Dental Assistant
Job Description
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IMPORTANT NOTE
The following job description, job duties, checklists, articles, etc. are intended as general information and guidelines only. They may or may not conform with all federal, state, and local laws, rules, and regulations and the frequent updates to such. They also may not
conform or apply to the latest dental procedures, equipment, use of equipment and any updates to such.

This job description is not a substitute for:

- proper legal or other professional or regulatory advice
- knowledge of best equipment, equipment procedures and handbooks
- technically proper practices of dentistry and patient care
- any other professional, equipment or regulatory advice for specific procedures and/or situations, including compliance with all HIPPA, EPA and OSHA laws and regulations.

Before implementing anything in this job description, it is the sole responsibility of each practice, its owner(s), and its employees to consult with attorneys, applicable governing and regulatory boards, government agencies and equipment manufacturers in order to obtain and ensure that they have a full understanding of all the laws, rules, regulations governing their practice, as well as knowledge of the best equipment, equipment procedures and dental procedures.

It is the responsibility of the practice owner to cross check and verify the legality, permissibility, technical correctness and applicability of all the following information, prior to implementation.
PART 1: GENERAL DESCRIPTION

Purpose
The purpose of the Dental Assistant is to:

- Professionally assist and facilitate the Doctor with all procedures
- Enable the Doctor to provide the highest quality dentistry for all patients in the most efficient manner
- Ensure the best possible experience for the patient

Primary Objectives
1. A fully facilitated Doctor who can efficiently and effectively treat patients and maximize production.
2. Patients fully satisfied with their service and experience in the operatory.

Skill Set Required
The Dental Assistant must be an extremely competent and mature person who is completely professional and reliable and has:

- Excellent manual dexterity
- Intermediate computer skills
- The ability to study and learn quickly
- An education and certification appropriate to their position
- A mastery of dental terminology and procedures
- Superior communication and customer service skills
- Familiarity with hand pieces and instruments used in the office
- Knowledge of ergonomic principles relating to dentistry
- Current Basic Life Support and CPR certificates
- Current knowledge of OSHA and HIPPA rules and regulations as applicable to the operatory and the office as a whole

General Duties
The Dental Assistant accomplishes the objectives of the position by:

Participating in the Morning Huddle
- Reviewing patient charts for the day with the dental team
- Participating in the discussion of procedures
- Discussing any special equipment to be used
- Working out which operatories are to be used
- Noting any special needs of patients
- Reviewing the day’s schedule
Setting Up Operatories

- Familiarizing yourself with each patient and their scheduled treatment to be fully prepared to assist the Doctor.
- Being familiar with dental equipment setups used in the office
- Setting up dental trays as needed for procedures
- Preparing anesthetics
- Ensuring operatories are appropriately equipped and stocked
- Inventorying supplies regularly and notifying the proper person of the need to reorder
- Notifying the Office Manager when equipment needs maintenance or repair

Seating Patients

- Greeting patients in waiting room
- Making patients feel relaxed and welcome
- Mentioning relevant events noted in file such as birthdays and anniversaries
- Ensuring that a driver is accompanying a sedation patient
- Escorting patients to operatory
- Seating patients and adjusting the chair
- Putting patient napkin and any protective equipment on patient

Reviewing Medical Histories

- Noting any current medical problems
- Noting any recent hospital stays
- Noting all prescriptions and over-the-counter medications the patient is taking
- Noting all nutritional supplements the patient is taking
- Verifying that all prescribed medications have been taken
- Noting any medication allergies that patient has
- Noting personal habits relating to eating, drinking, and smoking
- Ensuring all consent forms are signed
- As needed per procedure, taking blood pressures and recording in chart
- As needed, per procedure, verifying when patient’s last meal was eaten
- Keeping patient charts secure in accordance with federal law

Performing Preparatory Procedures

- Explaining procedures to patients
- Performing oral screenings
- Getting sedation and anesthesia patients to remove contact lenses
- Hooking patients up to monitors

