



Central Arizona Dental Foundation

Restorative Protocol

Our goal is to relieve pain and address the most urgent need(s). Please remember, this setting is very different from your office where more options are available to you and the patient has regular access to care. This fact was kept in mind as patients went through triage and routing and when it was determined what care they would receive today. Refer to the priority section of the patient form to find out what treatment and which teeth will be treated today.

Please practice universal precautions and follow all standard infection control practices.

1. Patients are only offered one dental service (i.e., treatment in one quadrant; cleaning, fillings or extractions) unless the capacity of the clinic allows for more. Please do not promise patients more.
2. Composite guns and curing lights must be shared. Please wipe them down when you are done and place them back on the table where they can be reached by other teams.
3. When picking up instruments and supplies, pick up **ONLY** what you need for the patient you are working on at that time. Return unused instruments and supplies as soon as possible so the next person can have instruments and supplies they need.
4. The patient will be anesthetized before arriving in your chair (the exception is the first patients of each day). Ensure that they are (still) numb before proceeding. Apply additional anesthetic if needed.
5. Printed radiographs will arrive with the patient. Review recommended treatment plan and x-rays.
6. EMTs are onsite to deal with patient and volunteer emergencies. If you have a patient emergency, stay with the patient, send your assistant or someone near you to alert the Department Lead who will immediately radio for an EMT. Hold up the EMT station card so the EMT can quickly identify where to go once they have been radioed.
7. Please **PRINT** on the patient charts – **DO NOT USE ABBREVIATIONS**.
8. Only **BLUE** pens should be used on patient charts – **NO BLACK** ink.
9. Patients are not allowed to walk unattended on the clinic floor. Use your station cards for moving patients or for problems.
 - a. **Green** – bring me a patient

- b. **Red** – take the patient to Exit Interview
 - c. **Yellow** – translator needed
 - d. **Orange** – equipment concern
 - e. **White w/Red Cross** – EMT needed
 - f. **Purple** – request Nomad x-ray
10. We are working to improve the dental situation of these patients. If you get an exposure on a posterior tooth, the tooth should be extracted. We do not want to place a pulp cap and risk having the tooth flare up in the future. These patients will not be able to afford the treatment to fix that situation. Therefore, no posterior root canals are done. If triage has noted a posterior tooth is a possible endo, that tooth should be extracted or left alone. Endodontic procedures on anterior teeth can be done, as well as critical posterior abutments (if the condition of the teeth is favorable). Endodontic procedures are limited based on the number of dentists providing endodontic treatment.
 11. If your patient needs an extraction and you are not comfortable doing it, the Restorative Department Lead can get the patient into the Oral Surgery Department or utilize a revolving surgeon to have the tooth extracted.
 12. PULPCAPS and 4+ surfaces are not a practical service to provide at this AzMOM event. If triage has noted a posterior tooth is a possible endo, that tooth should be extracted or left alone.
 13. Amalgam restorations are recommended – especially in posterior teeth. Not only is it quicker to put in amalgam than a composite, but in the majority of cases it will serve the patient longer. You can, however, place composites; limited colors of composite material will be available. There are approximately 20 curing lights available for the entire clinic.
 14. Please place extracted teeth that contain amalgam fillings in the nearest container labeled DENTAL AMALGAM. The container is located on the head table in the Restorative area. This waste will be recycled and/or disposed of according to state and local regulations.
 15. Place extra amalgam and amalgam capsules in the nearest container labeled DENTAL AMALGAM. The container is located on the head table in the Restorative area.
 16. Dispose of carpules with left over anesthetic in the designated biohazard container at the head of your department (plastic container with biohazard label). Do not throw them in the regular trash.
 17. Remove all sharps from the instruments and all burs from handpieces and dispose of them in the nearest sharps container. **Do not walk on the clinic floor with sharps.**
 18. When treatment is complete, fill out the chart indicating the treatment you provided in blue ink.
 19. Over the counter medications are available by checking the appropriate box on the lower left corner of the registration form. Prescribe these medications only when necessary instead of routinely.

20. Discuss post op instructions with each patient and hand them a post-op instruction sheet. Let the patient know about the 800 number they can call should they have any problems with the care they received at the clinic. The phone line is open for 2 weeks following the clinic.
21. Hold up a red card to indicate the patient's treatment is complete. A patient escort will take the clipboard and patient record from the practitioner and take the patient to the exit interview area when treatment is complete.
22. Translators are available. Hold up a yellow card and a translator will come to your chair.
23. If you receive a sharps injury (instrument or needle stick) or incur any other personal injury, notify the Department Lead immediately. He/she will follow the sharps or accident protocol.
24. Prescription forms will not be needed for Acetaminophen, Amoxicillin, Clindamycin, Ibuprofen. Those will be indicated on the patient registration form and the patient will receive those free of charge onsite. Any other prescription will be at the patient's expense.
25. Please stagger your lunch breaks. Be sure to let the department head know how long you will be gone, depending on the time someone else may use the chair while you are gone so patient flow isn't disrupted.

Sterilization and Instruments

1. Remove all sharps from the instruments and all burs from handpieces and dispose of them in the nearest sharps container. **Do not walk on the clinic floor with sharps.**
2. You are responsible for making sure that your personal instruments are identified as yours when they go through sterilization. To ensure this, drop your instruments off at the sterilization table marked "Used Personal Instruments" and have your name written on the sterilization pouch(es), then leave the pouch(es) on the tray with the instruments. You will pick up sterilized instruments from the "Clean Personal Instruments" station.
3. If you are using ADCF instruments, place all instruments that came out of a cassette back in the cassette and close it. Place the cassettes and any loose instruments that don't belong in a cassette in the plastic container at the head of your department. They will be transported to the sterilization area.
4. Syringes should be set aside for sterilization in the Numbing area in the Statim.
5. Broken ADCF instruments should be returned to sterilization, do NOT throw them away. Notify someone in sterilization that the instrument is broken.

In addition, the following must be adhered to throughout the event:

1. Do NOT allow patient to form a lip seal on the saliva ejector or large suction.
2. Before turning off the suction, remove it from the patient's mouth, point it at the ceiling, then turn it off.

3. After each patient, obtain two (2) one-ounce cups of pre-mixed peroxide/water solution and pull one cup through the saliva ejector and one cup through the large suction.
4. After the patient is escorted away, don new gloves and use utility gloves over those to clean the operatory after each patient.