

GENERAL DENTIST

Dental Hygienist 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

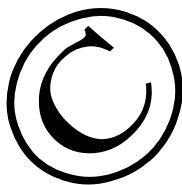
The purpose for this General Policy Manual is to help you understand and use the basic policies needed to be an effective part of our dental team.

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.



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 their 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.

TABLE OF CONTENTS

MISSION STATEMENT	7
PROPER HANDLING OF NEEDLES, SCALPELS AND SHARPS	8
HYGIENE DAILY REPORT	9
MORNING MEETING AND PATIENT SKILLS.....	10
STAYING ON TIME	12
DISMISSING PATIENTS	13
USE OF PROTECTING COVERINGS	14
LIMITING CONTAMINATION OF CHARTS, TELEPHONES, PENS, ETC.....	15
OPERATORY CLEAN-UP AFTER PATIENT TREATMENT.....	16
HANDPIECE STERILIZATION	17
PERIO CASSETTES.....	18
WHAT TO LOAD IN THE ULTRASONIC AND BIOSONIC.....	19
STERILIZATION OF ALL INSTRUMENTS	20
CLEANING, DISINFECTION AND STERILIZATION	21
HOW TO USE THE AUTOCLAVE.....	22
INFECTION CONTROL FOR THE DENTAL HANDPIECE	23
BIOHAZARD WASTE	25
HYGIENE SUPPLIES.....	28
ORDERING SUPPLIES	29
TOOTH BRUSH/FLOSS AUTO SHIPMENT AND OTHER ORDERS.....	30
PATIENT MEDICAL HISTORY	32
FILLING OUT THE RECORD OF TREATMENT	33
HYGIENE CHARTS/PROGRESS NOTES	35
TREATMENT PLAN SHEETS	36
TREATMENT PLAN NOTES	37
INITIAL CLINICAL EXAM SHEET.....	39
FILLING OUT THE ROUTING SLIP.....	41
BOOKING RECALL APPOINTMENTS	43

HYGIENE RECALL	44
HYGIENE TIME SCHEDULE	45
SEATING PATIENT	47
PATIENT DENTAL AND MEDICAL HISTORY	49
NORMAL RESPONSIBILITIES.....	52
NEW PATIENT APPOINTMENT	53
RECALL APPOINTMENT.....	55
TEMPORARY HYGIENIST CHECKLIST.....	57
DENTAL HYGIENIST DUTIES.....	59
HAND WASHING AND CARE OF HANDS.....	61
LIMITING CONTAMINATION	62
HOW TO TAKE PERIAPICAL X-RAYS.....	63
HOW TO TAKE A PANORAMIC X-RAY.....	65
OPERATION OF THE INTRA-ORAL CAMERA.....	69
SEALANT APPOINTMENT	72
SEALANT SET-UP	73
FABRICATING BLEACHING TRAYS.....	74
BLEACHING – DATE OF INSERT.....	75
BLEACHING – POST-OP APPOINTMENT – 7 DAYS LATER.....	76
PATIENT BLEACHING INSTRUCTIONS.....	77
ROOT PLANE AND SCALING APPOINTMENT	79
ANESTHESIA SET-UP.....	80
THE PERIODONTAL PROGRAM.....	81
PERIODONTAL PROGRAM GOAL.....	82
TYPE o PERIODOTAL DISEASE	83
TYPE I PERIODONTAL DISEASE.....	84
TYPE II PERIODONTAL DISEASE.....	85
TYPE III PERIODONTAL DISEASE	87
TYPE IV PERIODONTAL DISEASE	89
DIAGNOSIS OF PERIO.....	90