Maintaining Sanitary Conditions

- Wearing Personal Protective Equipment
- Washing hands as required by protocols
Chairside Assisting

- Making dentist aware of any changes in a patient’s medical history
- Monitoring patient while dentist is administering anesthesia
- Carefully passing and retrieving instruments
- Following safety procedures regarding needles
- Using the evacuator or suction
- Using air/water syringe
- Maintaining a clear working field for the surgeon
- Anticipating the needs of the dentist during treatment
- Checking on patient comfort during treatment and comforting them when necessary
- Watching monitors during procedures
- Charting all procedures performed

Providing Post-Treatment and/or Operative Care to Patients

- Educating patients on post-treatment and/or operative care
- Escorting patients to the Reception area after treatment
- Following up with patients to ensure they are recovering as expected
- Ensuring patients are scheduled for follow-up or continuing care visits

Cleaning and Disinfecting the Operatories

- Properly disposing of contaminated materials
- Sterilizing contaminated instruments and returning them to their storage location
- Wiping down countertops, handles, chairs and headrests, tray tables, and other equipment
- Replacing plastic covers over equipment where necessary
- Cleaning dental unit waterlines per schedule
- Observing all infection control procedures

Equipment Management

- Continually check treatment rooms for cleanliness and handle as needed
- Turn off and on treatment room equipment
- Clean treatment room after each visit
- Store instruments in their designated places
- Keep all sterilizing equipment clean and fully operational
- Maintain supply inventory
Other Functions

- Preparing any needed reports
- Assisting in scheduling and confirming appointments
- Helping to maintain the daily schedule. If the office is running behind, notifying the receptionist so the next patient can be informed
- Understanding and abiding by federal patient privacy regulations
- Attending continuing education as required
- Maintaining a current job description.
- Maintaining your KPIs

Metrics

Each office is unique. It is important to choose a set of Key Performance Indicators (KPIs) for the Dental Assistant that parallels the needs of your practice and accurately reflects the achievement of the Dental Assistant’s job objectives.

Here are three different metrics that you can choose and adapt to your job. Get with your Doctor and/or Office Manager to determine which metric best reflects a measurement of your productivity. Further delineation of each metric is covered in the next section.

1. Dollar amount of production assisted.
2. Percentage of daily functions fully performed to the Doctor’s satisfaction
3. Points earned daily

Patient Confidentiality

Maintaining patient confidentiality is a very serious matter. Not only is this a matter of patient trust but the handling of patient information is regulated under federal law; therefore, great care must be taken to ensure that patient information is not made available to unauthorized persons.

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1 Please refer to the ePM General Staff Job Description for information on patient confidentiality and its importance.
PART 2: DETERMINING YOUR KPIs

The KPIs you keep should accurately show how well you are achieving the objectives of your job. Each office is unique, and therefore you should choose a system that both you and your Doctor and Office Manager feel best measures your job performance. There are several metrics that can be used. See below for a detailed explanation of some example metrics.

Metric 1: Dollar amount of production assisted
Although it may appear that the Dental Assistant has no control over this metric, and that the treatment performed is determined by the Doctor, it is also true that the better a Dental Assistant performs their job, the more efficient the Doctor will be (resulting in more production).

Additionally, a Dental Assistant should be constantly alert for any additional procedures or treatment a patient might need and inform the Doctor of what they see. The Doctor can then educate the patient on suggested treatment and care which can result in more production.

An alert Dental Assistant should always be watching the schedule throughout the day. If there is a cancellation they can alert the Doctor. The patient in the chair may be able to complete other treatment plan steps if they stay longer and take the time slot of the patient who cancelled.

In summary, you will find that a Dental Assistant who is well-trained, performs their job duties well, and is alert for keeping productivity high will always have high marks on the KPI of dollar amount of assisted production.
Metric 2: Percentage of daily functions fully performed to Doctor’s satisfaction

This is another metric that could reflect the key objectives of a Dental Assistant—a fully facilitated Doctor and satisfied patients.

