

WORK PROCESS SCHEDULE
Dental Assistant

O*NET-SOC CODE: 31-9091.00 RAPIDS CODE: 0101CB

DESCRIPTION:

Perform limited clinical duties under the direction of a dentist. Clinical duties may include equipment preparation and sterilization, preparing patients for treatment, assisting the dentist during treatment, and providing patients with instructions for oral healthcare procedures. May perform administrative duties such as scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes.

To enter the Apprenticeship Program:

An apprentice must be at least 16 years of age, except where a higher age is required by law, and must be employed to learn an apprenticeable occupation.

- ☒ There is an educational requirement of: attending high school, high school diploma or equivalent
- ☐ There is a physical requirement of:
- ☐ The following aptitude test(s) will be administered:
- ☐ Other:

ON-THE-JOB

TRAINING:

PATIENT ENGAGEMENT

1. Intake

MET

**NOT
MET**

**Date &
Initials**

- a. Welcomes patient with an emphasis on customer service, introduces self & explains role in visit; maintains eye contact as appropriate*
- b. Confirms reason for visit and explains what will happen during visit*
- c. Collects & documents appropriate patient history*
- d. Able to review previous patient history in preparation for visit*

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GENERAL SKILLS

Hand washing:

MET

**NOT
MET**

**Date &
Initials**

- a. Able to state how often and when should you wash your hands?*

<i>b. Describes how long to wash hands</i>			
Vitals Signs:			
<i>a. Able to take and record blood pressure</i>			
<i>b. Able to take a temperature</i>			
Allergies:			
<i>a. Can demonstrate when and where to document allergies</i>			
<i>b. Accurately articulates how often allergies are to be Checked</i>			
Biohazard Waste:			
<i>a. Able to articulate the difference between biohazardous waste from non-biohazardous waste</i>			
<i>b. Able to describe disposal of sharps and when to change sharps container</i>			

SET UP OF DENTAL OPERATORY (NO INSTRUMENTS OR MATERIALS PRESENT)			
	MET	NOT MET	Date & Initials
<i>a. Dons new clean gloves</i>			
<i>b. Places barrier on:</i> <ul style="list-style-type: none"> <i>• Bracket table handle</i> <i>• Lamp handles</i> <i>• Chair cover</i> <i>• Keyboard and mouse</i> <i>• Others:</i> 			
<i>c. Remove and disposes of gloves</i>			

<i>d. Washes hand for 20 seconds</i>			
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BREAK DOWN OF DENTAL OPERATORIES			
	MET	NOT MET	Date & Initials
<i>a. Appropriately dons PPE and puts on nitrile gloves</i>			
<i>b. Removes anesthetic from syringe and dispose in sharps container</i>			
<i>c. Able to safely dispose of sharps with needles</i>			
<i>d. If scalpel is used, able to safely dispose of in sharps container</i>			

e. If sutures are used, able to cut needle from suture and safely dispose of needle in sharps container			
f. Disposes of all disposable items including bibs, HVE, Saliva ejectors, A/W syringe, plastic barrier, in the trash can			
g. Places all used and unused instruments in covered transporting container.			
h. Able to transport dirty instruments to sterilization for appropriate cleaning and sterilization			
i. Able to disinfect transport containers after use, with Cavi-Wipe and prepare for further disinfection			
j. Able to use Cavi-Wipe towlettes to disinfect:			
k. Bracket table			
l. Chair including hand rests			
m. Lamp handle, lamp switches and clear lamp cover			
n. A/W syringes on all bracket tables (chairs may have			
multiple A/W syringes)			
o. Cycle time for flushing lines			
p. Run water through vacuum lines for 20 seconds			
q. If necessary (after extractions/oral surgery), run appropriate amount of Evacuation System Cleaner through both HVE and saliva ejector hoses.			
r. Removes gloves and washes hands for 30 seconds			
INFECTION CONTROL: PROCESSING DIRTY INSTRUMENTS			
	MET	NOT MET	Date completed
Processing dirty instruments in the sterilization room			
a. Able to don a gown			
b. Able to don mask and safety glasses			
c. Able to don nitrile gloves on hands			

d. Dons appropriately sized gloves

e. Able to don in appropriate order

f. Appropriately transfers dirty instruments from the dirty instrument bin using the carrier containers and drops them in the ultrasonic unit