GAINING PATIENT COMMITMENT TO TREATMENT 91

PERIO PROGRAM X-RAY REQUIREMENTS 95

HOME CARE AGREEMENT 96

END OF DAY CALL BACKS 97

CONTENTS OF HYGIENE “GOODY BAG” 98

PATIENT RAPPORT 99

HANDLING THE NERVOUS PATIENT 101

DEALING WITH HYGIENE PATIENT OBJECTIONS 102

COMMONLY ASKED HYGIENE QUESTIONS 104

FLOSSING/PATIENT EDUCATION 106

EDUCATING THE PATIENT 108

REFERRAL/RECALL LETTERS 109

EXAMPLE REFERRAL LETTER 110

EXAMPLE LETTER TO A PERIODONTIST 111

EXAMPLE OF OVERDUE LETTER 112

EXAMPLE OVERDUE LETTER 114

EXAMPLE OF LETTER TO EMERGENCY PATIENT 115

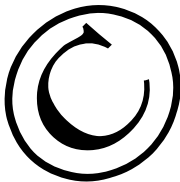
HOLIDAY SPECIAL LETTER 116

FINAL EXAM 117

APPRENTICESHIP CHECKLIST 119

ATTEST 123

CPC 2016



MISSION STATEMENT

The mission of every hygienist who works at Dr. [name]'s dental office, whether full or part time, is to provide the best possible oral hygiene care and education for our patients.

We always strive to establish an excellent rapport with the patients, ensuring they are happy with our services and want to refer family and friends. The effective control of periodontal disease through our varied treatment plans, as well as the patient's home care, is paramount in our actions every day we treat patients. We will always encourage patients to take their next step toward a beautiful and healthy smile.

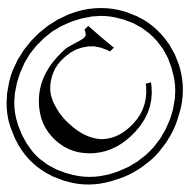
PROPER HANDLING OF NEEDLES, SCALPELS AND SHARPS

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

Sharps containers are found in each operator. The OP#1 container is under the sink. The OP#2 container is under the sink. The OP#3 container is in the assistant's overhead cabinet and under the sink. The OP#4 container is under the sink, as well.

The one (1) hand scoop technique is used for needle recapping. This technique will be demonstrated by Dr. [name].

Each dental operator has a recapping syringe holder on the counter. This device should always be used without exception for needle recapping.



© CPC 2016

HYGIENE DAILY REPORT

MONTHLY GOAL _____

MONTH-TO-DATE _____

PRODUCTION

WORKING DAYS LEFT
IN MONTH _____

PRODUCTION NEEDED
PER DAY TO MEET GOAL _____

PRODUCTION BOOKED _____

ADDITIONAL

PRODUCTION NEEDED
TODAY TO MEET GOAL _____

SAMPLE HYGIENE DAILY REPORT

MONTHLY GOAL 13,500

MONTH-TO-DATE 9,274

PRODUCTION (4,226)

WORKING DAYS LEFT
IN MONTH 9

PRODUCTION NEEDED
PER DAY TO MEET GOAL 470

PRODUCTION BOOKED 794

ADDITIONAL PRODUCTION NEEDED
TODAY TO MEET GOAL 324 over

CPC 2016



MORNING MEETING AND PATIENT SKILLS

We always start our day with a staff meeting to quickly review the patients and production for the day to get a feel for what is in store and to make any special arrangements. Ensure you're at the meeting no later than 15 minutes before patients are scheduled. Be sure to arrive 30 minutes prior to opening, so you can set up.

You should have all hygiene charts ready for the meeting. You can be of assistance at the meeting by informing the doctor of any needed changes. For instance, a patient coming in has a lengthy treatment plan, but is only scheduled for a few fillings or prophy today. You just found out there is a cancellation and/or free time in the schedule. Let the doctor and staff know about this patient at the meeting. This way, when the patient comes in, everyone knows what's going on and can help motivate the patient to go ahead and get more treatment done today, as well as schedule future treatment.

This process benefits office production, as well as the patient. It is always best for a patient to complete their treatment plan as soon as possible. This way, there will be less chance that his/her condition will worsen, costing more money, etc.

Patients often need this kind of "encouragement" to get their treatment plans completed. You can help patients accomplish this in several ways:

1. Educate the patient about what might occur if his/her condition continues untreated.
2. Let the patient know that the doctor is an excellent dentist and will answer any questions he/she might have.
3. Let the patient know that you will answer any questions he/she might have.
4. Just be friendly, reassuring and helpful to the patient, letting him/her know that our concern is for his/her dental health.