To institute this KPI, a checklist should be put together representing the most vital Dental Assistant duties that contribute the most to these two objectives. The Dental Assistant and Doctor should create this checklist so that it addresses the needs of their specific office, and is most supportive of the Doctor.

The checklist is kept daily. It is first marked by the Dental Assistant, then marked by the Doctor. Each item on the list is checked off if performed fully throughout the day with every patient. This is an “all or nothing” rating system. It provides incentive for the Dental Assistant to focus on excellence in assisting with every patient and procedure.

At the end of the day, the Dental Assistant should fill out the checklist and give it to the Doctor who would verify the number of functions that were fully performed. The Doctor must maintain objectivity and rate the functions and facilitation only.

The Dental Assistant then would keep the daily sheets throughout the week. At the end of the week the Dental Assistant would calculate out the percentage of the functions performed fully for the whole week and post this on their KPI graph.

An additional advantage of such a checklist is that a Dental Assistant can regularly review these daily lists to help determine what area(s) could be improved. They can then consult the Doctor on any needs on their end to improve these areas. By doing this the Dental Assistant can more fully achieve the objectives and purpose of their job.

Below is an example of a simple Dental Assistant daily duties checklist. Without making it too long, the Dental Assistant and Doctor should edit it so it includes only the most important job duties. If the checklist is too long it likely won’t be used or will fall out of use. The Dental Assistant and Doctor should list only the most essential duties for excellent Doctor facilitation and high-quality patient service, and keep it short enough that it can easily be filled out every day.

Metric 3: Points earned daily

In this metric, the Office Manager or Doctor and Dental Assistant would establish an arbitrary point value for all the various key duties of the job. The Dental Assistant would then keep track of how many times each function is done using a simple tracking system, then tally up the daily and weekly amounts. This metric allows the staff member to be more in control of seeing what duties are essential to improving their productivity and accomplishing the job’s objectives.
Example Chairside Daily Duties Checklist

Chairside Dental Assistant’s Name__________________________________________ Date__________________

- Were all patients greeted and seated on time? ____________________________

- Were all patients properly prepared for their treatment? ____________________

- Were the tray set-ups accurately completed prior to the Doctor’s arrival? ________

- Was all procedural equipment placed prior to the Doctor’s arrival? __________
  
- Did the Dental Assistant anticipate upcoming procedural needs and provide the Doctor what they needed without any undue delay? ________

- Was positive communication maintained with patients, making sure they were as comfortable as possible at all times? __________

- Was good communication with the Doctor and other staff maintained at all times? ______

- Did the Dental Assistant wear appropriate clothing per dress code? __________

- Were all appropriate x-rays accurately taken? _____________________________

- Did the Dental Assistant remain in the assigned room unless approved by the Office Manager or Doctor? __________

- Were patients routed to the front desk with accurate data for scheduling purposes? __________

- Was sterilization of the operatories completed within 15 minutes of patient departure? __________

- Was the Dental Assistant educating services or products to each patient including the importance of continued care? ______

- Did the Dental Assistant take every opportunity to lend a hand and help other staff when needed, even in other areas? __________

- Were all extended duties performed, such as ordering, lab work, sterilization and cleaning? ______

- Did the Dental Assistant adhere to all policies and procedures? __________

**TOTAL PERCENTAGE =** ________________________________

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PART 3: TERMINOLOGY

A medical office has a lot of its own specific terminology. It is important that, as a staff member, you understand and/or have references for all the relevant terminology that is used in the office and on your job.

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

Please see the ePracticeManager Knowledge Library for basic lists of 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 ADA (American Dental Association) can be found here: http://www.ada.org/en/publications/cdt/glossary-of-dental-clinical-and-administrative-ter
PART 4: FACILITATING DENTAL SERVICES

Dental treatments are generally broken down into the three categories below, with a general description of each as agreed upon by most insurance companies. (Insurance companies can differ on how they categorize various treatments.)

