



**AMERICA'S
DENTISTS CARE
FOUNDATION**

Missions of Mercy Guidelines and Helpful Information

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INTRODUCTION

There is nothing like it! If you or your organization has participated in a Mission of Mercy, you no doubt have captured the passion. Two days of absolutely free dental care to all who come leaves most volunteers and patients with a changed perspective on the goodness of mankind. “The largest free dental clinic in the world!” “A life-changing experience!” “For me, an experience of a lifetime!” “The greatest active charity in the nation!”

Thousands come, standing in calf-deep snow for hours, waiting in quarter-mile lines in 100 degree weather, sleeping outside entrances on below zero nights, all just to receive dental care. These are the underserved—those who cannot, for whatever reason, afford quality dental care. Their need has been defined at each and every MOM event held across the country. The need is there and through the generosity of dental professionals, dental technicians, lay volunteers, community leaders, businesses across the country, and the charitable work of dental agencies and organizations throughout America, those needs are being addressed.

Because of the widespread interest in MOM, America’s Dentists Care Foundation (ADCF) was formed on Feb. 29, 2008.

Using a collaborative model, state dental agencies individually produce MOMs but rely on the national structure for advice, scheduling of events, equipment, volunteer expertise and data collection. That is the role of ADCF: to support those organizations and states that have captured the passion.

What does a Mission of Mercy do?

- Provides for the immediate dental needs of the underserved, with priority given to pain abatement.
- Identifies the magnitude of this need through published accounts of the lines that form sometimes days before the event.
- Gives the underserved that have no other place to turn for their needs—a collective voice for others to hear.
- Provides a supportive environment for those whose fear has kept them from seeking dental care.
- Educates every guest on the importance of maintaining good oral health.
- Provides many patients with their first oral care products.
- Exposes the goodness of dental professionals on a major scale by generating positive regional public relations.

- Provides dental professionals an opportunity to practice alongside others at a collegial, collaborative event.
- Offers manufacturers an opportunity to showcase new dental equipment and supplies to several thousand dental professionals a year.
- Creates oral health care advocates of approximately 1,000 lay volunteers per event.
- Reduces pressure on local hospitals by reducing the number of people who seek pain relief at emergency rooms.
- Offers the local community an opportunity to conduct a positive city-wide event.
- Accumulates data for national analysis to determine trends in dental issues.

These guidelines establish the basic recommendations for setting up a 100- or 45-operator clinic in a community space, such as a gymnasium or conference center.

The local MOM committee first determines the scope of the project and the number of treatment chairs required. Data in this manual can be scaled to fit any size project. ADCF staff and volunteer representatives are available to assist you and help assure a successful clinic.

Each state has unique circumstances for political climate, duties allowed by the various dental professionals and community support. Assembling a strong leadership team combined with using this information and local knowledge, will provide your best opportunity to create success.

Note: these contents have been developed as a result of individual MOM experiences. *Not everything in the manual will fit every situation*; therefore, the ideas presented are suggestions you can use to adapt to your project. Combining these suggestions with available MOM members' advice, and adding your own hard work and best judgment will make your project a success.

ADCF recommends that these handbooks be used at each organizational meeting. Space has been provided throughout for notes.

Acknowledgments

The development of this manual would not have been possible without the willingness of several organizations to collaborate and share information.

Additional thanks to the following organizations for providing valuable input:

- Connecticut Mission of Mercy
- Illinois Mission of Mercy
- Wisconsin Mission of Mercy

Thank you in advance to the new states whose dental organizations have expressed a desire to be a part of this unique collaboration. Your future input, based on your MOM experiences, will make this a living document continually improved through user experience.

You are applauded for tackling this somewhat difficult, but most rewarding of events. The large amount of energy required up front will yield an exceptional experience! Best wishes. We are here to support you.

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LEGISLATIVE CONSIDERATIONS

Circumstances may differ with each state; however, there are primary considerations that must be addressed early in your MOM project. Contact your state dental regulatory board for to obtain:

1. Extended provider liability immunity to volunteers participating in MOM events. This will almost certainly involve having a plan for backup care in case complications arise from event treatments.
2. Waivers to allow dental professionals unlicensed in your state to receive a temporary license to practice at your MOM event. You will have friends and/or family of licensed volunteers, as well as other interested and experienced professionals who will want to help you. This waiver will allow that.
3. Allowed duties by dental professionals vary greatly from state to state. If, for example, dental auxiliaries can place and carve restorations in your state, fewer dental volunteers may be needed. *Understanding all the regulations for your state and brainstorming with your leadership team about how to maximize the abilities available may have profound impact on how you organize your event.*

FUNDRAISING CONSIDERATIONS

Another fundamental requirement is the enthusiastic cooperation of your state's dental association and dental health foundation. Individuals will want to donate to a recognized 501(c)(3) organization to achieve a charity tax benefit. Setting up a separate 501(c)(3) foundation entity for your MOM event may be an expeditious way to achieve this; however, legal costs and time requirements to accomplish this must also be considered. Your foundation director may be an excellent choice as fundraising chair.

TIMELINE

The following is a sample timeline for an event. Your timeline may vary based on event experience.

| TASK | RESPONSIBILITY | NOTES |
|---|---------------------------|----------------------|
| 8 TO 12 MONTHS PRIOR | | |
| Date scheduled with ADCF | Community chair | |
| Local MOM committee formed | | |
| Committee chair appointed | MOM committee | |
| Dental chair appointed | MOM committee | |
| ADCF contacted | Committee chair | |
| Locations visited | MOM committee | |
| Locations discussed | MOM committee | |
| Location selected | MOM committee | |
| Approval to proceed granted by local sponsoring dental organization | Dental chair | |
| Sign and return ADCF event agreement | Community/dental chair | \$10,000 deposit due |
| 8 TO 10 MONTHS PRIOR | | |
| Finance/fundraising chair selected | Community chair | |
| Facilities chair selected | Community chair | |
| Public relations chair selected | Community chair | |
| Accounting system established | Finance/fundraising chair | |
| Enlist fundraising volunteers | Finance/fundraising chair | |
| Begin fundraising | Finance/Fundraising chair | |
| 7 MONTHS PRIOR | | |
| Sign agreement with facility | Community chair | |
| Volunteer chair selected | Community chair | |
| Hospitality chair selected | Community chair | |
| Medical chair selected | Dental chair | |

| | | |
|--|--|-----------------|
| Develop PR campaign | Public relations chair | |
| Assess fundraising efforts to date | All chairs | |
| Dental chair assistant selected | Dental chair | |
| Begin dialogue with other MOM states | All chairs | ADCF can assist |
| Plan other state visits | All chairs | |
| 6 MONTHS PRIOR | | |
| Work with ADCF on equipment needs/schedule site visit if necessary | Dental chair Facilities chair | |
| Assess fundraising efforts | All chairs | |
| Determine number of operatories | Dental chair | |
| Analyze supply needs and discuss with suppliers | Dental chair | |
| Begin selecting clinic floor leads | Dental chair Assistant dental chair | |
| 5-6 MONTHS PRIOR | | |
| Set up/tear down lead selected | Facilities chair | |
| Parking lead selected | Facilities chair | |
| Patient registration lead selected | Volunteer chair | |
| Volunteer registration lead selected | Volunteer chair | |
| Patient escort lead selected | Volunteer chair | |
| Patient exit lead selected | Volunteer chair | |
| Food/beverage lead selected | Hospitality chair | |
| Entertainment lead selected | Hospitality chair | |
| Donated services/supplies lead selected | Finance/fundraising chair | |
| Medical screening lead selected | Medical chair | |

| | | |
|--|-----------------------|---------------------------------|
| Emergency services lead selected | Medical chair | |
| Oral surgery/Post op lead selected | Dental chair | |
| Medical triage lead selected | Dental chair | |
| Pharmacy lead selected | Dental chair | |
| Data entry lead selected | Dental chair | |
| Sterilization lead selected | Dental chair | |
| Pedodontics lead selected | Dental chair | |
| X-Ray Lead selected | Dental chair | |
| Restorative lead selected | Dental chair | |
| Laboratory lead selected | Dental chair | |
| Endodontics lead selected | Dental chair | |
| Dental hygiene lead selected | Dental chair | |
| Dental triage lead selected | Dental chair | |
| Anesthesiology lead selected | Dental chair | |
| Establish website | PR lead | |
| 3 MONTHS PRIOR | | |
| Verification of adequate utilities | Facilities chair | |
| Confirm adequate patient parking | Parking lead | |
| Identify volunteer parking | Parking lead | |
| Establish VIP parking | Parking lead | |
| Locate commercial air compressors | Set up/tear down lead | 150/185 PFM, 2, one for back up |
| Complete table and chair count | Facilities chair | |
| Obtain permission for X-rays if required | X-ray lead | |
| Locate hazard waste removal company | Medical lead | |
| 8-10 WEEKS PRIOR | | |

| | | |
|--|------------------------------------|--|
| Analyze fundraising efforts and make adjustment if necessary | All chairs | |
| Locate pipe and drapes supplier | Facilities chair | |
| Finalize security | Facilities chair | |
| Identify specific meals and beverages | Food/beverage lead | |
| Order tables and chairs | Facilities chair | |
| Secure food donations | Donated services and supplies lead | |
| Monitor volunteer registration | Volunteer registration lead | |
| Design traffic control map | Parking lead | |
| Design outdoor signage | Parking lead | |
| Arrange patient/handicap transportation | Parking lead | |
| Secure hazardous waste boxes, bags and sharps containers | Medical chair | |
| Verify loading, unloading, semi-trailer parking | Parking lead | |
| Identify specific volunteer functions | Volunteer chair | |
| Obtain count from leads on number of volunteers needed | Volunteer chair | |
| Verify all state and local compliance codes | Facilities chair | |
| Secure all food | Food/beverage lead | |
| Review all printed forms needed | All leads | |
| Secure block of rooms | Hospitality Chair | |
| Assure radio, TV and news print have accurate info | PR lead | |
| Arrange for any VIP tours | PR lead | |
| Procure entertainment | Entertainment lead | |
| Arrange for volunteer banquets | All leads | |
| Procure badging | Volunteer registration lead | |

| | | |
|---|-----------------------------|--|
| Order T-shirts | Volunteer registration lead | |
| Decide on any videos to be taken | PR lead | |
| 2 WEEKS PRIOR | | |
| Verify sponsor list | Finance/fundraising chair | |
| All medicines procured | Pharmacy lead | |
| Analyze volunteer count | Volunteer lead | |
| Revisit all assignments | All chairs and leads | |
| Final discussions with local officials | Community chair | |
| 1 WEEK PRIOR | | |
| Donated equipment received | Set up/tear down lead | |
| Consumable supplies receiver | Central supply lead | |
| Press releases sent out | PR lead | |
| Put finishing touches on all details | All chairs and leads | |
| POST-EVENT | | |
| Hazardous waste picked up | Medical lead | |
| Amalgamator filters shipped to Solmetex | Assistant dental lead | |
| Sharps containers sent back | Assistant dental lead | |
| All equipment returned | Set up/tear down lead | |
| Thank you notes prepared and sent | PR lead | |
| Reports prepared and data backed up | Data entry lead | |
| ADCF paid | Finance/fundraising chair | |
| Assure all bills are paid | Finance/fundraising chair | |

COMMITTEE MAKE UP

The best advice is to search out those who are the typical “go to” people. They will easily develop a passion for what we are about to undertake, and they have leadership skills.

