

# PEDIATRIC DENTIST

## Chairside 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

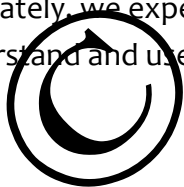
The purpose for this General Policy Manual is to help you understand and use the basic policies needed to be an effective part of our dental team.

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.



# 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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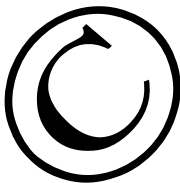
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# PURPOSE OF THE CHAIRSIDE ASSISTANT

To assist the dentist in every way possible; thereby, enabling him/her to provide efficient, high quality dentistry to our patients.

To maintain excellent patient relations, ensuring the patient is well cared for, happy and satisfied.

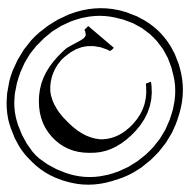
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# PROPER HANDLING OF NEEDLES, SCALPELS AND SHARPS

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 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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# JOB DESCRIPTION

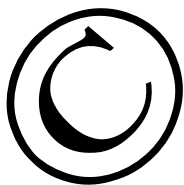
1. The duties of a chairside assistant are not just assisting and cleaning instruments. When there are no patients, this is the time to catch up on cleaning the treatment rooms, tubes, tray, etc. (Refer to the Daily Checklist). The treatment rooms should look immaculate at all times. This requirement cannot be emphasized enough.
2. When patients arrive early, you are to seat them immediately if possible and, if necessary, inform the doctor where they are seated. Use the onscreen (your messaging system name).
3. When the doctor asks you to do anything or directs any statements to you, always acknowledge him/her with an audible "okay" if you understand. If you don't understand, ask the doctor to clarify the statement.
4. When speaking with the patient, always promote the office and the doctor. Keep your comments positive and lead the conversation to allow the patient to talk about him or herself. Do not talk about your personal problems or situations.
5. When assisting the doctor, try to comfort 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 doing the procedure. When alone, explain to the patient what you are doing to minimize fear of the unknown.
6. When assisting, follow the doctor with the light. When the doctor asks the patient to move, it is your clue to move the light.
7. When assisting, both hands should be used at all times (i.e., double retraction, or A/W syringe plus single retraction, etc.).
8. The assistant must anticipate the doctor's needs. If the doctor has to ask for instruments repeatedly, then you are not anticipating.
9. While assisting, you must keep the tray plus countertop free of debris and neat. All instruments must be arranged in an orderly fashion.

10. When dismissing the patient, accompany them to their parents. Praise their good behavior to the parent.
11. When appropriate, advise the parent that we use the best dental lab, materials, impression materials, cement and equipment.
12. Again, the assistant must promote the doctor and dental office to give the parent confidence in our office and encourage referrals. These activities are all part of the assistant's job performance.
13. When the patient is dismissed, the parent 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 he/she spends a lot of time with the patient.
14. Before the patient enters the room, you must start in this order:
  - a) Check schedule to see what procedures are scheduled.
  - b) Pull up patient's chart on computer monitor.
  - c) Review health history noting any changes.
  - d) Verify Pre-med if necessary.
  - e) Have all x-rays, FMX, PAN, and BW's, posted on the monitor as appropriate to what procedure is being done.
  - f) Prepare the appropriate kit for the procedure (i.e. restorative trays).
15. After the patient enters the room, you must start in this order:
  - a) Place dental napkin (bib) around neck.
  - b) Position chair.
  - c) Place nitrous mask and start nitrous at 30%.
  - d) Place topical anesthesia if appropriate.
  - e) Set up tray while topical is working.

16. After the doctor enters the room, you must start in this order:
  - a) Hand syringe with warm anesthetic.
  - b) Have additional carpules ready to hand to the doctor if needed.
  - c) Comfort the patient, hold their hand if possible, pat their hand and reassure them.
  - d) Divert the attention of patient away from procedure with interesting conversation.
  - e) Ask if the patient is “okay.”
  - f) Offer the patient an opportunity to rinse after the injection.
17. The doctor should not have to request that the assistant do these functions. It is the responsibility of the assistant to be ahead of the doctor.
18. When preparing the room, do so in the sequence by which the doctor would use the items. Therefore, if the doctor or anything else interrupts you, this ensures you will be several steps ahead of the doctor (anticipation).
19. When not assisting directly with the doctor, be prepared for the next appointed patient. Set up the operatory for the next procedure.
20. The patient is the number one priority! We must complete his/her treatment ASAP to minimize the patient’s time in the chair.
21. It is the responsibility of the assistant to monitor the schedule, check up front when the patient arrives, and seat him/her immediately. There are very few duties that take priority over this responsibility. Being on time is the key to success and happy patients.
22. Befriend the patient. Ask him/her about their friends, pets, school, vacations, etc. Befriend the parent also. Make conversation. Most people like to talk about themselves.