- 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 the 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. The mouth and the gums are puffy and red. Treatment for this 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 get worse and worse. The next stage is called moderate periodontal disease. It goes from mild to moderate to severe periodontal disease.

Both the Doctor and the Hygienist treat the patient for gum disease. The Hygienist normally does all the cleanings and deep cleanings. The Doctor normally 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.

Fillings
Almost everyone has had a cavity at some point, especially in the younger years of life. 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. Due to concerns regarding the health risks related to silver fillings, we will replace those fillings with composites upon request. These days, new fillings are done using composite materials.
A cavity is a hole in the tooth resulting from decay. It usually comes from food matter on the tooth that has not been removed. This food matter then eats away the tooth. A cavity can be very big or as tiny as a pinhole. No matter the size, once a hole is there it must be filled or it will only get bigger.

A composite should last about five to seven years with regular dental visits. After this time, the material has started 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 put in 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 takes about one minute.

**Crown**

A crown is also known as a cap. It sits on the tooth as a protective cover to prevent a tooth from chipping or breaking while chewing. A crown extends the life of the tooth. Signs for the need of a crown are: large fillings, a cracked tooth, teeth that are broken or have large chips where a filling would not hold and teeth that have had root canals. Crowns rarely break and usually last 15 - 20 years or longer if properly done and maintained. A patient can chew whatever they want with the crown.

The crown takes two appointments. During the first appointment (crown prep), we take an impression of the tooth and prepare the tooth to allow room for the crown. Preparing the tooth actually means cutting about 10% off the top of the tooth so the crown can sit down on the tooth without being too high or too big. Then the Doctor will make a temporary crown that the patient wears on this tooth while the lab makes the permanent crown. The lab uses the impression to make the crown to the exact size and shape for the patient.

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 protect the tooth underneath. If the temporary crown comes off, the patient should come back in 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 gums will heal and usually no sensitivity will occur. There are no food restrictions. Brush and floss as normal. This appointment takes about 30 minutes and requires no shots. Now the tooth is protected and is as good as new.
Root Canal
A root canal means that the decay of the 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 put 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 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. It will eventually break if not crowned.

Before the tooth can be crowned, the Doctor must build the tooth up. This is necessary due to the large amount of decay that had to be removed. On molars, the procedure to do this 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. One on each side, top and bottom. When they 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. With evolution, the jaw has become smaller and the wisdom teeth are nonfunctional. Instead, for some people, they have become a source of pain, decay, crowding of teeth, joint problems, etc.

Not everyone needs the 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 erupted (out of the gum), soft tissue impacted (just under the gum) or bony impacted (surrounded in bone). Friday afternoons are the best time for this appointment as the patient can spend Saturday and Sunday resting if needed. The patient comes back 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 losing more 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. 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). It too becomes 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. The following describes each.

**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 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, therefore prone to being damaged or lost by mishandling. In addition, patient compliance to 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. All this will pass but may require some adjustments by the Doctor.

**Denture:** A denture is a removable appliance that replaces all the teeth on either the upper or lower jaw (or both). They are for people who have no teeth in one or both jaws. The patient must not sleep with the denture in place as it may cause harm to the gums. It should be brushed just like your normal teeth.

A denture takes several visits to fabricate and like partials, may need to be adjusted after being made.

**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 becomes a very stable and permanent solution for patients who have lost or are missing a tooth.
PART 5: 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. Properly prepare the patient for the procedure that they will be undergoing. Make sure to keep the computer screen and/or any chart information 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.

Bear in mind that patients are not used to the routine that the dental team is quite familiar with. So, take the time to explain things to the patient and keep the patient as comfortable as possible. Do not use dental terminology. Explain things in terms that the patient can understand. If the patient is going to have to wait until the Doctor arrives, find out if they would like a magazine to look at. Recline the chair and see to the comfort of the patient.

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. The following are guidelines for treating nervous patients:

- Instrument set-up should be in place 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. This includes unnecessary talking, clanging of instruments, etc.
- Do not restock trays or tubs during this patient’s office visit.
- Allow no verbal interruptions from other office staff members.
- Reassure the patient as necessary.