First Action: Select local co-coordinators. Two dentists who are willing to run with this concept from beginning to end will be the dental chair and assistant dental chair. These two dentists may also provide any necessary follow-up treatment or arrange for it. Enlist the aid of someone local (dentist or not) who can contact local businesses, churches and other organizations for funds, donated supplies and/or volunteers. This individual will be the community chair.

Second Action: Select a medical chair who will recruit physicians and nurses for medical triage and pharmacy if necessary. They will be able to locate glucometer/lancets/strips and biohazard removal from a local hospital.

Third Action: Begin preparing a list of those locally who could run the various clinic operatory sections. Including them on the committee may get early buy in and improve planning through specific expertise. These will be the various functional chairs of the operation.

The theory here is to develop a pyramid of volunteers where everyone has a few specific tasks and none becomes overloaded. Delegate, delegate, delegate and then hold everyone to your specific schedule.

In the planning, just as on the clinic floor, ask everyone to leave their egos at the door.

Suggestions to Consider

There may be some well-intended individuals who just can't accomplish tasks. Search them out early and find them another area where they may be more successful.

Always keep a strong line of communication open with the sponsoring dental contingent- get them involved early and often.

Committee chairs should plan to attend a minimum of one (preferably two) ADCF MOM events from start to finish, preferably in a different state(s) where MOMs have been held for several years. ADCF events can be found on our website: www.adcfmom.org

LOCATION

Tips for picking the right location

- Population large enough to warrant an event
- Support from the local dental community
- Population within reasonable distance not receiving needed care
- Strong local support from civic groups
- Sufficient local financing to support the event
- Availability of local dental and non-dental volunteers

Tips for picking the right facility

- 30,000 square feet for clinic floor alone (minimum for a 100-chair clinic), or 15,000 square feet (minimum for 45-chair clinic)
- Adequate parking for patients and volunteers (2000-3000 cars)
- Easy traffic access and egress
- Ways to close off traffic when necessary
- Adequate lighting and sufficient climate control
- Floor impervious to spillage (preferably concrete)
- Floor capable of supporting forklift use
- Large overhead door(s) for unloading/loading
- Indoor space for shipping container storage
- Multi-person doors capable of either being locked or remaining open
- 3-phase electricity and ample outlets (ask an electrician to evaluate)
- Two immediate sources of potable water
- Sizeable lobby or entrance area
- Facility available for a full day prior to and after the event
- Facility OK with patients lining up outside the day before
- Indoor holding area for overnight waiting patients

**FINANCE/FUNDRAISING CHAIR
REPORTS TO COMMUNITY CHAIR**

Primary Responsibilities

- Works with community chair to solicit major supporters and offer funding for the mission
- Keeps committee informed of funding status
- Works with other chairs to identify funding sources
- Collects information from other chairs on material donations
- Develops mission budget with input from committee members
- Report on budget status
- Handles all receipts and reimbursements
- Follows up on outstanding pledges
- Coordinates all grant requests
- Prepares final financial report

**PUBLIC RELATIONS LEAD
REPORTS TO FINANCE/FUNDRAISING CHAIR**

Primary Responsibilities

- Gathers names of invitees for VIP tour and plans tour agenda
- Recruits media to cover event
- Writes and submits text for website and social media
- Collects media coverage and submits to sponsoring agency
- Writes and distributes press releases
- Coordinates banner orders with signage provider
- Serves as evening event emcee
- Joins community chair and dental chair as spokespersons
- Oversees photo sessions and photographic documentation of event
- Promotes future in-state MOM locations
- Promotes/introduces sister state guests
- Arranges for photographers and posts photos online
- Sends selected photos to ADCF for publicity opportunities
- Oversees post-event “thank yous” and advertising

**FINANCIAL DONOR LEAD
REPORTS TO FUNDRAISING CHAIR**

One of the keys to a successful fundraising effort is networking. Someone will know someone else who is looking for a charity to support. Bankers, business people and community leaders all have the potential to steer you to a donor. Make new friends; knock on doors. ADCF has videos we can send you for free, to be shown at service organizations and other groups.

Many states partner with Delta Dental. In some instances, Delta Dental has offered to underwrite the entire event—not just for one year, but for every year thereafter. In 2010, one new state raised enough funds for two years' worth of events.

Remember, in-kind donations means less requirement for out-of-pocket cash. Major area manufacturers are also a good source of donations.

Suggestions to Consider

PLEASE DO NOT GIVE AWAY THE FARM FOR THE SAKE OF A FEW EASY BUCKS! In other words, if an organization is willing to donate funds on condition that the event be called by their organization's name, decline.

This is a simple, volunteer-based free clinic for anyone who chooses to attend. It is not "John Does's Clinic."

This is not to say that the donors should not be recognized. Inside signage is fine in most instances.

**DONATED SERVICES AND SUPPLIES LEAD
REPORTS TO FUNDRAISING CHAIR**

Verify with the facilities chair that a local electrician and plumber are present for site visit, set up, and tear down to assure all local and states codes are met.

You'll need a towel service to provide towels for sterilization. You'll need around 50 bath-sized towels or 100-hand size towels. A sponsoring hotel may be willing to donate these.

Sometimes free hazardous materials pick up is available, especially in larger urban areas. Check with the local hospital to see who they use.

Check with the local National Guard unit to see if you can get free security. The presence of military uniforms works wonders. Also, any guardsmen who volunteer to work as security may be offered free dental care toward the end of the event; this may also include their families.

Red Cross can provide food, water and other drinks to patients waiting in line, especially during the night.

Major fast food chains will oftentimes donate meals, and sometimes food vendors will provide bags of chips, granola bars or other snack foods. Large bakeries usually donate morning pastries. Starbucks will do coffee if you have one in your area. Lastly, women's ministries from local churches may be a great help with food.

FACILITIES CHAIR REPORTS TO COMMUNITY CHAIR

Primary Responsibilities

This person oversees the physical location, is in charge of setting up the event and is the liaison between the event committee and ADCF.

- Verifies the facility is adequate for the event
 - Assures sufficient power, potable water and accessible water removal
- Secures compressors (two minimum, 150 cfm)
- Arranges security
- Consults with security to create a disaster egress plan for potential mass exodus from event
- Serves as city code enforcer
- Assures the event adheres to facility requirements
- Arranges storage for ADCF equipment, both before and after the event
- Assures adequate restroom facilities are present
- Assigns placement of mobile units
- Acts as liaison between facility management and event management
- Obtains/creates schematics of event layout
- Obtains all contracts for facility use
- Coordinates all signage and banner orders with provider
- Determines insurance needs and informs finance chair
- Manages parking lead
- Manages set up/tear down lead
- Arranges for communication equipment
- Coordinates trash receptacles and removal
- Establishes adequate place for waste material disposal

**PARKING LEAD
REPORTS TO FACILITIES CHAIR**

Primary Responsibilities

- Creates parking plan for patients
- Creates parking plan for volunteers
- Creates parking plan for dental team
- Arranges for parking signage with facilities chair
- Arranges for patient greeters
- Arranges for traffic control
- Coordinated with local law enforcement
- Arranges transportation for special needs patients
- Arranges transportation for housed volunteers (motel shuttles)
- Assures clear pathway is maintained for emergency vehicles
- Coordinates with local EMT units
- Informs Volunteer Chair of number of volunteers needed to staff parking areas

Suggested Supplies

Colored vests, flashlights, hand-held radios, cell phones, safety vests, rain ponchos, roping, flags and signage.

You will also need printed parking permits.

Dental volunteers usually bring much of their own equipment. The dental parking area should be close to an entrance, or an unloading area should be provided.

**SET UP/TEAR DOWN LEAD
REPORTS TO FACILITIES CHAIR**

Primary Responsibilities

- Arranges for compressors and generators, with location and staging
- Locates all other vans, trailers and associated vehicles so as to provide the most convenient access to the appropriate event entrance
- Arranges for forklift and operators
- Obtains any other dollies/carts needed for moving equipment and supplies
- Prioritizes personnel and vehicles movement so as to provide expeditious equipment and supply loading/unloading

- Informs volunteer chair of the number of set up and tear down volunteers needed
- Assures semi-vans are loaded according to plan or direction
- Assures semi-vans are removed from the event site to a secured location awaiting transportation back to original point
- Supervises layout of equipment according to event schematic
- Controls delivery and return of tables and chairs
- Assists in return of any local borrowed equipment
- Coordinates return of compressors and generators

For Best Results

Bring in a fresh, separate volunteer group for tear down. Having not been involved with the mission, they will be better focused on the tasks at hand.

ADCF requires that dental tech volunteers (separate from X-ray techs) are present the day of set up, and the day of tear down. They also should be on the clinic floor one half hour prior to clinic start up to help ADCF staff get equipment running—again, these dental techs **MUST BE** separate from X-ray techs.

**DATA ENTRY LEAD
REPORTS TO FACILITIES CHAIR**

Notes

- A minimum of four computers or tablets
- ADCF offers a web-based data collection system, so an internet connection or Wi-Fi is required if you choose to use this system
- These can run individually and do not have to be networked
- The system is user friendly and ADCF will train users on site
- If you have an IT person on the MOM team, he or she may be your best resource for finding computer equipment
- ADCF’s fee schedules requirements use the ADA’s 75th percentile for your region.

**VOLUNTEER CHAIR
REPORTS TO COMMUNITY CHAIR**

Primary Responsibilities

- Supervise lay volunteers (dental volunteers are directed by the dental chair)
- Prepare volunteer manual
- Establish online registration
- Coordinate with every other chair to identify number of volunteers needed
- Oversee volunteer registration

- Develop signage for volunteers and patient flow
 - Inform facilities chair of this process
- Assemble pre-registration information
- Assemble volunteer T-shirts at registration location
- Establish volunteer tracking method to assure adequate, timely staffing
- Conduct initial volunteer pre-event briefing (see attachment D, sample brief)
- Monitor volunteer activity during event
- Assures the availability of translators

Suggestions to consider

Provide different colored shirts for translators, dental techs, leads, professionals and lay volunteers. Consider I.D. badges for translators, indicating language proficiency.

**PATIENT REGISTRATION LEAD
REPORTS TO VOLUNTEER CHAIR**

Primary Responsibilities

- Recruits volunteers to register patients (dental/medical office staff personnel if possible)
- Works with medical chair to:
 - Recruit qualified volunteers to take patient vitals and health history
 - Orient medical screening volunteers
 - Source blood pressure cuffs, stethoscopes and glucose monitors, if not supplied by ADCF
- Coordinates orientation for registration volunteers
- Prepares written registration instructions
- Explains line disinfectant protocol
- Inventories forms and releases
- Facilitates smooth and rapid patient flow
- Develops procedures to identify patients
- Assures that a physician or dentist is stationed to assist in registration
- Coordinates with facilities chair
- Identifies number of tables and chairs needed
- Develops signage

VOLUNTEER REGISTRATION LEAD REPORTS TO VOLUNTEER CHAIR

Suggestions to Consider

Several states use RSVP.com to set up their volunteer registration site. RSVP offers a reduced rate if you mention that you are setting up for a Mission of Mercy event.

