or relaxing soft music. Encourage and explain the need for headphones. Offer the CD's that are on location at the practice.
- Use protective glasses on all patients. It keeps the bright light and splatters out of their eyes.

- As needed - review home care, especially how to clean under a bridge, implant or orthodontics
  - As needed - review the use of floss threaders, electric toothbrushes and waterpiks.
  - Reinforce the necessity of regular cleanings (2,3,4,6 months). Encourage more frequent recalls!
  - If home care is good, praise the patient. Contrast the good areas to the bad areas. The regularly maintained patient without any breakdown deserves positive reinforcement, a pat on the back!
  - Talk positively of the dental office and the doctors. Be upbeat and positive.
  - Use the intra-oral camera to demonstrate any abnormality in the mouth, such as, cavities (decay), cracks/fractures in teeth, or gum disease (i.e. tartar & plaque). Give possible scenarios if not treated in a timely manner.
  - Ask patient if he/she is satisfied with the color and or shape of his/her teeth.
  - Where indicated, encourage whitening. Again, use brochures and video. Also use the album of before and after photos.
  - Ask the patient many times, “Are you doing okay?” Reinforce warm personal care.
  - When the doctor calls you, you must stop what you are doing and check with him, unless you are seating a patient, trying in a crown or making a temp.
- Re-read this job description many times per month.
- When dismissing the patient, make sure he/she is doing just fine. Wipe the face of any debris, such as cement, or blood. Recommend that they use the bathroom to check their appearance or maybe to freshen up. Reinforce preventative homeopathic Arnica 30x, Ruta 30x and Hypericum 30x and/or Ibuprophen 600mg for the next couple days to minimize postoperative sensitivity and/or pain.

- Always direct patient to the Account Manager's desk, so they can take care of any payment for services rendered.
- Always discuss the patient's next procedure with them. Remember, a completed treatment plan and a well satisfied patient is a top priority.

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# PROPER HANDLING OF NEEDLES, SCALPELS AND SHARPS

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

Sharps containers are found in each operatory.

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

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## REVIEW

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

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

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

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

#1 through #14

#17 through #41

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

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

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# USE OF PROTECTIVE COVERINGS

All assistants working with patients will wear lab jackets.

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

Gloves are kept in stock to fit each employee.

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

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

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# HAND WASHING

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

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