

NUMBING PROTOCOL

The goal of the numbing areas is to ready the patients for restorative or oral surgery with the necessary local anesthesia for the procedures to be done thereby maximizing the number of patients able to be treated.

1. Just as in a dental office or clinic, Universal Precautions must be adhered to. This includes wearing personal protective equipment. Gloves, masks, eye protection, and gowns must be used during patient treatment. Everyone providing treatment shall wear disposable gowns. Gloves, masks, and disposable gowns will be provided. All providers, including assistants, are expected to bring their own eye protection.
2. The paper charts are NOT to be touched with gloved hands at any time.
3. Verify that informed consent has been initialed.
4. Translators are available. They are wearing orange vests.
5. If you have an emergency, there are EMT services on site. Stay with the patient, have someone else alert the department head 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.
6. Please **PRINT** on the patient charts – DO NOT USE ABBREVIATIONS
7. Only **BLUE** pens should be used on patient charts – NO BLACK ink.
8. Review health history and medications.
9. The treatment to be done will be circled in **RED** pen. Anesthetize accordingly.
10. The following anesthetic agents are available (unless supplies run out):

Lidocaine 2% epi 1:100,000	Articaine 4% epi 1:100,000
Mepivacaine 3% no epi	Bupivacaine 0.5% epi 1:200,000
11. Choose your anesthetic agents based on your best clinical judgment for the procedures to be done.
12. We do NOT recommend use of Articaine for mandibular blocks although supplemental infiltrations buccal and lingual are fine. Multiple extractions are best served by Bupivacaine because of the duration issue.
13. We suggest for multiple maxillary teeth the use of block (PSA, MSA, IO) anesthesia administration rather than multiple infiltrations as this can minimize the amount of anesthetic used and therefore make the addition of more anesthetic less of an issue if anesthesia wears off due to delays before treatment begins.

14. There is a chart in the numbing station with the manufacturer's maximum recommended dosages by anesthetic and weight for your reference.
15. Please print the amount, type and locations of anesthesia administered and PRINT your name on the patient's record as the provider in the anesthetic section of the form.
16. When completed, take the patient to the after numbing waiting area for their respective department right outside of the anesthetic area.
17. If you stick yourself or are stuck with an instrument, immediately notify the department lead who will follow the needle stick/sharp instrument protocol.
18. DO NOT adjust chair height, ask dental equipment technician or department lead.

STERILIZATION and INSTRUMENTS

- 1) Remove all sharps from the instruments before taking them to sterilization – do not walk on the clinic floor with sharps.
- 2) All instruments will be bagged or wrapped in Sterilization.
- 3) You or your assistant 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 side of the table marked "Used Personal Instruments" and have your name written on the sterilization pouch(es) and leave the pouch(es) on the tray with the instruments. You will pick them up from at the "Sterile Personal Instruments" station.
- 4) If you are using ADCF instruments, be sure to take them to the "Used Instruments" side of sterilization.
- 5) Broken ADCF instruments should be returned to sterilization, do NOT throw them away.
- 6) Biowaste shall be placed in the appropriate red biowaste containers. Please do not put non-biowaste in red containers as it adds unnecessary expense to the disposal.

PLEASE BE FLEXIBLE and THANK YOU for participating today.