Do you want volunteers to work specific shifts? Decide shift lengths and include that in your form.

Work with the various leads to determine how many volunteers each might need. Set a limit on all positions in all shifts so that you do not have too many in one department and not enough in another.

PATIENT EXIT LEAD REPORTS TO VOLUNTEER CHAIR

The exit interview is the last step for patients. It should be located near building exit. These volunteers assist the patient in answering simple questionnaires. All of their information is captured for use in compiling national statistics. Information is stored at the state level and copies are sent to ADCF.

This is also the point at which patients are examined to make sure no medical problems exist. Any patient in question should be guided to a medical volunteer for further evaluation.

Suggestions to Consider

Do not allow patients to return to the clinic floor in search of loved ones. If for some reason this must happen, ask a volunteer to escort them. A separate family waiting area should be established away from the clinic floor.

HOSPITALITY CHAIR REPORTS TO COMMUNITY CHAIR

Primary Responsibilities

- Identifies volunteer food/beverage menu
- Identifies food or snacks for patients
- Coordinates with volunteer chair to identify number of volunteers needed to serve food
- Coordinates with community chair to provide evening meals and entertainment
- Develops kits of food and drink for emergency situations (diabetes, pregnancy, etc.)
- Arranges for volunteer coffee and other refreshments throughout the clinic days
- Develops rules for eating and drinking on the floor area
- Establishes smoking areas for patients and volunteers
- Assures volunteer refreshments are available during set up and tear down

**FOOD AND BEVERAGE LEAD
REPORTS TO HOSPITALITY CHAIR**

Primary Responsibilities

- Meet with hospitality chair to develop plan
- Plan menu for volunteers, patients and childcare area during the event
- Plan menus for evening events
- Work with donated services and supplies lead to obtain donated food items
- Contact area vendors to acquire additional food items
- Arrange for products delivery and pick up
- Coordinate with on-site food and beverage provider
- Meet with events center and host hotel staff to establish evening event details
- Plan for a volunteer break area
- Deliver any leftover food and beverage to patients

Suggested Supplies

Colored vests, hand-held radios or cell phones, paper, pens, plastic gloves, hair and beard nets, sanitation supplies not provided by the event center, rolling coolers, ice, paper sacks, and plastic bags.

Suggestions to Consider

Organize and orient the volunteers at the beginning of each shift each day. Be detailed, otherwise you may have well-meaning volunteers creating their own rules where they believe there are none.

**ENTERTAINMENT LEAD
REPORTS TO HOSPITALITY CHAIR**

This function may be combined with another function; it's ultimately your choice. Oftentimes, states will provide two areas of entertainment.

During the event, hiring singers, jugglers, clowns or magicians to entertain the waiting patients can have a positive effect on morale.

You may also decide to have entertainment at volunteer dinners in the evening. A word of caution: volunteers will be tired, and sometimes they prefer to eat and socialize for a short while before retiring for the night. If, for instance, you provide live music, make it early, make it brief, and make it background music so people can hear each other.

WHAT ALL VOLUNTEERS NEED TO KNOW

1. First of all, no eating or drinking on the clinic floor.
2. Patients are our guests. Treat them politely and with interest. Engage them in conversation. If name tags are provided, address them by their names. If none are provided, ask them their names. The people we serve are here by our invitation, so they deserve our attention. Be patient with them; remember, they have probably been in pain for a long time to be so desperate as to stand outside all night long for treatment. They may also have a fear of dentistry. That's why we keep it light and fun!
3. Patient escorts: you have a critically important job. Why? Because if the patient chairs are empty, the volunteer dentists can't do their job. If there are delays, then fewer patients get treated, and we want to treat as many as we can.
4. When you engage a patient and are talking to them, ask them anything—how long they've waited, their travel time, where they live, etc. Getting the patients to talk can remove some of their anxiety. It also helps you determine if you should ask the dentist if he or she would like a translator. Introduce the patient to the dentists and the assistant, and hand them off to the care givers.
5. When you pick up a patient at the chair, ask how he or she feels. If someone feels faint or ill, immediately sit him or her down and get the treating dentist, or get the nearest EMT. Nothing is worse than having a patient drop at your feet because you weren't paying proper attention.
6. Be certain you know the meanings of all the color-coded cards. Stay on your toes to fill the patient chairs as quickly as you can.
7. Lastly, do not leave to go on break without informing your lead!

Suggestions to Consider

A good practice is to get the volunteers together on set up day, buy them pizza and have them pick up their registration forms and T-shirts. While you have their attention, give them the volunteer guidelines, listed above.

DENTAL CHAIR
ASSISTANT DENTAL CHAIR

Primary Responsibilities

- Keeps state dental association staff intimately involved in the project, if possible
- Selects leads for all areas of the clinic and coordinates number of professionals, assistants and technicians needed to adequately staff the event
- Recruits local dentists
- Recruits other in-state dentists
- Recruits dental hygienists
- Recruits dental office staffers
- Recruits medical assistance from medical chair
- Assures local dentists are available for specific follow-up treatment where necessary
- Ensures adequate supply of analgesics, antibiotics and prescription pads
- Ensures presence of dental supply houses
- Functions in collaboration with community chair as co-chairperson and runs committee meetings in absence of community chair
- Assigns roving dentist for dental hygiene area
- Assures adequate amount of general dental supplies
- Holds progress meetings with clinic floor lead
- Establishes criteria for individual dental care
- Manages patient exceptions to dental rules during event
- Assures triage volunteers are appropriately trained
- Assures patient movement procedures and plans are realistic
- Serves as contact person on follow up issues
- Secures dentists to treat follow up patients
- Assumes the active role of clinic director and runs the clinic floor on clinic days
- Emcees post-event wrap up meeting

CLINIC LEAD

The clinic lead is responsible for patient flow (shutting off the floor at a reasonable time), and there is information in the appendix to assist you in making this determination. IMPORTANT: We do not want to wear out professionals. We want to give them time to unwind prior to the evening celebration. On the

last clinic day, you may even want to shut the floor off early so volunteer dentists can get together, reflect on the event and share stories. This is a great way to assure they'll return next year.

Important:

We have often seen the clinic open and then close a few hours later, as all the patients that can be seen in one day are in the building. It is important to match this data with the routing card numbers to determine how many patients are on the clinic floor, and then add those still in line to determine when the line should be cut off.

CAUTION: Being kind or soft-hearted and not shutting off the line at an appropriate time may mean the floor remains open late into the night. This can quickly cause volunteer burn out.

**MEDICAL CHAIR
REPORTS TO DENTAL CHAIR**

This function is often picked up by the dental chair. Responsibilities primarily include medical triage, enlisting bio hazard pickup and scheduling EMTs.

If you do not elect to have a medical chair, it is wise to at least have a medical triage lead.

**PHARMACY LEAD
REPORTS TO MEDICAL LEAD**

Generally, if there is a pharmacy school nearby, this is great experience for students.

The list of what to have on hand differs with every state. Your dental chair and the oral surgery lead can determine this list.

**MEDICAL TRIAGE LEAD
REPORTS TO MEDICAL CHAIR**

Primary Responsibilities

- Works with patient registration to assure steady patient flow
- Assists in establishing patient identification systems (wristbands, colored routing forms, etc.)
- Solicits sufficient, qualified medical and dental volunteers to perform screenings
- Assures adequate availability of supplies
- Facilitates the screening process to assure rapid patient flow on site
- Confirms with ADCF the type of glucometers available so that proper test strips are obtained

DENTAL TRIAGE LEAD REPORTS TO DENTAL CHAIR

Triage is the heart and soul of your MOM project and requires a strong, decisive leader. All patients come through dental triage; therefore, it controls patient flow into the clinic area. It is important that a steady number of patients is maintained so that you can perform the maximum number of procedures on clinic day. Volunteers want to be busy!

The dental chair will coordinate with the dental triage lead to determine when to stop patient flow for the day. Once triage is shut down for the day, those dentists should move onto the clinic floor and provide relief where needed.

Triage will seek to establish the chief complaint(s) or most urgent need(s) for each case. These should be then prioritized on the form. The treating dentist will make the final treatment plan when consulting with the patient. Usually there is only time to treat the top priority concern; however, there may be exceptions.

Treatment Priorities:

1. Removal of infected, painful or non-restorable teeth
2. Basic restorations to improve or prolong function/detention
3. Endodontic therapy for restorable anterior teeth
4. Simple resin flippers for missing anterior teeth
5. Gross debridement to remove significant accretions
6. Routine prophylaxis
7. Oral health education

Triage walks a fine line between what the patient desires and the treatment that is best for the patient in the long run and given the treatment time allotted. This may require a negotiating process with the patient.

PATIENT ROUTING

This is an instrumental part of a clinic, as this is where clinic flow is controlled. In prior ADCF experience, events that do not use a patient routing system are less efficient and have greater problems when it comes time to shut the doors. Those doctors that are assigned to route patients need to work in conjunction with the triage doctors. These doctors will look at what was triaged and decide what procedure is most important based on priority, X-rays taken, and pain level of the patient. Note: the department of the patient's first priority can reach capacity for the day, so the patient's second priority will need to be addressed instead. Routing doctors need to trust the triage doctors' diagnosis; this is not

a second triage area. Routing doctors should not need to look into a patient's mouth unless absolutely necessary. Allowing the routing area to become like a second triage area really creates a bottleneck for the clinic.

Numbered routing cards, colored differently for each section of the clinic, should be available and kept in order. The function here is to negotiate with the patient based on floor work load. The routing dental volunteers continually monitor the number of patients waiting in each clinic area to advise patients on what treatment they will receive. For example: "You may have to wait three hours for an extraction, but we can get you in sooner for a filling."

Important:

When attempting to determine when to cut off patient flow, there are several factors one may use.

1. If the numbered patient routing slips have been kept in order, you may determine how many patients have been routed to each section of the clinic by reading the next set of numbered cards.
2. By checking with patient exit, you can determine how many patients have exited the clinic. Subtract one number from the other—that's approximately how many patients are on the clinic floor.
3. Estimate the number of patients left in line. If you have 400 patients on the floor, 300 patients waiting, and are processing 120 patients an hour out the door, you have about six hours' worth of work. If it's noon, you should have shut the doors an hour ago.

It is important to do a check on this before making a decision to recognize the patient split between various clinic areas. Where are your backlogs and how do you alleviate them?

One final note: Dental professionals in this type of clinic environment may forget normal office routine. Remind them to wipe down all the equipment prior to leaving their work areas.

ANESTHESIA LEAD REPORTS TO DENTAL CHAIR

Initially, all dental chairs will serve as numbing stations for the first patients. Once all chairs are filled, then the numbing station will be fully operating. Headlamps are an excellent source of lighting for this purpose.

If possible, it is best to have a direct line from the numbing station to the restorative or surgical area. You may elect to have two numbing areas.

We provide some tripod lights and some head lamps for numbing.