The reassurance of the nervous patient begins with the initial phone conversation with the Receptionist. At this point 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. From the Receptionist to the Hygienist, through treatment planning and operative, it is important to keep this patient relaxed and comfortable. We can all take part in making the nervous patient’s visit to the dentist a successful one.
PART 6: 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
- Make sure the operatory has been cleaned.
- Make sure the patient's chart is in the operatory.
- Ensure the patient has financial approval for the service to be performed.
- Check the chart for necessary precautions such as allergies or medical alerts.
- Have the appropriate x-rays ready to be viewed.
- See that the appropriate equipment is set up and ready to go.
- If necessary, review the procedure to be performed with the Doctor.

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.
- Get in communication. Find out how the patient has been since the last visit. Answer any questions 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, make sure it is initialed.
- Reinforce any post-treatment care the Doctor has suggested and provide appropriate handout material.
- See to it that all the patient's questions are answered.
- 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.
- Make sure all storage containers have been covered and put back in place.
- See that all soiled linens and towels are removed, and clean ones put out.
- Make sure all disposable items, paper products, dressings, wrappings, syringes, etc. are properly discarded.
- See that all special instruments and medications used are put away.
- Verify that any stains or refuse is cleaned from the floor and/or chair.
- Ensure the room is free from any offensive odors.
- Make sure the patient’s chart is updated.
- Set up for the next patient.
PART 7: EFFICIENCY AND PRODUCTIVITY GUIDELINES

The Dental Assistant is a very important person to the Doctor. As a Dental Assistant, your duties will depend on the needs of the Doctor you work with. The extent of your duties depend largely on state regulations and your past and continuing education.

As a Dental Assistant, you are the part of a team who helps to increase the 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 the 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 efficient with time
• know what to do
• know when to do it
• know how to function without causing problems or distractions for the Doctor
• have a set list of priorities and duties for preparing the operatory and the patient
• have prioritized daily, weekly and monthly duty lists
• be ready for anything

The operatory, equipment and, of course, the patient must be completely prepared before the Doctor is ready to start the examination. An examination should never be delayed because of a forgotten instrument or material.

If something does come up during an examination, the Dental Assistant should take care of it or see to it that another staff member takes care of it without disturbing the Doctor’s work.

In accordance with state laws, the Dental Assistant should learn to take responsibility in the preparation and execution of treatment. The Doctor and the Dental Assistant can work together to determine which tasks are within the Dental Assistant’s ability. 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 and 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 work and preparation as you can based upon your training and experience. Do the things you are trained for. Don’t wait for the Doctor to tell you to do it. Remember, the amount of production that occurs will be proportionate to the degree of efficiency in your area.

- Keep an eye on the treatment plan for each patient scheduled to help ensure that all possible work gets completed.

- Work closely with each patient by doing the following.
  - Stay in good communication with each of them.
  - Educate them regarding dentistry at all opportunities.
  - Reinforce the Doctor’s instructions for post treatment care.
  - Encourage necessary follow up treatment.
  - Educate the patients regarding the treatment they need and why they need it per the Doctor’s instructions and diagnosis. Help them to commit to following through with it.
  - Being alert to any “obvious” treatment the patient needs and let the patient know, but without diagnosing.
  - Stress and promote the importance of good dental care.
  - Make sure all your patients’ 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 happy with the service and schedule for further treatment as necessary. Patients will also be willing to refer family and friends, resulting in more production for your zone of responsibility.

- Connect frequently with the Receptionist to accomplish the following.
  - See that patients are getting scheduled and coming in.
  - Keep an eye on all patient scheduling to make sure no patients are falling through the cracks.
  - Do whatever you can to help get open slots filled (i.e. 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.

