

# TeamSmile Operations Manual

# Patient Examination Area

**Purpose:** This area is the heart of the TeamSmile program, as all patients flow through this area. Dental Professionals provide an initial diagnosis for each patient to determine baseline oral health and all treatment needs. The patient is then directed to the appropriate areas for care.

### Volunteers Required: 12

4 Dentist

4 Dental Assistants

General Volunteers

1-2 Receivers

1-2 Runners



#### **Patient Examination Area Inventory**

<b>Located in Patient Examination Crate</b>	Item Location
Clipboards (6)	Patient Examination Crate
Pin Lights (3)	Patient Examination Crate
Disposable Shields for Pin Lights (3)	Patient Examination Crate
Masks (1)	Patient Examination Crate
Mirrors (disposable)	Patient Examination Crate
Glasses (6)	Blue Plastic Container (in PE Crate*)
Scissors (2)	Blue Plastic Container (in PE Crate*)
Headlights (6)	Blue Plastic Container (in PE Crate*)
Red Ink Pens	Blue Plastic Container (in PE Crate*)
Stamps (4)	Blue Plastic Container (in PE Crate*)

#### Additional Inventory Item Location

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Gloves	PPE Area
Hand Sanitizer (2)	Central Distribution
Disinfectant Wipes	Sterilization Area

<sup>\*</sup>PE = Patient Examination

<sup>\*</sup>PPE= Personal Protection Equipment



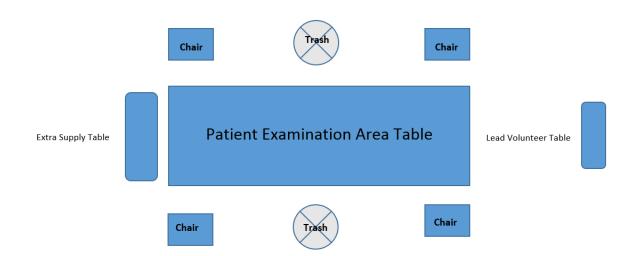
#### **Patient Examination Area Setup**

Locate the Director Chair/Signage Crate Director Chairs (4)

- Cover crate with a sponsor table cloth found in the Purple Suitcase.
- Set Up: 4 -6 Stations depending on the number of dentists registered
- Each station consists of the following:
  - o Clipboard with Instruction Card
  - Headlight
  - Glasses
  - o Red Ink Pen
  - o Stamps
- Set in the middle of the table
  - Hand Sanitizer
  - Masks
  - o Mirrors
  - Disinfect Wipes
  - o Pin Lights & Disposable Shields

#### Set Up – See Diagram

- Director chairs face the table, with a space large enough between the table and chairs for the dentist to perform an exam.
- Place 2 trash cans intermittently between chairs.





#### <u>Patient Examination Area Procedures - Volunteer Descriptions</u> Personal Protection Equipment Requirement

- Gloves required and changed between each patient
- Since low risk of coming in direct contact with patient or blood borne pathogens, gowns, mask and eye protection is not required by recommended.

#### **Treatment Priorities:**

- 1. Tooth that hurts patient
- 2. Removal of infected, painful or non-restorable teeth
- 3. Basic restoration of permanent teeth
- 4. Basic restoration of primary teeth
- 5. Sealants

#### **Dentists will:**

- 1. Determine if the patient is in any pain.
- 2. Check for treatment consent
  - Red wristband Patient has NO CONSENT for any type of treatment dentists CAN NOT screen, hand off to runner.
  - Green wristband Patient has consent for ONLY cleaning and sealants.
  - Orange wristband Patient has consent for cleaning, sealants, x-rays, and some/all dental treatment.
- 3. Fill out Patient Exam Card in RED INK as indicated below:

#### Filling out Patient Exam Card

Each red clipboard has information sheets walking you through the card with a tooth chart on the backside which includes primary and permanent dentition. All treatment needs are recorded regardless of consent (green or orange bands only)

<ul> <li>Existing - Circle the Yes or No next to each category-</li> <li>Treated Decay: Has the patient ever had any restorative car extractions.</li> <li>Sealants: Does the patient have a sealant or partial sealant patient mouth?</li> </ul>	
<ul> <li>#2 X-Ray: X-rays should be taken on any patient with suspect with consent for treatment (orange band)</li> <li>2 BW if only 1<sup>st</sup> molars are present</li> <li>4 BW if 2<sup>nd</sup> molars are present</li> <li>PA's if extractions or possible Pulpotomy/Root Canal</li> </ul>	#2 X-Ray  #2 BW 4BW PA

**4** | P a g e 2 / 2 0 / 2 0 2 0



<b>#3 Restorative Needs</b> : Treatn	ment that needs to be completed to eradicate
the dental need present in the patients mouth	

- Write down treatment needs by quadrant even if patient does not have permission for restorative needs. This information will be used on referral project.
- List the tooth number / letter and surface(s) in question **ONLY IF THE**PATIENT HAS CONSENT FOR TREATMENT orange band.