- Able to lower basket of dirty instruments into the ultrasonic unit gently
- Sets ultrasonic unit timer for 10 minutes

g. Once 10-minute cycle is completed, the assistant:

- Removes the ultrasonic basket of instruments and places in the sink to run under tap water to rinse

off solution

- Lift basket out of sink and empty instruments from the basket onto the designated, dirty instrument countertop

Bagging Dirty Instruments

h. Able to separate instruments according to procedure set-ups

i. Able to identify appropriate cassette and/or size sterilization pouch and stamp the sterilization date on pouch or wrap

j. Places instrument in the sterilization pouch or cassette

k. Appropriately seals the sterilization pouch or wraps and tapes cassette

Bagging handpieces

a. Handpieces and straight attachments **are not** placed in ultrasonic unit

b. Handpieces and straight attachments are taken and placed in the handpiece lubrication station for lubrication

c. Once the lubrication cycle is completed, handpieces and straight attachments are removed from the station and are wiped with a paper towel to remove any excess lubricating agent.

d. Transport handpieces, contra-angles and straight attachments to the bagging station

- Separate instruments according to procedure set-ups
- Identify appropriately sized sterilization pouch and stamp sterilization date on pouch

<ul style="list-style-type: none"> Seal the sterilization pouch 			
Labelling and logging of sterilization pouches			
e. Each sterilization pouch or cassette that contains instruments are labelled with:			
<ul style="list-style-type: none"> Stamped date 			
<ul style="list-style-type: none"> Autoclave unit number 			
<ul style="list-style-type: none"> Load number of the autoclave used to sterilize pouch 			
After the sterilization cycle is complete:			
<ul style="list-style-type: none"> Remove pouches and cassettes from the autoclave and place in the "clean" area to dry 			
<ul style="list-style-type: none"> Inspect pouches and cassettes to check that the biological indicator on the pouch or cassette has changed from pink to dark brown 			
<ul style="list-style-type: none"> Makes sure that there are no holes, perforations or tears to the pouches or cassette wrap 			
PATIENT CARE			
Patient Flow:	MET	NOT MET	Date completed
<ul style="list-style-type: none"> Able to describe standardized patient flow process 			
<ul style="list-style-type: none"> Accurate demonstration of patient Intake/walkout in NextGen 			
COMPUTER SKILLS			
NextGen:	MET	NOT MET	Date completed
<ul style="list-style-type: none"> Able to maneuver in NextGen 			
<ul style="list-style-type: none"> Able to accurately document patient data in correct fields 			
<ul style="list-style-type: none"> Able to access patient and provider schedules 			
REFERRALS			
	MET	NOT MET	Date completed
<ul style="list-style-type: none"> Able to describe the referral process 			
<ul style="list-style-type: none"> Able to describe how referrals documents are entered into Nextgen 			

Radiography/Dexis

Knowledge of appropriate radiographic technique:

MET NOT
MET MET Date
completed

- a. *Demonstrate navigation of XrayVision software for taking radiographs*
- b. *Knowledge of proper infection control techniques for radiography*
- c. *Practice safety measures to protect patient and operator from radiation*

Demonstrate taking of panoramic radiograph and Cone Beam CT

MET NOT
MET MET Date
completed

- a. *Demonstrate taking of periapical radiographs (anterior and posterior)*
- b. *Demonstrate taking of bitewing radiographs*
- c. *Evaluate radiographs for errors and retake if necessary*

This section is to be completed by supervisor:

Based on observation of Employee's performance and Competency Assessment,
_____ (employee) is competent to perform as a: Dental Assistant

Date: _____ YES NO (If no, see below)

Deficiency	Action Plan	Time Line

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____