This coordination is very important. If you are to take full responsibility for the production in your area, you must be on top of the scheduling and help keep the schedule full. This doesn’t mean you do the Receptionist’s job. But it does mean that
you keep the Receptionist informed of important information that can be used for scheduling patients. Keep yourself informed of all relevant data from the Receptionist so you always know what needs to be done to maximize production.

- During slow periods, you can help make reactivation calls to get inactive patients back in for necessary treatment, help make confirmation calls, etc. This will help ensure you get production scheduled and occurring at a maximum level.
- When a schedule change occurs, quickly find out if the patient presently being treated can have more work done while there or possibly come back later in the day. 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.
- If necessary, set up a log system for lab work 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. This can be done by generating referrals from your patients and by prospecting for new patients outside of the office.
- In your spare time do chart audits. Go over the charts of inactive patients and find those who have work left to do 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.
PART 8: OPERATORY INFECTION CONTROL AND CLEANING

As the Dental Assistant, you are likely the person who is in charge of keeping all aspects of one or more operatories clean and infection free.

Cleaning, Sterilization and Disinfecting Defined

While similar, the terms “clean,” “sterilize” and “disinfect” do have very different meanings. 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 spore.

Disinfect

High-level disinfecting: a process that kills some, but not necessarily all, spores and is tuberculocidal (kills TB). It will also kill Hepatitis B virus and the human immunodeficiency virus (HIV).

Intermediate-level disinfecting: a process that is tuberculocidal and will also kill the Hepatitis B virus and the human immunodeficiency virus (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 and is not tuberculocidal.
Critical, Semi-Critical and Non-Critical Items

If an instrument will penetrate soft tissue or bone, this instrument is considered **critical** and must be sterilized.

Certain items may only come into contact with mucous membranes. These are termed **semi-critical** items. These should be sterilized but the minimal standard is cleaning and high-level disinfecting.

An item is considered **non-critical** if it does not penetrate any type of soft tissue or bone and does not contact mucous membrane. If it is exposed to the splatter of blood or body fluids or 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 wear 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 for 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 appropriate places.
Sterilization Area
- Mix the required cleaning solutions and keep them fresh
- Clean the ultrasonic units and autoclaves
- 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. Make recommendations to the Doctor for staff training.

Post Patient Treatment Operatory Cleanup
The following are suggested steps 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 hand-pieces with a 2 x 2 piece of gauze, soaked in alcohol. Everything is now clean and ready to be sterilized.
- Autoclave air/water tips.
- Counter tops and surfaces in the operatory that may have become contaminated with blood or saliva should be wiped with a 2 x 2 piece of alcohol-soaked gauze. After this is done, disinfect the surfaces with a suitable chemical germicide.
- Take the tray to the lab. The instruments used should be properly cleaned, disinfected, and placed 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 burs should be sterilized after each use. Surgical instruments should 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).
Hand-piece Sterilization

When using a hand-piece that cannot be sterilized, the hand-piece should be flushed, then thoroughly scrubbed with a 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 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 place 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 gloves.

Ultrasonic Scalers

Routine sterilization of handpieces between patients is desirable. The ultrasonic scaler should be thoroughly scrubbed with a 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.

Burs

After use, burs should be removed from the hand-pieces, scrubbed with a detergent and water then place in a bur dish. When enough accumulate, run them through the autoclave.
How to Clean Surfaces and Materials and Remove Common Stains

Surfaces

WOOD: Wood furniture must be dusted daily. Frequent waxing will improve the appearance and make it easier to keep clean.

ENAMEL: Go over it 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 substances 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

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 stain with hydrogen peroxide. Then wash with soapsuds and rinse.
Preventing Transmission of Disease to Employees

It is important that a standard operating procedure (SOP) is 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. Therefore, 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 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. Never wear gloves from one room to another. 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

This type of clothing provides additional protection from the splash of blood and other body fluids. Uniforms should be worn when clothing is likely to be soiled with blood or other body 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 make sure hands have been thoroughly scrubbed and cleaned 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 located in each operatory.

