

TeamSmile Operations Manual

Check-Out Area

Purpose: To insure proper clinical, after care information and dental home information is sent home with the patient.

Total Volunteers Needed:
General Volunteers: 2 – 4
Runner - 1

Check-Out Area Inventory

Items located in Registration Crate

Item Location: Red/Black Bins (1)

After-care Instructions Hanging File	Bin 3
File Folder	Bin 3
Patient Treatment Forms	Bin 3
Treatment Facility Information for Follow-up Care (Program-specific)	Bin 3
Stapler, Staples and Ink Pens	Bin 3
Tissue	Bin 3
Extraction Kits	Bin 3

Additional Inventory

Item Location

TeamSmile Tablecloth	Program Bin
First Aid Kit	Registration Crate
Preventative Care Bags	Marked Boxes
TeamSmile Check Out Bags	Marked Boxes
Clock(s)	Program Bin
Disinfectant Wipes & Hand Sanitizer	Sterilization Area

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Check-Out Area Set-Up

Set up 8ft table and cover with TeamSmile Tablecloth.

If limited space, use the hospitality desk once Volunteer Check-In has been completed.

Table Set-Up:

Place the following items on the table:

- After-care Instructions Hanging File
- Clock
- File Folder
- Patient Treatment Form
- Treatment Facility Information for Follow-up Care (Program-specific)
- Disinfectant Wipes & Hand Sanitizer
- Extraction Kits
- Stapler, Staples, and Pens
- Tissue
- First Aid Kit

Place the following items under / near the table:

- Red/Black Bin 3 (to store lanyards)
- Box of Colgate Bags – need enough for 300 kids

Check-Out Area Procedures

1. Collect patient card AND lanyard from patient.
2. Remove the patient card then record time on the back lower right area of the patient card.

Additional Treatment Needs: Yes No

Describe (tooth number, surface, procedure)

Tooth # S - MO

11:45

3. Place lanyard in the plastic “check out” bin. Throughout the day, run the lanyards to “Check-In”.
4. Review both sides of patient card to ensure that it is completed.

- a) Station #1 (Patient Exam) and Station #5 (Hygiene) **SHOULD ALWAYS** be filled in and **SIGNED BY** appropriate area health professional(s).

Exceptions:

- Extractions – may not receive hygiene
- Extensive Restorative Treatment – may not receive hygiene
- Patient Refusal
- No Consent
- Lack of Time

- b) If Station #2 (X-ray) is complete, then Station #3 (Treatment) should be completed and **SIGNED BY** appropriate area health professional(s).

Exceptions:

- No Consent
- Patient Refusal
- Special circumstance recorded by dentists on patient card
- Lack of Time

VERY IMPORTANT: If any section of the card is incomplete or inconclusive, a volunteer “runner” **MUST** follow up with the appropriate area health professional(s). because:

- 1) The patient did not go to that station and their visit is not complete, please direct the runner to take the patient back to any possible missed stations
OR

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- 2) The patient did go to the station, however, no notes were recorded. Direct the runner to take the patient back to the station that is missing checked boxes. (Good for all stations except station #2 – if films were taken the patient will have films in their lanyard, and these will go home with the patient, update form as necessary).

5. Patient Treatment form is to be completed based on patient card data
See example in Appendix
6. Place the Treatment form in the TeamSmile Plastic bag.
7. Provide patient with follow-up care instruction sheet(s) if applicable. Example – If patient had sealants placed, send home “Sealant instructions”. The instruction sheets needs to be placed in the TeamSmile Plastic bag.
8. If a patient has an extraction, place an extraction kit in their bag.
9. Provide patient with program-specific Treatment Facility Information for follow-up care. The Information Sheet needs to be placed in the TeamSmile Plastic bag.
10. Write the last name of the patient on the bag.
11. A runner is to escort the patient to the Entertainment Area.
12. The Patient Card should be filed alphabetically by last name in file folder.
13. Disinfect lanyards and clear plastic holders with Disinfectant Wipes.
14. Every hour take the lanyards back to the front desk
15. At the end of the day, the front desk will be bringing over the Consent Forms in a File Folder, the Lead Check out person must sign for the forms.
16. At the end of the day, the Lead Check out person must find the Clinic Director to release all the documentation from the TeamSmile program to the Clinical Director.

IMPORTANT

Always wear gloves when handling Disinfectant Wipes. Gloves can be found in the PPE area.

PLEASE NOTE: Every patient should leave with a tote bag containing toothpaste and a toothbrush (with the patient’s last name written on it).

****Sometime Athletic Teams / Sponsors may have additional items to place in the bags – please pay additional and make sure all these items get distributed.**

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Check-Out Area Tear-down

Return lanyards to Check-In Area after they are disinfected.

**Near the end of the day, the Check-In bin might be put away in the Registration Crate. Please locate Bin 1 in Registration Crate and return the lanyards

Return Check-Out Area inventory items back to Bin 3 and areas of storage per the inventory checklist.

Special Instruction Items

- TeamSmile Tablecloth and clock(s) to be placed in Program Bin found at hospitality desk.
- **Disinfect** all ink pens, markers, lanyards and clear plastic holders prior to putting these items away.

Place Bin 3 in the Registration Crate

Place First Aid Kit in the Registration Crate

IMPORTANT

Always wear gloves when handling disinfectant wipes. Gloves can be found in the PPE Area.