Possible treatment could include:

- Stainless Steel Crown
- Extraction
- Composite Resin / Glass Ionomer
- Pulpotomy / Root Canal
- Sealants
- SDF/SMART Restoration
- If there is only consent for preventative care, only LIST THE TOOTH NUMBER / LETTER green band.
- List all dental needs present for each quadrant
- ONLY MARK RESTORATIVE NEED BOX IF CONSENT IS CIRCLED "YES" ON THE PATIENT CARD – THIS CAN BE FOUND UNDER THE PATIENT NAME

#4 Sonic Scaler: If a patient has visible calculus or excessive bleeding/gingivitis

#4 Sonic Scaler

#4 Sealants: If a patient has a permanent posterior tooth free of treated or untreated decay, a sealant is recommended

#4 Sealants (circle teeth#)

• Circle all teeth that qualify

2 3 4 5 12 13 14 15 31 30 29 28 21 20 19 18

☐ #5 Polish & Fluoride: All patients should stop at this station

#5 Polish & Fluoride

If the patient has no obvious decay and they are only going to polishing station, place a stamp over the quadrant lines on the right side of the card.

## THE SCREENING DENTIST NAME MUST BE PRINTED IN THE PATIENT EXAMINATION SECTION OF THE CARD

After the screening is finished, the runners will escort the patient to the next station that has been marked on the card.



#### **Dental assistants or General volunteers will:**

No Personal Protective Equipment is required

- 1. Provide the dentist with necessary supplies.
- 2. Fill out the patient card with red ink pen for the dentist.
- 3. Place the stamp on the patient over the quadrant section if no decay or treatment is needed.
- 4. Make sure the dentist name is on the card.
- 5. Take patient to the runner.
- 6. At the end of the day, you need to make sure all supplies are wiped down with disinfectant wipes and placed back in the appropriate container. See Tear Down Instructions.

#### **General Volunteers will:**

**Receiver (2)** will receive the patient from the Front Desk Area and place in line.

- 1. Receiver's goal is to keep all director chairs filled to keep area flowing.
- 2. Place line on floor with tape to give enough space for patient privacy and to prevent crowding.
- 3. If waiting time starts to get too long, utilize the "Head" guessing game.

**Runners** (2) will escort the patient to the next waiting station's check-in table, either Preventative Care/ Sealants or X-Ray - Restorative Needs.

#### **Additional Instructions**

- Disposable shields must be used when using the pin lights.
- Mirrors can be given to the patient.
- Doctors MUST change gloves between each patient.



#### **Patient Examination Area Inventory**

Disposable Shields for Pin Lights (2)	½ full ¼ full box is empty
Mirrors	Boxes 1 2 3 4 5 6
Headlights (6)	Headlights 1 2 3 4 5 6
Red Ink Pens	½ full ¼ full none left
Stamps	Need more ink

#### **Patient Examination Area Tear-down**

- Use Disinfectant wipes on all ink pens, headlights, pin lights, laminated instruction cards and clip boards prior to putting these items away in the crate.
- Return Patient Examination inventory items and additional inventory items back to their original locations per the Inventory Checklist. (See inventory section)
- Close hand sanitizer bottles by turning pump to the counter clockwise then return to Central Distribution
- Combine gloves, by size, in boxes prior to returning to PPE Area.
- Please pick up any trash found on the floor to make area look clean.
- Once all items are off the Director Chair/Signage Crate, take the bags out of the crate. Place the collapsed director chairs inside. Alternate the tops and the bottoms to make the pile level. Place the empty bags between the chairs when packing. Chairs much be pushed as far to one side as possible to allow for the banners (2 rows of 6) to be placed upright at the end.

IMPORTANT: Always wear gloves when handling disinfectant wipes. Gloves are located in the PPE Area.