**DENTAL HYGIENE LEAD
REPORTS TO DENTAL CHAIR**

Scaling and root planning will be indicated on most patients; however, we cannot dedicate that amount of time to any one patient, and will still serve the patients' major needs. The goal should be whole mouth gross debridement in about 30 minutes per patient.

**ORAL SURGERY LEAD
REPORTS TO DENTAL CHAIR**

It is not possible to predict the exact split between restorative and oral surgery. Therefore, as the day progresses, the dental chair may enlist volunteer dentists from restorative to assist in oral surgery. It is not unreasonable to perform 1,500 extractions each day. You may decide to have an additional numbing station in oral surgery to hasten the process.

It is best to staff this department with only certified oral surgeons. They are more efficient overall. General dentists should only fill in if they are requested.

We have seen oral surgeons run two chairs continuously for 10 hours without taking a break. Those are dedicated professionals doing their utmost to serve the needy!

**PEDIATRIC DENTISTRY LEAD
REPORTS TO DENTAL CHAIR**

Pediatric dentistry is governed primarily by demand. For best results, the pediatric dentistry lead should call all colleagues and personally invite them. Pediatric dentists may choose to run two chairs, as they normally numb their own patients.

Place pediatric dentistry where it is least distracting to the other patients. Assure there is a curtain between pediatric chairs and the waiting area.

We prefer that nitrous gas not be used or brought onto the clinic floor, due to safety and venting problems, and concerns over potential accidental prenatal exposure.

Number of waiting chairs should be increased since each patient will have at least one, and often more, family members accompanying them to the event.

Suggestions to consider

As we partner with the Special Olympics and Healthy Athletes Programs, we may have some special needs patients brought to you for care.

RESTORATIVE / ENDODONTICS LEAD REPORTS TO DENTAL CHAIR

For several reasons, it is good practice to number each station. Patients sent to X-ray or dental hygiene prior to receiving their restorative work can be returned to their proper station. If a patient is sent elsewhere for whatever reason, write the station number on the paperwork so the patient can be returned.

All volunteers need to be flexible. These are not office conditions. You may want dentists to use clinic equipment and not bring their own for ease of controlling items in sterilization. This means that some will not be able to use their favorite handpieces.

If you elect to allow dentists to bring their own equipment and/or instruments, they must have their assistants bag and tag them carefully at the chair BEFORE taking them to sterilization.

STERILIZATION LEAD REPORTS TO DENTAL CHAIR

Primary Responsibilities

- *Crew confirmed on site by 10 a.m. set up day*
- Coordinate with facilities chair for adequate electrical supply for equipment needs
- Coordinates with linens supplier for towels
- Biohazard protocols in place (coordinate with medical chair on this)
- Ensure that all ADCF infection control protocols are followed during event

Important:

All sterilization volunteers must be current with the hepatitis vaccine, and in most states must be at least 18-years-old. Nursing, dental assistant and dental hygiene students make great sterilization volunteers.

ADCF has a protocol of rinsing the suction line with a dental line evacuation cleaner solution at every operatory after each patient has been treated.

PROSTHODONTICS LEAD REPORTS TO DENTAL CHAIR

The prosthodontic lead will recruit lab professionals and work with them to suggest volunteer, materials and equipment requirements. Assistants volunteering for prosthodontics should be comfortable with impression taking and working with cold-cure acrylic. Consider making flippers, adding teeth or repairing dentures, and possibly relines. Lab professionals may choose to have some procedures done back in their lab. One MOM event placed the prosthodontics section near the restorative waiting area. It

became quite an entertaining event for the patients. Determine how much power will be required based on equipment you plan to use. ADCF does not incorporate lab needs when figuring power requirements.

Important:

Note: *ADCF does not furnish lab equipment, lights, or supplies.*

There needs to be additional adequate lighting at each of the tables. The operatory lights throw too focused of a beam. Clamp-on lights need to be provided or brought by lab techs.

In previous situations, the lab was not aware that impression trays and material needed to be ready for operatory area. This should be coordinated with central supply area ahead of time so the proper amount of materials can be ordered.

A tip for mixing alginate impression material: Pre-measure material into a Ziploc bag prior to impression. Add liquid, seal bag and mix by working the Ziploc bag with hands. Cut corner of Ziploc bag to dispense material.

**RADIOGRAPHY LEAD
REPORTS TO DENTAL CHAIR**

ADCF does not supply any X-ray equipment. You must arrange for stationary units and NOMAD portable units. It can be difficult to determine how many you will need, and depends on what dentists in your area accustomed to using. ADCF does not incorporate X-ray needs when figuring power requirements. The best place to get this information is to ask the person/organization that is supplying your clinic with the units.

We have seen as few as 15 percent of the patients being X-rayed, all the way up to 85 percent. This is an important topic of discussion; be sure to get the word out to the volunteer dentists prior to the event so there are no surprises.

From our experience, if you run a high percentage of patients thorough X-ray, the area will become a bottleneck and you will not treat as large a number of patients.

X-ray licensing may also be a concern. You should get started on all these X-ray issued early in the planning phase.

**CENTRAL SUPPLY LEAD
REPORTS TO DENTAL CHAIR**

Supply house sales reps, dental assistants and dental hygiene students make valuable volunteers in central supply because they know the names of everything. This greatly speeds up operations. The central supply lead should also arrange for transportation of dental supplies to and from the event.

The following is an example of a supply list for a 100-operator clinic. For 45-operator clinics, please divide each quantity in half. You may need to adjust your supply list accordingly.

| ITEM | ITEM DESCRIPTION | QUANTITY |
|--|---|----------|
| articaine w/1:100,000 epi/Septocaine | Septocaine Cart 4% w/EPI 1:100M 50/Bx | 2,500 |
| Cetacaine | Cetacaine Topical Liquid Kit Ea | 8 |
| Cetacaine Spray | Cetacaine Topical Spray 56 gm can | 1 |
| lidocaine 2% with 1:100,000 epi | Lidocaine HCL 2% W/EPI 1:100 50/Bx | 2,000 |
| Marcaine .5% epi 1:200,000/ Bupivacane | Cook-Waite Marcaine 0.5% w/EPI 1:200 50/Bx | 500 |
| Mepivacaine 3% without epinephrine | Mepivacaine HCL 3% Plain 50/Bx | 800 |
| Topical Anesthetic with 20% Benzocaine gel | Benzo-Jel Topical Anesthetic Mint 1oz/Jr | 25 |
| Adhesive- tray | Schein Spray Tray Adhesive 3.5 oz can | 2 |
| Alcohol Preps | | 2,000 |
| Air/water syringe tips (need adapters) | Seal-Tight Disposable Syringe Tips 1500/Bg . Item specific to ADCF equipment. Order number 576-8084 | 2,000 |
| Amalgam squeeze cloths | Squeeze Cloths 100/Bx | 500 |
| Amalgam, fast-set; triple 800mg | Stratosphere Caps Reg Set 3 Spill 500/Jr | 1,000 |
| Amonia inhalents | Ammonia Inhalants 10/Pk | 40 |
| Applicator Tips | Etch Gel Syringe Tip Blue 22ga 20/Pk | 60 |
| Articulating paper | Articulating Paper Thin Blue 12Bks/Bx | 4 |
| Barrier sleeves for Dexis sensor interoral | DEXIS Sensor Sheaths 500/Pkg PKG | 2,000 |
| base material - dycal | Dycal Complete Package Dentin Ea | 3 |
| Bibs Patient - 13 X 19 Blue | Standard Professional Towel Blue 500/Ca | 2,500 |
| Bibs Patient - Large for OS-chainless | Bib Chainless 18"x25" Blue 250/Ca | 500 |

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|----------------------------------|---|-------------------|
| Bib clips | Napkin Holder Non Chill Clear Ea | 80 |
| Burrs, composite finishing ET9 | T&F Carbide Burs FG 12 Blade 7613 5/Pk | 100 |
| Burrs, composite finishing- Egg | T&F Carbide Burs FG 12 Blade 7408 5/Pk | 100 |
| Burrs, composite finishing #7901 | T&F Carbide Burs FG 12 Blade 7901 5/Pk | 100 |
| Burrs, friction grip #245 | Carbide Burs FG 245 10/Pk | 100 |
| Burrs, friction grip #330 | Carbide Burs FG 330 10/Pk | 75 |
| Burrs, friction grip #557 | Carbide Burs FG 557 10/Pk | 300 |
| Burr #169L or #170L | Carbide Burrs FG 169L or 170L, 10/Pk | 200 |
| Burrs, friction grip #2 | Carbide Burs FG #2 10/Pk | 200 |
| Burrs, friction grip #4 | Carbide Burs FG #4 10/Pk | 200 |
| Burrs, friction grip #6 | Carbide Burs FG #6 10/Pk | 200 |
| Burrs, friction grip #8 | Carbide Burs FG #8 10/Pk | 100 |
| Burrs Carbide - LAB D10 | No. D10 each | 12 |
| Burrs, Latch #2 | Carbide Burs RA #2 10/Pk | 200 |
| Burrs, Latch #6 | Carbide Burs RA #6 10/Pk | 200 |
| Burrs, Latch #4 | Carbide Burs RA #4 10/Pk | 200 |
| Burrs, Latch #8 | Carbide Burs RA #8 10/Pk | 100 |
| Burrs, Surgical FG 1558 | Carbide Surgical Burs FG 558 5/Pk | 100 |
| Burrs, Surgical for Hall HP | Oral Surgery Burs Shank 3 (65 mm) 702L 10/Pk | 100 |
| Burrs, Surgical for Hall HP | Oral Surgery Burs Shank 3 (65 mm) 1703L 10/Pk | 50 |
| Burrs, Surgical for Hall HP | Oral Surgery Burs Shank 3 (65 mm) 701 10/Pk | 40 |
| Burrs, Surgical for Hall HP | Oral Surgery Burs Shank 3 (65 mm) 703 10/Pk | 25 |
| Burrs - Tapered diamond flame | Diamond Single-Use FG 862-016C 25/Bx | 25 |
| Can Liners | 55-60 Gallon | 200 |
| Cavi wipes or equivalent | CaviWipes Large 160/Cnt 12/Cs | 100 CONTAINERS |

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|---|---|-------|
| Chlorhexedine rinse | Chlorhexidine Rinse Mint 16oz/Bt | 25 |
| Cold Packs Instant (Jack frost) | | 200 |
| Composite flowable Esthet-x flow refill Septodont | Esthet-x flow refill A2 | 60 |
| Flowable composit tips | Natural Elebance flow tip 18 ga 100/bg | 100 |
| Composite finishing strips | Gapped Strips Dual Purpose 150/Bx | 3 |
| Composite Comps APH Universal | Prisma APH Compule Tips LYG .25gm 30/Bx | 2 |
| Composite 3M Brand A2 | Filtek Supreme Ultra Capsule A2 20/Bt | 30 |
| Composite 3M Brand A3 | Filtek Supreme Ultra Capsule A3 20/Bt | 14 |
| Composite 3M Brand A3.5 | Filtek Supreme Ultra Capsule A3.5-B 20/Bt | 15 |
| Composite 3M Brand B2 | Filtek Supreme Ultra Capsule B2 20/Bt | 30 |
| Composite 3M brand C1 | Filtek Supreme Ultra Capsule C1 20/Bt | 4 |
| Composite 3M brand C2 | Filtek Supreme Ultra Capsule C2 20/Bt | 4 |
| composite Guns | Multi-Use Dispenser Ea | 50 |
| cotton pellets #4 | Cotton Pellets Size 4 1/8" Size 4 3000/Bx | 1 |
| Cotton Rolls | Cotton Rolls Med Sterile 1.5" 2000/Bx | 2 |
| Cotton-tipped Applicators, 6 inch | Cotton Tipped Applicator N/S 6" 1000/Bx | 2,000 |
| Dri Angle | Dri-Angle Plain Large 320/Bx | 1 |
| Dri Angle small | | 1 |
| eye wear (Safety) BLACK LENS | Protective Eyewear 806-Black | 50 |
| eye wear (Safety) CLEAR LENS | Protective Eyewear Clear | 50 |
| Etch Acid | Etch Gel Syringe Kit 40% 1.2mL 4/Bx | 2 |
| Evacuator tips ORDER VENTED | Evacuator tips vented 50/Bg | 1,500 |