The degree to which you are very friendly, caring and communicative with all patients is the degree to which they will follow your advice. It's not how much you know, it's how well you communicate with patients that determines your ability to encourage them to complete their treatment plans and to do so as soon as possible! You would

probably be surprised to find out exactly how many patients trust your advice as much, or more, than the doctor's!

© CPC 2016

STAYING ON TIME

It is the receptionist's responsibility to make sure patients are seen on time.

To do this, she needs to have the cooperation of the clinical staff, as well as good organizational skills. As soon as a patient arrives, the patient light is turned blue on the electronic communicator and one beep lets you know that your patient has arrived.

At approximately 10 minutes past the appointment time, if the patient is still in the reception area, the receptionist is to go to the operatory, inform the appropriate assistant or hygienist that they are 10 minutes late for the patient that is waiting in reception. This is normally done by placing a sticky note on the counter behind the patient or by placing a laminated red card on the counter. Never verbally tell the doctor or hygienist they are "late or a patient is waiting" in front of another patient.

At this point, the assistant or hygienist will explain to the receptionist or floater, why they are running behind and to give them an approximation of how much longer they will be. The receptionist will keep the patient informed of the progress, so they don't think you have forgotten about them. It's always better to give the patient more communication than not enough when running late.

The receptionist will find out, at this time, what help is needed to get the clinical staff back on schedule. The receptionist will then inform the team, so the available and appropriate staff member can provide needed assistance to get us back on schedule.

If x-rays are needed on the waiting patient, the floater is to take them.



DISMISSING PATIENTS

Sometimes, when we have weeks with many new patients, the treatment coordinator becomes extremely busy with financial arrangements. There is a tendency to not follow the standard policy of routing established patients to the treatment coordinator for treatment presentations, as needed. This, of course, can result in confusion for everyone, especially the patient.

Therefore, the standard routine will be as follows:

1. Direct the patient to the consult area for treatment presentation and financial arrangements.
2. If the consult area is occupied, keep the patient in the operator, as long as it is not needed immediately, until the treatment coordinator can see the patient.
3. If the treatment coordinator is going to be more than 10 minutes and it is not a large case presentation, have the scheduling coordinator deliver the treatment presentation.
4. If the operator is needed for another patient, ask the patient to wait in reception for a few minutes until the treatment coordinator can see them. This step assumes the treatment coordinator will not be more than 10 minutes. If more than a 10-minute wait is anticipated or if the patient can't wait 10 minutes, have the scheduling coordinator deliver the presentation. If the treatment is a large case and the treatment coordinator should deliver the presentation, refer to number five.
5. Reschedule the patient for a financial consult.

Of course, the ideal is always to follow step one. Steps 2 through 5 are to be followed in natural sequence, if needed.

USE OF PROTECTING COVERINGS

Uniforms are to be worn at all times by assistants and hygienists working in the back. Lab jackets are to be worn at all times by all staff working in the back.

Rubber gloves will be worn at all times when caring for a patient.

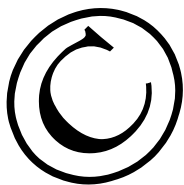
Gloves are to be changed between each patient. They should also be changed if a rip or tear develops or if they have been worn longer than one hour.

Gloves are kept in stock to fit each employee.

Gloves will be worn at all times during patient care where contact with blood occurs and during cleaning of the operatory after the 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 re-enter 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 should be worn when cleaning instruments, operatories and anything else that has become contaminated during treatment.

Eye protectors and masks should be used when the employee's eyes or face may come into contact with blood splashes or splatters, whether working on a patient alone or assisting the doctor. Also, they need to be worn when cleaning instruments or appliances or using a hand piece.



LIMITING CONTAMINATION OF CHARTS, TELEPHONES, PENS, ETC.

Never touch a chart, phone, pen, drawer, closet, supplies, etc., with a glove or hand that has been in contact with the patient's secretions (blood, saliva).

