



ORAL SURGERY PROTOCOL

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

Our goal is to relieve pain and address the most urgent need(s). 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 do not offer patients additional treatments in another area of the clinic (i.e. fillings or cleanings).

1. The patient will be anesthetized before arriving in your chair (with the exception of the first round of patients each day). Ensure that they are (still) numb before proceeding. Apply additional anesthetic as needed.
2. Printed radiographs will arrive with the patient. Review recommended treatment plan and X-rays.
3. Teeth to be extracted include:
 - a) Visible non-restorable teeth.
 - b) Painful or infected teeth that do not fit NYMOM protocol for endodontic treatment.
 - c) Teeth, in addition to (a) and (b) above, that would complicate prosthetics fabrication if left in place.
 - d) Minor pre-prosthetic surgical procedures (alveoloplasty, exostosis) in patients treated for (a), (b), or (c) above in order to simplify later prosthetic rehab.
 - e) **3rd molars only if symptomatic and visible on clinical exam.**
4. EMTs are onsite to deal with patient and volunteer emergencies. Oxygen and an AED are available. 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.
5. Please PRINT on the patient charts – DO NOT USE ABBREVIATIONS.
6. Only BLUE pens should be used on patient charts – NO BLACK ink.
7. 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
8. When you are done treating the patient, record the treatment provided. Raise a red card to indicate the patient is finished. A Patient Escort will obtain the clipboard and patient record from the practitioner and take the patient to the exit interview when treatment is complete.
9. Translators are available. Raise a yellow card if a translator is needed.
10. 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 Oral Surgery area. This waste will be recycled and/or disposed of according to state and local regulations.
11. Dispose of carpules with left over anesthetic in the designated biohazard container for your department (plastic container with biohazard label). Do not throw them in the regular trash.

12. Remove all sharps from the instruments and all burs from handpieces and dispose of them in the nearest sharps container. **Do not walk the clinic floor with sharps.**
13. 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.
14. Prescription forms will not be needed for Acetaminophen, Amoxicillin, Clindamycin, and 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.
15. Please stagger your lunch breaks. Be sure to let the Department Lead 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 come out of a cassette tray back in the cassette and place them in the plastic container at the front of your department for pick-up.
4. 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, and 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.

Please, we have limited numbers of instruments and a lot of doctors:

1. Do not hoard instruments.
2. Do not open instrument package until it is to be used.
3. If the patient had an impression taken to prep for a flipper, then get them back to the prosthetic section after the extraction.
4. If you have a head light and a willing assistant, bring them along with any well marked favorite instruments.