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| face masks w/loops - fluid resistant BLUE | Ultrasoft Earloop Mask Blue 50/Bx | 1,200 |
| face mask w/loops - fluid resistant PINK | Ultrasoft Earloop Mask Pink 50/Bx | 6,000 |
| Floss | Acclean Floss Unwaxed 200yd Ea | 50 |
| Floss | Patient size floss 12 yard waxed | |
| Fluoride Varnish (HYGIENE) | | 150 |
| Garbage bags 13 gallon | Liner Reclaim 13gallon Wh 150/Bx | |
| Gauze: 2x2 | Premium Non-Woven Sponge NS 2"x2" 4ply 200/Pk 25/Case | 5 Cases |
| Gauze: 3X3 | Premium Non-Woven Sponges NS 3"x3" 4ply 200/Pk 20/Case | 4 Cases |
| Gauze: 4x4 | Premium Non-Woven Sponge NS 4"x4" 4ply 200/Pk 10/Case | 4 Cases |
| Gel-Foam hemostatic agent | Gelfoam Dental Pak Size 4 3/4X3/4" 6x2/Pk | 4 |
| Gloves XS | 20 Boxes of 100/case | 4 Cases |
| Gloves SM | 20 Boxes of 100/case | 8 Cases |
| Gloves M | 20 Boxes of 100/case | 8 Cases |
| Gloves L | 20 Boxes of 100/case | 15 Cases |
| Gloves XL | 20 Boxes of 100/case | 5 Cases |
| Glucose meters | | 3 |
| Glucose test strips | | 200 |
| Gowns Disposable – XL cover gowns | Maxi-Guard Disposable Gown 15/Bx | 75 |
| Gowns Disposable- Medium/Large cover gowns (HYGN) | Disposable Cover Gown Blue Med/Large 10/Pk | 150 |
| Gowns Surgical Disposable Size M / Large | Protective Gown White Med/Large 10/Pk | 80 |
| Gowns Surgical Disposable size XL | Protective Gown White X-Large 10/Pk | 50 |
| Suture Chromic gut fs-2 4-0 | Suture Chromic Gut Undyed C-6 4-0 27" 12/Bx | 10 |
| Suture Chromic gut fs- | Suture Chromic Gut Undyed C-6 3-0 27" 12/Bx | 10 |

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|---|---|---------|
| 2 3-0 | | |
| Sutures Plain gut 3-0 | Suture Surg Plain Gut C-6 3-0 27" 12/Bx | 10 |
| Heliplug | HeliPlug Collagen Wound Dressing 10/Bx | 3 |
| Hemo Gel | 4/bx | 2 |
| Hemostatic Gauze (Blood Stop) | | 7 |
| hemostatic agent- HS topical | Hemo-Stat Solution 15cc Ea | 10 |
| Impression Material- Alginate | Schein Fast Set Alginate 1 lb can | 10 |
| Impression Trays | Schein #1 large upper 12/box | 24 |
| Impression Trays | Schein #2 large lower 12/box | 24 |
| Impression Trays | Schein #3 medium upper 12/box | 90 |
| Impression Trays | Schein #4 medium lower 12/box | 90 |
| Impression Trays | Schein #5 small upper 12/box | 24 |
| Impression Trays | Schein #6 small lower 12/box | 24 |
| INSTI- DAM | Insti-Dam Latex Free w/Frame 20/Pk | 80 |
| IRM- powder/liquid | IRM Complete Package Ivory Ea- Kit | 1 Kit |
| Matrix bands (tofflemire #1) | Tofflemire Matrix Bands .002 #1 12/Pk | 4 Gross |
| Matrix bands (tofflemire #2) | Tofflemire Matrix Bands .002 #2 12/Pk | 3 Gross |
| Matrix bands (tofflemire #2) | Tofflemire Matrix Bands .0015 #2 12/Pk | 2 Gross |
| Microbrushes | Dispos-A-Brush Assorted Bristle 144/Bx | 6 Gross |
| MirrorLite Handles | One unit each (kits aren't necessary) | 15 |
| MirrorLite - Mirror Heads & Barrier Sleeves | 50 each mirror heads & barriers | 2000 |
| Mirrors- disposable mouth | Mirror Disposable Dental 72/Bx | 1200 |
| Mixing Bowl | Large mixing bowl- Coltene/Whaledent | 5 |
| Mixing Spatula | Alginate mixing spatulas | 5 |
| Mylar strip | Mylar Matrix Strips .002 500/Bx | 2,000 |

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| Needles guages 27S | Premium Needle Plastic Hub Yel 27G Short 100/Bx | 200 |
| Needles gauges 30s | Premium Needle Plastic Hub Blu 30G Short 100/Bx | 1000 |
| Needles gauges 27L | Premium Needle Plastic Hub Yel 27G Long 100/Bx | 1,000 |
| Needles 30 extra short | Premium Needle Plastic Hub Blu 30G X-Short 100/Bx | 200 |
| Pans - Donated by Instrumentarium or Others | | |
| Photac Capsules | Photac-Fil Aplicap Extra Light A1 20/Bx | 2 |
| Plaster Trap | 3.5 gal Dispos-a-trap | 1 |
| Pressure Paste | Schein Pressure Indicating Paste- 2 oz jar | 2 |
| Prime & Bond | Prime & Bond NT Unit Dose Kit Ea | 1 |
| Prompt L-Pop 3M Donation 500 per box | Adper Prompt L-Pop Economy 500/Bx | 500 |
| Scotchbond | Scotchbond Universal Unit Dose Bulk 200/Pk | 400 |
| Prophy paste | Acclean Prophy Paste Medium CH/MT/RSP | 800 |
| Prophy Angels Disposable | Disposable Prophy Angle LF Firm Gray 100/Bx | 500 |
| RelyX Cement | RelyX Luting Cement Package Ea | 1 |
| Rinn Sensor snap-a-rays | | |
| Retraction cord (#2 w epi braded) | Retreat w/Aluminum Sulfate #2 Medium Ea | 2 |
| Rubber dam clamps - 2A | Rubber Dam Clamps 2A Ea | 5 |
| Rubber dam clamps - 14 | Rubber Dam Clamps 14 Ea | 5 |
| Rubber dam clamps - 8A | Rubber Dam Clamps 8A Ea | 5 |
| Rubber dam clamps - W8A | Rubber Dam Clamps W8A Ea | 5 |
| Rubber Dam Frames | Rubber Dam Holder 2210 Ea | 8 |
| Rubber Dam Forceps | Rubber Dam Clamp Forcep SS LTWT Ea | 8 |
| Rubber Dam-non latex | Non-Latex Rubber Dam 6x6 Econ Pk 75/Bx | 100 |
| Saliva Ejectors | Clear/blue tip 100/bag 10/cs | 1,000 |
| SealRite Sealant | Seal-Rite Procedure Kit Ea | 3 |

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| Surgon blades: #11 | Surgeon Blades SS Sterile #11 100/Bx | 400 |
| Surgon blades: #15 | Surgeon Blades SS Sterile #15 100/Bx | 400 |
| Sharps containers | Monoject Sharps Container Red 4 Quart EA | 40 |
| Suction tips - Surgical | Aspirator Tip Surgical Blue 1/16"dia 25/Pk | 400 |
| Sterial field towel draps | | 30 pcs |
| Sterile water for irrigation- plastic 1 liter bottle | Sterile Water For Irrigation Bottle 1000ml | 40 |
| Sterilization bags | Per ADCF recommendations | |
| Syringe Curved Utility - irrigation | Stringe 12cc curved tip 50/bx | 10 BX |
| Syringes Endo 3cc and tips for irrigation | Syringe w/Irrigating Needle 3cc 27ga 100/Bx | 50 |
| T Bands | Matrix T-Bands Brass Curved Small 100/Bx | 100 |
| Thermometers | Nextemp- disposable thermometers 100/Bx | 200 |
| Tongue depressors | Tongue Depressors Non Sterile Adult 500/Bx | 1,000 |
| Toothbrushes Adult | Adult Brushes | 1,500 |
| Toothbrush Youth | Youth Brushes | 500 |
| Toothbrushes Child | Child Brushes | 300 |
| Toothbursh - Denture bursh | | ?? |
| Toothpaste | Toothpaste- any brand | 2,500 |
| Tray covers Disposable 8 1/4 X 12 1/4 | Tray Cover 8.5"x12.25" White 1000/Bx | 2,000 |
| Ultrasonic Solution Tabs- Schein | Maxitab Gen Purpose Ultrasonic 32/Bx | 250 |
| Vitrebond | Vitrebond Plus Single Ea | 1 |
| Wedges | Interdental Wedges Small Pink 400/Bg | 400 |
| Wooden wedges | Interdental Wedges Assorted 400/Bg | 400 |

MISCELLANEOUS INFORMATION

Translators

This is an important area that needs special attention. Be sure to have at least 15 Spanish translators available, plus several of any other foreign language prevalent in the area. The translators may roam the clinic floor, triage and dental, or medical screening. Occasionally, one may find it necessary to accompany a patient or assist a patient in finding someone. It is beneficial to ask them to wear bright vests or some other distinguishing item.

Volunteer conduct on the clinic floor

Volunteers are responsible for patient movement from one place to another. This is an important task as you attempt to reach for the maximum number of patients treated. It is important that patients are not allowed to roam freely around the clinic floor. A volunteer's job in that situation is to intercept them and escort them. The volunteer holds onto the paperwork, not the patient.

Volunteers are provided a separate eating area where they are to go for meals, snacks, breaks etc. Volunteers should not be allowed to eat or drink on the clinic floor.

It is the volunteers' responsibility to hand off assignments to an oncoming volunteer, after briefing him or her on the aspects of the assigned task.

Equipment maintenance (IMPORTANT)

ADCF requires you to have at least four service technicians, separate from X-ray techs, present to assist ADCF during set-up and dismantling of equipment, as well as at least two during each clinic day.

Dental assistants

It is helpful to have someone that handles all dental assistants who do not plan to work with their doctor. This person will work closely with all clinic leads to ensure all doctors have an assistant.

Office

Establish a remote office area, away from foot traffic, where the business end of the event, including data collection, can be completed.