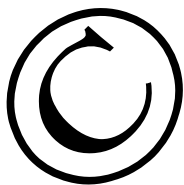
After removing gloves, always make sure that your hands have been thoroughly scrubbed and cleaned before touching anything.

© CPC 2016

OPERATORY CLEAN-UP AFTER PATIENT TREATMENT

The following are steps that need to be taken immediately after the patient is dismissed to the front desk to check out:

1. Remove all non-disposable items from tray.
 - a. Instruments (including A/W).
 - b. Sonic scaler tip if used.
2. Place all items **that belong in color-coded cassette** into the correct cassette. Any additional items that were used, such as the high speed, bite block, etc., need to be individually bagged. Wipe the high speed with alcohol-soaked 2x2 gauze and allow it to dry before bagging.
3. Everything left in the room should be disposable. Clean up and throw away **everything**, including the headrest cover, suction tips, cups and all paper. Check the floors for loose gauze and cotton rolls.
4. Spray **everything** with BIPHY. Wipe thoroughly with towels. Be sure to wipe the arm connecting the bow to the chair and the handle on the overhead patient light.
5. Reset the room according to the **Hygiene Operatory Set-Up procedure**.
6. Dispose of blood contaminated articles in the red bag.



HANDPIECE STERILIZATION

The slow-speed hand-piece in the hygiene room **must** be thoroughly wiped with Birex after each use. All other instruments are bagged or placed in the hygiene prophylaxis cassette and autoclaved, including the Cavitron scaler tips.

© CPC 2016

PERIO CASSETTES

After use, all prophy and perio cassettes are to be put in the ultrasonic and turned on for 5 minutes. The cassette is then rinsed under water and put in the sink on the drying rack. After it is dry, bag it and place it in the autoclave.

© CPC 2016

WHAT TO LOAD IN THE ULTRASONIC AND BIOSONIC

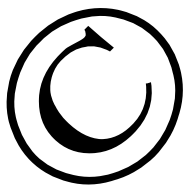
The following things should be loaded into the **ultrasonic for 3–5 minutes**:

- Exam kit instruments
- All loose instruments including scissors, syringes, XCP units, endo file holder and files, C&B bumper tips, surgical instruments, etc.

All cassettes (endo, C&B, Rest, prophy and perio) should be loaded into the **BioSonic for 3–5 minutes**.

The following items may **NEVER** be loaded into either the ultrasonic or the biosonic:

- All drills
- Burs
- Biosonic scalers
- C&B bumper handle
- Sonic scaler
- Prophy angles



© CPC 2016

STERILIZATION OF ALL INSTRUMENTS

All instruments are sterilized in the autoclave, especially surgical and other instruments that normally penetrate soft tissue and/or bone. Forceps, scalpels, bone chisels, scalers and surgical burs **must** be sterilized after each use. Surgical instruments **must** be cleaned to remove blood and saliva. Cleaning may be accomplished by 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 (autoclaving).

CLEANING INSTRUMENTS

Instruments from trays go into Biosonic first, including Electro Surge tips, surgical instruments, tray organizers, sonic tips, A/W syringe tips, bur blocks, rubber wheels, green stones, rulers, alginate spatulas, alginate measuring cups, prophylaxis jet tips, metal trays, pumice wheels. These instruments are to be in the Biosonic for about 10 minutes.

Burs go into friction grip holders located near mini sonic. Root canal files, perio reamers, broaches and Gates Chisels go into non-friction grip holders and are placed into the Biosonic.

After 10 minutes, remove the baskets from Biosonic, rinse it with water, bag and place it in the autoclave.

Rubber wheels, rulers and alginate measure cups all go into cold sterile solution. Plastic impression trays that were tried in the mouth, but never used, also go into cold sterile.

Surgical instruments get bagged. Cavitron tips (blue/green) do not go into Ultrasonic. They get brushed and bagged. Bagged instruments get placed clear side down on metal trays and then get autoclaved.

Also see our procedure on “Cleaning, Disinfecting and Sterilization.”