Biohazard Waste Policy

In each operatory there are two waste receptacles. One is for normal waste before or after treatment. The other is for biohazard waste. This is labeled with a biohazard sticker and is for anything used during the treatment such as 2 x 2 gauze pads, cotton rolls, gloves, etc. When the red bag is full, take the bag and put it in the biohazard box which is in the lab. The wastebasket needs to be re-lined with a red bag, which is also in the lab.

When the biohazard box is full, call Infectious Waste Management. They will 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 the 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. Some of the checklists given earlier in this Job Description will give you some ideas and examples of how to do this.

In addition to the 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 9: 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. It is given here as an example only as many parts of it may or may not be applicable to your office. You can use it though, as a concept of how to write up something similar to help complete your job description.

As noted earlier, the equipment may or may not be the same as your equipment, or as up to date as your equipment. These write ups are only provided as guidelines for creating the specific checklists and write ups for your office.

Introduction

A good Dental Assistant is able to assist a doctor effortlessly. 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 will need next. It is important to be alert and flexible on every case.

When you are setting up for a case that you are unfamiliar with, you should use this guide. If you are uncertain about the preparation for a procedure, it is better to ask for help rather than take a chance and guess.

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, and you are required to use them on every case. Also, radiographic monitoring badges are provided and should be worn at all times.
Lab Area and Operatories

Daily Duties

- Keep the lab area and operatories clean.
- Keep the lab and operatories stocked.
- Keep the 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.
- At the end of the week all solutions should be emptied.
- The radiograph processing unit should be cleaned, and the fixer and developer solutions replenished at least once per week.

Basic Operatory Setup

Each morning the Dental Assistant should come in, look at 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 a convenient place.

Place the charts with the trays. By doing so, the Dental Assistant will be prepared with all the necessary items.

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. Make sure all surfaces have been wiped down and all infection control materials are in place. This includes:

- 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
- 2 x 2 piece of gauze
- cotton rolls

Emergency Visit Kit

We get many emergency patients. Since it is impossible to predict what will be needed for any given case, this basic setup is enough for the Doctor to minimally make a diagnosis and then you can go from there.

- 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.
- All other surfaces should be wiped down with disinfectant.
- Trash containers should be emptied.
- The patient mirror should be cleaned.
- The floor should be vacuumed.
- New infection control materials should be in place.

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

- 2 x 2 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 flouride 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 make sure 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. He 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 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, then light cured for approximately 10 seconds.

The sealant is then 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 burs
- 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. Make sure to give the patient a sterilized pouch of 2 x 2 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
- highspeed handpiece
- slows 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 (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 from the tooth. Light cure the tooth for 10 seconds. The Doctor may request that this step is 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 (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.

The above is a basic setup for the average case. 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
- highspeed 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 coat the tooth or teeth with KY jelly and then mix and place the Protemp in the preoperative impression. Insert the impression back into the patient’s mouth and have the patient 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. Wash the preparation(s) thoroughly and dry.

The Doctor will then remove the retraction cord, inject a lightbody (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 Doctor’s approval.
Crown/Bridge, Inlay/Onlay Cementation Kit

- basic kit
- essential items
- highspeed 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

1. The Dental Assistant will remove the temporary and any residual cement on the preparation.
2. The Doctor will try in the restoration and adjust it.
3. 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.
4. The Doctor will cement the restoration on the tooth.
5. The Dental Assistant will remove any residual cement with a sharp explorer and dental floss.
6. 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
- handflies
- #15 sonic file
- paper points
- KY jelly
- RC prep
- sodium hypochlorite
- canal sealer (i.e. Sealapex)
- Thermafil/Densill or gutta percha points
- Thermaprep oven
- mixing pad and spatula
- Cayit
- Gates-Glidden reamers

Since every case is unique, it is hard to give step-by-step instructions 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 latch4ype burr, straight diamond, football diamond
- Peeso reamers
- posts of various sizes
- Panavia cement kit
- buildup material (i.e. 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 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 appropriate sized crown. The crown is cut, crimped and cemented by the Doctor with glass ionomer cement.