Signage

The more signs the better. Each clinic area should be well identified. The most important signs are probably those that inform the patients as to what treatments are available. These should be posted along the drive to clinic, in the parking lots and along the area where patients will form lines.

Clinic cards are a good way to communicate. Usually, a set of cards is put at each station so that the practitioners can inform their lead when they're ready for a patient, done with a current patient or need assistance.

A sample system is:

- Green: Ready for a new patient
- Red: My current patient is finished and ready to be escorted
- Yellow: I need a translator
- Orange: I need technical assistance with my equipment

IMPORTANT CLINIC PROTOCOLS

Clean Up Protocol

- Before leaving the work station, wipe down surfaces on all dental equipment
- Leave a used wipe on every piece of equipment so other volunteers know it has already been sanitized
- Please do not disassemble any equipment without ADCF supervision

Infection Protocol

- Do not encourage or allow patients to form a lip seal on the saliva injector or HVE
- Before turning off HVE, remove it from the patient's mouth, point it at the ceiling and turn it off
- After each patient, obtain a one once Dixie cup of suction line cleaner, located in jugs at the end of each section. Pull one cup through the saliva injector or HVE.

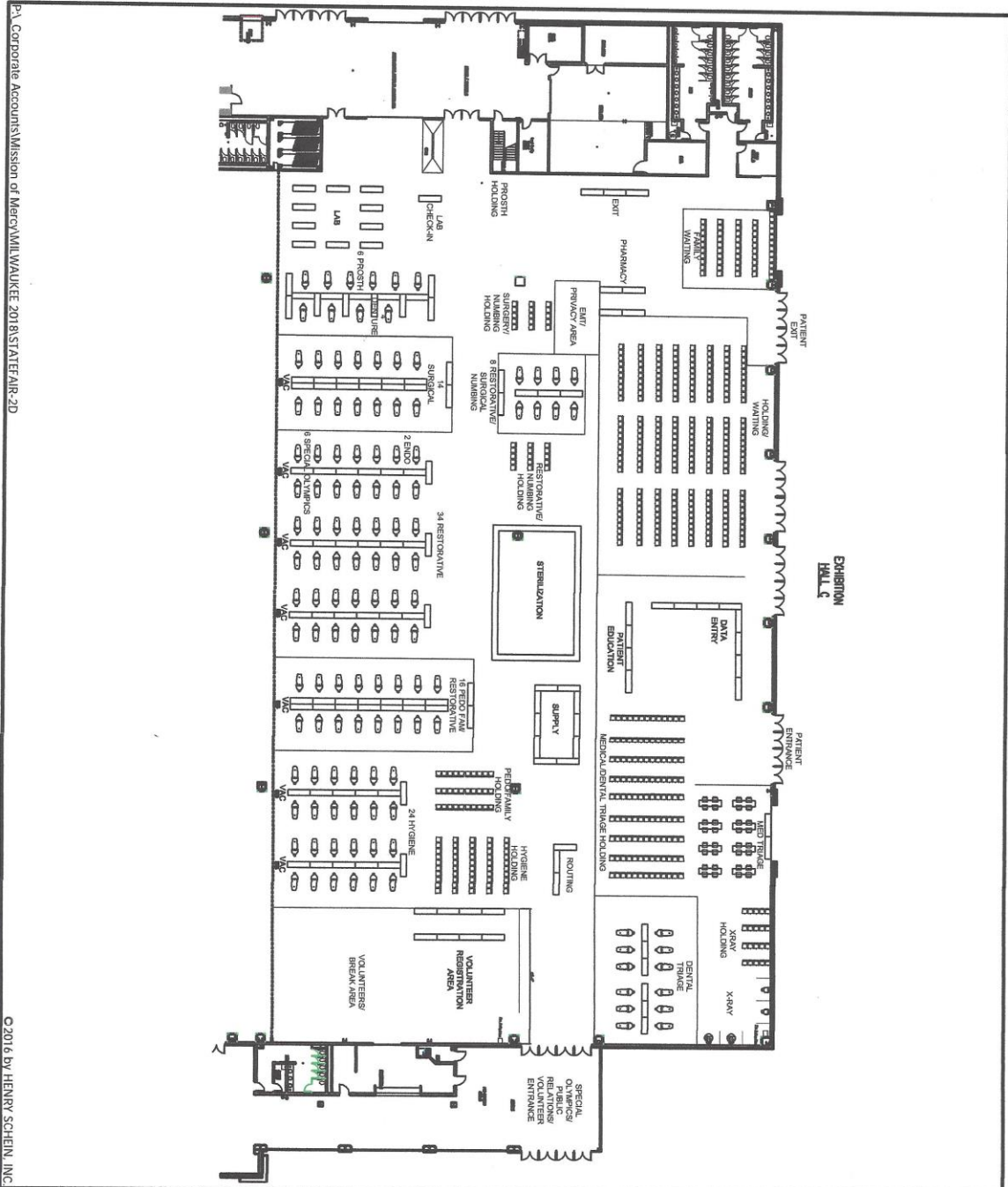
Water Line Cleaning Protocol

Water line cleaning will be completed at each clinic after equipment set up, and before patients are treated. Trained service technicians should complete this procedure. This enables ADCF staff to make sure all equipment is working properly before patients are seen.

Suction Line Cleaning Protocol

Although clinicians are asked to run a one ounce cup of suction line cleaner through the line after each patient, a stronger suction line cleaning will be completed at the end of every clinic day. Trained service technicians will perform this cleaning.

CLINIC FLOOR PLAN EXAMPLE



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PRELIMINARY DESIGN PREPARED FOR:
 MISSION OF MERCY
 MILWAUKEE, WI

DESIGN BY:
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 HSD REP:
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 PREPARED ON:
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 USABLE SQ. FT.:
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 SCALE:
 NOT TO SCALE

INTEGRATED DESIGN STUDIO®
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 DENTAL

PATIENT FLOW
(Courtesy of Illinois State Dental Society)

The following is an example of patient flow at an event:

Numbered Wristbands

- Each adult patient receiving treatment will be given a numbered wristband in line
- Different colors will be used for each day
- Children will receive a numbered wristband (separate color from parent/guardian).
 - The parent/guardian's wristband number will be written in ink on the child's wristband and vice versa
- Wristbands (Friday color) will be distributed by patient registration volunteers late Thursday afternoon and early evening
- At 5 a.m. Friday, wristband distribution resumes, continuing at intervals throughout the day, or until we run out of numbered wristbands for Friday's clinic
- Once we have met Friday's clinic quota, wristband distribution will be suspended
- Wristbands (Saturday color) will be distributed by patient registration volunteers late Friday afternoon and early evening
- At 5 a.m. Saturday, wristband distribution resumes, continuing at intervals throughout the day, or until we run out of numbered wristbands for Saturday's clinic
- Once we have met Saturday's Clinic quota, wristband distribution will be suspended.

Name Tags

- All patients receiving treatment will receive a name tag before entering the venue.
 - A name tag station/welcoming table will be located in the vestibule at the patient entrance doors
- Patient registration volunteers will greet patients with a smile, welcome them and ask the patients their names
- The patient's name/nickname will be written on the name tag with a Sharpie.
 - The patient registration volunteer will peel off the backing and hand the name tag to the patient so that he/she can place it on his/her shirt
 - At 5 a.m. Friday and Saturday, a small team of patient registration volunteers will walk the line greeting patients, equipped with clipboards, name tags and Sharpies
 - Completed name tags will be distributed to the first 50 patients

Patient Registration

- Patient escorts will accompany patients from the patient entrance door name tag station to patient registration
- At patient registration, volunteers will hand each patient a clipboard with a patient registration form attached and a blue pen
- Adults will complete their own forms and those of any chaperoned child requiring treatment
- Patient registration volunteers will seat patients in patient registration waiting (in numerical order, left to right)
 - Patients will be instructed to complete their registration forms here
- Once a row of chairs is occupied, patient registration volunteers will continue filling the next row, maintaining numerical order
- Patient registration volunteers will assist patients if needed and actively review forms to ensure that they have been properly completed
 - Translators should be available and ready in this section
- Four patient registration volunteers will be assigned to restroom duty.
 - Escorts will accompany patients to the restrooms and back in small groups.
 - A parent or guardian must accompany children
- Once a row of patients has departed for medical triage, an assigned patient registration volunteer will maintain patient rows in numerical order, ultimately re-filling the front rows as the clinic progresses

Medical Triage

- Patient escorts will lead patients, in groups of 10, from registration waiting to medical triage waiting
- Adult patients will proceed (in numerical order) from waiting chairs to triage chairs as vacancies occur
- Following medical triage, a patient escort will accompany a patient to dental triage
- Patient escorts will accompany patients unable to receive treatment due to medical reasons directly to exit interview
 - Here the patient will be interviewed, provided with any relative information and a take-home patient education packet
 - A patient escort will accompany the patient to the patient exit doors

Dental Triage

- An assigned patient escort will direct adult patients from medical triage to dental triage waiting
- Treatment will be determined by most critical need as first priority, followed by second and third priorities. Every accepted patient is guaranteed one completed treatment.
- Children are NEVER separated from their parent/guardian.
 - After the adult has completed triage (medical and dental) and routing, a patient escort will accompany the family to clinic waiting
 - The clinic waiting lead will determine the treatment order for child and adult (all children will receive triage and treatment in the pediatric clinic)

Routing

- A patient escort will accompany patients from dental triage to routing
- Using triage recommendations listed on the patient registration form, the routing team will determine treatment priority for the patient
- Routing will provide each patient with a colored and numbered routing card
 - The routing card will identify treatment area and line position
- Routing colors are as follows:
 - Pink: cleanings
 - Lime green: fillings
 - Maroon: extractions
 - Light blue: lab
 - Orange: root canals*
 - The fillings/restorative clinic will forward patients primarily patients receiving root canal treatment. Only restorable anterior teeth or restorable posterior abutments for a partial will be routed directly to root canals/endodontics. Priority will be given to younger patients
- The number on the colored Routing Card NOW determines treatment order in each area of the clinic (the wristband number is obsolete).