23. 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.
24. When asking the patient to open, close, rinse, etc., preface it with please, and follow it with thank you!
25. When explaining dental problems to the parent, be descriptive and educate through visual props, such as, models, charts or pictures. Even draw the picture for the parent if necessary. You need to get the parent'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".
26. When parents 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 tell you to get ortho treatment." (Or, have the fillings done, or have sealants, etc.) "But let's see what the doctor has to say."
27. Take BWX (2 or 4) every 6 - 12 months depending on if the patient has had interproximal decay at the past visit or if areas are being watched. Take Pano at age 9 and when indicated for ortho.
28. As needed - review home care, especially how to clean under braces.
29. As needed - review the use of floss threaders, etc.
30. Reinforce the necessity of regular cleanings. Many parents do not understand the importance of regular check-ups.
31. If home care is good, praise the patient and parent. Contrast the good areas to the bad areas. The regularly maintained patient without any breakdown deserves positive reinforcement, a pat on the back!
32. Talk positively of the dental office and the doctor. Be upbeat and affirmative.

33. Use the intraoral camera to demonstrate any abnormality in the mouth, such as cavities (decay), cracks/fractures in teeth, or gum disease (i.e., tartar & plaque).
34. Where indicated, encourage sealants. Use brochures and demonstrations.
35. Ask the patient, “Are you okay?” “How are you doing?”, etc. Reinforce warm personal care.
36. When the doctor calls you, you must stop what you are doing and check with him/her, unless you are seating a patient or working with a patient on nitrous or local.
37. Re-read this job description many times per month.
38. When dismissing the patient, make sure he/she is doing just fine. Wipe the face of any debris, such as cement or blood.
39. Always direct the parent to the office manager, so they can take care of any payment for the services rendered.
40. Always discuss the patient's new procedure with their parent(s). Remember, a completed treatment plan and a well satisfied patient is what we want.



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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 the copy of this page for your answers, if needed.

\_\_\_\_ 1. Memorize the “purpose of the chairside assistant” until you can repeat it to another employee exactly, word for word. Have another employee confirm your ability to do so by initialing on the line to the left.

\_\_\_\_ 2. 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.”

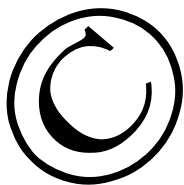
\_\_\_\_ 3. Have your supervisor quiz you on the following parts of the policy “Chairside Job Description.”

#1 through #15

#17 through #43

Note for Supervisor: Read each question then ask the trainee in such 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 policy. 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."

\_\_\_\_ 4. With another experienced assistant, role play the procedures in #16-18 from the above policy until you can perform each step with ease. Use an existing patient's chart so you have a sample health history and x-ray. The experienced assistant plays the part of the patient after showing the trainee what the assistant is supposed to do.



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## USE OF PROTECTIVE COVERINGS

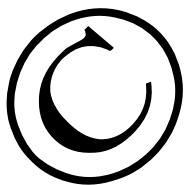
Gowns are to be worn at all times by all assistants working with operative patients.

Latex gloves must be worn at all times when caring for a patient. Gloves should be changed for 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, 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 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 reenter the operatory. Never wear gloves from one room to another, you may know the gloves are clean but no one else does.

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



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# HAND WASHING AND CARE OF HANDS

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.

Always wear gloves when attending patients or cleaning the operator.

Always remove gloves and thoroughly clean your hands before processing any x-rays.

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## LIMITING CONTAMINATION OF CHARTS, TELEPHONES, PENS, ETC.

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

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

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## INITIAL DENTRIX CHART SET-UP

Dental treatments are classified into three categories; preventative, basic and major. The treatment coordinator will have created and entered the patient demographic into Dentrix.

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# CHARTING THE TREATMENT PERFORMED AT ANOTHER OFFICE

Treatment performed at another office is charted in every new patient's Dentrix chart. (Explain how your staff adds treatment performed elsewhere).

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