Clinic Waiting and Check In

- Patients requiring pre-treatment medication will be accompanied by a patient escort to the pre-medication station. Medication will be administered, and the patient will be accompanied to clinic waiting by a patient escort for check in
- Patient escorts will accompany those requiring X-Ray to X-Ray by and then on to clinic waiting for check in
- Patient escorts will accompany patients to clinic waiting for check in for those not requiring pre-medication or X-ray
- Patients with children will be accompanied to clinic waiting by a patient escort. The clinic waiting lead will determine treatment order for the child and adult by seeing which clinical area has the shortest wait for treatment.
 - If treatment time is less in pediatric clinic, a patient escort will accompany the family there. When treatment is complete, a patient escort will accompany the family back to clinic waiting for check in.
- When a child is treated first and the family returns to clinic waiting for adult treatment, the following protocol is enacted:
 - If the Number for the adult's clinical area has passed, the patient will be placed at the front of that section for next available treatment
 - If the number for the adult's clinical area has not been reached, the patient will be placed in that section in the appropriate numerical order
- The clinic waiting lead will have master clipboards with colored sheets, numbered for each clinic area (colors correspond to clinic table cloth and signage)
 - Pink: 1-400

- Lime green: 1-400
- Maroon: 1-400
- Checked off the corresponding routing card number as each patient arrives at check in
- Seat patients numerically in assigned sections for each area of the clinic
 - Cleanings
 - Fillings
 - Extractions
- The clinic waiting lead will be in radio contact with the numbing/anesthesia, hygiene and lab leads. Patient escorts will accompany patients to each area as needed
 - The extraction/oral surgery and fillings/restorative leads will be in radio contact with the numbing/anesthetic lead
- Patient escorts will accompany patients requiring lab services to the lab for impressions
 - Once completed, the patient will receive a lab claim slip. This will list the patient's name and identify the time that the prosthesis will be completed and available for delivery.
 - A patient escort will accompany the patient back to clinic waiting by a patient to check back in on the master clipboard.
 - The patient will be seated numerically in extractions waiting
- Patient escorts will accompany patients requiring restroom use and will register with the clinic waiting lead before departing and upon returning
 - The lead will record restroom departure and return time on master clipboard. Children must be chaperoned by a parent or guardian.
- Patient escorts will accompany patients requiring use of the smoking area and will register with the clinic waiting lead before departing and upon returning
 - The lead will record smoking area departure and return time on master clipboard
 - The cordoned-off smoking area is located outside of the venue on the north side of the building. Just inside the door, an assigned patient escort will provide patients with a smoking pass. The smoking pass will allow a patient to leave the building, with a 15 minute limit
 - When the patient returns to the building, the smoking pass is returned, and the patient will go back to clinic waiting to check back in

Cleanings/Hygiene

- The cleanings/hygiene lead will be in radio contact with clinic waiting lead and determine when additional patients are required
- Patients will be checked off the clinic waiting lead's master clipboard and a patient escort will accompany them to the cleanings waiting area
 - Patients will be seated in numerical order.
- At a vacancy, a patient escort will accompany a patient to a cleanings treatment chair
- Once treatment is complete, a patient escort will accompany the patient to exit interview

Numbing/Anesthetic

- The numbing/anesthetic lead will be in radio contact with the oral surgery, restorative, and clinic waiting leads, and will determine when patients are required
- Patients will be checked off the clinic waiting lead's master clipboard and a patient escort will accompany the patient to the numbing waiting area
 - Patients will be seated in numerical order
- At a vacancy, a patient escort will accompany patient to a numbing treatment chair
- Once anesthetic is administered, a patient escort will accompany the patient to the proper waiting area (fillings waiting area, extractions waiting area, etc.)

Fillings/Restorative

- The fillings/restorative lead will be in radio contact with the numbing lead and will determine what patients require anesthetic
 - The first patients receiving treatment on Friday and Saturday mornings will bypass the numbing clinic
 - Patient escorts will accompany patients directly from clinic waiting to the fillings treatment chairs. The patient will receive anesthesia and treatment in the chair.
 - This protocol will continue until all treatment chairs are occupied. Subsequent patients will be seen first in the numbing clinic.
- Patients will be checked off the clinic waiting lead's master clipboard, and a patient escort will accompany that patient to the numbing waiting area
 - Patients will be seated in numerical order
- At a vacancy, a patient escort will accompany patient to a numbing treatment chair
- Once anesthetic is administered, a patient escort will accompany the patient to the fillings waiting area
 - Patients will be seated in numerical order
- At a vacancy, a patient escort will accompany the patient to a fillings treatment chair
- Once treatment is complete, a patient escort will accompany the patient to exit interview

Extractions/Oral Surgery

- The extraction/oral surgery lead will be in radio contact with the numbing lead and will determine when patients will require anesthetic
 - The first patients receiving treatment on Friday and Saturday mornings will bypass the numbing clinic
 - Patient escorts will accompany patients directly from clinic waiting to the extraction treatment chairs. The patient will receive anesthesia and treatment in the chair.
 - This protocol will continue until all treatment chairs are occupied. Subsequent patients will be seen first in the numbing clinic.
- Patients will be checked off the clinic waiting lead's master clipboard, and a patient escort will accompany the patient to the numbing waiting area
 - Patients will be seated in numerical order
- At a vacancy, a patient escort will accompany a patient to a numbing treatment chair

- Once anesthetic is administered, a patient escort will accompany the patient to the extraction waiting area
 - Patients will be seated in numerical order
- At a vacancy, a patient escort will accompany the patient to an extraction treatment chair
- Once treatment is complete, a patient escort will accompany the patient to exit interview

Kids/Pediatric

- For children requiring treatment in the kid's clinic (chaperoned by their parent/guardian), a patient escort will accompany patient from clinic waiting to the kid's clinic
- Check in, triage and treatment will all take place in the kid's clinic
- Once necessary treatment is complete, and no additional treatment is planned for the parent/guardian, a patient escort will accompany the family to exit interview
- If necessary treatment is complete and the parent/guardian still requires treatment, a patient escort will accompany the family to clinic waiting for check in and re-seating in proper numerical order

Clinic Station Card System

- The clinic station card system is a way to alert patient escorts to clinic needs
- Each clinic unit will be equipped with laminated, 4x6 colored cards, held together by a ring
 - Green: Patient escort to accompany a new patient to treatment chair
 - Red: Patient escort to accompany current patient to exit interview
 - Yellow: Translator needed
 - Orange: Technician assistance needed
 - Purple: NOMAD X-ray needed
 - White w/ red cross: EMT needed

Exit Interview

- Patient escorts will accompany patients from all clinics to exit interview upon completed treatment
- Interviewers will collect each patient's clipboard, patient registration/treatment form, blue pen, and routing card
- Interviewers will conduct exit interviews, inputting pertinent data
- Patient escorts will accompany patients not requiring or requesting further treatment to pharmacy (if necessary) or social services (if necessary). Patient will receive a take-home patient education packet and be taken to patient exit doors.

- Patients requiring further treatment will have both sides of their patient registration/treatment form photocopied on blue paper. Patients will receive the photocopied blue sheet.
 - A patient escort will accompany them to the patient exit doors, where they will return to the end of the patient line

MOM Patient Administration Protocol

Thursday

At conclusion of set up, a group of volunteers will exit the venue, greet patients in line, and begin distributing numbered wristbands (maintaining “first-come, first-serve” order and providing Brad and Mark with an efficient count). Every individual seeking treatment will receive a wristband, regardless of age.

Repeat distribution after returning from dinner (accompanied by parking lot lead).

Patients will be reminded that they must remain in line to receive treatment.

Please refer to patient flow document for specifics regarding numbered wristband protocol.

Friday and Saturday

Usually around 5 a.m., a small team of patient registration volunteers (accompanied by parking lot lead, equipped with megaphone) will:

- Continue wristband distribution
- Create nametags for first 50 patients
- Instruct patients, using megaphone, to use portable restrooms, and to return any blankets, chairs, coolers, etc. to their vehicles
 - a. While at their vehicles, patients should collect medications and/or other necessities
 - b. Patients should be reminded that no passes will be available to leave and re-enter the venue, except for smoking area. Patients will exit the building after treatment is complete.

Patient administration will separate volunteers into the following groups:

1. Patient registration
 - a. Name tag station
 - b. Clipboard station
 - c. Patient registration waiting
 - i. Will maintain numerical order and actively assist with patient registration form completion
 - d. Patient escort, restroom chaperone
2. Patient escort, triage
 - a. Patient escort, triage waiting entry
 - b. Assign one patient escort to direct adult patients from medical triage to dental triage waiting
 - c. Patient escort, triage exit/routing entry
 - d. Patient escort, routing exit/pre-med station/clinic waiting entry
 - e. Patient escort, routing exit/X-ray/clinic waiting entry
 - f. Patient escort, routing exit/clinic waiting entry

- g. Note: A patient escort may be selected to accompany a patient directly to exit interview if the patient is unable to receive treatment due to medical reasons
3. Patient escort, clinic waiting
 - a. Patient escort, kid's clinic/return to clinic waiting
 - b. Patient escort, clinic (lab, cleanings, numbing)
 - c. Patient escort, restroom
 - d. Patient escort, smoking area
 - e. Note: Please refer to patient flow document for specifics regarding clinic area colored/numbered routing cards
 4. Patient escort, clinic

Patient escort stations will be established on the clinic floor to efficiently accompany patients:

 - a. From treatment waiting areas to treatment chairs (i.e., cleanings waiting area to cleanings patient treatment chair)
 - b. From numbing to fillings waiting or extraction waiting
 - c. From all clinics to exit interview
 - d. Note: On the clinic floor, the clinical station card system will alert patient escorts to clinic needs. Please refer to 2010 patient flow document for specifics regarding color commands.
 5. Patient escort, exit interview
 - a. Patient escorts will accompany patients through exit interview, including visits to pharmacy (if necessary) and social services (if necessary)
 - b. Patient escorts will be responsible for distributing take-home patient education packets
 - c. Note: Please refer to patient flow document for specifics regarding exit interview protocol
 6. Patient registration, exit volunteers
 - a. Ten exit volunteers per shift will conduct exit interviews on laptops, and encourage patients to complete a patient comment card
 - b. Exit volunteers will collect all clipboard and pens
 - c. If a patient is leaving the premises, his or her registration form, with completely treatment listed, should also be collected
 - d. Patients requiring further treatment will have both sides of their patient registration form photocopied on blue paper. Patients will receive the photocopied blue sheet and a patient escort will accompany them to the patient exit doors, where they will return to the end of the patient line.
 - e. Exit volunteers will collect all completed registration forms and deliver them in batches to data entry
 - f. Exit volunteers will collect all completed comment cards and deliver them in batches to hospitality, where they will be made available for volunteers to view
 7. Translators
 - a. Floating in patient registration, triage, routing, clinic waiting, clinic floor and exit interview. When not translating, this group will serve as patient registration volunteers and patient escorts

LABORATORY PROTOCOL
(Courtesy of Wisconsin Dental Association MOM)

The following is a sample of lab protocol at an event.

1. Treatment partials

- a. Limited to six teeth or less
- b. Need sufficient interocclusal space to accommodate the treatment partial
- c. Lab lead will inform the triage lead when they can't accept any more lab cases
- d. When needed, the triage lead can request a consult with the lab lead on complex cases
- e. ALL PATIENTS NEEDING TREATMENT PARTIALS WILL BE ROUTED TO THE LAB AREA FOR IMPRESSIONS AFTER THEY HAVE HAD THEIR PANOREX TAKEN AND PRIOR TO GOING TO THE ORAL SURGERY NUMBING AREA

2. Other lab services (denture repairs, addition of teeth, etc.)

- a. Other lab services will be evaluated on a case by case basis - those that we can treat will be routed to the lab area
- b. When needed, the triage lead or routing lead can request a consult with the lab lead on individual cases

3. New patients will be accepted in the lab up until 11 a.m. on Saturday or until the max number of lab orders have been placed—whichever comes FIRST.

4. At the time of impression, the patient's record should have the type of partial indicated on it in the treatment area.

5. Patients will be given a "lab pick-up" slip that notes when they are to return to the lab area for treatment partial pick-up. All items must be picked up by 4:30 p.m. on Saturday.

6. The patient should be escorted to record verification before being taken to the department waiting area if they have work to be done or to the lab waiting area if they are going to remain on premises while they wait for their flipper or to the exit interview area if they are going to leave and come back.

7. Patients returning at their designated time to the lab area must check in with the prosthetic placement coordinator.

Mission of Mercy Prosthodontic Protocol

1. Patients needing treatment partials will be routed to the lab area for impressions after they have had their panorex taken and prior to going to the oral surgery numbing area.

2. Before impressions, review patient triage evaluation and diagnosis, verifying teeth to be extracted and teeth to be replaced and clasped (if needed). Complete lab Rx form completely.

3. Alginate impression material, impression trays, bite wax/putty, supplies and materials are provided. Use your judgment on the materials that you need to use, as quantities are limited.
4. Disinfect impressions and bite registration in Ziploc bag with spray Cavicide and place in case pan for lab.
5. Complete patient routing form to indicate the service provided and treating dentist name.
6. Patient will be provided with a "lab pick-up" slip by the prosthodontic placement coordinator
7. The prosthodontic placement coordinator will coordinate patients for impressions and final insert, communicate estimated day/time for insert appointment, coordinate patient flow with other areas.
8. Consult with prosthodontic lead when needed.

LASTLY, PLEASE BE FLEXIBLE and THANK YOU for participating today.

IMPORTANT ADCF PROTOCOLS

Certain protocols used in a large portable clinic environment will be different than in a normal dentist office. These protocols are required because multiple dental professional volunteers, with differing backgrounds, all working in an unfamiliar setting, have the potential to increase patient risk.

WE MUST CONSTANTLY BE AWARE OF THAT POTENTIAL. Therefore, ADCF has adopted the following protocols that will be adhered to without exception:

Infection Control Procedures on Clinic Floor

ADCF retains the right to change any of the following protocols as new information and better practices are discovered.

ADCF recommends that appropriate PPE equipment be used by all clinic personnel, including face masks, proper eyewear, gowns, and gloves. ADCF also recommends that all healthcare and dental providers at the clinic have the Hepatitis B vaccine.

After clinic equipment has been set up, chairs, dental delivery units, lights, curing lights, amalgamators, and ultrasonic scalers should all be wiped down with an appropriate disinfecting wipe. Appropriate disinfecting wipes shall be an EPA-registered low-level (HIV/HBV claim) to intermediate-level (Tuberculocidal claim). Wipes should be left on each item to indicate that it has been appropriately wiped down. Clorox or similar wipes are not to be used for this purpose.

All equipment should be wiped down again between each patient.

A vacuum line cleaner solution (approximately 1 oz. cup) should be run through the HVE/saliva ejector line between each patient. After solution is run through the line, the HVE/saliva ejector should be held up for a count of 10 seconds.

No loaded syringes shall be carried across the clinic floor, even with a needle cap. ADCF brings adequate syringes to each event, so there is no risk of running out of syringes in anesthesia or in the treating departments. Syringes should be discharged of needle and anesthetic before being transported to sterilization. Syringes shall be loaded for each patient at the immediate time they will be used. Preloading of syringes is not permitted.

Dirty instruments should be brought to sterilization in a container with a lid. Lids shall have the appropriate biohazard label on them or be red in color. Providers are not to carry contaminated instruments in their hands across the clinic floor. Anyone carrying a container with instruments shall wear gloves to do so.

Sterilization Department Set Up and Protocol

ADCF employs 16 uniquely-identified MIDMARK M-11 Ultraclave gravity displacement steam sterilizers in support of each free dental clinic.

Sterilizers are to be placed as directed by ADCF personnel and according to MIDMARK location requirements. Environmental requirements as identified by MIDMARK are also considered (i.e. ambient temperature and area relative cleanliness). Once connected and running, the sterilizers cannot be turned off for the duration of the clinic, including during the evening and non-clinic hours. Sterilizers must be grouped together and may not be placed in any location outside of the sterilization area. ADCF instruments may only be sterilized in ADCF MIDMARK M-11 sterilizers. ADCF does not permit any sterilization procedures to occur outside of the sterilization department at events.

Electrical supply shall be reviewed with ADCF staff prior to powering up sterilizer units.

Sterilizers are then loaded with instruments and a test spore vial, identified for the appropriate sterilizer. ADCF staff will test all sterilizers. Clinic volunteers will not be permitted to do so.

ADCF provides Confirm-10 test spore vials (biological indicators), manufactured by Crosstex. It is a 10-hour test vial.

Once the testing cycle is complete, the vials are placed in incubators, along with a control vial. The control vial will turn yellow, indicating the presence of bacteria. The other individually marked vials will turn purple indicating that no bacteria is present, proving the operability of the specific sterilizers being tested.

ADCF's experience with more than 1,000 incubator tests is that the vials begin turning purple after four hours, indicating the absence of bacteria in the vial. For the Confirm-10 vials, ADCF staff reads the vials after 10 hours to verify operability. The incubators will continue to run for 24 hours. Data from each of these tests are to be recorded in the biological monitoring record, which is included on each ADCF truck.

Once a vial turns purple and indicates a lack of bacteria, sterilizer operability has been validated. Although the vial is referred to 10-hour test vial, the vial actually turns either purple or yellow within five-eight hours. If a specific vial should turn yellow, a second test will be performed on that sterilizer to verify that human error was not a factor. If a second test is failed, that sterilizer will be pulled from service for that event and declared inoperable.

Sterilizers are to be used in "pouches mode" as recommended by MIDMARK for ADCF applications. In this mode, the sterilizer runs at 270 degrees for five minutes, followed by a 30-minute drying time. Due to the large number of instruments required to be repetitively sterilized at an event (more than 5,000), ADCF recommends letting the instruments cool for roughly 10 minutes. This allows both sterilizers and instruments to cool slightly before the next cycle is run. Instruments in paper sterilization pouches should be run to completion, including the full drying cycle. Failure to do so can result in the paper bag tearing, requiring instrument re-sterilization. Paper pouches containing personal instruments shall be labeled with the corresponding doctor's name.

In order to satisfy concerns with wicking—the process whereby airborne particulates penetrate porous materials or wet paper pouches—ADCF uses all nylon pouches, which are impervious to contamination from airborne particulates. ADCF provides nylon pouches, donated by Henry Schein Cares.

Approximately 12,000 pouches are used at each 100-operator clinic. ADCF also provides level 4 internal indicator strips from Crosstex (SPS Medical, SIL-250). ADCF instruments are only to be sterilized using these nylon pouches and indicator strips.

Sterilizers are to be loaded, operated and unloaded in accordance with manufacturer's guidelines.

States should be aware of the single use guidelines. If an item is marketed as single use, it shall not be sterilized and re-used. These items are usually confined to burs and endo files, but when securing supply donations or purchases, you should make sure of the product you are getting. The process of re-using an item that is labeled single use is against the law.

ADCF uses Zirc cassettes for standard instrument sets.

- PURPLE for dental hygiene
- GREEN for restorative or general dentistry
- BLUE for oral surgery

These, as well as all other specialized instruments provided by ADCF, come to the event pre-sterilized and ready for use.

Sterilization volunteers must inspect pouched instruments after set up to inspect for punctured or unsealed pouches. Any compromised pouches must be re-sterilized.

EQUIPMENT, POWER AND WATER REQUIREMENTS

America's Dentists Care Foundation (ADCF) will provide the following:

- 1 Air Dryer (Sullair) – 110 Vac Single Phase
- Vacuum Pumps
 - 100-operator clinic - Air Techniques Mojave V15 – 3 Phase 208/240, 30 amp each (6 total)
 - 45-operator clinic - Air Techniques Mojave V15 – 3 Phase 208/240, 30 amp each (3 total)
- Cross fittings and barbs required for HVE/SE tubing
- Sterilization sinks
 - 100-operator clinic – 2 total
 - 45-operator clinic – 1 total
- Power panel for sterilizers
 - 100-operator clinic – 2 panels, single phase, 200 total amps (100 each)
 - 45-operator clinic – 1 panel, single phase, 100 total amps

Participating states need to provide the following:

- Air Compressor – 150 or 185 CFM, diesel powered (minimum one, but prefer two for back up. If this goes down, the clinic stops)
- Diesel fuel for the air compressor – will use one or two tanks, depending on the size of the clinic
- 1.5-inch schedule 40 PVC and connectors for sink drains to the drain area (this includes sinks in sterilization and in lab area if you are having an on-site lab)
- Main vac “trunk line” – 1.5-inc schedule 40 PVC, enough to run from the vacs to the start of each row of units
- Vacuum lines running under table to units – 1.5-inch schedule 40 PVC, enough to run under every row of tables with units at them
- Vacuum exhaust lines – 2-inch schedule 80 PVC, 10 inches for each exhaust line. After the initial 10 inches, the remainder of the exhaust will be comprised of either 2-inch schedule 40 PVC or polyvinyl tubing, whichever ADCF think is more appropriate
- Fittings for connecting PVC piping
- Cold water supply for two sinks in sterilization (plus lab, if having one on site)
- Access to sanitary sewer required for sink and vacuum drains (cannot run drains into run-off drain)

Once a state has developed a floor plan for their clinic, ADCF will evaluate and provide the state with a list of recommended PVC lengths and number of fittings needed.

Plumbing

It is at the state's discretion whether they think they will need a plumber on site. Some drains are very simple, while others can be more complex. ADCF can advise whether you should have one on site or not.

Water: Sterilization, Lab and Water System

Minimum cold water supply. Ideally, if we are able to run the water system on a separate line, we prefer to do that. Water is supplied to all locations by garden hose.

Drain: Sterilization, Lab, Water System and Vacuum Drain

- Must be a sanitary sewer drain. ADCF will not knowingly dump into any drain that has not been verified as sanitary sewer
- All drain pipe is 1.5-inch
- On the rare occasion, ADCF can pipe the vacuum drain directly into the sewer drain. If that luxury is not available, ADCF will drain the collection tanks into a waste water wagon and then discard it in the sanitary sewer drain.
- For proper draining, a floor drain or a low-profile sink is required.

Vent: Vacuum Pumps

Vacuum exhaust will be directed outside into ambient air. ADCF will not allow vacuums to be exhausted indoors.

Electrical

- Sterilization
 - 100-operatory clinic – 200 total amps of single phase power
 - 45-operatory clinic – 100 total amps of single phase power
- Vacuum pumps
 - 100-operatory clinic – six vacuums total (two single pumps and two stacks of two pumps, 208/240, 30 amps each, three phase power)
 - 45-operatory clinic – three vacuums total (208/240, 30 amps each, three phase power)
- Air dryer
 - 100v., 20 amp circuit
- Lab
 - ADCF does not provide any equipment for the lab area. You should determine, with your lab lead, how much equipment is planned for that area, and make sure that appropriate power is available.
- Clinic floor
 - Multiple 100v., 20 amp circuits. Ideally, one for each table row.
- X-ray
 - ADCF does not provide X-ray units. You should confirm the power requirements with the person/organization supply the units.
- Air compressor
 - ADCF does not provide any air compressors, but recommends two on site during the clinic.
 - Typically, commercial-level diesel power compressors or used
 - Compressors need to be 150-185 CFM to power an entire clinic